

Emergency Preparedness Planning for Ryan White Programs

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

- ❖ The learner will be able to **describe basic components** of an Emergency Preparedness Plan
- ❖ The learner will be able to **identify resources** for developing an Emergency Preparedness Plan
- ❖ The learner will be able to **determine next steps** for developing and implementing an Emergency Preparedness Plan in your Ryan White program/agency



Agenda

Grantee Backgrounds

Icebreaker Activity

Risks & Hazards

Introduction to Emergency Preparedness Concepts for Plan Development

Examples from the Field

Continuing Education (CE)/Breakout Activity

Group Discussion: Report Back, Action Steps & Wrap-Up



Background: Oregon

- ❖ Part B Grantee: Oregon Health Authority, Public Health Division
- ❖ FY2015 Part B Award was \$6,288,097 (Base)
 - ❖ ADAP (CAREAssist) statewide
 - ❖ Pharmacy Benefits Manager
 - ❖ 31 in-network pharmacies
 - ❖ HIV Case Management & Supportive Services in Balance of State
 - ❖ 2 Non-Profit organizations
 - ❖ 7 local health departments
 - ❖ Permanent Supportive Housing (HOPWA funding)
- ❖ Low to Medium incidence state – 6700 PLWH



Background: New York EMA

- ❖ Grantee: NYC Department of Health and Mental Hygiene (DOHMH)
 - ❖ DOHMH Bureau of HIV/AIDS Prevention and Control
 - ❖ Care, Treatment and Housing Program
- ❖ 2016 Part A Award is \$100,750,936 (Base and MAI)
 - ❖ 177 contracts among 93 agencies in NYC and Tri-County
- ❖ 2015 HIV Prevention Funding is approximately \$70,000,000 (CDC and NYC)
 - ❖ 198 contracts among 90 agencies in NYC
- ❖ Master contract to procure and administer subcontracts
 - ❖ Public Health Solutions

Icebreaker: Speed Networking



Speed Networking Instructions

- ❖ Groups of 5
- ❖ There will be five rounds of “networking” (three minutes each round).
- ❖ When the buzzer sounds, please move quickly to the next person.
- ❖ During the activity please be sure to:
 - ❖ Briefly introduce yourself (name, state, agency/department, recipient of which RW program)
 - ❖ Answer at least one of the following questions:
 - ❖ Have you ever been involved in an emergency (may be small or large)? If so, what emergency?
 - ❖ What did your personal and/or professional response look like?
 - ❖ Were you and/or your organization well prepared to deal with this emergency?
 - ❖ What could you’ve done differently to prepare for the emergency?
 - ❖ What emergency event do you most anticipate?
 - ❖ How prepared do you think you are for an emergency?

Risks & Hazards

Historical Implications for New York City

❖ Terrorist attacks on the World Trade Centers on September 11, 2001



❖ Northeast Blackout in 2003



❖ Superstorm/Hurricane Sandy in October 2012



Superstorm/Hurricane Sandy, October 2012 QUICK FACTS



- ❖ New York declared a State of Emergency for the **category 2 hurricane**
- ❖ Highest winds reached 115 mph
- ❖ Subway and commuter rail services were suspended
- ❖ All flights entering and leaving NYC were canceled and NYC-area airports closed
- ❖ New York Stock Exchange suspended all trading operations for two days (first time since 1888)
- ❖ **910,000 NYC residents left without power** for over one week
- ❖ Responsible for **285 deaths** in the Northeast United States, Canada and the Caribbean (**48 deaths in New York**)
- ❖ Superstorm Sandy Supplemental Social Services Block Grant provides **\$200 million** to cover necessary expenses such as repair, renovation and rebuilding of health care, mental hygiene, child care and social services facilities.
- ❖ To date, FEMA has approved **over \$17 billion** for recovery assistance for New York residents

Superstorm/Hurricane
Sandy, October 2012
BHIV Response



- ❖ Before Storm: BHIV sent information guides and citywide updates via email to all of our HIV service providers
- ❖ After storm: BHIV Technical Assistance teams conducted small, informal assessments to see how our providers fared during the storm
 - ❖ Many service providers fared well and reported limited interruptions to client services. With exceptions:
 - ❖ MCM provider had to temporarily relocate
 - ❖ FNS provider experienced gas shut-off
 - ❖ Many of our providers didn't have formal, written emergency preparedness plans needed to deal with emergency situations most effectively

Superstorm/Hurricane
Sandy, October 2012
BHIV Response



- ❖ HRSA offered to support and provide links to different resources

- ❖ Led to discussions of ensuring that all providers had a plan in place to adequately serve clients and staff

- ❖ In 2014 (CY24), BHIV introduced the emergency preparedness plan as a contractual requirement for all program grantees

Cascadia Subduction Zone

9.0 + Magnitude

4 minutes+ of shaking rolling

Years to recovery

Infrastructure back to 1800's

Months to years before power and water can be fully restored

Roads and bridges damaged

ANNALS OF SEISMOLOGY | JULY 20, 2015 ISSUE

THE REALLY BIG ONE

An earthquake will destroy a sizable portion of the coastal Northwest. The question is when.

BY KATHRYN SCHULZ



When the 2011 earthquake and tsunami struck Tohoku, Japan, Chris Goldfinger was two hundred miles away, in the city of Kashiwa, at an international meeting on seismology. As the shaking started, everyone in the room began to laugh. Earthquakes are common in Japan—that one was the third of the week—and the participants were, after all, at a seismology conference. Then everyone in the room checked the time.

Seismologists know that how long an earthquake lasts is a decent proxy for its magnitude. The 1989 earthquake in Loma Prieta, California, which killed sixty-three people and caused six billion dollars' worth of damage, lasted about fifteen seconds and had a magnitude of 6.9. A thirty-second earthquake generally



The next full-margin rupture of the Cascadia subduction zone will spell the worst natural disaster in the history of the continent.

