

What if You - Had 60 Seconds?

- What would you do?
- What would you need?
- Can you get what you need?
- Where would you go?



Merrimack Valley Gas Explosions - Emergency Preparedness, Management and Lessons Learned

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Session Objectives

- To describe requirements of Emergency Management Plans for community-based providers.
- To describe an emergency event, emergency response to the event and the after action review to the event of a community provider.
- To describe the importance of a continuity of operations plan for a provider to manage ongoing operations and employee/patient safety.
- To share lessons learned from the Merrimack Valley Gas Explosions 2018

Meet Disaster and Preparedness



CMS Final Rule – Let's Play Chess

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

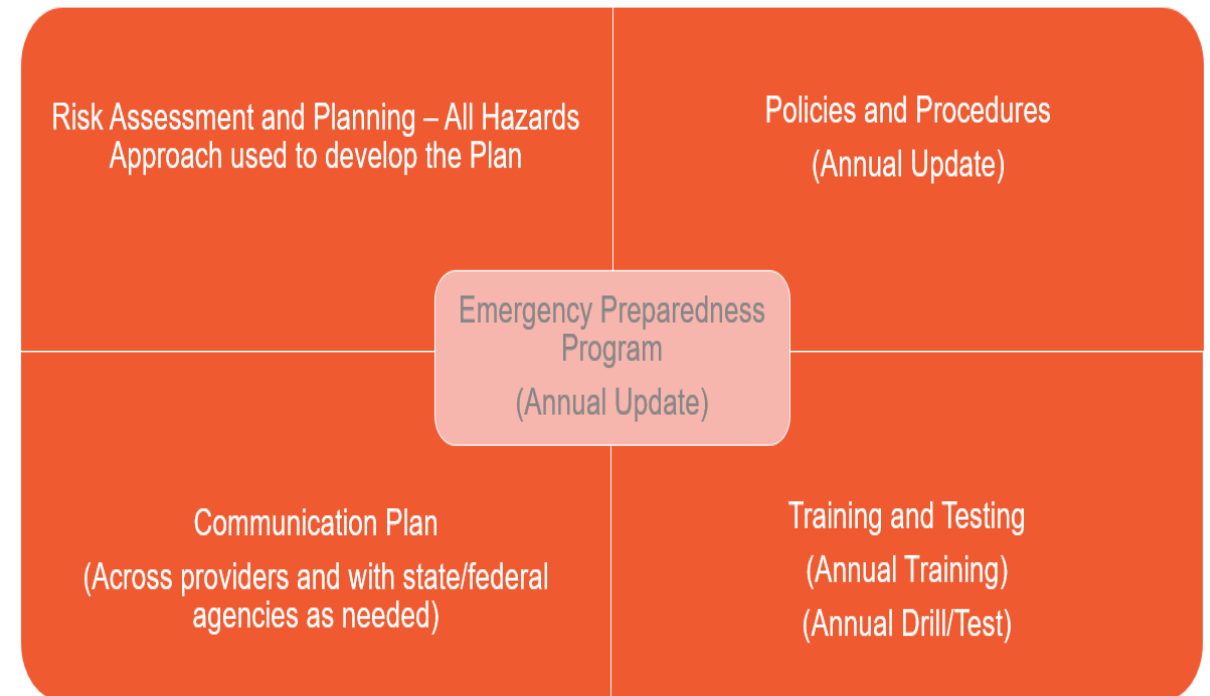
- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date November 15, 2017
- Compliance required for participation in Medicare

EMP Planning – Internal/External Stakeholders

Part 483.73 (a) – the Emergency Operations Plan (EOP)

The CMS EP Rule says your EOP must be...

- Based on the facility's and community's Hazard Vulnerability Assessment
- Reference and use an all-hazards approach
- Address facility population at risk because of their resident/clients unique needs
- Identify services that must be provided in the emergency
- Consider continuity of operations
- Cooperate with community & emergency responders



Home health agencies and hospices required to inform officials of patients in need of evacuation.

EMP Planning Documentation Output

<Insert Name of Facility>

Emergency Operations Plan

<Insert date>

|

<Insert facility's logo>

The results of our HVA that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Bomb Threat	5
Earthquake	6
Evacuation	8
Extreme Weather – Cold	10
Extreme Weather – Heat	11
Fire (External)	12
Fire (Internal)	13
Flood	14
Hazardous Material/Waste Spill	15
Infectious Disease (e.g., Pandemic Influenza)	16
Missing Resident	17
Shelter In Place	18
Utility Failure (e.g., Power, Water, etc.)	19
Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)	20

<http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx>

EMP Planning – Internal/External Stakeholders

Patients/Families

- Individual emergency plans
- Evacuation needs
- Shelter-in-place
- Notification to EMS of evacuation needs

Staff/Other providers

- Staff safety
- Staff capacity during events
- MOUs
- Shared patients

How to Complete Your Hazard Vulnerability Assessment (HVA)



Risk Assessment and Planning – All Hazards Approach used to develop the Plan


WHAT DOES “ALL HAZARDS” MEAN?

