

**Emergency Management Plan**

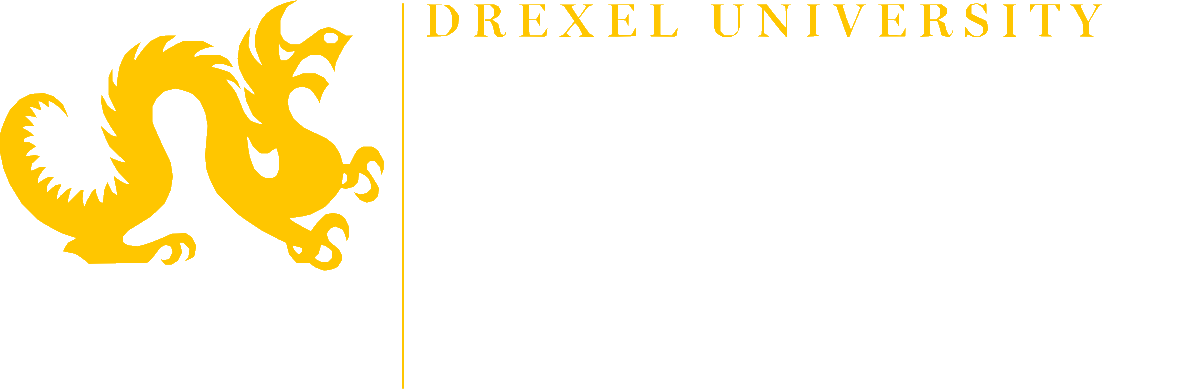
**For Primary Care Medical Practices**

Pennsylvania Department of Health

Center for Public Health Readiness & Communication

Drexel University School of Public Health

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# Introduction

## Overview

Primary care medical practices play an important role in disasters and emergencies that impact the health of the public. Community preparedness for emergencies depends on their ability to maintain operations, communicate with patients, and support high-risk individuals that may be especially vulnerable.

This Emergency Management Toolkit is intended for use by primary care practices in a range of settings: independent practices, practices owned by health care systems, and publicly-funded health centers. This component, the “*Emergency Management Plan*,” is both a guidance document and template for practices to use to complete their own emergency management plan. It was developed by physicians, planners, and risk communication professionals at the Center for Public Health Readiness and Communication (CPHRC) at the Drexel University School of Public Health, with input from primary care professional societies in Pennsylvania. The plan contains three sections, Risk Assessment and Planning, Policies and Procedures, and Training and Drills. This format and its components were developed to help practices comply with requirements of:

* The emergency management standards published in the 2014 Joint Commission Standard for Ambulatory Care.
* The U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration Annual Emergency Preparedness Report (Form 10).
* The Proposed Emergency Preparedness Regulations for Rural Health Centers and Federal Health Centers which the Center for Medicare and Medicaid (CMS) issued for comment in early 2014.

## How to Use This Plan

This plan is available in both print and electronic formats so that practices can edit and adapt the template for their own use. Each section contains blank tables or designated spaces for planners to insert personalized information, indicated by <bracketed red italicized font>. Instructions or examples for completing sections are denoted in italicized gray font, and can be deleted in the final version of the practice plan. Each planning element also contains a section for signatures and dates, to facilitate annual reviews and revisions.

This plan is part of a toolkit that includes two additional documents to assist practices with related areas of emergency preparedness. The “*Resources for Patients with Special Health Care Needs*” contains a one-page check-list for practices to use to ensure that they are providing appropriate support and guidance to prepare their high-risk patients for emergencies, and a two-page hand-out that can be provided to patients during the medical encounter. This hand-out is written for all patients, at an 8th grade reading level and in Plain Language. In addition, the “*Communications Toolkit for Primary Care Practices”* provides practices with a communications check-list and message templates for use on their own website, social media, and text messaging and voicemail systems. The *Communications Toolkit* is intended to help practices communicate with their patients during disasters, particularly disasters which may overwhelm the usual communication platforms, but in which patients will want advice and guidance from their own physician.

# Acknowledgements

This toolkit was developed by: Rachel Peters, MPH; CPHRC, Drexel University School of Public Health;

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Section I: RISK ASSESSMENT and PLANNING

# Emergency Planning Process

Name of Medical Practice:

Address:

Telephone:

## Emergency Planning Team

The Emergency Planning Team is responsible for meeting at least annually to perform the planning activities listed below. Members of the Emergency Planning Team include:

Complete the table below. The number of individuals on the Emergency Planning Team depends on what is appropriate for your medical practice. Feel free to delete unnecessary rows or add more as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **Home Telephone** | **Cellular Telephone** | **Email** | **Preferred Emergency Contact Method** |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |
| <Insert Name> |  |  |  |  |  |

## Planning Activities

The Emergency Planning Team will meet regularly to review and update <Name of Medical Practice>’s Emergency Management Plan.[[1]](#footnote-1) The following activities will be performed at least annually:

### Update the Hazard Vulnerability Analysis

The Emergency Management Team will complete or update the Hazard Vulnerability Analysis (HVA).

The HVA allows the team to prioritize potential disasters that could impact the medical practice. Complete the table in the next section to generate this analysis and to compile a list of disasters or emergencies for which the practice should be prepared.

### Propose Specific Mitigation or Preparedness Activities (Strategies to Reduce Disaster Impact)

Using list of prioritized disasters from the HVA, the Emergency Management Team will develop specific mitigation and preparedness actions for the <Name of Medical Practice>.

Mitigation activities include any actions that can be completed before a disaster to reduce the impact of that disaster. For example, vaccination of staff against infectious disease hazards or ensuring that the practice building is located and constructed to minimize flooding represent mitigation strategies. Preparedness activities include any actions that help the practice prepare to respond to a disaster when it occurs. For example, purchasing a generator, or conducting drills to prepare the staff to evacuate themselves and patients (including those with ambulatory disabilities) could prepare the practice to deal with disasters that disrupt utilities or require evacuation.

### Update the Service Impact Assessment

The Emergency Management Team will conduct the Service Impact Assessment (SIA).

The SIA allows the team to determine which of the services provided by the medical practice are essential, and how long essential services can be disrupted without either interfering with the practice’s mission or creating an unacceptable financial burden. The SIA will inform the Continuity of Operations Plan as well as the ranking and development of planning priorities.

### Review Trainings, Drills, or Actual Emergencies

The Emergency Planning Team will review the after action reports from any drills, exercises, or actual emergencies that have occurred since the team’s most recent meeting. The team will use the lessons learned from those experiences to revise and improve the Emergency Management Plan.

### Revise and Update the Emergency Management Plan

The Emergency Planning Team will review the Emergency Management Plan and make any necessary updates, changes, or improvements.

### Participation in Local/Regional Emergency Planning Coalitions

The <Name of Medical Practice> Emergency Planning Team will participate, either directly or through representatives, in local or regional emergency planning coalitions. The practice will coordinate planning with local/regional health care coalitions, public health planning coalitions, and/or other emergency planning entities that exist in the jurisdiction. The Emergency Management Plan is developed with knowledge of local/regional emergency response plans and contains information and strategies to communicate and coordinate with public health and emergency management partners.

### Ensure Emergency Contact Information is Accurate

The Emergency Planning Team will ensure that all lists or registries of emergency contact information for employees, vendors, contractors, and/or community partners are current and accurate.

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

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# Hazard Vulnerability Analysis (HVA)

Name of Medical Practice:

Address:

Telephone:

The HVA will be conducted at least annually by the Emergency Planning Team.[[2]](#footnote-2)

Review the lists of hazards included in HVA, in the charts on the following pages. Add and/or remove hazards until the lists represent a comprehensive list of the potential hazards that could impact your medical practice. Delete any unnecessary rows. If possible, review a copy of the HVA conducted by the local or state emergency management agency in your jurisdiction before you complete this table.

Rate the likelihood that each hazard will occur as high, medium, or low. Record this score in the appropriate column of the chart.

Rate the operational impact that each hazard would have in each of the categories as high, medium, or low. Low indicates that the hazard would have negligible to no impact in that category / disruption scenario. Medium indicates that the hazard would have some or moderate impact in that category/disruption scenario. High indicates that the hazard would completely disrupt or severely impact that category/disruption scenario.

Assign a score to the “Planning Priority: Vulnerability Summary” of high, medium, or low. Take into account the likelihood of the hazard and the magnitudes of the various operational impacts and then use your judgment to determine whether the overall hazard should be given high, medium or low priority as your medical practice plans for potential disasters.

The HVA is located on the following page.

Latest Revision Date: Updated By:

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Reviewed By: Title: Date:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Likelihood** | **Operational Impact / Disruption Scenario** | | | | | | | **Planning Priority** |
| **Surge (increased # of Patient Encounters)** | **Loss of Database/ Records** | **Facility Unavailable** | **Loss of Communica-tion Systems (including computers)** | **Loss of Vendor Services/ Supply Depletion** | **Loss of Staff** | **Loss of Utilities: Electricity/Water** | **Vulnerability Summary** |
|  | High = Likely  Medium = Probable  Low = Unlikely | High = Severe  Medium = Mild  Low = None | High = Complete  Medium = Some  Low = None | High = Complete  Medium = Some  Low = None | High = Complete  Medium = Some  Low = None | High = Complete  Medium = Some  Low = None | High = Complete  Medium = Some  Low = None | High = Complete  Medium = Some  Low = None | Reflects priority given to planning for event based upon judgment / assessment of impacts |
| **External Incidents** |  |  |  |  |  |  |  |  |  |
| Flood | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Fire | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Winter Storm / Blizzard / Ice Storm | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Tropical Storm / Thunderstorm / Tornado | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Hazmat Incident | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Influenza Pandemic | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Earthquake | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Utility Interruption | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Radiation Dispersal Device / Dirty Bomb | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Nuclear Facility Radiation Release | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Active Shooter | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Cyber Threat | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Local Infectious Disease Outbreak | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Bioterrorism | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Labor Action | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| Extreme Temperatures | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| <Other> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| <Other> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| <Other> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |
| <Other> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> | <High/Med/Low> |

# Service Impact Assessment (SIA)

Name of Medical Practice:

Address:

Telephone:

The SIA will be conducted annually by the Emergency Planning Team.

The SIA informs the Continuity of Operations Plan. Different types of emergencies will have different impacts on your medical practice. For example, a blizzard may close the practice for several days, whereas a tornado that completely demolishes the building could render the facility unusable for months. Consider the loss of life, infrastructure, and revenue that could result from prolonged closure.

In the Continuity of Operations Plan, your medical practice delineates its policies for restoring services and recovering after a disaster. The results of the SIA determine the priority with which various services should be restored and the appropriate timeline for restoring those services.

The services and functions performed by <Name of Medical Practice> are categorized as Class 1, Class 2, or Class 3, based upon the below descriptions.

First, consider how long your medical practice can afford to discontinue all services after a disaster. Without any services at all, staff could not be paid, patients would not be able to contact you to refill prescriptions or ask questions, and the medical practice would not perform any functions at all. Enter that value into the “Time Period” column of “Class 1” in the table below. For example, if you believe your practice can withstand three days of total disruption, enter “0-3 days” as shown.

Next, consider how long your medical practice can afford to discontinue most, but not all, services. That is, imagine that a tornado or hurricane has rendered your facility unusable. You have been able to resume some services (e.g. you have accessed your schedule and contacted patients with upcoming appointments to notify them that their appointments were cancelled and recommend an alternate source of care), but you have not been able to resume many other services, including patient care. How long would you be able to maintain this extremely limited level of services before the loss of revenue and/or impact on your practice’s mission became unacceptable? Enter that value into the “Time Period” column of “Class 2” in the table below. For example, if you believe your practice can withstand seven days of major disruption, enter “4-7 days” as shown.

Any length of time beyond that value is the “Time Period” for “Class 3” functions. Enter that value in the table below. For example, if you entered “7 days” as the maximum length of time in “Class 2,” then enter “over 7 days” as the “Time Period” for “Class 3,” as shown.

|  |  |  |
| --- | --- | --- |
| **Class** | **Description** | **Time Period** |
| Class 1 | Services/functions which must be provided immediately or a loss of life, infrastructure or significant loss of revenue will definitely result. Services must be maintained during recovery. | <ex: 0-3 days> |
| Class 2 | Services/functions which should be provided as soon as possible or a loss of life, infrastructure or significant loss of revenue could result. Services will be restored as soon as capacity allows. | <ex: 4-7 days> |
| Class 3 | Services/functions that could be delayed during recovery, but are required in order to return to normal operation conditions and alleviate further disruption to normal conditions. Services will only be restored when other priorities have been met. | <ex: over 7 days> |

The classification of each function and service is shown in the table below.