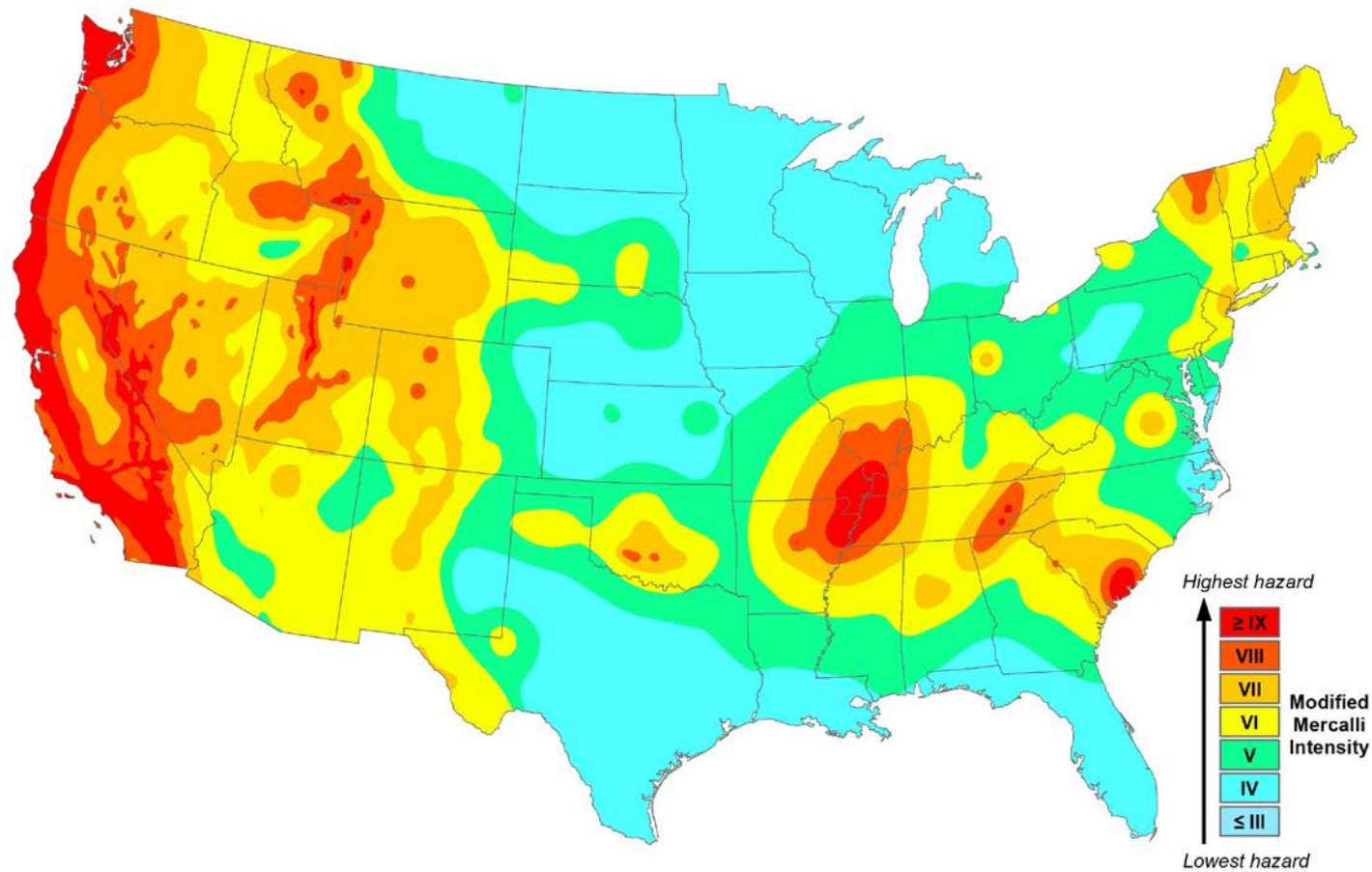
ILLUSTRATION BY CHRISTOPH NIEMANN; MAP BY ZIGGYMAJ / GETTY



Source: U.S. Geological Survey

THE SEATTLE TIMES





USGS map showing the intensity of potential earthquake ground shaking that has a 2% chance of occurring in 50 years

Introduction to Emergency Preparedness Concepts for Plan Development



What is Emergency Management and Preparedness?

“An ongoing process to prevent, mitigate, prepare for, respond to and recover from an incident that threatens life, property, operations, or the environment.” (FEMA)

“Emergency management seeks to promote safer, less vulnerable communities with the capacity to cope with hazards and disasters.” (FEMA)



Emergency Preparedness Concepts

- ❖ Emergency Management
- ❖ Command and Control
- ❖ Logistics Management
- ❖ Communications
- ❖ Continuity of Operations (COOP)
- ❖ Training and Exercises

Emergency Management

- ❖ Informs the planning and decision-making for emergency matters, specifically creating and updating the emergency plan.
 - ❖ May include an emergency leadership planning committee.
 - ❖ The committee should have representation from all support functions/departments, including:
 - ❖ finance
 - ❖ human resources
 - ❖ facilities
 - ❖ information technology
 - ❖ all other relevant program services