- An "all-hazards approach" is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.



- This approach is **specific to the location** of the provider or supplier and considers the particular types of hazards most likely to occur **in their areas**.

$$\text{Probability} \times \text{Severity}^* = \text{RISK}$$

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS								 KAISER PERMANENTE.	
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	
	Likelihood this will occur	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*	

* SEVERITY = Magnitude (Impact) – Mitigation (Preparedness + Response)

Risk Assessment and Planning – All Hazards Approach used to develop the Plan

WHAT TOOLS CAN I USE?

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	3=HIGH	5=LIFE THREAT		
	2=MEDIUM	4=HEALTH/SAFETY	3=POOR	
	1=LOW	3=HIGH DISRUPTION	2=FAIR	PXRXP
	0=NONE	2=MODERATE DISRUPTION	1=GOOD	
		1=LOW DISRUPTION	N/A= NOT APPLICABLE	
		0= NO DISRUPTION		
GROUP #1 - NATURAL EVENTS				
Hurricane Winds				
Tornado				
Severe thunderstorm				
Snow fall				
Blizzard				
Ice storm				
Earthquake				
Temperature extremes				
Drought				
Flood, external				
Wild fire				
Landslide				
Nuclear power plant incident				
Dam failure				

2010 HAZARD AND VULNERABILITY ASSESSMENT TOOL

Safety Management								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	Relative threat*
SCORE	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = High 2 = Moderate 3 = Low or none	0 = None 1 = High 2 = Moderate 3 = Low or none	0 = None 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Musculoskeletal injuries related to patient handling	3	3	2	2	2	2	0	61%
Staff falls - outside, snow or ice	3	3	2	2	2	1	1	61%
Bloodborne pathogen exposures	3	3	2	1	2	2	0	56%
Injury from walking into glass wall / main hospital entry	2	3	2	1	2	2	3	48%
Exposure to sewage due to plumbing issues	2	2	2	3	2	1	0	37%
Staff falls - in facility due to flooring / mats	2	2	2	1	2	1	0	30%
Helicopter Accident	1	3	3	3	2	1	1	24%
Confrontation with moose	1	3	3	2	1	1	3	24%
Staff falls - in facility due to egress lighting	1	3	2	3	1	1	0	19%
Staff falls - in facility due to wet floors	1	3	2	1	2	1	0	17%
AVERAGE	1.00	2.80	2.20	1.90	1.80	1.30	0.80	38%
*Threat increases with percentage.								
RISK = PROBABILITY * SEVERITY								
	0.38	0.63	0.60					

a spreadsheet with number ratings

Examples www.cahfdisasterprep.com

Risk Assessment and Planning – All Hazards Approach used to develop the Plan

Pre-explosion

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your LTC with >= 5 victims)	1	3	3	2	2	2	1	24%
Small Casualty Hazmat Incident (From historic events at your LTC with < 5 victims)	2	3	2	2	2	2	1	44%
Chemical Exposure	1	2	1	2	1	1	1	15%
Terrorism, Chemical	1	3	1	2	3	2	1	22%
Radiologic Exposure, External	1	3	3	2	2	2	2	26%
Terrorism, Radiologic	1	3	2	2	2	2	2	24%
AVERAGE								0%
								0%
								0%
	0.78	1.89	1.33	1.33	1.33	1.22	0.89	12%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY

0.12

0.26

0.44

Risk Assessment and Planning – All Hazards Approach used to develop the Plan

Post-explosion

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	Likelihood this will occur	HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your LTC with >= 5 victims)	1	3	3	2	2	2	1	24%
Small Casualty Hazmat Incident (From historic events at your LTC with < 5 victims); Gas explosion	2	3	3	3	2	2	1	52%
Chemical Exposure	1	2	1	2	1	1	1	15%
Terrorism, Chemical	1	3	1	2	3	2	1	22%
Radiologic Exposure, External	1	3	3	2	2	2	2	26%
Terrorism, Radiologic	1	3	2	2	2	2	2	24%
AVERAGE								0%
								0%
*Threat increases with percentage.								0%
	0.78	1.89	1.44	1.44	1.33	1.22	0.89	12%
RISK = PROBABILITY * SEVERITY								
		0.12	0.26	0.46				