Review the services and functions listed in the chart below, and add, delete, or change items until the list represents a comprehensive list of the functions performed by your medical practice. Add or delete rows as necessary. Then, consider how long each function or process can be suspended before the impacts on the medical practice would be unacceptably severe. Determine whether each function should be classified as Class 1, 2, or 3, using the time periods you identified in the above chart. Mark the class by checking the appropriate box. To check the box, double-click on it. When the “Check Box Form Field Options” window opens, change “Default value” from “Not checked” to “Checked.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Process** | **Class 1** | **Class 2** | **Class 3** |
| **Clinical** | | | |
| Patient Care |  |  |  |
| Medical and Clinical Documentation |  |  |  |
| Patient Records Management |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Financial Accounting** | | | |
| Insurance Claims Processing |  |  |  |
| Accounts Receivable |  |  |  |
| Accounts Payable |  |  |  |
| Insurance |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Administration** | | | |
| Scheduling |  |  |  |
| Registration |  |  |  |
| Procurement |  |  |  |
| Inventory |  |  |  |
| Supply Chain Processes |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Human Resources** | | | |
| Payroll |  |  |  |
| Staffing |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Information Technology** | | | |
| Hardware |  |  |  |
| Software |  |  |  |
| Back ups |  |  |  |
| Communications: online , wireless, POTS, PBX |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Facility Maintenance** | | | |
| HVAC |  |  |  |
| Utilities |  |  |  |
| Housekeeping |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Data Warehousing** | | | |
| Medical Treatment Results |  |  |  |
| Lab Data |  |  |  |
| Billing Data |  |  |  |
| Patient Files |  |  |  |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
| **Other** | | | |
| <Insert function> |  |  |  |
| <Insert function> |  |  |  |
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# List of Priority Disasters

Name of Medical Practice:

Address:

Telephone:

Based upon the results of the Hazard Vulnerability Analysis, the prioritized list of disasters[[3]](#footnote-3) that could potentially impact <Name of Medical Practice>, from those that pose the greatest threat to those that pose the smallest threat, is as follows:

1. <Highest Priority Disaster>
2. <etc.>
3. <etc.>
4. <etc.>
5. <etc.>
6. <etc.>

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# Strategies To Reduce Disaster Impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disruption Scenario** | **Disaster Examples** | **Mitigation[[4]](#footnote-4)** | **Preparedness[[5]](#footnote-5)** | **Response[[6]](#footnote-6)** | **Recovery[[7]](#footnote-7)** |
| Surge (increased # of Patient Encounters) | Infectious disease outbreak or pandemic | Example: Use communications platforms to provide patients with health information off-site |  |  |  |
| Loss of Database/ Records | Severe storm, utility disruption | Example: Store data off-site or in “cloud” |  |  |  |
| Facility Unavailable or Damaged | Severe storm, utility disruption,  Tornado,  Radiation release |  | Example: Have a plan to use an alternate facility. | Example: Move practice to another facility | Example: Have a list of contractors ready to repair damage to the facility; maintain insurance |
| Loss of Communication Systems (including computers) | Utility disruption,  Cyber-event |  |  | Example: Use back-up system of paper charts for patient encounters |  |
| Loss of Vendor Services/Supply Depletion | Pharmaceutical shortage |  |  |  |  |
| Loss of Staff | Pandemic,  Ice Storm | Example: Vaccination of staff | Example: MOU with local or state Medical Reserve Corps |  |  |
| Loss of Utilities: Electricity/Water | Weather event |  | Example: generator for practice |  |  |

Section II: POLICIES and PROCEDURES

# All Hazards Incident Command Structure (ICS)

Name of Medical Practice:

Address:

Telephone:

## Incident Command Structure

<Name of Medical Practice> has adopted the following ICS to be used in the event of an emergency:

## Key Personnel

Key personnel who will act as the Incident Command Staff when the Emergency Response Plan (ERP) is activated include:

The ICS is designed to ensure clear lines of responsibility and accountability for managing the response to a disaster. You may omit positions that may not be necessary for your practice or assign the same person to multiple roles if your staff and resources are limited (e.g., merge roles). **The position of Incident Commander must always be filled**. Use this framework to develop a management framework that is appropriate for your medical practice. Try to assign personnel to roles based on their relevant knowledge and expertise. If possible, assign likely positions in advance of emergencies, during the planning process.

Job Action Sheets for Command Staff are located in the Appendix.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Responsibilities** | **Name** | | **Contact Telephone** | | **Backup Name** | | **Backup Telephone** | |
| **Command** | | | | | | | | | |
| Incident Commander | Commands the incident response and has final authority and responsibility | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Liaison Officer | Manages inter-agency communication and relationships | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Public Information Officer | Manages media and public interactions | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Security Officer | Ensures unimpeded patient care, staff safety, site security, and continued operations | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Safety Officer | Ensures safety of all personnel, patients, and visitors; corrects hazardous conditions | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| **Planning Section** | | | | | | | | | |
| Planning Section Chief | Develops action plan for operations sustainment in 4, 8, 24, and 48 hour increments after the disaster | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Planning Team Member | Coordinates distribution of resources | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Planning Team Member | Assesses technology needs and coordinates efforts to meet those needs | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Planning Team Member | Supervises personnel allocation | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| **Continuity of Operations Section** | | | | | | | | | |
| COOP Coordinator | Coordinates activation and implementation of the COOP, when necessary | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Coop Team Member | Assists with COOP implementation | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| **Logistics Section** | | | | | | | | | |
| Logistics Section Chief | Directs maintenance and supply operations to ensure patient care, supplies, equipment, and utilities for essential functions | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Logistics Team Member | Facilitate communication between Incident Command Team staff; facilitate communication with patients | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Logistics Team Member | Ensures the availability of medical care, behavioral and psychological support services, and prophylaxis/ immunization for staff, if required. | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| **Operations Section** | | | | | | | | | |
| Operations Section Chief | Organizes and directs activities assigned by the Incident Commander and facilitates staffing; supervises staging; activates Operations Teams as necessary | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| Operations Team Member | Executes evacuation, shelter-in-place, lockdown, or search and rescue activities as relevant. | <insert name> | | <insert number> | | <insert name> | | <insert number> | |
| **Finance Section** | | | | | | | | | |
| Finance Section Chief | Tracks expenditures for repayment, reimbursement, and special purchases | | <insert name> | | <insert number> | | <insert name> | | <insert number> |
| Finance Team Member | Ensures documentation of personnel hours; oversees procurement, compensation, and claims related to the incident. | | <insert name> | | <insert number> | | <insert name> | | <insert number> |

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Reviewed By: Title: Date:

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# Emergency Response Plan (ERP)

Name of Medical Practice:

Address:

Telephone:

## Objectives

The primary objective of the <Name of Medical Practice> ERP is to enable <Name of Medical Practice> to provide a timely, integrated, and coordinated response to a wide range of natural and manmade disasters that threaten the safety of staff and patients or the operations of the practice. Specific objectives of the ERP are to:

* Protect patients, visitors, and staff during an emergency.
* Provide prompt and efficient medical care.
* Protect the property, facilities, and equipment of <Name of Medical Practice>.

It is expected that during the following scenarios, most primary care practices and clinics will also engage the municipal (or other, as appropriate) emergency response system (e.g., through a 911 call or other contact to law enforcement or emergency management).

## Incident Command Structure

The practice will activate its [Incident Command Structure](#_All_Hazards_Incident_1) and the emergency response will be managed by those persons designated in that framework. Those individuals will have the responsibilities and authorities listed therein. The most senior staff member present at work will assume control of the emergency response if the designated person is not available, until a more senior staff member formally takes over.

## Activation of ERP

The <designate position, ex: Incident Commander> will have the authority to activate the ERP. Activating the plan may apply to an internal or external emergency, including a partial or full facility evacuation, patient surge, shelter-in-place, security incident, or other disaster of any size affecting <Name of Medical Practice>.

When the ERP is activated, the <designate position> will notify all personnel that the ERP is on “standby” or “in effect.” The following procedure will be used to notify personnel: <Describe notification procedure>.

### “The Emergency Response Plan is on Standby.”

This designation will be used when there is knowledge of an emergency or unusual event that may impact <Name of Medical Practice> and requires analysis of the situation. Use of “standby” requires activation of the Incident Commander, Security Officer, and Safety Officer for planning and discussion.

### “The Emergency Response Plan is in Effect.”

This designation informs all employees to activate the ERP in response to a known or perceived situation impacting the practice.

## Communication

### Communicating with Employees, Patients, and Outside Agencies

The <Name of Medical Practice> [Emergency Communication Plan](#_Crisis_Communications_Plan) will be activated in an emergency to achieve effective communication with employees, patients, and outside agencies.

## Protective Actions for Life Safety[[8]](#footnote-8)

### Building Evacuation[[9]](#footnote-9)

In the event of an onsite fire, flood, or other incident that jeopardizes the security of the facility, evacuation of the building will be coordinated by the Operations Team. The Operations Section Chief will activate members of the Operations Team, direct team actions, and assign responsibilities to team members: *Consider adding these positions to the ICS framework during an evacuation.* Each team member may be assigned more than one role if necessary.

* Building or floor captain(s): Alerts staff, patients, and visitors on the floor of evacuation/routes.
* Searcher(s): Searches for missing persons who have not evacuated.
* Stairwell and Elevator Monitor(s): Monitors stairwells and elevators during evacuation.
* Aide(s) for persons with Disabilities: Assists persons with disabilities during evacuation.
* Roster Keeper: Brings the employee roster and log of all patients and visitors present to the assembly area to account for all evacuees.
* Assembly Area Monitor(s): Accounts for evacuees at the assembly area and informs the Incident Commander if anyone is missing or injured.

Employees, patients, and visitors will be warned to evacuate the building via <describe communication mechanism>.

Staff will escort or direct ambulatory patients to the nearest exit and direct them to the assembly area. Wheelchairs will be used to relocate wheelchair-bound patients to a safe place. If safety permits, all rooms will be thoroughly searched by the Searchers upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated. When patients are evacuated from the facility, staff will remain with them or designate another person to remain with them until they are able to safely leave or are transported to an appropriate facility for their continued care and safety. Children will be kept with their parents whenever possible.

Employees, patients, and visitors will assemble at the following location for account by the Operations Team: <Insert location>.

Exit signs are posted over all appropriate doors and exits so that they are visible to both staff and patients: <Insert locations>. Locations should be conspicuous for all employees, patients, and visitors to see.

Maps of evacuation routes are posted in the following locations: <Insert locations>. Locations should be conspicuous for all employees, patients, and visitors to see.

Fire extinguishers are located: <Insert location>.

The locations and procedures for shutting off utilities are as follows: Add, delete, or change this list as necessary so it is appropriate for your medical practice.

|  |  |  |
| --- | --- | --- |
| **Utility** | **Location** | **Procedure for Shutting Off** |
| Emergency Equipment | <Insert location> | <Describe procedure> |
| Gas | <Insert location> | <Describe procedure> |
| Electrical Timers | <Insert location> | <Describe procedure> |
| Water | <Insert location> | <Describe procedure> |
| Computers | <Insert location> | <Describe procedure> |
| Heating | <Insert location> | <Describe procedure> |
| AC | <Insert location> | <Describe procedure> |
| Compressor | <Insert location> | <Describe procedure> |
| Telephones | <Insert location> | <Describe procedure> |
| <Other> | <Insert location> | <Describe procedure> |

### Sheltering from Severe Weather

During a severe weather event, such as a tornado, sheltering of employees, patients, and visitors will be coordinated by the Operations Team. The Operations Section Chief will activate members of the Operations Team, direct team actions, and assign the following responsibilities to team members: Consider creating these positions for weather emergencies. Each team member may be assigned more than one role if necessary.

* Monitor: Monitors weather sources for updated emergency instructions and broadcasts warnings if issued by weather services.
* Building/floor captain(s): Directs patients, visitors, or staff outside to enter the building, or directs patients, visitors, and staff to designated shelter(s).