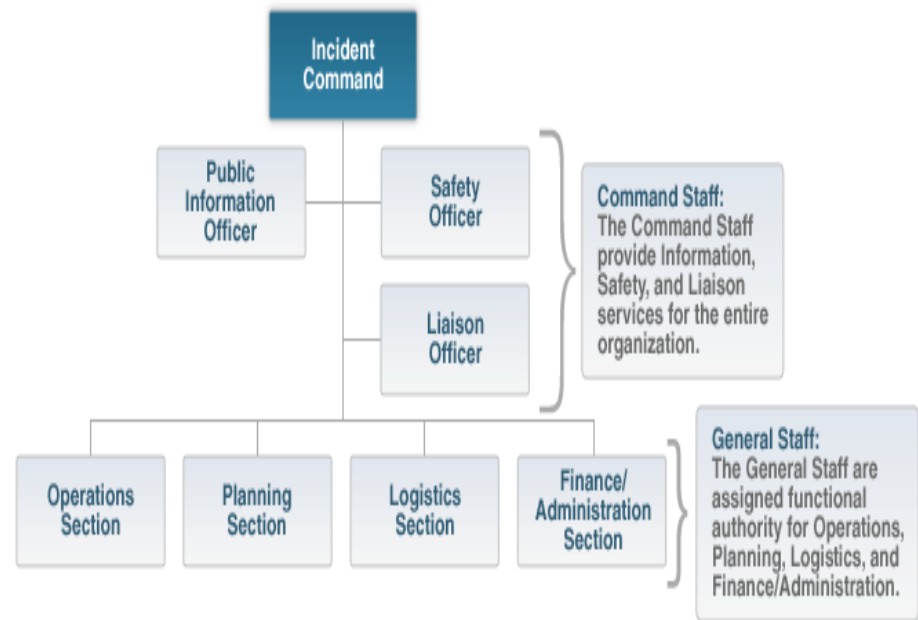


Command and Control

❖ Describes specifics on when/how an emergency plan will be activated, as well as who will have the authority to activate the plan.

❖ Should detail the roles and responsibilities for each designated position.

❖ Incident Command Structure (ICS) is commonly used.



FEMA's ICS

Logistics Management

- ❖ Ensures the adequate procurement and delivery of goods and services necessary to support the agency.
 - ❖ Should describe the agency's protocol for:
 - ❖ Acquiring
 - ❖ Securing
 - ❖ Managing critical equipment (e.g. medical supplies) in an emergency

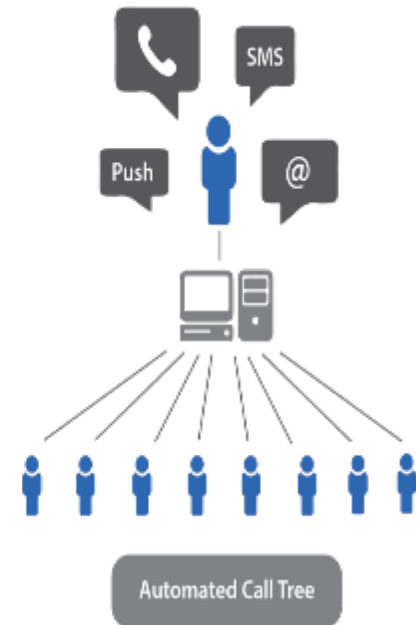
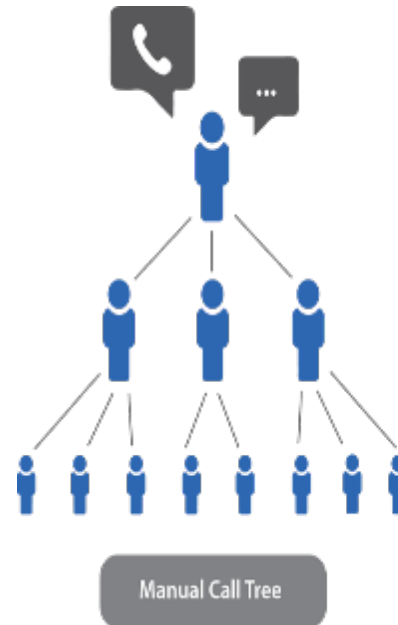


Communications

❖ Ensures adequate communication capabilities to maintain agency order and enhance safety when responding to service disruptions.

❖ Should include information on the:

- ❖ staff directory
- ❖ call trees
- ❖ communication plans with clients
- ❖ registrations with citywide and statewide notification systems



Continuity of Operations (COOP)

- ❖ Ensures that essential/critical services and the staff needed to maintain them are identified.
- ❖ Should:
 - ❖ prioritize essential services
 - ❖ pre-determine which staff have a role/responsibility in essential services
 - ❖ determine hours of operation in an emergency
 - ❖ specify the length of time for which services can be disrupted without major impact on clients, agency or staff
- ❖ COOP operates independently from the emergency preparedness plan.
 - ❖ Those who have been identified for COOP will not have a role in emergency plan activation.



Training and Exercises

- ❖ Ensures that staff (and clients) are educated and trained on emergency plans so that they are familiar with communication, evacuation and relocation plans and procedures.

- ❖ Testing plans through drills and exercises is an effective way to familiarize everyone with plans and to receive feedback for plan improvement



Examples From the Field

BHIV Emergency Assessment

- ❖ HRSA site visit in 2013
- ❖ Collaborated with the Office of Emergency Preparedness and Response (OEPR) at NYC DOHMH
- ❖ Allowed us to gain a more thorough understanding of the current state of readiness and resource gaps for emergency management amongst our agencies
- ❖ 75 questions divided across six domains:
 - ❖ Emergency Management Fundamentals
 - ❖ Command and Control
 - ❖ Logistics Management
 - ❖ Communications
 - ❖ Continuity of Operations (COOP)
 - ❖ Training and Exercises

BHIV Emergency Assessment

- ❖ The assessment was administered via SurveyMonkey
- ❖ Survey link was sent to 94 agencies (across all service categories)
- ❖ 87 agencies completed the assessment-including 12 of our Tri-County providers
 - ❖ 92% of the original sample size
- ❖ Agency Types:
 - ❖ Hospitals
 - ❖ Non-Hospital Sites:
 - ❖ Community Based Health Centers (CBHCs)
 - ❖ Community Based Organizations (CBOs)
 - ❖ Legal Services
 - ❖ Housing
 - ❖ Home Health