Policies and Procedures (Annual Update)

EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

APPENDIX B – FACILITY EVACUATION AND MAPS

It is the policy of <insert name of facility> to pre-plan for all anticipated hazards to minimize the stress and danger to our residents and staff. In light of recent events, it indicates the increased risks of mortality and morbidity related to the evacuation of residents who are elderly and/or suffer from chronic health conditions, sheltering in place as our first response choice if it is at all feasible. When sheltering in place would place residents at greater risk than evacuation, or when given a mandatory order from appropriate authorities, the Incident Commander (IC) has the authority to activate the emergency evacuation plan.

The following terms are important to understanding how we evacuate our facility:

- There are two types of evacuation:
 - emergent which unfolds in minutes to hours and
 - urgent/planned which unfolds in hours to days
- There are two types of partial evacuation:
 - Horizontal Evacuation involves moving residents, staff and visitors to a safe area on the same floor. Accomplished by compartmentalizing of rated doors and rated assemblies – smoke partitions, fire walls, adjacent smoke/fire compartment.
 - Vertical Evacuation involves moving residents, staff and visitors up and down stairs and elevators to safe area within the facility.
- The Staging Area is the last place to move residents before leaving the facility. Residents may be sent to a staging area based on level of acuity.
- Complete Evacuation involves moving residents, staff and visitors to a safe area outside of the building.
- Emergency Shut down involves turning off electricity, gas, etc. to the facility.
- Relocation involves moving residents to an alternate facility (also called facility) offsite.

Agreements for transporting residents to evacuation sites have been made with transportation and ambulance companies. Our facility also maintains at least two sites for relocation (copies and/or relevant documentation of verbal understandings and agreements is included in Appendix Y – Emergency Agreements). See table for more information.

EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES

Transportation Name of Company: Company Address: Company Phone Number: Contact Person Phone:	Alternate Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Ambulance Name of Company: Company Address: Company Phone Number: Contact Person Phone:	Alternate Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Alternate Facility 1 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	
Alternate Facility 2 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	

LOGISTICS

Based on the unique needs of our residents, including mobility status, cognitive ability, health status, our SNF community has developed evacuation logistics as part of our plan.

Transportation

- Residents who are independent in ambulation: may be evacuated first unless extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member to the designated mode of transportation. If appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- Residents who require assistance with ambulation: will be accompanied by a designated staff member to the designated mode of transportation. If safe and

EMERGENCY OPERATIONS PLAN

APPENDIX B – FACILITY EVACUATION AND MAPS

PROCEDURES

INITIAL RESPONSE (See Rapid Response Guide – Evacuation)

INTERMEDIATE RESPONSE

- Call in additional staff as needed.
- Periodically brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Continue assessing and updating transportation requirements based on the number of residents, medical needs and mobility status.
- Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship.
- If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via Reddinet.
- Obtain transportation resources by contacting the contracted ambulance providers.
 - If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via Reddinet.
- Complete evacuation of the facility, as appropriate
 - Collect and package residents' equipment and medications
 - Secure outgoing pharmaceuticals and medical equipment, as appropriate.
 - Secure patient valuables.
 - Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc.
 - Prepare water and snacks to accompany residents during transport period.
 - Prepare medical documentation to accompany resident, as appropriate.
- Verify that planned evacuation routes are safe to travel with the public safety agency.
 - Track residents to destinations and continue to notify family members of evacuation and planned destination.
- Assign a licensed nurse to each vehicle carrying a large number of residents to ensure residents are assessed, and emergency medications are secured and safeguarded. Emergency medications may be transported in resident Go-Bags or secured in medication carts.
- Provide comfort and reassurance to residents throughout the entire evacuation.
- Secure the facility. Ensure all electronics have been powered down and unplugged. (See Appendix X – Emergency Shutdown)

Communication Plan (Across providers and with state/federal agencies as needed)

B Beth Dimitruk to All Staff Wall
September 13, 2018 · 📧

As you may be aware, major gas explosions have impacted the cities of Andover, North Andover and Lawrence and prompted the closure of the Lawrence office at Riverwalk. We are actively checking in on staff to verify they are home safe. Due to our concern for the safety of our staff and their families, the Emergency Management Committee has implemented the following plan:

- Administrative staff who work at the Lawrence office should anticipate they will work remotely at home tomorrow as if the office was closed for a snow emergency.
- Clinical managers and scheduling supervisors will be hearing from their manager and may be assigned to report to another office location.
- With the exception of the impacted cities and towns (Andover, North Andover and Lawrence) staff who are able should plan to conduct all Friday visits as scheduled. We are working to identify patients in the 3 impacted towns and will implementing outreach plan. Please connect with your manager should you be unable to work as scheduled.