If a tornado warning is issued, a warning will be broadcast throughout the medical practice, instructing everyone to move to shelter, via <describe communication mechanism>.

The following location(s) will be used as a tornado shelter: <Insert location>.

### Shelter-in-Place

In the event of an outside airborne hazard, such as a chemical release or a radiological accident, a warning will be broadcast throughout the facility, instructing everyone to shelter-in-place, via <describe communication mechanism>.

The shelter-in-place of employees, patients, and visitors will be coordinated by the Operations Team. The Operations Section Chief should activate members of the Operations Team, direct team actions, and assign the following responsibilities to team members: Consider creating these positions for shelter-in-place emergencies. Each team member may be assigned more than one role if necessary.

* Building/floor captain(s): Directs patients, visitors, and personnel outside to enter the building, then closes exterior doors. Moves staff, patients, and visitors to interior spaces above the first floor (if possible). (Designate outdoor/indoor positions if appropriate)
* Ventilation Controller: Shuts down ventilation system and closes air intakes.
* Monitor: Monitors news sources for updated emergency instructions and relays relevant new information to the Incident Commander and the Operations Section Chief.
* Aide(s) for persons with Disabilities: Assists persons with disabilities during relocation to internal spaces above the first floor (if possible).

The following location(s) will be used to shelter-in-place: <Insert location(s)>. Location should be interior, above the first floor (if possible).

The controls to shut down the ventilation system are located <Insert location>. The procedure to shut down the ventilation system is: <Insert procedure, pictures if necessary>.

Air handling units, fan rooms, or air intakes are located:

* <List locations>

### Lockdown

In the event of an act of violence at or outside the facility, such as an active shooter, lockdown procedures will be implemented by the Operations Section Chief.

The warning system used to warn persons to “lockdown” consists of <describe system, e.g., telephone, public address system, etc. and instructions for using the system>.

Employees will be instructed to quickly move all patients and visitors into rooms, lock doors, close any blinds, and turn off lights. All persons should stand against the wall so that they cannot be seen by anyone looking through the door. All persons should stay in safe areas until directed by law enforcement or the Lockdown Team to move or evacuate. The procedure used to notify persons that the lockdown has been lifted consists of <describe system, e.g., telephone, public address system, etc. and instructions for using the system>.

### Decontamination

In the event that the <Name of Medical Practice> site or any individual within the site becomes contaminated with a hazardous substance (e.g., due to a chemical, biological, or radiological weapon), <Name of Medical Practice> will use the following procedure to remove or neutralize contaminants from individuals and equipment[[10]](#footnote-10):

* Radioactive decontamination
  + <Describe decontamination procedures for patients and staff, including designation of a space for decontamination to occur>. Include procedures for disinfection of surfaces and equipment, use and storage of germicidal cleaning agents, sterilization of instruments, disposal of contaminated waste, etc. In most cases, decontamination procedures consist of disrobing and showering, if the medical practice has access to a shower. If contamination extends beyond the practice’s capacity, a member of the Incident Command Staff should call 911. Local government, fire departments, and hospitals are able to decontaminate patients and facilities exposed to radioactive agents.
* Biological decontamination
  + <Describe decontamination procedures for patients and staff, including designation of a space for decontamination to occur>. Include procedures for disinfection of surfaces and equipment, use and storage of germicidal cleaning agents, sterilization of instruments, disposal of contaminated waste, etc. In most cases, decontamination procedures consist of disrobing and showering, if the medical practice has access to a shower. If contamination extends beyond the practice’s capacity, a member of the Incident Command Staff should call 911. Local government, fire departments, and hospitals are able to decontaminate patients and facilities exposed to biological agents.
* Chemical decontamination
  + <Describe decontamination procedures for patients and staff, including designation of a space for decontamination to occur>. Include procedures for disinfection of surfaces and equipment, use and storage of germicidal cleaning agents, sterilization of instruments, disposal of contaminated waste, etc. In most cases, decontamination procedures consist of disrobing and showering, if the medical practice has access to a shower. If contamination extends beyond the practice’s capacity, a member of the Incident Command Staff should call 911. Local government, fire departments, and hospitals are able to decontaminate patients and facilities exposed to chemical agents.

### Isolation

In the event that a case(s) of suspected or confirmed bioterrorism-related illness or any other highly infectious disease presents that warrants isolation of the infected patient(s) and/or staff member(s), <Name of Medical Practice> will use the following procedure to isolate affected individuals[[11]](#footnote-11):

* Biological isolation
  + <Describe isolation procedure>. Transport and movement of persons with the infection should be limited to what is essential to provide patient care, thus reducing opportunities for transmission.
  + Description of use of personal protective equipment for both contagious individuals (e.g., respiratory mask) and staff who provide patient care, thus reducing opportunities for transmission.
* Radioactive isolation
  + <Describe isolation procedure>. Transport and movement of contaminated persons should be limited to what is essential to provide patient care, thus reducing opportunities to spread the contamination
  + Description of use of personal protective equipment for staff who provide patient care, to minimize exposure.
* Chemical isolation
  + <Describe isolation procedure>. Transport and movement of contaminated persons should be limited to what is essential to provide patient care, thus reducing opportunities to spread the contamination.
  + Description of use of personal protective equipment for staff who provide patient care, to minimize exposure.

### Personal Protective Equipment (PPE)

In the event of an emergency that involves potential exposure of staff to infectious agents or hazardous materials, all health care workers will have access to and be trained for the use of PPE.

<Name of Medical Practice> will obtain and maintain a minimum of <insert number> complete sets of PPE. These sets will include: <Insert description. > The recommended PPE for clinical personnel is guided by the likely emergencies or scenarios that the practice may face. This section should be coordinated with the practice’s Infection Control Plan, to include protections against blood borne pathogens and respiratory pathogens. Additional PPE for the protection against chemical or radiological hazards (e.g., TYVEK Coverall with hood and TYVEK booties, face shield) should be considered by practices who believe that they may encounter patients contaminated with those agents.

The Planning Section Personnel Team will designate clinical staff that should receive PPE when a patient with a suspected infectious agent presents. Protective equipment is located in <location>, and will be accessed by <position of person> or <position of person> when appropriate. The Safety Officer will inform these decisions and make safety decisions related to task assignments as well as PPE recommendations throughout the emergency response.

## Response to an Increased Demand for Clinical Services

Some emergencies may increase the demand for clinical services from ambulatory medical practices. This demand may be for medical encounters with practice health care professionals to assess disaster-related symptoms, or result from an increase in demand for vaccinations or disaster-specific medical information, including health counseling. In addition, some incidents may generate additional demands for patient care in the face of staff depletion due to illness, transportation disruptions, or other workforce challenges. In this section, the practice should describe its plan for how it may respond to these demands, and for how long it might sustain a disaster-specific response when routine services must also be provided.

### Plan to respond to surge in telephone calls, increase in demand for medical information

In the event of an incident that increases the number of telephone calls from patients to the practice, the practice will perform the following: Suggested measures. Describe all that apply.

* A script or written list of “frequently asked questions” will be provided to both professional and non-professional staff to assist with provision of answers to patients who telephone the practice, and to facilitate patient triage (e.g., who needs referral, hospitalization, or office visit).
* The practice voice messaging system will be modified to include information relevant to the emergency or disaster, so that many patient questions may be addressed without need for an actual conversation.
* The practice will use its website and social media accounts (e.g., Facebook, Twitter) to convey information about the disaster, provide information regarding practice operations and services, and when appropriate, link to other websites such as the local/state health department.
* <Other additional procedures>.

### Plan for temporary increase in patient encounters (Surge)

The practice manager and clinical staff will assess the demand for emergency-related visits as well as demand for routine or usual services and adjust the practice schedule accordingly. This adjustment will reflect the impact of the disaster on the medical practice, the community’s health needs, and the practice role in responding to those needs. The Incident Commander will have the ultimate authority to activate “Surge” procedures.

In the event that an incident causes an increase in demand for patient care services, including medical encounters for disaster-related morbidity, vaccination or medication adjustment, or health counseling, the practice will make the following accommodations[[12]](#footnote-12): Suggested measures. Describe all that apply:

* The practice will temporarily extend office hours, to include evenings and weekends.
* The practice will temporarily cancel non-urgent visits (e.g., well check-ups, health maintenance visits) for a period of <insert number> days.
* When appropriate and necessary to respond to public health needs, the practice will create designated sessions for brief patient encounters for the purpose of <insert appropriate function: vaccination, medical evaluation or history, medication adjustment, medication monitoring>.
* <Insert additional procedures developed by practice>.

#### Staffing the Practice Surge Plan

* The practice manager will work with the practice clinicians to assess staff deployment and job descriptions, to place staff in high-need areas. Practice staff will be given appropriate training to perform any functions or services that are not part of their normal job description (e.g., billing staff may be enlisted to answer phones).
* The practice manager will work with practice clinicians to create new, temporary disaster-schedules that include longer or additional shifts.
* The practice will coordinate with the health care system or hospital to request additional administrative and/or clinical staff when necessary (if health care system owned or member).
* The practice will coordinate with the local or state offices of public health and emergency management to request use of volunteers from the local Medical Reserve Corps, Disaster Medical Assistance Team, or Emergency system for Advance Registration of Volunteer Health Professionals (ESAR-VHP) (if appropriate).

#### Supplies and Equipment

* The practice will work with its vendors to request additional equipment and medical supplies as needed to address patients’ health care needs and to maintain patient and staff safety.
* The practice will work with its vendors to request additional equipment and non-medical supplies as needed for addressing patients’ health care needs and maintaining patient and staff safety.
* The practice will work with the health care system to request additional supplies and equipment (if health care system owned or member).
* If the need for additional supplies and equipment overwhelms the capacity of the practice and health care system, the practice manager will contact the local health department and emergency management office to request needed medical and non-medical supplies and equipment from local, state, and federal caches, if available.

#### Communication

* The practice will communicate with the health care system through normal communication channels for supply, staff, and resource requests.
* The practice will maintain communication with local and state public health and emergency management agencies through receipt of alerts and notifications, and participation in conference calls and other modalities that may be activated during disasters. The purpose of these communications will be to maintain situational awareness so that the practice can continually assess its role in the community-wide disaster response and the impact of the disaster on its operations.
* The practice will communicate its needs to local or state emergency management and public health officials by contacting the Emergency Operations Center, if activated, or through direct agency communications as outlined in the Communications section of this plan.

### Plan for Response to Influx of Infectious Patients[[13]](#footnote-13)

### (Suggested measures; describe all that apply)

#### Situational awareness

The practice will obtain resources about outbreaks of infectious disease and other health incidents occurring in the community that could cause an influx of potentially infectious or contagious patients. The practice receives alerts from:

* Local public health department alert system
* State public health department alert system
* Health care system bulletin/listservs
* CDC Health Alert Network
* Bulletins and alerts from <specify professional society>
* Alerts and notifications from local/state emergency management agency
* Communications networks operated by local/regional health care coalition

The practice participates in disaster-related webinars and training forums:

* Clinician Outreach and Communication Activity (COCA) sponsored by the CDC
* Professional society webinars and trainings

#### Staff Communication

The clinical staff and practice manager are responsible for conveying relevant, critical information to practice staff regarding infectious disease threats that may cause an influx of infectious patients. Information will be conveyed in the following ways:

* <Specify methods – e.g., in-services, fax, written guidelines, etc.>

#### Practice Response to Influx of Potentially Infectious Patients

If the practice experiences an influx of potentially infectious patients, the following actions will be taken:

* The practice will close to suspect contagious patients.
* The practice will screen patients for symptoms and see potentially contagious patients off-site or in <specify a segregated area>.
* The practice will see all patients in its current setting and request that staff and <all or only those who are potentially contagious> patients don surgical masks while in the office setting.
* The practice will implement administrative protocols to isolate ill or symptomatic patients.
* The practice will ensure that staff and patients have access to PPE as needed.
* The practice will observe standard precautions and transmission precautions as needed during an influx of potentially infectious patients.