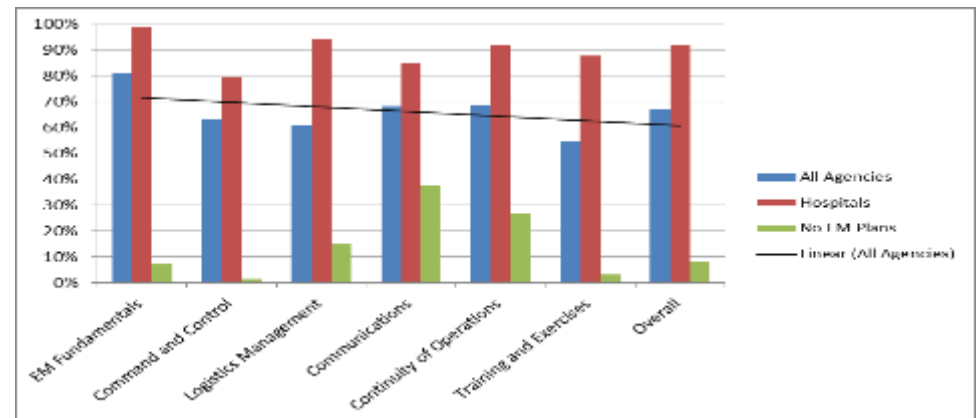
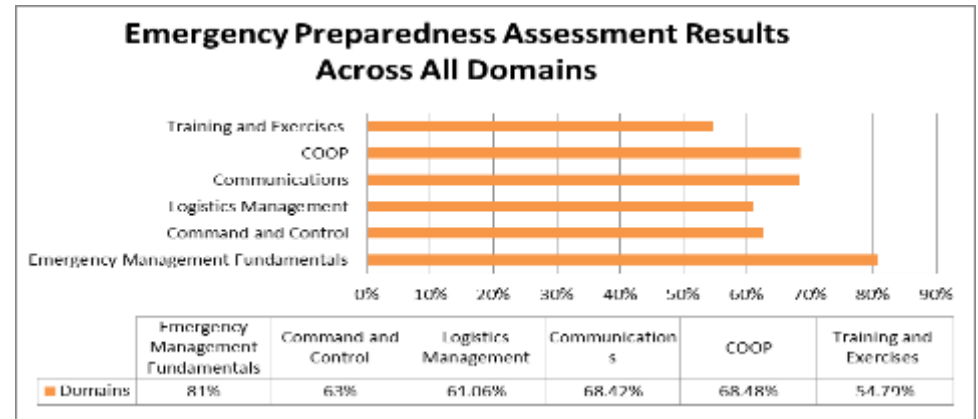
BHIV Emergency Assessment

- ❖ Adapted Nursing Home Emergency Management Program Assessment Tool (created by DOHMH and external vendors)
- ❖ Scores calculated using the percentage of 'YES' answers and open-ended responses

Level 1	Level 2	Level 3	Level 4
<i>Score of 85-100%</i> Mature comprehensive emergency management program established for site (including all aspects of EM planning for an all-hazards approach).	<i>Score of 70-84%</i> Emergency Management Plan developed and integrated with some event-specific plans and procedures.	<i>Score of 55-69%</i> Most elements critical for emergency planning identified but not developed.	<i>Score of 0-54%</i> Minimal elements necessary for emergency management program have been identified or created.

BHIV Emergency Assessment Results

- ❖ Average Score: 66%
- ❖ Highest Scoring Domain: Emergency Management Fundamentals
- ❖ Lowest Scoring Domain: Training and Exercises
- ❖ Outliers:
 - ❖ Hospitals
 - ❖ Agencies without a written emergency management plan: 13%



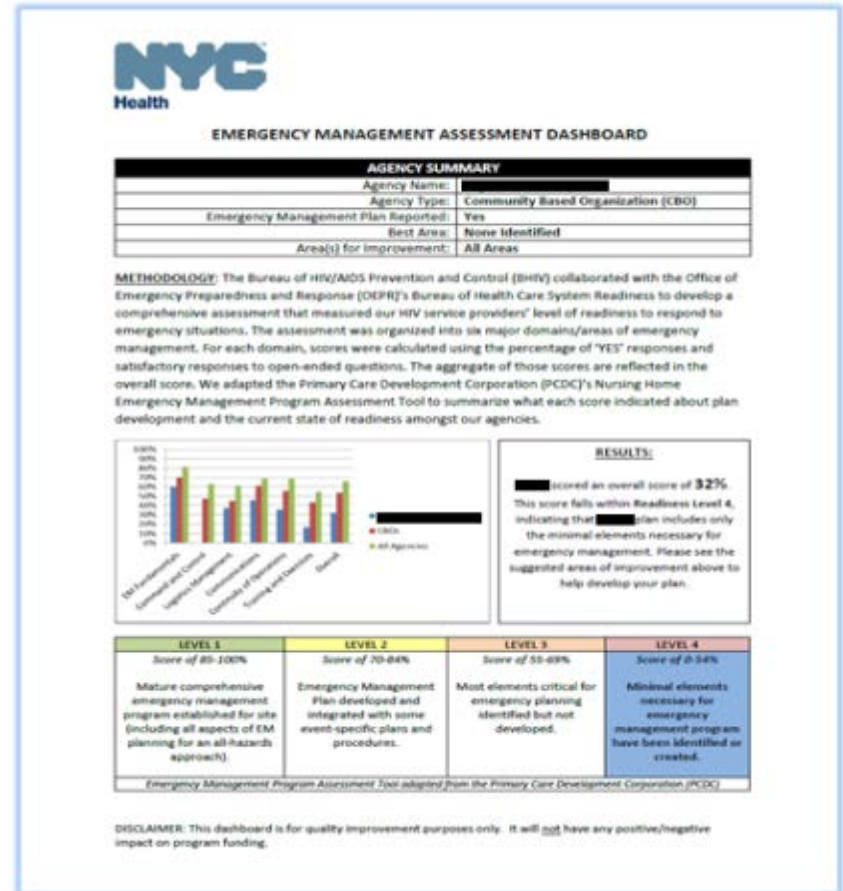
BHIV Emergency Assessment Results

What did the assessment teach us about our providers' emergency preparedness?