Updates regarding this emergency plan will be posted by 7:00 a.m. tomorrow so please check your email for additional information. If you have any questions, please contact your manager.

... Include process for ensuring cooperation and collaboration with local, ...state and federal emergency prep officials to maintain an integrated response during disaster or emergency



B Beth Dimitruk to All Staff Wall
September 14, 2018 · 📧

UPDATE

Friday 9.14.18 7am

The Lawrence Office will remain closed until further notice.
As you may be aware, major gas explosions have impacted the cities of Andover, North Andover and Lawrence and prompted the closure of the Lawrence office at Riverwalk.

Managers are communicating directly with administrative staff from the Lawrence office and determining assignments on a case by case basis. Per our policy, in the event of an administrative closure, administrative staff not assigned or able to work from home will use Earned Time. At the manager's discretion, staff can be assigned to work extra hours and/or an extra day during the current work week to help catch up on necessary work and at least partially mitigate the need to use Earned Time.

With the exception of the impacted cities and towns (Andover, North Andover and Lawrence) clinical and HCI staff who are able should plan to conduct all Friday visits as scheduled. After consultation with their supervisor/manager, intake, schedulers and other staff have been redeployed to other locations. **Please connect with your manager should you be unable to work as scheduled and/or for adjusted visit schedules.**

Please continue to monitor your email for additional updates. If you have any questions, please contact your manager.

Our concern for our staff and our patients is paramount. If you are affected by the situation in these towns, please take care of yourself and your loved ones. Please contact your supervisor as needed to inform them of your status.

The Helping Hands Fund is available to staff impacted by this situation. Please reach out to your manager directly for additional information.

Training and Testing (Annual Training) (Annual Drill/Test)

- Providers are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
 - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is individual, facility-based.
 - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).
- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Leadership Table Top Training – July 12, 2018

What is a tabletop exercise?

Introduction:

The tabletop exercise is a meeting to discuss a simulated emergency situation. Members of the organization will review and discuss the actions they would take in a particular emergency, testing their emergency plan in an informal, low stress environment. Tabletop exercises are used to clarify roles and responsibilities and to identify additional mitigation and preparedness needs. The exercise should result in action plans for continued improvement of the emergency plan.



Participant Expectations:

- Be willing to engage in the conversation
- Challenge yourself and others in a cordial manner
- It is OK to not have an answer
- Accept the scenario and work within the presented parameters

Our Story

September 2018

Event Timeline



September 13 – September 16 – Active Response



September 17, 2018 Recovery Begin



September 18, 2018



Ongoing



Lawrence, Andover and North Andover were shocked on the afternoon of Sept. 13, when there were 80 near-simultaneous reports of explosions and fires. According to a preliminary report from the National Transportation Safety Board, the blasts came shortly after contract workers for Columbia Gas replaced a century-old iron pipe with a new plastic one but failed to realize that pressure sensors were still active in the abandoned section of pipe. That, in effect, created a communication problem: The gas system thought pressure had dropped and compensated by forcing more and more gas into the region's lines.

CBS News

Staff “Chatter”

From: "Jess"

Date: September 13, 2018 at 4:54:38 PM EDT

To: "Julie", "Karen", "Donna"

Subject: Lawrence

Angela just called me about this. Is anyone aware of what is going on?