### Community Mass Immunization or Prophylaxis

In the event of an emergency that poses a public health threat to the entire community, <the local emergency management coordinating agency or public health department> may establish mass prophylaxis sites, or Points of Dispensing (PODs) that can distribute medical treatment or prophylaxis to large groups of people. Health care providers throughout the region may be called upon to participate in a mass prophylaxis program, either by distributing “medical countermeasures” from their own clinical facilities, or assisting the efforts at PODs or similar centers. Individual providers from <Name of Medical Practice> are encouraged to participate in any such program, if the resulting disruption of normal operations at <Name of Medical Practice> would not negatively affect the health of the community. The practice or health center director will determine the extent and nature of the facility’s participation in these efforts.

## Protection of Physical Resources and Records

### Medical and Non-medical Supplies

If a severe weather event (or other incident likely to undermine the practice infrastructure) is forecast, the following actions should be taken to protect the facility: <Insert description of protective actions to be taken before, during, and after the event>. Identify how you will assess damage; salvage undamaged goods; and cleanup the building following an incident. Identify the contractors, equipment, and materials that would be needed.

Create and maintain a database of practice support services and their contact information (including phone and email). See [COOP](#_Continuity_of_Operations) for lists of important supply partners, contractors and utilities that may be needed during a disaster.

### Pharmaceuticals and Vaccines

If the facility loses power or a severe weather event is forecast that may result in a loss of power, <Name of Medical Practice> will take the following actions to protect its supply of biological or refrigerated pharmaceuticals and vaccines: <Describe actions, using below recommendations>.

If you have access to a refrigerator/freezer connected to a back-up generator: All vaccines and refrigerated pharmaceuticals will be moved to the refrigerator/freezer that is connected to a back-up generator. Safe vaccine handling procedures will be utilized to maintain the “Cold Chain.” Further information about safe vaccine handling can be found at: <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

If you do not have access to a refrigerator/freezer connected to a back-up generator:

* Place full water bottles in refrigerators containing vaccines to help maintain temperatures in case of a power outage.
* Place ice packs in freezers where Varicella containing vaccines are stored.
* Make sure all refrigerators and freezers are plugged in.
* Completely seal tight all refrigerators and freezers.
* Take full inventory of your VFC and VFAAF vaccines (you will need this information if you lose power). A sample inventory with relevant information can be found at: [*http://www.immunize.org/catg.d/p3051.pdf*](http://www.immunize.org/catg.d/p3051.pdf)

If the facility does experience a power outage, the following procedures will be followed to minimize damage to vaccines and refrigerated pharmaceuticals:

* Staff will not open refrigerators upon return to the office.
* Temperatures in the refrigerators/freezers will be recorded immediately, as well as the air temperature of the room where the unit(s) is located, the estimated amount of time that the unit’s temperature was outside normal range, and the vaccines in the unit during the incident. Temperature readings can be found <describe>. If you have a digital thermometer, your temperature reading is located on the outside of your unit(s). If you do not have a digital thermometer, quickly open the unit(s), take temperature, and close the unit(s) immediately.
* Affected vaccines will not be discarded. Potentially compromised vaccines will be marked.
* Staff will notify the local or state health department or call the manufacturer.
  + Local or state health department: <insert contact information>
  + Crucell Vaccines Inc.: (800) 533-5899
  + CSL Biotherapies, Inc.: (888) 435-8633
  + GlaxoSmithKline: (888) 825-5249
  + MedImmune, Inc.: (877) 633-4411
  + Merck & Co., Inc.: (800) 672-6372
  + Novartis Vaccines: (800) 244-7668
  + Pfizer Inc.: (800) 438-1985
  + Sanofi Pasteur: (800) 822-2463
* Actions taken will be recorded.

If you do not have access to a refrigerator/freezer connected to a back-up generator, consider contacting local hospitals, health care systems, or other medical practices to see if they can accommodate your vaccines and refrigerated pharmaceuticals. Insert location of back-up site for biologics (e.g., local hospital or health care system, pharmacy).

### Medical Records Security and Access

<Name of Medical Practice> has a system of medical documentation in place that preserves patient information, protects the confidentiality of patient information, and ensures that records are secure and readily available. The following procedure exists for protecting medical records and patient data in an emergency: <Describe procedure>.

For example, your practice may have its electronic medical record data backed-up and stored off-site. In that case, describe the security of the data, and how your staff will obtain access to that back-up data if you lose access to your primary records. Include relevant phone numbers and contact information for IT support.

## Integration with Local/State Emergency Management and public health, health care system partners

<Name of Medical Practice> will coordinate its response to community-wide disasters with the overall medical and health response directed by the <local emergency management coordinating agency>. The practice participates in local (or regional) health care coalitions, for the purposes of coordinated planning and response to emergencies.

Include a process for ensuring cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials’ efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the *practice or health center’s* efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

<Name of Medical Practice> personnel will cooperate fully with emergency medical services and law enforcement personnel when they respond to emergencies at the practice. This may include providing information about the location of hazardous materials and/or following instructions to evacuate and close the practice.

Contact information for community partners with whom <Name of Medical Practice> may need to coordinate in an emergency can be found in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Community Partner** | **Name** | **Business Telephone** | **Emergency Telephone** |
| Fire Department |  |  |  |
| Emergency Medical Services |  |  |  |
| Police Department |  |  |  |
| Emergency Management Agency |  |  |  |
| Hospital(s) |  |  |  |
| Hospital(s) |  |  |  |
| Local Public Health Department |  |  |  |
| State Environmental Authority |  |  |  |
| National Response Center (e.g., CDC Emergency Operations Center) |  |  |  |
| <Add to or change this list as needed>. |  |  |  |

## Plan Distribution and Access

This plan will be distributed to all members of the < insert name of practice>, including likely Incident Command Staff. A master copy of the document will be maintained by the practice administrator or director. The plan will be available for review by all employees.

A printed copy of the plan will be stored <insert location(s)>. An electronic copy of the plan will be stored on a secure and accessible website that will allow team member access if company servers are down: <Insert website URL>. An electronic copy of the plan will also be stored on a secured USB flash drive kept <location>.

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

# Continuity of Operations Plan (COOP)

Name of Medical Practice:

Address:

Telephone:

## Objectives

The primary objective of the <Name of Medical Practice> COOP is to enable <Name of Medical Practice> to continue to perform its essential functions during “non-normal” conditions that disrupt usual practice operations. Specific objectives of the COOP are to:

* Reduce disruption of operations and maintain services.
* Minimize harm (physical, financial, and psychological) to patients who depend on <Name of Medical Practice> by restoring services as promptly as possible after a disruption.
* Achieve a timely and orderly recovery from a public crisis.

## COOP Team

The COOP Coordinator and COOP Team are designated in the [Incident Command Structure](#_All_Hazards_Incident_1). The COOP Coordinator will work with the Incident Commander to determine when to activate the COOP, and he/she will then coordinate implementation of the COOP as appropriate. Members of the COOP Team will assist with COOP implementation, as delegated by the COOP Coordinator.

## Activation of COOP

The <designate position, ex: COOP Coordinator or Incident Commander> will have the authority to activate the COOP, or a devolution order may be initiated by a government official (the mayor, governor, etc.). The plan will be activated in any of the following circumstances:

* <Name of Medical Practice> operations have been disrupted by a disaster. There is no longer any immediate danger to staff, patients, or visitors from disaster conditions, but damage to the facility, loss of utilities, loss of access to records, or loss of staff will continue to interfere with normal operations for an extended period.
* <Name of Medical Practice> operations are disrupted for an extended period by an ongoing emergency that requires an expansion of clinical services beyond normal capacity, such as an infectious disease outbreak.
* The <Name of Medical Practice> facility is unusable for an extended period.

It is up to your practice to determine what is meant by an “extended period.” To determine how long your practice can forgo essential services or normal operations without activating the COOP, consult the [*Service Impact Assessment*](#_Service_Impact_Assessment) and consider both the health impact on your patients from a prolonged closure as well as the financial impact on your practice/employees.

The COOP may be activated concurrently with the ERP, or it may be activated after the ERP has been deactivated.

## Delegations of Authority

When the COOP is activated, the COOP Coordinator will determine whether essential positions are vacant. If critical staff members or leadership are unavailable, the COOP Coordinator will determine that specific transfers of authority are necessary. Command and control will be transferred according to established lines of succession, delineated in the [Delegations of Authority](#_Surge_Plan).

## Resources and Assets

### Conserving Resources

The following procedures will be used to conserve resources as necessary:

These lists contain suggestions, but you should edit them as necessary to define procedures that are appropriate for your medical practice.

#### Respiratory Protection Supply

* The COOP team will implement engineering and administrative controls to decrease the number of health care personnel who require the use of respiratory protection.
* Allocation of disposable N-95 respirators and surgical/procedure masks will be prioritized based on exposure risk.
* When supply of N95 respirators is limited, the following alternatives to disposable N95 respirators will be used whenever safe and feasible.
  + Other NIOSH-certified N-, R-, or P-class respirators
  + Powered air purifying respirators (PAPRs)

If the practice HVA determines that investment in PAPRs is warranted based on analysis of likely threats

* The use of disposable N-95 respirators will be extended using the following protocols:
  + The respirator will only be worn and/or reused by a single wearer.
  + The respirator will not be removed, adjusted, or touched during patient care activities.
  + Wearers will take care to avoid contamination during use by not touching the outside or inside of the respirator.
  + The respirator will be discarded after being used during an aerosol-generating procedure.
  + The respirator will be discarded if it becomes grossly contaminated with the patient’s body fluids, including blood or respiratory secretions. This may be difficult for the wearer to discern. Health care personnel should be aware that even if not visibly soiled, the external surface of the respirator is considered to be contaminated.
  + The respirator will be discarded if it becomes obviously soiled or damaged (e.g., creased, torn, or saturated) or if breathing through the device becomes difficult.
  + When possible, wearers will use a surgical/procedure mask or face shield over the respirator to reduce/prevent contamination of the device. If masks are also in short supply, face shield use will be encouraged to help conserve masks.
    - Care will be taken during removal of the mask or face shield to ensure the respirator is not contaminated.
    - The surgical/procedure mask will be discarded after a single use. If reusable, the face shield will be decontaminated between uses.
    - Hand hygiene will be performed after removing the face shield or mask and before removing the respirator.
  + The respirator will be removed carefully to avoid cross-contamination.
  + Personnel will be instructed to use hand hygiene after putting the respirator on and following removal/placement in a storage location.
  + The respirator will be stored in a clean, dry location that prevents it from becoming contaminated and maintains its physical and functional integrity. It will be stored in a breathable container, such as a paper bag, or hung in a designated area. If the respirator is stored in a container, the container/bag will be labeled with the user’s name. The container/bag will be used only once and discarded after the respirator is re-donned.
  + The respirator will be labeled with the user’s name to prevent staff from reusing each other’s respirators; labeling will be written on the straps whenever feasible to prevent damage to the respirator.
  + The respirator will be inspected before each use to ensure its physical integrity is intact and a seal-check should be performed by the health care personnel to ensure an adequate fit. Respirators that are damaged or cannot achieve an adequate fit during the seal check will be discarded.

#### Medications and Vaccines

* The use of certain classes will be restricted if limited stocks are likely to run out. For example, restrict the use of tetanus vaccination after low risk wounds, if vaccine shortages prevail.

### Acquisition of Resources

The following procedures will be used to augment supplies as necessary:

If you don’t already have plans to acquire additional supplies during or after a disaster, consider these suggestions: Prior agreements with vendors for emergency re-supply; emergency stockpiles of medical supplies and pharmaceuticals; mutual aid agreements with other clinics, hospitals, or health care providers (list these partnerships), the local emergency management agency Medical Emergency Operations Center, etc. To find out if there is an established community and/or regional Emergency Management Plan, contact your local county government.

* Medications and Related Supplies[[14]](#footnote-14)
  + <List procedures>.
* Medical Supplies[[15]](#footnote-15)
  + <List procedures>.
* Nonmedical Supplies[[16]](#footnote-16)
  + <List procedures>.

## Staff

### Reducing Staff Requirements

In the event that the unavailability of staff compromises normal operations, the following procedures will be followed to minimize staff requirements:

* All Class 3 services/functions will be suspended (see the [Service Impact Assessment](#_Service_Impact_Assessment)).
* Meetings and administrative responsibilities not related to the incident will be minimized.
* Tasks that require the use of PPE will be assigned to specific staff to conserve PPE and reduce staff PPE donning/doffing time and frequency.