- ❖ Majority of our agencies have a plan
- ❖ Majority have identified the critical elements of emergency planning, but have not yet developed them
- ❖ Agencies struggle in the following areas:
 - ❖ Training and Exercises
 - ❖ Logistics Management
 - ❖ Command and Control

BHIV Emergency Assessment Dashboards

- ❖ Dashboards detailed agencies' results on each domain, as well as suggested areas of plan improvement.
- ❖ Senior administrators have reached out to BHIV expressing how helpful the dashboards have been for them.
 - ❖ “Your feedback was greatly appreciated and we are very interested in improving the areas identified...The executive staff is interested in improving our plan and ensuring that our staff and participants are able to understand the plan.” (Argus Community, Inc.)



BHIV Emergency Plan Template

- Emergency Management Plan template provided to help providers complete or revise plans

- Plans covered all six areas of emergency preparedness
- Also included sections on Evacuation Procedures and Partnerships



EMERGENCY MANAGEMENT PLAN TEMPLATE FOR HIV SERVICE PROVIDERS

AGENCY INFORMATION	
Agency Name:	
Agency Type:	<input type="checkbox"/> Hospital <input type="checkbox"/> Health Home <input type="checkbox"/> Community Based Health Clinic <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Other
Total # of Agency Staff:	
Total # of Clients Served (per year):	
Evacuation Zone:	
Agency Plan Point Person:	
Plan Last Updated:	

PREPARATION

Section 1: Emergency Management

The agency should form an emergency Leadership Planning Committee. The committee should have representation from all support functions/departments, including finance, human resources, facilities, information technology, and all other program services. Use existing job titles and clearly define the responsibilities of each area/position in regard to the implementation of plans in the event of an emergency/disaster.

Identify who on-site will have the authority to make decisions for the facility 24/7: (include staff name, job title, phone number, email address and specify two backups)	1. <Agency to insert agency staff name, job title, phone number, email address> Backup Agency staff: 2. <Agency to insert backup staff name, job title, phone number, email address for each backup staff member>
Who is on the Leadership Planning Committee? (include staff name, job title and agency role)	1. <Agency to insert agency staff name, job title, agency role for each staff member on the committee>
How frequently are Leadership Planning Committee meetings held?	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____

Section 2: Training and Exercise

The agency should educate and train staff on emergency plans so that they are familiar with communication, evacuation and relocation plans and procedures. Testing plans through drills and exercises is an effective way to familiarize agency staff with plans and to receive feedback for plan improvement.

How does the agency ensure that staff and clients understand emergency plans and procedures?	
How frequently does the agency schedule regular training on emergency plan and refreshers?	
How frequently does the agency conduct regular drills and exercises to test the emergency plan?	

Developed in collaboration with NYC DOHMH
Office of Emergency Preparedness and Response (DEPR)

Revised on 9/1/15



RESPONSE

Section 3: Command and Control

The agency should have a description of when/how the plan will be activated, as well as who will have the authority to activate the plan.

Under what circumstances should the emergency plan be activated? (state specific events e.g. fire, flood)	
Who will be responsible for activating the emergency plan?	<Agency to insert agency staff name, job title, phone number, email address>
If the agency uses an Incident Command Structure (ICS), list the roles and responsibilities for each designated position.	<Agency to insert ICS Role, Responsibility for each position in the ICS>

Section 4: Communications

The agency must have the adequate communication capabilities to maintain agency order and enhance safety when responding to service disruptions.

What is the agency's communication plan in the event that offices are closed during an emergency? (include information on staff directory, communication with clients and describe communication plan methods for each, if applicable)	
Indicate how the agency's staffing call tree is updated and shared with agency staff. Attach the agency's call tree to this plan.	
Explain how the agency communicates with clients if the agency relocates as a result of an emergency.	
We are registered members of all of the following notification systems: Advanced Warning System (AWS): (http://www.advancesystemspartners.org/) NYC DOHMH Take Care New York Partner Portal: (https://atls.health2host.nyc.gov/other/partnersportal/Forms/Forms/PublicPage.aspx) Noddy NYC: (https://atls2-emergency.nyc.gov/noddynew/)	<Agency to insert information on warning and notification systems not listed.>
Indicate what other warning and notification systems are in place for the agency (if applicable).	

Developed in collaboration with NYC DOHMH
Office of Emergency Preparedness and Response (DEPR)

Revised on 9/1/15

BHIV Emergency Plan Attestation

- ❖ Each agency was required to submit an attestation by Jan. 2016
 - ❖ Affirming their current standing and/or progress towards achieving a comprehensive emergency management plan that consisted of the elements found on the Emergency Management Plan template
- ❖ Emergency Management contract requirements were revised and updated in 2016 based on assessment findings


BHIV Takes Aim to Assist Providers in Emergency Preparedness

- ❖ Some of our providers have attended TA events such as:
 - ❖ OEPR's Vulnerable Populations Outreach Discussion Groups
 - ❖ Primary Care Emergency Preparedness Network (PCEPN)'s Mystery Patient Drill Project
 - ❖ OEPR's Emergency Planning Workshop for CBOs/FBOs (Upcoming)

BHIV Takes Aim to Assist Providers in Emergency Preparedness

- ❖ Limitations/Challenges:
 - ❖ Assessment (results) based on self-report
 - ❖ BHIV staff didn't have prior experience with emergency preparedness
 - ❖ No formal training for our program and TA teams to provide ongoing assistance

- ❖ Next Steps:
 - ❖ Continue to send emergency preparedness notifications and opportunities to providers
 - ❖ Possible training for BHIV staff



Oregon ADAP Emergency Preparedness Plan

ADAP Emergency Preparedness Guide

for State AIDS Directors and
AIDS Drug Assistance Programs

- ❖ Conduct a Risk Assessment
- ❖ Identify & Coordinate Key Partnerships & Stakeholders
- ❖ Staff Emergency Preparedness
- ❖ Client Emergency Preparedness
- ❖ Create a Continuity of Operations Plan (COOP)