The Valley Patriot

Just now •



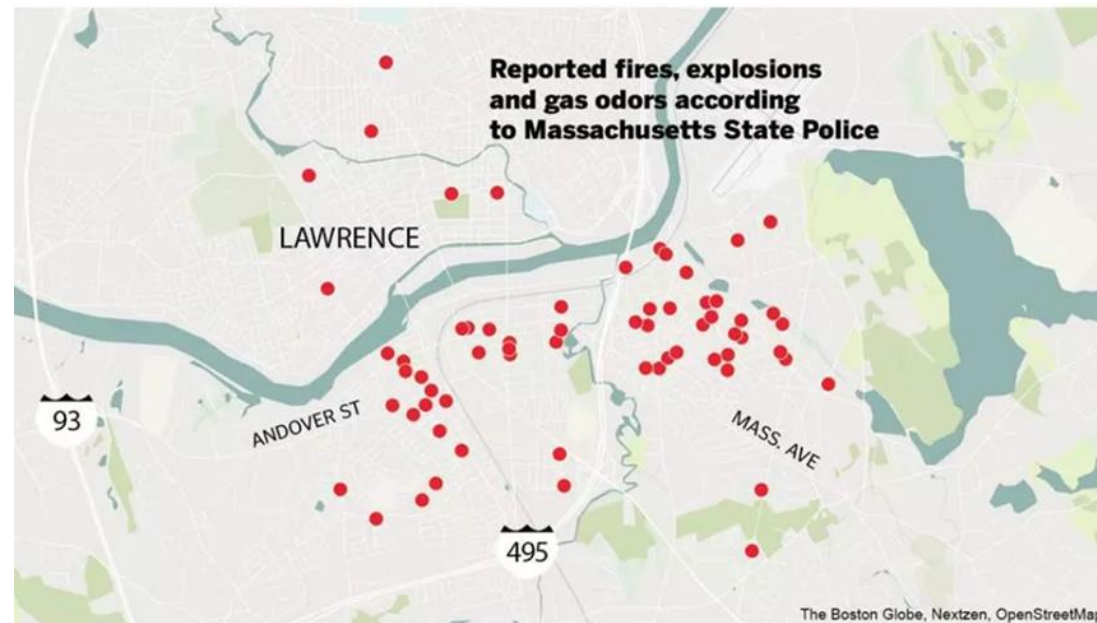
BREAKING... UPDATE...MASSIVE FIRES AT LEAST A DOZEN IN LAWRENCE ALL OVER SOUTH LAWRENCE >.. MULTIPLE VICTIMS MULTIPLE PEOPLE TRAPPED IN MULTIPLE BUILDINGS.... ANDOVER, NORTH ANDOVER, METHUEN, SALEM NH, HAVERHILL... ALL COMMUNITIES RUSHING TO LAWRENCE AS DISASTER STRIKES ... GAS EXPLOSION SETS OF DOZENS OF FIRES THROUGHOUT CITY... POLICE ARE DESPERATELY TRYING TO GET COLUMBIA GAS TO SHUT OFF ALL GAS AS MORE FIRES CONTINUE BREAKING OUT...

THIS IS THE WORT DISASTER THE CITY HAS EVER SEEN...

Sent from my iPhone



- What would you do?





September 13, 2018

Timeline of a tragedy that hit Lawrence, Andover and North Andover yesterday:

4:52 p.m. — State police reported troopers on the scene responding to “multiple suspected gas explosions and fires.”

5:01 p.m. — Andover Fire-Rescue Department strikes a 10-alarm response, “its maximum traditional fire response that directed 20 fire engines and 10 ladder trucks to Andover plus the town’s entire fire department.” A total of 35 fires were doused. At peak, 18 fires were burning at the same time.

5:21 p.m. — North Andover police warn residents in a text: “If you have gas service to your house or business, please exit the building until further notice.”

5:28 p.m. — State police reported 17 separate addresses for fires or explosions.

5:33 p.m. — Andover announces evacuations to the senior center on Whittier Court. North Andover evacuations were to the middle school on Main Street.

6:46 p.m. — State police shut all off-ramps on Interstate 495 from Exits 42 through 45. On-ramps remained open to allow evacuation.

7:05 p.m. —Power was shut off to Lawrence, North Andover and Andover.

• Agency Responses

- 5:10 PM CEO contacted VP – “do you see what’s happening?” – decision activate EMT/EMP; CEO sent activation communication; VP returning to office
- 5:20 PM CEO contacted VP – “corporate office is under mandatory evacuation”; activate alternate location – COOP: Mobile; EMT/EMP call scheduled 6:15 PM; Clinical leads and managers; patient level inventory/reporting and accounting for field staff; all leaders heading home for call
- 6:15 PM EMT/EMP Call – Priorities (all staff accounted for; review of current status, activated Continuity of Operations Plan (COOP) for Friday 9/14/2018 – Mobile operations; Communication script developed; EMT positions assigned
- Prepare High Pointe House for Surge Capacity
- Prepare for staff homelessness/relocation
- Power outage Lawrence, Andover and No. Andover
- 495 N and S shut at agency exit in both directions
- Telephone/Email Tree Activation
- Workplace Communication Postings



September 14, 2018



One teenager in Lawrence was killed when a chimney was blown off a house and onto the car in which he was sitting. At least five homes were destroyed and another 126 homes and businesses were damaged within a few minutes. And all 10,000-plus customers were considered vulnerable because of potentially damaged appliances and gas connections.