### Workforce Support

*The practice should identify provisions for assistance to personnel in need of child care, elder care, or pet care during or after a disaster.*

#### Family Care

In the event of a disaster, care for the families of staff and personnel will be a priority of <Name of Medical Practice>. All personnel and staff will be encouraged to check in with their families to ensure their safety. The use of text messaging is encouraged, when possible, as phone lines may be jammed in an emergency.

<Name of Medical Practice> will make the following arrangements for personnel who require assistance with child care and/or elder care in an emergency scenario: <Insert policy>.

#### Pet Care

<Name of Medical Practice> will make the following arrangements for personnel who require assistance with pet care in an emergency scenario: <Insert policy>.

#### Self-Care

In the event of a disaster, all personnel and staff will utilize the buddy system. Personnel will be encouraged to monitor their own stress level and that of their buddies, and to seek assistance if necessary.

### Volunteers

#### Practice Plans for Use of Volunteer Health Care Workers and Other Staff

*The practice/health center should determine whether it will plan to use staff that are volunteers of either the local/regional Medical Reserve Corps (MRC) or similar organization, or local health care system. Policies should be in place to:*

* *Coordinate with those entities during a disaster*
* *Establish verification of credentials*
* *Provide just-in-time training re: practice operations*

If your practice intends to utilize volunteers during an emergency, ensure that you have a point of contact at your local MRC and/or the State Emergency Registry of Volunteers in Pennsylvania (SERVPA). These cadres of volunteer health care professionals are recruited and trained by local and state public health agencies who verify the professional credentials of volunteers. In major disasters, the federal government may deploy Disaster Medical Assistance Teams (DMAT) to support local health care personnel. Local and state emergency management agencies will work with public health agencies integrate these federally deployed assets with local resources, generally through the state’s emergency operations center.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Position** | **Contact Person** | **Phone** | **Email** |
| Medical Reserve Corps Contact |  |  |  |
| SERVPA Contact |  |  |  |
| <Other> |  |  |  |

## Utilities

### Meeting Utility Needs

Below, describe your plans to meet essential building utility needs in order to maintain services. The following scenarios include a few examples of essential utilities that could fail, but you should add scenarios to create a comprehensive list of the utility failures that could interfere with the normal provision of clinical care. Possible plans for meeting these needs could include: alternative equipment at the organization, negotiated relationships with the primary suppliers, provision through a parent entity, and/or memoranda of understanding (MOU) with other organizations in the community. Determine how long you expect to remain open to care for patients and plan for your utilities accordingly. Use Summary Table at end of COOP plan section for contact information of key utilities, vendors, contractors and supply partners.

If piped medical gas systems are disrupted, the following procedures will be used to meet the practice needs[[17]](#footnote-17): <Describe plans>.

If backup generators fail, the following procedures will be used to meet the practice needs[[18]](#footnote-18): <Describe plans>.

If a water pipe ruptures, the following procedures will be used to meet the practice needs[[19]](#footnote-19): <Describe plans>.

### Water Conservation

In the event that water access becomes limited, the following procedures will be used to conserve water.

* All Class 3 services/functions will be suspended (see the [Service Impact Assessment](#_Service_Impact_Assessment)).
* Waterless hand hygiene products will be used according to established guidelines.
* Soap-and-water hand washing will be limited.
* Disposable sterile supplies will be used whenever possible.
* Portable toilets will be used. <Insert contact information for supplier>.

## Patients

### Managing Patient Care Activities

If conditions interfere with the normal management of activities related to patient care, treatment, or services, the following procedures will be used to maintain these services[[20]](#footnote-20):

* Scheduling: <insert procedure>
* Controlling information about patients: <insert procedure>
* Making referrals: <insert procedure>
* Providing security: <insert procedure>

### Curtailing Services

If <Name of Medical Practice> experiences damage, loss of staff, or other conditions that limit its ability to meet patient needs, the Incident Commander may decide to curtail certain services until conditions change. Under these conditions, Class 3 services/functions will be limited before Class 2 or Class 1 services/functions (see the [Service Impact Assessment](#_Service_Impact_Assessment)). The Planning Section Chief will determine which services will be curtailed, to what extent, and for how long.

### Discontinuing Services

If <Name of Medical Practice> experiences major damage, loss of staff, or other conditions that severely limit its ability to meet patient needs, the Incident Commander may decide to suspend operations until conditions change. When this decision is made, the following will be completed, when possible, prior to closure[[21]](#footnote-21):

* The Security Officer will ensure the security of the facility and data therein.
* All staff will be notified of the closure status and informed that they must remain available to return to work unless permission is provided to take time off. Staff will be notified via <insert communication method>.
* The Liaison Officer will notify the <local emergency management coordinating agency> of the change in status.
* The Logistics Team, under the direction of the Logistics Section Chief, will initiate efforts to communicate the following information to patients via <Insert methods of communication>: Suggestions include scripts on voicemail, updated information on the practice website, mass communication via Patient Portals/Electronic Medical Records, email, automated SMS (text messaging), etc.
  + Where to find alternate care during the extended closure
  + How to contact providers if they have been evacuated/displaced and require prescription refills, care plans, or additional information about their care
  + Frequently asked questions about the disaster and the health impacts for patients
    - Where to seek prophylaxis or immunization, if necessary
    - Protective measures patients should take
    - When to seek care, if relevant
  + Where to seek emergency care
  + Where to find shelters for persons with special health care needs, if relevant

### Patient Support

#### Psychological First Aid

In a disaster situation, trained clinical personnel will provide psychological first aid to patients.

#### Referral Networks

The following indicators will be used as criteria for referring patients, staff, or family members to a mental health professional:

* The person reports severe deteriorated function since the disaster event (unable to feed self, dress, care for children, perform household tasks, etc.)
* The person reports substance abuse starting after the disaster event.
* The person is experiencing severe anxiety episodes interfering with ability to engage in recovery.
* The person or family member reports uncontrollable crying, muteness, feelings of unreality, is hearing voices or seeing things, or experiencing ongoing paranoia.
* The person is verbally indicating a desire to retaliate against perceived sources of threat (wanting to beat up people who resemble terrorists, etc.).
* The person has a pre-existing mental illness, developmental disability or severe physical illness that is relapsing (refer to pre-disaster counselor or provider).

The following networks and/or providers will be used for behavioral health referrals:

* <Insert referral networks>

## Transferring Services to an Alternate Facility

Whenever possible, <Name of Medical Practice> will continue to operate out of its primary facility. However, in extreme circumstances, the practice may be required to relocate its services to an alternate facility.

### Implementation

The Incident Commander will have the ultimate authority to transfer services to an alternate operative facility. The COOP Coordinator will advise the Incident Commander regarding the decision. In general, services will be transferred to an alternate facility when Class 1 and Class 2 services (see the [*Service Impact Assessment*](#_Service_Impact_Assessment)) have been disrupted, for longer than <insert Time Period identified for Class 2 services in the [*Service Impact Assessment*](#_Service_Impact_Assessment)>.

Transferring services includes the transference of essential functions, personnel, records, and equipment to an alternate operating facility.

### Alert and Notification

When the decision to transfer services is made, the following procedures will be followed to notify essential personnel and partners.

#### Notification of Staff[[22]](#footnote-22)

<Describe procedure for alerting staff>.

This likely includes the activation of an emergency call-in number to answer questions about operations and pay/benefits. Include a procedure for accounting for and tracking employees to ensure their safety.

#### Notification of Patients

<Describe procedure for alerting patients of the alternate facility>.

This may include using a voicemail message, sending automated email or text messages, posting information on the practice website, notifying the local news station, etc.

#### Notification of Alternate Facilities

<Describe procedure for alerting Alternate Facilities>.

#### Notification of External Authorities[[23]](#footnote-23)

<Describe procedure for alerting local EMA Operations Center>.

### Alternate Facilities

The alternate facility designated for use by <Name of Medical Practice> in the event of a disaster that renders the normal facility inoperable is: <Enter facility name, address, and information>.

To identify a facility, work with other organizations to forge mutual aid agreements. Consider MOUs with other health centers and stand-by contracts with private agencies. Use nearby as well as distant organizations not likely to be impacted by a regional disaster.

At the alternate facility, the following procedures exist for usage of:

* Telephone: <Describe procedure>
* Fax: <Describe procedure>
* Email: <Describe procedure>
* Face-to-face meetings: <Describe procedure>
* Websites: <Describe procedure>
* Cell phones: <Describe procedure>

### Patients

<Describe procedure for treating patients in the alternate facility>.

How will medical records be kept/accessed? What arrangements exist for continued care for those with chronic illness? How will patients contact you? Can you handle walk-ins?

### Supplies

<Describe procedure for maintaining supplies at the alternate facility>.

How will supplies and equipment that are not already in place at the alternate facilities be ordered? What emergency supplies are already available? How will they be transported? What assistance will you need to move furniture, equipment, medication, office supplies, etc.? How will pharmaceuticals requiring refrigeration be stored?

### Special Issues

<Describe procedure for addressing special issues at the alternate facility>.

How will communications and information management systems be transferred to the new site? What alternatives do you have for x-ray and lab services? Will you need a courier service for results?

### Essential Functions

<Describe the procedure for transferring essential functions to the alternate facility and bringing them online>.

Class 1 functions should be activated first, followed by Class 2 functions, then Class 3. Operations at the alternate facility will vary widely depending on your medical practice and your essential functions.

### Vital Files, Records, and Databases

<Describe provisions for safeguarding vital records>.

How are medical records kept? How are they accessed? If electronic data is secured in a back-up location, is off-site access available for your data retrieval?

### Security and Logistics

<Describe the procedures for securing the worksite at the alternate facilities>.

Include procedures for reception and in-processing. How will deployed personnel know where to go? How will employees check in?

### Staff

The following procedures exist to manage personnel who have been deployed to the alternate facilities:

#### Alternate Transportation

<Describe procedures for ensuring alternate transportation, if necessary, for personnel who have been deployed to the alternate facilities>.

#### Payroll Continuity

<Describe procedures for maintaining payroll continuity during the activation of the COOP>.

How will on-call responsibilities be affected? How will pay for non-deployed staff be affected? How will overtime pay for ERG members be managed? Are there any collective bargaining issues?

#### Personnel Accountability

<Describe procedures used to determine whether all personnel are safe and ensure that all designated personnel have arrived at the relocation site>.

How will replacement and augmentation personnel be quickly identified? How will assignments be distributed to key staff? Is there a procedure for acquiring additional providers if staffing is inadequate? Procedures should ensure that the personnel at the alternate facility perform as proficiently as the practice’s primary personnel.

### Reconstitution

The reconstitution phase includes a process to resume normal operations from the original/replaced medical practice after the disruption is over.

#### Initiating Reconstitution

The process of evaluating <Name of Medical Practice>’s facility and attempting to salvage and restore the building will begin within the first 24 hours of relocation. The COOP Coordinator will initiate this process by, through the Liaison Officer, contacting <local authorities> to request a safety check.

The Security Officer will determine the extent of repairs necessary to make the primary facility usable. He/She will work with other members of the Incident Command Staff to ensure that all needed repairs are made. Reconstitution should not be initiated until the Security Officer has determined that space and facility requirements are met and the original facility is structurally safe and secure.

The contractors and emergency services that may need to be contacted in an emergency can be found in the table below. Add, delete, or change items on this list as needed so it is appropriate for your facility.

|  |  |  |  |
| --- | --- | --- | --- |
| **Utilities, Vendors, and Supply Partners** | | | |
| **Service** | **Contact Person** | **Business Telephone** | **Emergency Telephone** |
| Utility Provider (gas) |  |  |  |
| Utility Provider (electricity) |  |  |  |
| Utility Provider (water) |  |  |  |
| Plumber |  |  |  |
| Telephone Provider |  |  |  |
| Internet Provider |  |  |  |
| Information/Technology Support (EHR vendor) |  |  |  |
| Medical Supply and Equipment Vendor |  |  |  |
| Medical Supply and Equipment Vendor |  |  |  |
| Medical Supply and Equipment Vendor |  |  |  |
| Facility Management |  |  |  |
| Insurance |  |  |  |
| Towing Service |  |  |  |
| Plowing Service (Snow) |  |  |  |
| Tree Removal |  |  |  |
| Fire Protection Contractor |  |  |  |
| Elevator Service |  |  |  |
| Hazardous Materials Cleanup |  |  |  |
| Cleanup / Disaster Restoration |  |  |  |
| <Other> |  |  |  |
| <Other> |  |  |  |

The Incident Commander, with input from the COOP Coordinator and Security Officer, will have the authority to initiate reconstitution. After the decision has been made, the COOP Coordinator is charged with overseeing the reconstitution process. The COOP Coordinator will:

* Schedule an orderly transfer of personnel, vital records, documents and databases back to the primary facility.
* Transfer necessary communication capabilities, supplies and equipment back to the primary facility.
* Notify employees of the schedule for reconstitution.