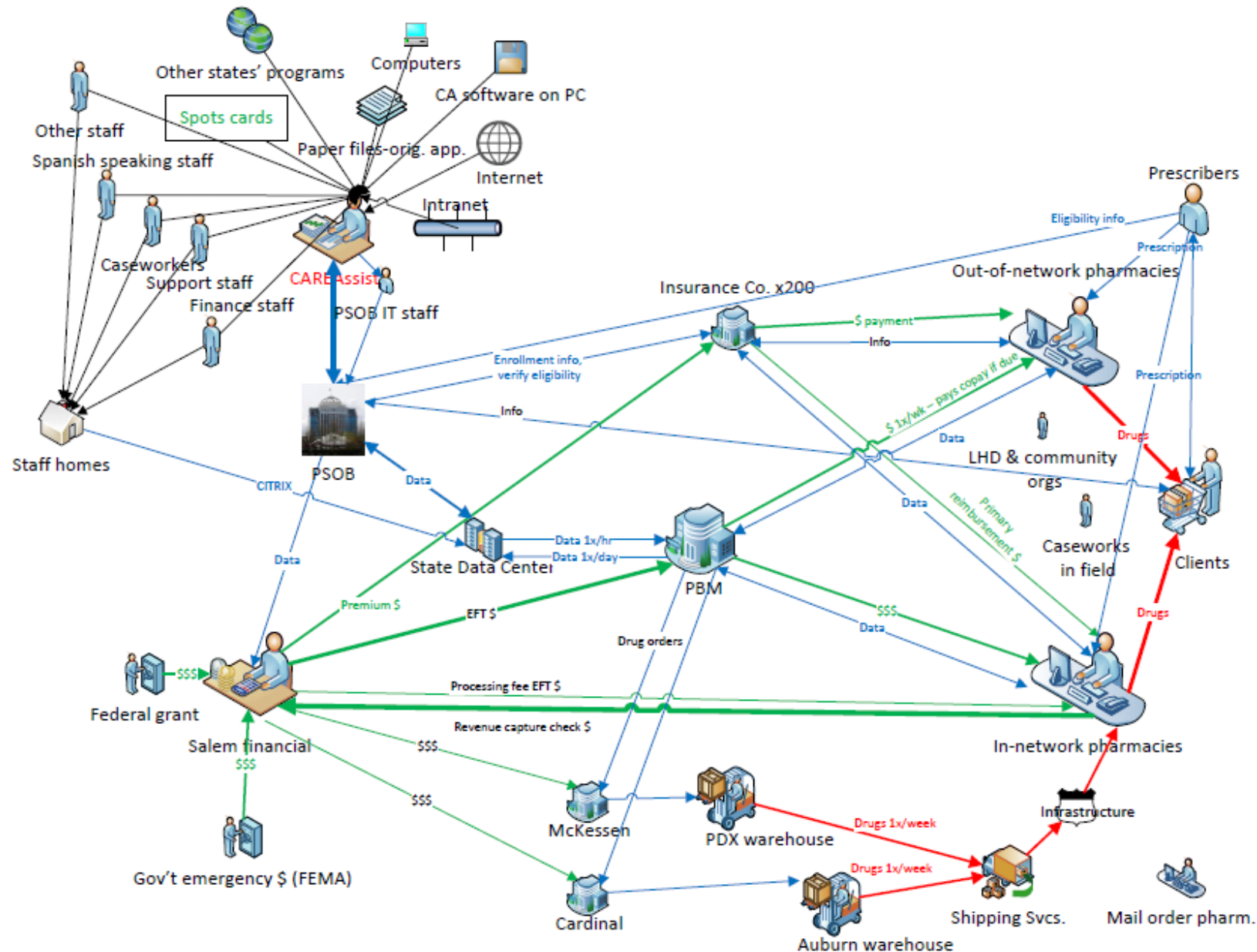
February 2016





Conduct a Risk Assessment

- ❖ Identify hazards most likely to impact your community
- ❖ Determine program vulnerabilities
- ❖ Develop preliminary contingency plans
- ❖ Prioritize “mission critical” functions





Hazard Scenario	Response Action
Statewide Disaster: All clients, staff and program elements affected (e.g. earthquake)	<ul style="list-style-type: none">a. CAREAssist staff activate emergency plan.a. Clients go to another in-network pharmacyb. Clients use out of network pharmacy or mail orderc. Clients seek meds at other medical resource (Hospital, Red Cross clinic etc.)d. Clients go off medications with guidance
Local disaster: Localized disruption to client pharmacy access (e.g. flooding or wildfire)	<ul style="list-style-type: none">a. Clients go to another in-network pharmacyb. Clients use out of network pharmacy or mail orderc. Clients seek meds at other medical resource (Hospital, Red Cross clinic etc.)d. Clients go off medications with guidance
Portland/Building emergency: Disrupts CAREAssist staff	<ul style="list-style-type: none">a. Secure off site location to resume CAREAssist business as soon as possible.
External events: Disrupts PBM data hub, prevents pharmacies from adjudicating	<ul style="list-style-type: none">a. See Ramsell Business Continuity Plan
Any situation which drives clients out of Oregon	<ul style="list-style-type: none">a. Liaise with surrounding state ADAP programs (considerations include discussion of MOAs, expedited enrollment processes, waivers on eligibility requirements.)
Any situation which drives clients into Oregon	



Identify & Coordinate Key Partnerships and Stakeholders

- ❖ Ensure pharmacy system components are addressed
- ❖ Engage all HIV service providers in planning
- ❖ Communicate with bordering state programs for collaboration/MOAs
- ❖ Engage non-traditional partners for emergency assistance

9. Emergency and Disaster Preparedness

Contractor shall have in place a plan which demonstrates that Contractor can continue to perform the work without interruption of services during local, state and national emergencies that may affect service performance or the delivery of drugs. The Contractor's plan shall address operations such as systems and communication, surge capacity, coordination and response, preparation and action including training and outreach, and preparation and planning in anticipation of an event. Contractor's plan shall have no interruption or nominal interruption of services at Client location or Contractor location, with alternate execution planning.