Agency Responses

- Staff Housing: Homewood Suites
- Indirect departments: working remotely
- Alternate location activated: High Pointe House/Branch locations operating
- Operational loss of Corporate Office
- EMR functional
- Red Cross Coordination/Shelter Coordination
- DME/Supply Coordination
- Phone Call Re-routing
- Lost visits in Lawrence, Andover and No. Andover
- Business as usual all other towns, NH and Maine.
- Power outage continues/Desktop computers need re-boot
- Blast email and Workplace posts
- Monitor MEMA messaging



September 15, 2018



Agency Response

- Continued shelter coordination
- Weekend staff/visits
- Staffing coverage
- No visits Lawrence, Andover and some of No. Andover
- Power outage continued; desktop (payroll computers) down; aides paper work tickets (payroll) can't be delivered
- Mass emails to aides via personal email – Corporate Communication
- Evacuation in So. Lawrence remains in effect
- Some streets being released by end of day
- Monitor MEMA messaging



September 16, 2018

*Office will be open
tomorrow 9:30-6pm*



- Some residents returning to their homes
- EMP Call – Sunday evening
- Still looking for some patients
- Office open tomorrow
- Communication with all staff via email and Workplace
- Staggered admission to impacted towns



September 17, 2018 – recovery begins



Or is it?

Agency Response

- Trying to locate 2 patients
- Power restored
- Access to corporate office
- Expense documentation being gathered
- After-action reviews scheduled (leadership, aide division)
- Some residents with no access to their homes – others returning home
- Columbia Gas mobilizing assessment crews
- Staggered resumption of regular operations and admissions



September 18, 2018

After Action Review (s) – Meetings/Staff Opinion Survey - Tool: Survey Monkey

Leadership and Staff

- What could we improve upon during an emergency?
- What worked well during the emergency?
- What could we improve upon during an emergency?

#	RESPONSES	DATE
1	Not everyone who needed to do work, either offsite or remotely, could. No one seemed to know which staff had laptops and which could remote in. Staff contact list for MVH hasn't been updated since Janice A left.	9/19/2018 12:35 PM
2	On Friday, we found that multiple people were checking on the same patients. I think this may have happened because each area wanted to be thorough. For example telehealth, team member and primary clinician and all called the same patient (all with good intention). One recommendation would be to ensure call logs are entered at time of call and all callers check call logs prior to making calls.	9/18/2018 4:52 PM
3	Having the ability for QA to work from home with increased speed. When using HW via the VPN from a home computer, it is VERY slow and they cannot work effectively at all.	9/18/2018 2:30 PM
4	I'm not sure what you mean by this question - it should be broken down into categories see above.	9/18/2018 2:10 PM
5	Alarms in building during evacuation. Use paging feature on phones to spread word of evacuation.	9/18/2018 12:41 PM
6	Practicing how to generate lists from Healthwyse to get phone numbers and addresses of our patients.	9/18/2018 12:36 PM
7	All items were addressed in this morning's meeting. We will be much better prepared in the future. Communicating with the right functional admin staff members. I served as a go between to gather pertinent information.	9/18/2018 12:22 PM
8	Identifying what staff will go where and what equipment they will use ahead of an emergency will be a great time saver.	9/18/2018 11:57 AM
9	Communication to the staff and identify if the communication is being sent from the communications team or manager. Not all staff had immediate access to email. Also, role definition understanding who holds what role during the emergency because it was unclear who assumed which role and that was confusing at times.	9/18/2018 11:56 AM

Risk Management Considerations



- Report to agency insurance company
- Report to agency legal
- Report to Columbia Gas Customer Service
- Columbia Gas Insurance adjuster assigned



Early October 2018 – recovery continues

Agency Response

- Clinical operations – normal
- Back office – normal
- Risk management work underway
- HR – earned time
- Staff support continues – Helping Hands; Housing
- Community donations



A Columbia Gas crew repairs gas lines on York Street in Andover, Mass., four weeks after a gas leak sparked more than 80 fires in the area. (Gabe Souza for The Washington Post)

https://www.washingtonpost.com/national/after-mass-gas-explosions-a-race-to-replace-nearly-45-miles-of-aging-pipeline-before-winter-sets-in/2018/10/23/2e5938e2-d610-11e8-aeb7-ddcad4a0a54e_story.html?noredirect=on&utm_term=.09b8d679aa7b



Expense Tracking and Claim Reporting



Columbia Gas Expenses

i You replied to this message on 9/28/2018 5:05 PM.



Gas Explosion expensesheet.xlsx
34 KB

This file contains all the expenses for the Columbia Gas incident that I have received to date. It does not contain the ambulance information for the client who was brought to the hospice house.