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

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Reviewed By: Title: Date:

# Delegations of Authority

Name of Medical Practice:

Address:

Telephone:

## Transfer of Command and Control

Command and control refers to the management and direction of personnel, critical services, functions, programs and facilities during emergencies or disasters. If a disruption of services at your medical practice threatens to cause an unacceptable loss of revenue and/or interferes with the mission of your medical practice, the COOP may be activated. If key staff members are rendered unavailable during a disaster, command and control may be transferred via the Line of Succession (LOS).

Command and control will be transferred under the following circumstances:

* The COOP has been activated.
* Critical staff members of leadership are unavailable.
* The COOP Coordinator determines that specific transfers of authority are necessary.
* Signed Delegations of Authority exist, if necessary, to transfer decision-making authority.

Command and control will be transferred according to the established lines of succession. After command functions are reestablished or relocated as needed to alternate sites, the transfer of authority will be communicated to all staff members via <describe communication method>.

## Lines of Succession

Established lines of succession are as follows:

Determine which staff and/or leadership positions are vital to the functioning of your medical practice. For each critical role, create a LOS table below. Copy and paste the table as necessary, or delete unnecessary tables. Determine how deep you need to go in a LOS for each role, based on the size and nature of your medical practice. For a small medical practice, one or two successors will likely suffice. Delete unnecessary rows.

For each critical position, consider the skills required to fill that role, and identify successors who could fill the role in an emergency. In the case of an MD role, the right successor may be external to your medical practice. This may require you to create memoranda of understanding (MOUs) with other medical practices who agree to help each other out in a disaster. Make sure you understand how these agreements impact your LOS planning.

Once your LOSs are mapped out, compare them to each other. If one person appears in several different lines of succession, it could pose a problem if that person is called upon to perform multiple roles during an emergency. You may want to include more, or different, people in those LOSs.

|  |  |  |
| --- | --- | --- |
| **<Job Title> Line of Succession** | | |
| **Alternate** | **Name** | **Title** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

|  |  |  |
| --- | --- | --- |
| **<Job Title> Line of Succession** | | |
| **Alternate** | **Name** | **Title** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

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| --- | --- | --- |
| **<Job Title> Line of Succession** | | |
| **Alternate** | **Name** | **Title** |
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| **<Job Title> Line of Succession** | | |
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| **<Job Title> Line of Succession** | | |
| **Alternate** | **Name** | **Title** |
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## Delegations of Authority

Determine which critical roles should have a delegation of authority. Not all roles will require one, but top executives and certain leadership positions may. For each delegation of authority, use the key duties and responsibilities required for the role to draft a delegation document for that position. It’s important to thoroughly understand the skills and legal authorities that each role requires so that you can give the appropriate amount of authority in each delegation.

Legal copies of Delegations of Authority, signed by critical staff members and the successors identified in the LOS, will be kept on file in <insert several varying locations>.

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

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# Emergency Communications Plan

Name of Medical Practice:

Address:

Telephone:

## Emergency Notification of Staff

The Emergency Communications Section of the practice emergency plan should contain a description of a plan to communicate with staff during emergencies; a plan to communicate with federal, state, and local emergency management officials and other external organizations such as peer facilities, hospitals, health care systems; a plan for patient communication; and mechanisms for exchanging health-related information with other providers when necessary. The plan should contain both contact lists as well as descriptions of communication methods.

Practices should have several redundant methods of communication to use for staff communication during an emergency that has the potential to disrupt practice operations. Text messaging may be operational when telephone services are overloaded. Practices should try to identify at least one method of communication that does not require electricity.

Create and maintain a database of staff and their contact information, including various channels through which they can be reached (e.g., home phone, cell/text, email). Direct (private) messages via social media can be sent to staff members who have a personal account on Twitter and/or Facebook.

When an emergency occurs that affects the operations of <Name of Medical Practice>, the Practice Manager will initiate communication with staff using the following methods (select methods that apply to practice): telephone (includes phone tree as well as landlines and cell phones), text messaging, email, secure web-based portal, fax machines, satellite phones, radio, Twitter, Facebook, and others. The primary communication mechanism will be <Insert primary communication mechanism>; back-up systems include <Insert back-up systems>.

Staff will be informed of the practice status (e.g. open or closed, or limited operations), who is needed, when, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This list contains sensitive information and should remain confidential** | | | | | | |
| **Name/Position** | **Preferred Contact Method** | **Home Phone** | **Cell Phone** | **Office Phone** | **Email** | **Social Media** |
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Note: See the [Incident Command Structure](#_Incident_Command_Structure) for incident command roles and contact information.

## Emergency Communication with Government and Community Partners

Create and maintain a database of government and community partners and their contact information (including phone and email). Contact should include the local emergency management agency, local or state health department, and medical association. Also consider non-traditional partners including schools, churches, community groups, businesses and others that may help your practice remain open during or re-open following an emergency.

**In the event of an emergency that threatens the health and safety of either staff or patients (e.g., life safety emergency), the practice will contact emergency authorities through the 911 system.** The caller from the practice will identify the nature of the situation while requesting assistance.

The practice is also registered with the following alert networks to receive emergency notifications from Pennsylvania and relevant local or municipal public safety agencies:

* Pennsylvania Health Alert Network (Pennsylvania Department of Health)
* Local County Health Alert Network
* Local Emergency Management Agency Alerts (such as: Readynotifypa.org in SE PA)
* <Complete list as appropriate>

In situations that require the assistance of public safety agencies to provide additional resources, supplies, information, etc., the Practice Manager or designee will contact the appropriate agency to convey a request and any other additional information regarding the status of practice/clinic operations. Communication will be via telephone, email, Knowledge Center, web-based portal, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contacts and Health Care Partners** | | | |
| **Name/Position** | **Contact Person** | **Phone** | **Email** |
| County Health Department |  |  |  |
| Township/Municipal Emergency Management Agency |  |  |  |
| County Emergency Management Agency |  |  |  |
| Local Police Department (non-emergency calls) |  |  |  |
| Local Fire Department (non-emergency calls) |  |  |  |
| Hospital Emergency Department |  |  |  |
| Hospital Pharmacy (or Administration or other office) |  |  |  |
| Second Hospital ED |  |  |  |
| Third Hospital ED |  |  |  |
| Fourth Hospital ED |  |  |  |
| Fifth Hospital ED |  |  |  |
| Other practices/clinics/FQHCs |  |  |  |
| Local EMS Agency |  |  |  |
| Local Red Cross |  |  |  |
| Other Community Partners (i.e., social service agencies, home health organizations) |  |  |  |
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In some disasters, local emergency management and health officials will set up an Emergency Operations Center (EOC) to organize disaster response efforts. The EOC will generally have a direct phone number and email address, as well as specific contact information for the “HEALTH” services desk or representative. Determine how the needs for your practice will be conveyed to the EOC during an emergency.

The Liaison Officer, designated in the [Incident Command Structure](#_Incident_Command_Structure), will be the liaison to the EOC.

## Emergency Communication with Patients

Practices should anticipate the need for patients to communicate with the health care providers in the practice during emergencies and plan for multiple redundant ways to accommodate questions from specific patients as well as ways to convey information regarding practice operations or more general health-related information about the emergency or disaster. In addition to reaching out directly to patients, post important updates on voicemail system, website, and social media.

* Advise patients on when you anticipate reopening, locations where you know they can receive assistance, and a method by which they can reach the practice.
* Direct patients to reputable sources of information, including CDC and local or state health department website.
* Utilize the Practice Templates sections of the “Primary Care Practitioners Communications Toolkit”

During emergencies that disrupt practice operations, the practice will maintain telephone service and answering service operations for patients to call in and speak with physicians during the day or “on call.” The practice voice messaging will be modified so that emergency-related information is conveyed to callers, along with the status of practice operations.

The practice website will be updated to reflect information about the emergency as well as status of practice operations.

The practice will use social media platforms (Facebook and Twitter) to provide emergency-related information to patients. When appropriate, the practice will link to the (local/state health department or CDC) website to provide information such as location of Vaccination Centers, Points of Dispensing, or general disease information.

#### Targeted Communications for Patients with Special Health Care Needs

Use patient Registries or Panels to identify patients with special health care needs who may require targeted health information during an emergency. Create and maintain a database of patients and their contact information, including various channels through which they can be reached (home phone, cell/text, email) if necessary in a disaster.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Example of Patient Registry** | | | | | | |
| **Patient ID** | **DOB** | **Diagnoses** | **HIPAA** | **Home Care** | **Phone** | **Email** |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |
| Sample | Sample | Sample | Sample | Sample | Sample | Sample |

The practice will maintain an electronic registry of patients with special health care needs. <Provide details about this registry.>

In disaster that threatens the safety of patients with special health care needs, <describe actions the practice will take to protect the life and safety of patients with special health care needs, for example by reaching out to electricity-dependent patients to help them make arrangements for their care.>

The practice may be asked to send personal health information to other health care providers during major disasters in which patients evacuate to other locations, or simply when patients are hospitalized. The practice should consider how it will receive and respond to these requests, particularly if large numbers of their patient population needs access to their medical records and describe those plans here.

## News Media

Some practices or health centers may be contacted by the media during a disaster to explain the impact of the incident on the health of the community or to take advantage of the subject matter expertise of the clinicians in the practice to provide additional perspectives on the disaster. Community-based physicians are often trusted by the public and the opinions expressed in the media are an important component of communicating risk and public health information to an anxious and concerned public. Your practice may wish to plan for this in the following ways:

* Develop a policy in which only authorized spokespersons are permitted to speak to the news media. Communicate the policy to all employees within the practice explaining that it is best to speak with one informed voice. The primary spokesperson for the practice is the Public Information Officer, designated in the [*Incident Command Structure*](#_Incident_Command_Structure), but additional authorized persons may be designated as well.
* Determine in advance who will speak to the news media and prepare that spokesperson with talking points, so they can speak clearly and effectively in terms that can be easily understood (i.e.: plain language).
* Send practice information updates to your list of local news stations. Find out deadlines in advance and make sure deadlines are met.
* Maintain bi-directional communication with public sector agencies (e.g., public health and emergency management) so that you have up-to-date situational awareness and can reinforce relevant public safety messages.
* Practices that are owned or managed by larger organizations or health care systems should confer with the public relations or public information staff in those systems when asked to speak with members of the media.

The Public Information Officer, indicated in the [Incident Command Structure](#_Incident_Command_Structure), will be the primary spokesperson for the practice to the media in any disaster scenario. The following additional individuals in <Name of Medical Practice> are authorized to speak with the media:

* Secondary Spokesperson: <Insert Name>

Consider having each spokesperson complete an online crisis communication course, such as the CDC CERC (available here: <http://emergency.cdc.gov/cerc/CERConline/index.html>). The practice may wish to create and maintain a database of media contacts and their contact information (including phone and email).

During a disaster, practice information updates will be distributed to the following media sources by the Public Information Officer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Position** | **Contact Person** | **Phone** | **Email** |
| Media Contact: Television |  |  |  |
| Media Contact: Radio |  |  |  |
| Media Contact: Newspaper |  |  |  |

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

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Section III: Training and Drills

# Training and Evaluation Program

Name of Medical Practice:

Address:

Telephone:

<Name of Medical Practice> will review and update this Emergency Preparedness Training and Evaluation Program at least annually.

## Training in emergency preparedness

All employees will attend annual training and updates on emergency preparedness, including elements of the ERP, COOP, Surge Plan, Crisis Communications Plan, and Data Recovery Plan.