The Contractor's plan must include the ability for pharmacies under contract with Ramsell to adjudicate for all needed medications as outlined in the CAREAssist full Formulary when authorized by OHA management.

In addition, Contractor will ensure OHA is notified within 2 hours of service interruption and will provide daily updates and planning resources to address identified issues with OHA personnel until all services outlined in this Contract resume normally.

Contractor shall ensure OHA has been provided the most current version of the Business Continuity Plan at all times.



Initial response in the event of ...

DISASTER EVENT!

<ul style="list-style-type: none"> Initial Notification Emergency Declarations Activate OERS Succession / Authorities 	<ul style="list-style-type: none"> Life Safety Missions Search and Rescue Medical Care Scene Stabilization Emergency Communications 	<ul style="list-style-type: none"> Establish Contact with Affected Area Establish Lifeline Routes Assess Impacts / Damage 	<ul style="list-style-type: none"> Establish Shelters Transport Displaced People Vulnerable Populations Medical Care at Shelters Mass Feeding Animal Care 	<ul style="list-style-type: none"> Initiate Resource Requests Establish State Staging Areas Locate / Receive Supplies Points of Distribution 	<ul style="list-style-type: none"> Identify Critical Service Outages Prioritize Emergency Repairs Contingency Plans Emergency Contracting DMORT Operations 	<ul style="list-style-type: none"> Mobilize Heavy Equipment and Personnel Clear debris Repair Essential Systems JIC Operations 	<ul style="list-style-type: none"> Receive Federal Resources Expedite out-of-area Utility Repair Crews Volunteers and Donated Goods Track Federal Assets and Activation Levels 	<ul style="list-style-type: none"> Community Planning Needs Identify Recovery Priorities Begin Restoring Community Services Identify Human Services Needs Begin Restoring Critical Systems
PLAY 1	PLAY 2	PLAY 3	PLAY 4	PLAY 5	PLAY 6	PLAY 7	PLAY 8	PLAY 9
Notification, Activation and Authorities	Life Safety	Damage Assessment	Mass Care and Sheltering	Logistics and Resource Management	Planning and Prioritization	Emergency Repairs	Outside Assistance	Begin Recovery
(0 – 30 min)	(0 – 72 hrs)	(1 – 72 hrs)	(6 hrs – 30+ days)	(12 hrs – 30+ days)	(18 hrs – 30+ days)	(20 hrs – 7 days)	(1 – 30+ days)	(8 – 180+ days)



Staff Emergency Planning

- ❖ Complete comprehensive emergency plan for evacuation
- ❖ Assemble disaster kits for home, work and vehicle
- ❖ Exchange after hours information
- ❖ Register staff with Health Alert Network (HAN)
- ❖ Ensure ability to telework

Section 3. Fair Labor Standards Act (FLSA) Non-Exempt Employees.

- (a) When the Employer/Agency notifies employees not to report to work pursuant to Section 1, the following applies:
- (1) Non-exempt employees shall not be paid for the period of the closure. However, employees shall be allowed to use accrued vacation, compensatory time off, personal leave or leave without pay for the absence(s).
 - (2) A non-exempt employee arriving at work after the Employer/Agency has announced a closure or curtailment of operations shall be directed to leave work and shall not be paid for the remainder of the shift unless utilizing accrued leave as described above.
 - (3) In instances where an employee is not observed upon arrival and actually begins work at his/her workstation that employee shall be entitled to pay for all actual hours worked until sent home.
 - (4) If an employee's scheduled reporting time and his/her arrival is within two (2) hours of the notice of closure, he/she shall be paid for two (2) hours at the straight-time rate of pay.
- (b) When the Employer/Agency fails to notify employees not to report to work, pursuant to Section 1, FLSA Non-Exempt employees who arrive to start their scheduled shift within two (2) hours of notice of closure shall be paid for two (2) hours at the straight time rate of pay.

Section 4. FLSA-Exempt Employees. Pursuant to the FLSA, an exempt employee shall be paid for the workshift. An FLSA-exempt employee may be required to use paid leave where the closure applies to that employee for one (1) or more full workweek(s).

Section 5. When in the judgment of the Employer/Agency, inclement or hazardous conditions require the closing of the workplace following the beginning of an employee's workshift, the employee shall be paid for the remainder of his/her workshift.

Section 6. Alternate Worksites. Employees may be assigned or authorized to report to work at alternative worksites or with prior approval from their supervisor may work from home and be paid for the time worked.

Section 7. Late or Unable to Report. Except as provided for in Section 2 of this Article, where the Agency remains open and an employee notifies his/her supervisors that he/she is unable to or will be late in reporting for work due to inclement or hazardous conditions, the employee shall use accrued vacation leave, compensatory time off, personal leave, or leave without pay.



Client Emergency Planning

- ❖ Include emergency policies that allow for early refills when emergencies are anticipated
- ❖ Ensure client data can be accessed
- ❖ Include alternative ways to deliver medications
- ❖ Consider evacuation vs shelter-in-place scenarios

Emergency Preparedness Planning for CAREAssist Clients

This plan is intended to help you get treatment and HIV medications in an emergency. Please save a copy of the plan in a place where you are able to easily find it. In an emergency, you can also get information at www.healthoregon.org/careassist.

Step 1: Get ready

- Keep your medicines and health information up-to-date. Ask your doctor or case manager to make a copy of your prescription and health information (including doctor, pharmacy and CAREAssist information). Complete the second page of this guide.
- Fill your prescriptions as early as possible.
- Make a plan for emergencies and build an emergency kit. Keep food that doesn't spoil and water, blankets and other sleeping supplies in the kit. There are guides at www.ready.gov or ask your case manager for help.