Subject: Columbia Gas Claim Reported

Importance: High

Hi,

I have reported our corporate impacts to Columbia Gas to their claim hotline – 1-800-590-5571

I have reported in the following manner:

1. Separate companies (HHVNA, MVH and HomeCare Inc.)
2. Reported as Business Continuity Losses – across 4 days
 - a. Lost revenue – 4 days
 - b. Operation slow down – 4 days
 - c. Employee pay expenses – 4 days
 - d. Operational additional expenses
 - i. Relocation – continuity of operation expense
 - ii. Displaced residents
 - iii. Extra supplies
 - iv. Hotel/food for displaced staff

Details will be done with case adjuster when he/she reaches out in the future. Adjuster will be contacting us within 72 hours. Email address will be provided to send receipts in for compensation.

Our customer service rep for the report was Monica M.



Mid-October 2018 – and continues



Some people are making do with replacement heating systems and microwave dinners, but many gave up on staying in their cold homes. As of Oct. 16, Columbia Gas has placed 1,829 families in substitute housing — the bulk in nearby hotels, some of them in New Hampshire. Four mobile home communities have been established on public properties, becoming fully operational this week, with more than 457 residents in 114 trailers, said Christopher Besse, a spokesman for the Massachusetts Emergency Management Agency. Another 115 trailers are assigned but people have not checked in yet, and there are more than 100 still available, he said.

Agency Response

- Clinical operations – normal
- Back office – normal
- Risk management work - continues
- Staff support continues – Helping Hands; Housing
- Provide Nursing Support to Columbia Gas workers

https://www.washingtonpost.com/national/after-mass-gas-explosions-a-race-to-replace-nearly-45-miles-of-aging-pipeline-before-winter-sets-in/2018/10/23/2e5938e2-d610-11e8-aeb7-ddcad4a0a54e_story.html?noredirect=on&utm_term=.09b8d679aa7b



Early November 2018 – and continues



A newly laid natural gas main on York Street in Andover, Mass. (Gabe Souza for The Washington Post)

Instead of turning the damaged system back on, Columbia Gas vowed to replace the whole thing, including underground piping, meters and home appliances. It already has laid nearly 40 miles of an estimated 45 miles of main line pipe and replaced service lines to 3,865 out of about 6,100 houses and apartment buildings.

Agency Response

- Clinical operations – normal
- Back office – normal
- Risk management work - continues
- Staff support continues – Helping Hands; Housing



Early November 2018 – and continues.....



Columbia Gas has now launched an immense repair effort, promising to get affected residential customers' gas back in service by the Monday before Thanksgiving — Nov. 19. Any customer who wants new gas appliances — high-efficiency name-brand water heaters and boilers, clothing dryers, and stoves — is getting them, dispensed from a former factory that has been turned into a distribution center in the heart of the affected area.

Agency Response

- Risk management work - continues
- Staff support continues — Helping Hands; Housing
- Provide Nursing Support to Columbia Gas workers
- Outreach to Columbia Gas Claims



Claim Submission



Please forward any documentation (Receipts, Valuation, Estimates, etc.) documenting any out of pocket (OOP)

expenses incurred as a result of this catastrophic event. We ask that you be as detailed as possible to ensure that

you get reimbursed as quickly and most efficiently as possible!

Items to consider include (But are NOT limited to) the following:

1. Please provide a business interruption claim presentation along with the supporting documentation used in calculating the claim.
2. Please provide a copy of the most recent tax return filed for the business.
3. Please provide copies of quarterly sales and use tax returns filed for 2018.
4. Please provide detailed monthly profit and loss statements for July, August, and September 2018 through the interrupted period.
5. Please provide daily sales for July 2018 through the interrupted period.
6. Please provide copy of business license.
7. Please provide Hours of Operation/Type of Business
8. Please provide your tax ID Number
9. Please provide number of Employees
10. Please provide payroll journals.
11. Please provide employee time sheets
12. Please identify any continuing operating expenses during the interrupted period and provide supporting documentation.
13. Please include a listing of any extra expenses incurred along with the supporting documentation.
14. Any additional information and documentation that supports your claim.



March 10, 2019 – MEMA Update

Wednesday marks six months since an overpressurized gas line sparked some 80 fires and explosions across Lawrence, Andover and North Andover, killing an 18-year-old man and forcing tens of thousands to flee their homes. Six months later, gas service has been restored to 7,118 homes; only five residences and one business that chose to manage their own appliance replacements remain without. Columbia Gas has paid more than \$95 million in claims to those affected and replaced 43.5 miles of underground pipeline.