*Every employee should receive a basic orientation to the Emergency Response Plan on the first day of work; all staff should receive quarterly updates. Management staff should receive higher level training to the Incident Command System and their management positions during activation of the plan.*

Employee essential knowledge and skills include:

* + - The location and operation of fire extinguishers.
    - The location of fire alarm stations and how to shut off fire alarms.
    - How to notify clinic staff regarding an emergency.
    - How to dial 911 (access the Emergency Response System) in the event of any emergency.
    - How to assist patients and staff in the evacuation of the premises.
    - Location and use of oxygen (licensed staff).
    - Location and use of medical emergency equipment (medical staff and staff trained on AED).
    - How emergency codes are called in the clinic and appropriate initial actions.
    - Actions to be taken during fire and other emergency drills.
    - Employment expectations regarding attending work during an emergency.
    - Likely role when the practice ERP is activated, including where, when, and to whom to report.
    - How to provide psychological first aid (selected staff).
    - Personal and family preparedness.

## infection control Training

All staff will receive training on procedures on general infection control principles. Clinical staff will receive training on the prevention of exposures to infectious disease threats in the practice setting, during the context of day-to-day operations and during emergencies such an influenza pandemic.

Training is easily appended to require OSHA training in Blood Borne Pathogens and infectious disease. Possible training available thru CDC website: [*http://www.cdc.gov/ncidod/dhqp/bp.html*](http://www.cdc.gov/ncidod/dhqp/bp.html) and from health system for practices that are owned and managed by those entities.

These training will include:

Information about common pathogens, standard and transmission-based precautions.

Possible behavioral responses of patients.

Infection control practices, including:

Use of and location of PPE.

Reporting requirements.

Patient management.

Behavioral responses of patients to biological and chemical agents and to medical emergencies.

Roles and responsibilities in an infectious disease emergency.

## Training Log

All training will be documented in the following log.

Modify the following log as necessary to be useful to your medical practice. The log should contain the name or title of the training/exercise, and the names of all of the staff who attended or participated in the training session or exercise.

|  |  |  |
| --- | --- | --- |
| **Date** | **Employee Name(s)** | **Brief Description of Training** |
|  |  |  |
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## Drills and Exercises

<Name of Medical Practice> will conduct exercises twice each year at each site included in the plan.[[24]](#footnote-24) Exercises will incorporate scenarios that allow <Name of Medical Practice> to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients.[[25]](#footnote-25) These will be full scale exercises, not tabletop sessions.[[26]](#footnote-26) *The practice should attempt to participate in at least one health care system or community-wide drill each year. Effective exercises may include one or more of the following response issues in their scenarios:*

* + - *Clinic evacuation*
    - *Infectious Disease Emergencies*
    - *Mental Health response*
    - *Coordination with government emergency responders*
    - *COOP*
    - *Expanding clinic surge capacity*

If the medical practice offers emergency services or is a community-designated disaster receiving station, then at least one of the two annual emergency response exercises should include an influx of simulated patients.[[27]](#footnote-27)

One of the two annual exercises will be a mock disaster drill to test the emergency plan. If a community-wide mock disaster drill is available, the practice will participate in that drill. Otherwise, a facility-based mock disaster drill will be conducted. If <Name of Medical Practice> activates its Emergency Management Plan in response to one or more actual emergencies, these emergencies can serve in place of that year’s mock disaster drill.

A tabletop exercise is 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 test the ability of the practice to respond to potential emergency events.

Steps for conducting an emergency exercise:

1. Identify site-specific goals and objectives of the exercise.
2. Develop scenario with practice staff and community partners (e.g., health system safety manager, local emergency management agency representatives, public health department representatives, health care coalition members).
3. Identify and secure time, space (location) and staff commitment to support the exercise process, including assistance for setup or communications, if relevant.

Building Block Approach to Training and Exercises

(Adapted from Emergency Preparedness Toolkit for Community Health Centers and Community Practice Sites, Columbia School of Nursing Center for Health Policy, July 2007)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Scale Exercises | | | | | |  |
| Functional Exercises | | | | |  |  |
| Tabletop Exercises | | | |  |  |  |
| Drills | | |  |  |  |  |
| Workshops | |  |  |  |  |  |
| Trainings |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Evaluation

The effectiveness of the administration of emergency plans will be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities may be critiqued by any and all personnel and reported to the Incident Commander or practice manager.

Based on the after-action evaluation, the Emergency Planning Team will develop recommendations for:

* + - Additional training and exercises.
    - Changes in disaster policies and procedures.
    - Plan updates and revisions.
    - Acquisition of additional resources.
    - Enhanced coordination with response agencies.

After each exercise, the practice will conduct a brief “hot wash” or debriefing session. In addition, each participant will complete a one-page written evaluation that contains the following questions:

1. What went well during the exercise (name three things)?
2. What challenges or problems were identified (three things)?
3. Did the plan anticipate all of the key needs (e.g., supplies, equipment, communications?)
4. Did the plan anticipate all of the needed roles?
5. Did the plan meet the expectations of community health and community public safety partners?
6. Did people go where they were supposed to go? Do what they were supposed to?
7. Was the desired outcome achieved?
8. How much time did it take to notify staff of the emergency?
9. How much time did it take to implement the plan?
10. How did the communications systems function? What problems were identified?
11. Were there conflicting instructions related to the execution of the plan?
12. Were supplies wasted? Staff poorly utilized?
13. How should the current Emergency Response Plan be changed to improve the practice’s capacity for emergency response?

The Emergency Planning Team will compile the verbal and written feedback into an after action report (AAR), which is a summary document that includes a description of the exercise and what was learned. Using the AAR, the Emergency Planning Team will develop an improvement plan that will be used to revise and update the Emergency Management Plan as needed.

## Log of Exercies and Drills

All past exercises and drills are recorded in the following log:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Brief Description** | **After Action Evaluation?** | **Plan Maintenance?** |
|  |  | <yes/no> | <yes/no> |
|  |  | <yes/no> | <yes/no> |
|  |  | <yes/no> | <yes/no> |
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|  |  | <yes/no> | <yes/no> |
|  |  | <yes/no> | <yes/no> |
|  |  | <yes/no> | <yes/no> |

## Plan Development and Maintenance

The Emergency Planning Team will review and update this plan at least annually and following any emergency or drills, or following changes such as remodeling, construction, installation of new equipment, and changes in key personnel. When these events occur, the Emergency Planning Team will review and update the plans to ensure:

* + - Evacuation routes are reviewed and updated.
    - Emergency response duties are assigned to new personnel, if needed.
    - The locations of key supplies, hazardous materials, etc. are updated.
    - Vendors, repair services and other key information for newly installed equipment are incorporated into the plan.

Latest Revision Date: Updated By:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

Reviewed By: Title: Date:

# Appendix: Job Action Sheets

## Incident Commander

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: (Local chief health officer, health system executive)**

**Mission:** Oversee the overall direction of incident management and operations.

**Immediate:**

\_\_\_Initiate Incident Command System and activate all command staff and section chiefs

­­\_\_\_ Review Job Action Sheet

\_\_\_ Distribute Job Action Sheets

\_\_\_ Activate Emergency Response Plan (or COOP)

\_\_\_ Convene status/action plan meeting

\_\_\_ Determine appropriate level of service in immediate aftermath of emergency

\_\_\_ Receive initial facility damage assessment from Logistics Chief

\_\_\_ Obtain patient census or schedule and status from Planning Chief

\_\_\_ Plan and implement any protective actions that are necessary for staff and patients

\_\_\_ Call for clinic-wide projection report and plan for 4, 8, 24 and 48 hours from time of incident onset

\_\_\_ Assure that contact and resource information has been established with outside agencies through Liaison Officer

**Intermediate:**

\_\_\_Create preliminary action plan for Command Staff

\_\_\_ Authorize resources as needed for Section Chiefs

\_\_\_ Designate routine briefings with Section Chiefs to receive status reports and update action plan as necessary

\_\_\_ Communicate status to Health System or others as necessary

\_\_\_ Consult with Section Chiefs on needs of staff, physicians, or volunteers for food, shelter, medical supplies or equipment

\_\_\_ Authorize updated action plans, continuation or termination of plans as needed

**Extended:**

\_\_\_Approve media releases submitted by Public Information Officer

\_\_\_ Observe staff, volunteers, and patients, for signs of stress and work with Logistics and Operations Chiefs to provide rest periods and relief for staff

\_\_\_ Authorize updated action plans, continuation or termination of plans as needed

## Liaison Officer

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Serve as the point of contact for representatives of other governmental, non-governmental and other organizations or private entities.

**Immediate:**

\_\_\_Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Contact and brief representatives from other agencies (e.g., health care system, Emergency Management, Public Health, Fire, etc.) that will be responding or involved in response to incident about the emergency at hand, explain plan and what will be needed or expected from them

\_\_\_ Create Liaison Team if necessary

\_\_\_ Brief Liaison Team on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Review county, municipal, health care system organization charts and plans to determine appropriate contacts and message routing

**Intermediate:**

\_\_\_Obtain information and updates regularly from unit leaders

\_\_\_ Coordinate with Public Information Officer to relay any pertinent information to liaison counterparts of each assisting or cooperating agency (e.g., in the municipal or county EOC or Information Center)

\_\_\_ Keep Liaison Team and Incident Commander up-to-date on changes and developments in the external agencies’ plans and response to incident

\_\_\_ Assist in soliciting volunteers and other personnel as well as additional supplies and assets if any needed for practice response to disaster. Work with Logistics and Operations Chiefs to identify needs and determine if external agencies can assist practice

**Extended:**

\_\_\_Ensure that all communications, requests for resources and inventory of supplies are documented

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Update summary to provide to Incident Commander with requests for additional resources as needed

\_\_\_ Observe all staff for signs of stress, need for relief

## Public Information Officer (PIO)

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Responsible for interfacing with the public, media, patients, and other agencies with incident-related information requirements and status reports.

**Immediate:**

\_\_\_ Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Create Public Information Team if necessary

\_\_\_ Brief Public Information Team on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Establish if practice communications channels and methods are functioning (e.g., website, social media platforms, patient portal, telephone, voicemail, answering service, etc.)

\_\_\_ Develop plan to use working communications channels to communicate with patients and the public

\_\_\_ Review county, municipal, health care system organization charts and identify public information officers associated with external partner agencies. Identify if Emergency Information or Joint Information Center is to be established by government agencies and monitor/coordinate messaging

**Intermediate:**

\_\_\_ Work with Incident Commander in crafting public information statement to be released to media

\_\_\_ Contact and brief representatives from various media outlets about the emergency at hand, what the practice plan is, what the practice is doing, and what information the practice would like related to the public

\_\_\_ Obtain information and updates regularly from Section Chiefs. Update message content based on this input

\_\_\_ Keep Section Chief colleagues and Incident Commander up-to-date on needs and developments related to bi-directional communication with patients

\_\_\_ Work with Liaison Officer to monitor actions and messages conveyed by external partner agencies to patients and the public

**Extended:**

\_\_\_ Establish routine briefings with media outlets if necessary

\_\_\_ Obtain progress reports and maintain frequent communication with Incident Commander

\_\_\_ Contact responding agencies PIOs to coordinate information that is to be released.

\_\_\_ Observe all staff for signs of stress, need for relief

## Security Officer

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Ensure unimpeded patient care and site security.

**Immediate:**

\_\_\_Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Create Security Team if necessary

\_\_\_ Brief Security Team on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Secure patient care and other sensitive or strategic areas from unauthorized access

\_\_\_ Ensure the integrity and security of patient medical records and any protected health information

**Intermediate:**

\_\_\_Obtain information and updates regularly from Security Team

\_\_\_ Remove unauthorized persons from restricted areas

\_\_\_ Initiate contact with the police through the Liaison Officer, when necessary

\_\_\_ Prepare credentialing/screening process of volunteers, patients, etc., if needed

\_\_\_ Confer with Public Information Officer to establish areas for media personnel

\_\_\_ Secure food, water, and medical resources

\_\_\_ Keep Section Chief colleagues and Incident Commander up-to-date on changes and developments related to security

\_\_\_ Inform Security Team members to document all actions and observations

**Extended:**

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Observe all staff for signs of stress, need for relief

## Safety Officer

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Ensure the safety of all personnel, patients, visitors, and emergency responder personnel. Correct all hazardous conditions.