Step 2: Locate a pharmacy

If you cannot fill your prescriptions at your pharmacy, there will be other pharmacies for you to use. In a state- or CAREAssist declared emergency response, most pharmacies will be able to fill your prescriptions



Step 3: Medication, medication, medication

- Keep all of your HIV medications with you.
- If your HIV medications are running out, do not skip doses to stretch them out.
- If you run out of one of your HIV medicines, stop ALL of your HIV medicines until you can get refills. Not taking all your HIV medicines could lead to complications later.
- If you cannot get to your pharmacy, try another pharmacy that is closer to you. Be sure to bring all your medication bottles, with accurate names and dosage, if you have them.
- Do not stop taking medications for other conditions not related to your HIV infection. Refill them from a doctor or pharmacy.
- Although you should try to take your medications correctly 100% of the time, don't panic if you have to stop taking them for awhile. You shouldn't have any immediate impacts to your health. Just try and refill them as soon as you are able, keeping your safety in mind.

If you need help getting treatment or HIV medication, or a doctor needs medical information concerning your care, call **CAREAssist 1-971-673-0144** or **1-800-805-2313**.

www.healthoregon.org/careassist



Creating a COOP

- ❖ Operationalizes steps to restore ADAP functions
- ❖ Drill and review
- ❖ Share with all stakeholders



Command & Control

- **Emergency Manager** – Activate and implement emergency response, approve use of staff and resources, declare end of response when appropriate
- **Liaison Officer** – Coordinate services with subrecipients, ensure delivery of services
- **Information Officer** – Update voicemail, web page, and deliver communication via listserves and other outlets
- **Operations Officer** – Maintain contact with PBM, medication distribution centers and pharmacies
- **Communications Officer** – Ensure client service and communication, ensure confidentiality of client records

Critical Resources

- Log-in & Password information
- Telework capacity for all staff
- Program Conference Line
- Access to phone and voicemail
- Information for Emergency Operations Center
- Data back-up
- Critical contacts
- Building & equipment access



Limitations, Challenges, Next Steps

- ❖ Coordination with larger public health effort and emergency response agencies
- ❖ Plan largely dependent on existing infrastructure which may be threatened during a given event
- ❖ Lack clarity on linkage with wider state plan
- ❖ Need MOUs with existing ADAPs
- ❖ Continued commitment to communicate with partners and clients
- ❖ Practice the plan
- ❖ Continuous improvement and update of plan
- ❖ Staff preparedness

Continuing Education (CE)/ Breakout Activity

CE/Breakout Activity

- ❖ *This activity will impart new or improved methods for assessment, planning, and implementation*
- ❖ Groups of 5
- ❖ During the activity please be sure to answer/discuss the following:
 - ❖ Does your agency/program have an emergency preparedness plan?
 - ❖ Which area of your plan do you feel is the most developed? Which is the least developed?
 - ❖ You may chose from the areas that we discussed earlier: Emergency Management, Command and Control, Logistics Management, Communications, COOP, Training and Exercises
 - ❖ Have you put the plan to use?
 - ❖ What is an action step you will take on when you return?

Group Discussion: Report Back, Action Steps & Wrap-Up

What will you do? What can you do?



Resources

Learn More About ICS



<http://training.fema.gov/EMIWeb/IS/ICSResource/index.htm>

Guidance for Non-HIV-Specialized Providers Caring for HIV-Infected Residents Displaced from Disaster Areas

Essential Information for Managing HIV-Infected Patients Receiving Antiretroviral Therapy

August 26, 2011

ADAP Emergency Preparedness Guide

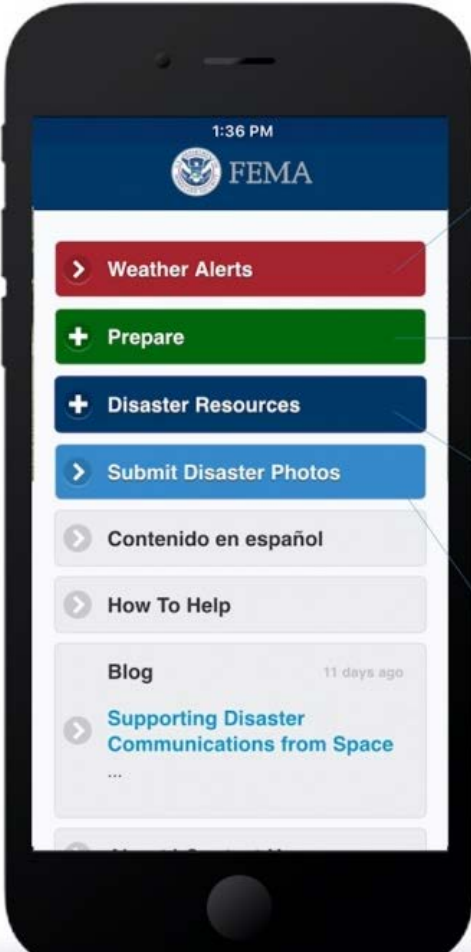
for State AIDS Directors and AIDS Drug Assistance Programs

February 2016






- ❖ Your neighbors!
- ❖ Phone Apps
- ❖ Others?





1:36 PM
FEMA


- > Weather Alerts
- + Prepare
- + Disaster Resources
- > Submit Disaster Photos
- > Contenido en español
- > How To Help
- Blog 11 days ago
 - > Supporting Disaster Communications from Space

Camera icon

 Receive alerts from the National Weather Service for up to five locations.

 Get safety reminders, read tips to survive natural disasters, and customize your emergency checklist.

 Locate open shelters and where to talk to FEMA in person (or on the phone).

 Upload and share your disaster photos to help first responders.

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Office of Emergency Preparedness and Response (OEPR)**

Primary Care Emergency Preparedness Network (PCEPN)

Thank You!

If you have any questions and/or comments, please feel free to reach us at:
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Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>