Agency Response

- Operations normal
- Expense reimbursement - \$84,000 still awaiting from Columbia Gas insurance adjuster



September 18, 2018

Lessons Learned

AFTER ACTION REVIEW

Lawrence/Andover /North Andover Gas Leak and Explosions

Human Resources

- Where employees live/assessment impact – streamline operations is mission critical
- IT – HR onsite of branch key locations (remote locations)
- HR auto report to branch location after EMT activation
- Staff dispatch grid by tier 1, tier 2, tier 3
- HR –Staff available to help-how to leverage; control of HR resource deployment
- Notification system for available to work and who is OK
- Color coded-discipline specific on ID badges

Physical Resources (non-technology)

- Generator doesn't cover all (Law.) – expand generator
- Tier1 (mobile) , Tier2 (branch/house), Tier 3 (hotel)
- Food access to Tier2, Tier 3 operations
- Printer HH on generator plug
- Ambulance MOU
- Back-up charging station (Tier1, Tier2, Tier3)
- Develop “ Go-Pack” Inventory list



September 18, 2018

Lessons Learned

Technology Resources

- Laptop-ID Key mission critical 100% (for laptops)
- Issue laptop- must take Home Health Foundation lists by department-who needs immediate remote
- Battery-back-up at locations (replacement plan-3years)
- Laptops set-up for remote access
- Need Technology break off group- (password, apps)
- Payroll remote (?) system process
- Print from home'
- Technology relocation training, system and Support

Risks

- Time elapsed (incident) risk to business continuity increases
- Privacy Issues cloud-based devices-caches data
- SNFs- couldn't admit without POC OK= expand MOU and work patient evacuation options.
- Volume of communication – time consuming as a communication option
- Staff awareness (workplace)
- Non-clinical teams no access to communication?

Command Control

- Key roles auto-go to identified locations across (tier1,tier2, tier3)
- Department definition (Tier1, Tier2, Tier3) – staff relocation
- HR – deploy system- efficient communication efficient assignment



September 18, 2018

Lessons Learned

- Phone intercom system broadcast announcement
- Definition around which role communicates key function
- Alert (phone system) – update
- Region 3 communication standard protocols

Situation Awareness

- Early communication around tier1, tier2 tier3.
- Resource community stations locally-adjacent (library, charging stations)? Privacy at key phases of an incident.
- Clinical Ops/Logistics meetings with notes.

Information Management

- Contact numbers easily visible to update
- All Lawrence staff email grouping (update & awareness)
- EMP shared folder for info
- Cloud based – links/password web address-inventory list by user (? App)
- MOU – communication
- EMT email vs targeted email tree
- Get all correct staff on EMT? EMT (OPS) EMT (ALL)
- Payroll plan HCI off paper
- Paper checks vs direct deposit/bankcards
- Auto generate reports at EMT activation

A Hospice Patient and Family Story

FEATURED

She wanted to die at home, then the fire started

By Kiera Blessing kblessing@eagletribune.com Sep 20, 2018



“The air was on fire”.
Jennifer Lampman

In Conclusion

**COMING TOGETHER IS A
BEGINNING. KEEPING
TOGETHER IS PROGRESS.
WORKING TOGETHER
IS SUCCESS.**

HENRY FORD

Resources

- **CMS Website**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

- **HHS/ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)**

- **Principles of Emergency Management:**

- FEMA Independent Study Program IS 230 (<http://training.fema.gov/EMIWeb/IS/is230.asp>)

- **NIMS:**

- FEMA Independent Study Program (<http://training.fema.gov/IS/NIMS.asp>)
- Yale New Haven Center for Emergency Preparedness and Disaster Response EM 103 or 140 (<http://ynhhs.emergencyeducation.org/>)

- **Risk Communication**

- CDC Emergency and Risk Communication (<http://www.bt.cdc.gov/erc/training.asp>)

- **Personal and Family Preparedness**

- Be Red Cross Ready (http://www.redcross.org/services/prepare/0,1082,0_239_00.html)
- FEMA – Are You Ready? (<http://training.fema.gov/EMIWeb/IS/is22.asp>)

- **Psychological 1st Aid for Non-Mental Health Providers** (<http://ynhhs.emergencyeducation.org/>)

- **Templates, Guides, and Training**

- Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_HSEEP7.aspx)
- California Office of Emergency Services ([http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Tabletop%20Exercise%20Sample/\\$file/Tabletop%20Exercise%20Development%20Steps.doc](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Tabletop%20Exercise%20Sample/$file/Tabletop%20Exercise%20Development%20Steps.doc))

- **Customizable Pandemic Influenza Tabletop Exercise**

- Rand Health (http://www.rand.org/health/surveys_tools/panflu_ttx/index.html)