**Immediate:**

\_\_\_Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Create Safety Team if necessary

\_\_\_ Brief Safety Team on current situation, outline action plan, and designate time for next briefing

\_\_\_ Review county, municipal, health care system organization charts and plans to determine appropriate contacts and message routing

**Intermediate:**

\_\_\_Obtain information and updates regularly from Safety Team

\_\_\_ Secure and post non-entry signs around any unsafe areas

\_\_\_ Advise staff to report all hazards and unsafe conditions

\_\_\_ Identify potential exposures or hazards to staff/patients during clinical service delivery or activation of emergency response plan and work with Operations and Logistics Chiefs to minimize risk

\_\_\_ Identify need for PPE use by patients and/or staff and implement with Planning, Operations, and Logistics Section Chief support

\_\_\_ Keep Section Chief colleagues and Incident Commander up-to-date on changes and developments related to safety

\_\_\_ Inform Safety Team members to document all actions and observations

**Extended:**

\_\_\_Ensure that all communications, requests for resources and inventory of supplies are documented

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Observe all staff for signs of stress, need for relief

## Planning Section Chief

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Organize and direct the planning related to the practice’s response to the emergency, including development of the action plan, collection and distribution of critical information and data, compilation of scenario and resource projections.

**Immediate:**

\_\_\_ Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Identify and appoint Planning Team with Unit (sub-section) leaders (e.g., Status/situation Monitoring Unit, Patient Services and Needs Unit, Staff Unit) if necessary

\_\_\_ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Develop incident-specific action plan for facility for next 4, 8, and 24 hours

\_\_\_ Instruct Status Unit leader to update status reports as needed (adjust frequency as appropriate for disaster) for use in decision-making and for reference in post-disaster evaluation and recovery assistance applications

**Intermediate:**

\_\_\_ Obtain information and updates regularly from Unit leaders through routine briefings

\_\_\_ Schedule planning meetings with Unit leaders, other Section Chiefs and Incident Commander to update facility action plan 24, 48 hours and beyond, as needed

\_\_\_ Establish procedural system to ensure and implement plan for collection of all incident-specific data, including data formulation, documentation, and dissemination (e.g., aggregate data re: patient impact and morbidity, staff needs and morbidity, practice-specific impacts)

**Extended:**

\_\_\_ Document status reports from all Section Chiefs, inform Incident Commander of changes to situation and necessary plan modifications (do throughout incident)

\_\_\_ Ensure that all communications, requests for resources and information are documented

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Observe all Unit and other staff for signs of stress, need for relief

## COOP Coordinator

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Coordinate activation and implementation of the COOP. Maintain continuity of operations.

**Immediate:**

\_\_\_ Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet and COOP

\_\_\_ Work with the Incident Commander to determine if the COOP should be activated.

\_\_\_ Assemble a COOP team, if necessary

\_\_\_ Determine whether positions essential to continuing operations are vacant and transfer authority as necessary according to Delegations of Authority

**Intermediate:**

\_\_\_Obtain information and updates regularly from COOP Team

\_\_\_ Identify needs for resources, staff, or utilities in order to maintain operations

\_\_\_ Oversee steps to conserve or augment supplies where possible

\_\_\_ If necessary, oversee the transfer of all personnel, vital records, documents, supplies, and equipment to an alternate facility (in compliance with the COOP) in order to restore operations

\_\_\_ If the practice is relocated to another facility, begin the process of salvaging and restoring the initial facility within 12 hours of relocating. Initiate this process by requesting a safety check from local authorities, through the Liaison Officer

\_\_\_ Keep all Section Chiefs and Incident Commander up-to-date on changes and developments related to COOP

\_\_\_ Inform COOP Team members to document all actions

**Extended:**

\_\_\_Oversee reconstitution, if applicable. Schedule an orderly transfer of personnel, vital records, documents, supplies, and equipment back to the primary facility.

\_\_\_ Document all requests for resources

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Keep all Section Chiefs and Incident Commander up-to-date on changes and developments related to COOP

\_\_\_ Observe all staff for signs of stress, need for relief

## Logistics Section Chief

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Provide all incident support needs (food, shelter, supplies), and direct operations associated with maintenance of physical environment

**Immediate:**

\_\_\_ Receive activation notice from Incident Commander.

­­\_\_\_ Review Job Action Sheet

\_\_\_ Identify and appoint Logistics Team members with Unit (sub-section) leaders (e.g., Facilities Unit, Communications Unit, Transportation Unit, Supplies and Equipment Unit)

\_\_\_ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Establish Logistics Section Center near practice EOC or command center.

\_\_\_ Convene status/action plan meeting

\_\_\_ Determine damage to facility in immediate aftermath of emergency

**Intermediate:**

\_\_\_ Obtain information and updates regularly from Unit leaders

\_\_\_ Develop summary to provide to Incident Commander with requests for additional resources as needed

\_\_\_ Obtain needed supplies with assistance of Finance Section Chief (and Planning, Liaison Officer, as needed)

**Extended:**

\_\_\_ Ensure that all communications, requests for resources and inventory of supplies are documented

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Update summary to provide to Incident Commander with requests for additional resources as needed

\_\_\_ Observe all Unit and other staff for signs of stress, need for relief

## Operations Section Chief

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Manages all tactical operations in an incident (may include emergency response plan operations as well as COOP operations) including clinical services and patient communications

**Immediate:**

\_\_\_ Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Locate Operations Section center near practice EOC or command center

\_\_\_ Create Operations Team with Unit (sub-section) leaders (e.g., Medical care, Nursing, Ancillary services, other as needed)

\_\_\_ Know Safety Officer, Public Information Officer, and any other necessary positions

\_\_\_ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing

\_\_\_ Plan and project patient care needs, and implement/oversee plan to provide clinical services, communication with patients

\_\_\_ Plan and project patient communication needs and plan/provide those communications (if no Public Information Officer or if communications related to specific clinical services)

**Intermediate:**

\_\_\_ Obtain information and updates regularly from Unit leaders through routine briefings

\_\_\_ Ensure that medical and ancillary services subsections are adequately staffed and supplied

\_\_\_ Identify training and safety needs related to provision of patient care and other services during disaster

\_\_\_ Brief Incident Commander routinely on the status of Emergency Practice Operations and section needs

\_\_\_ Determine if additional staff needed through volunteers and work with Liaison Officer to obtain external assets (e.g., Medical Reserve Corps or health care system volunteers)

**Extended:**

\_\_\_ Document status reports from all Section Chiefs, inform Incident Commander of changes to situation and necessary plan modifications (do throughout incident)

\_\_\_Ensure that all communications, requests for resources and information are documented

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Observe all Unit and other staff for signs of stress, need for relief

## Finance Section Chief

### Command Staff

#### Shift: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Reports To: Incident Commander**

**Mission:** Manages all financial aspects of the response to an incident, including financial components of acquisition of supplies and services, supervision of documentation of expenditures related to emergency response

**Immediate:**

\_\_\_Receive activation notice from Incident Commander

­­\_\_\_ Review Job Action Sheet

\_\_\_ Locate Finance Section center near practice EOC or command center (can be usual work area)

\_\_\_ Create Finance Team with Unit (sub-section) leaders (e.g., Procurement, Time Unit, Claims/Cost leader, etc. others as needed)

\_\_\_ Know Safety Officer, Public Information Officer, and any other necessary positions

\_\_\_ Brief Unit leaders on current situation, outline action plan and necessary actions, designate time for next briefing

**Intermediate:**

\_\_\_Obtain information and updates regularly from Unit leaders through routine briefings

\_\_\_ Develop “cost-to-date” financial status reports every 8-24 hours (as appropriate) that summarize financial data relative to personnel, supplies, and other expenses

\_\_\_ Identify training and safety needs related to provision of patient care and other services during disaster

\_\_\_ Brief Incident Commander routinely on the financial status and reports, related needs

**Extended:**

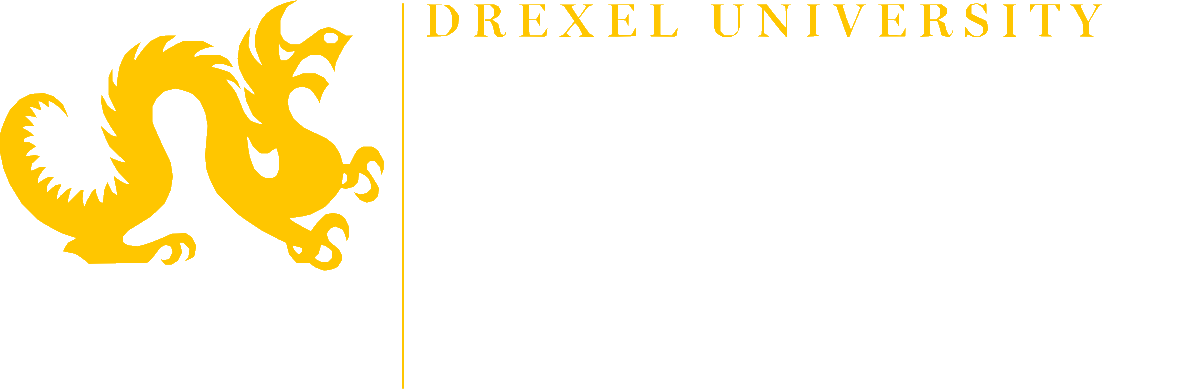
\_\_\_ Document status reports from all Section Chiefs, inform Incident Commander of changes to situation and necessary plan modifications (do throughout incident)

\_\_\_ Ensure that all communications, requests for resources and supplies are documented

\_\_\_ Work with Operations Section Chief on any mutual aid agreements (MOU) and track financial payouts of the services rendered

\_\_\_ Maintain frequent communication with Incident Commander

\_\_\_ Observe all Unit and other staff for signs of stress, need for relief



1. 2014 Joint Commission Standard for Ambulatory Care EM.01.01.01.A1, Form 10 (Emergency Preparedness Report), Department of Health and Human Services, Health Resources and Services Administration [↑](#footnote-ref-1)
2. 2014 Joint Commission Standard for Ambulatory Care EM.01.01.01.A2 [↑](#footnote-ref-2)
3. 2014 Joint Commission Standard for Ambulatory Care EM.01.01.01.A3 [↑](#footnote-ref-3)
4. 2014 Joint Commission Standard for Ambulatory Care EM.01.01.01; HRSA Form 10: Annual Emergency Preparedness Report.

   4Mitigation strategies reduce the impact of disasters on health and on property, before they occur. They can target the hazard or threat itself or the practice’s vulnerability. [↑](#footnote-ref-4)
5. Preparedness includes the planning and pre-event activities that are intended to diminish the consequences of a disaster. [↑](#footnote-ref-5)
6. Response strategies are those actions that are taken during an incident to diminish its impact. Recovery strategies are initiatives that are intended to restore or return the practice to normal functioning. [↑](#footnote-ref-6)
7. Recovery strategies are initiatives that are intended to restore or return the practice to normal functioning. [↑](#footnote-ref-7)
8. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.05.A1 [↑](#footnote-ref-8)
9. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.11.A3 [↑](#footnote-ref-9)
10. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.05.A5 [↑](#footnote-ref-10)
11. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.05.A5 [↑](#footnote-ref-11)
12. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.11.A1 [↑](#footnote-ref-12)
13. 2014 Joint Commission Standard for Ambulatory Care IC.01.06.01 [↑](#footnote-ref-13)
14. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.03.A1 [↑](#footnote-ref-14)
15. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.03.A2 [↑](#footnote-ref-15)
16. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.03.A3 [↑](#footnote-ref-16)
17. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.09.A1 [↑](#footnote-ref-17)
18. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.09.A1 [↑](#footnote-ref-18)
19. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.09.A1 [↑](#footnote-ref-19)
20. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.11.A1 [↑](#footnote-ref-20)
21. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.11.A1 [↑](#footnote-ref-21)
22. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.01.A1 [↑](#footnote-ref-22)
23. 2014 Joint Commission Standard for Ambulatory Care EM.02.02.01.A2 [↑](#footnote-ref-23)
24. 2014 Joint Commission Standard for Ambulatory Care EM.03.01.03.A1 [↑](#footnote-ref-24)
25. 2014 Joint Commission Standard for Ambulatory Care EM.03.01.03.A5 [↑](#footnote-ref-25)
26. 2014 Joint Commission Standard for Ambulatory Care EM.03.01.03.A1 [↑](#footnote-ref-26)
27. 2014 Joint Commission Standard for Ambulatory Care EM.03.01.03.A2 [↑](#footnote-ref-27)