**Emergency Management Plan**

**Statement of Purpose**

The purpose of the Emergency Management Plan (EMP) is to establish a basic emergency preparedness program to provide timely, integrated, and coordinated response to the wide range of natural and man-made incidents that may disrupt normal operations and require a coordinated response.

[Insert Health Center name] believes in a methodical and consistent plan when responding to an emergency. Internal and/or External Emergencies will utilize the direction and tools of this plan in order to maintain a cohesive response. A Memorandum of Understanding (MOU) will be maintained with the local Office of Emergency Management (OEM) to assist in coordinating a community emergency response.

[Insert Health Center name] employees are required to receive specific training and participate in the assistance with both internal and external emergencies. This plan provides guidance on response and includes directions for mitigation and preparation to recover from the effects of emergencies.

This EMP complies with the HRSA/BPHC Policy Information Notice (PIN), (Refer to Appendix A2, Emergency Preparedness (PIN).

The EMP recognizes that there are four phases of emergency management:

1. Mitigation: these are activities that lessen the severity and impact of a potential disaster or emergency that might have an impact on operations.

2. Preparedness: these are activities that build capacity and identify resources that may be needed should a disaster or emergency occur.

3. Response: this refers to the actual emergency and controls the negative effects of emergency situations.

4. Recovery: actions that begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations.

This EMP outlines how each of these four phases are addressed.

**Section 1:**

1. **“Emergency” or “Disaster”**

Defined as an event affecting the overall target population and/or the community at large. This designation precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official such as a governor, the Secretary of the Department of Health and Human Services, or the President of the United States.

1. **Acronyms**
   1. ALS – Advanced Life Support
   2. CDC - Center for Disease Control
   3. EMP – Emergency Management Plan
   4. EOC - Emergency Operations Center
   5. ERT – Emergency Response Team
   6. HVA - Hazard Vulnerability Analysis
   7. ICS/NIMS - Incident Command System/National Incident Management System
   8. MOU – Memorandum of Understanding
   9. OEM – Office of Emergency Management
   10. PIN – Public Information Notice
   11. PIO – Public Information Officer
   12. PPE – Personal Protective Equipment
2. **Levels of Emergency:**
   1. Internal Emergency – Any incident that is not triggered by the Office of Emergency Management and originates from within is internal and managed through the appointed Emergency Response Team (ERT) as necessary.

External Emergency – Any incident that is triggered by the Office of Emergency Management will also be managed by the appointed Emergency Response Team with the exception of directions being communicated from the Office of Emergency Management through our Public Information Officer (PIO). During the External Emergency, Internal resources, staff and patients are still protected and Emergency Codes should still be used as appropriate. A code that applies to our internal needs take precedence over the External Disaster or “Code Green.”

1. **Emergency Response – Working Plan**

In the event of emergency, this section of the plan will be used as the tool to coordinate the efforts of needed leadership, staff and outside. Do not wait for an emergency to prepare for and learn your role. Sections for Mitigation, Preparation and Recovery follow the Response Section.

* 1. **Leadership Duties:**

The CEO assesses incoming communication and announces appropriate Emergency Code to alert staff including leadership of the type of emergency. Priority in the first hour of an incident is to determine the magnitude of the incident and timeline taken in recovery efforts through necessary communication channels.

During this phase, [Insert Health Center name] will mobilize appropriate resources and take actions required to manage its response to disasters.

* 1. **Response Priorities**

[Insert Health Center name] has established the following disaster response priorities:

* + 1. Provide for the safety of patients, staff, and visitors
    2. Follow the direction of the OEM.
    3. Provide care for “walking wounded”
    4. Contain hazards that could pose a threat to people in the facility
    5. Protect critical infrastructure, facilities, vital records, and other data
    6. Resume the delivery of patient care
    7. Support the overall community response
  1. **Alert, Warning and Notification**

Upon notification of an emergency or pending emergency from internal source or from OEM [Insert Health Center name] [staff person responsible] will:

* + 1. Notify the Medical Director and the CEO
    2. Notify Emergency Response Team
    3. Determine if Code has already been used due to level of emergency
    4. Establish Incident Command
    5. Request the inspection of protective equipment and supply and pharmaceutical caches
    6. Review plans and consider possible actions
    7. Hold a Briefing to communicate as soon as possible with the Planning Section Lead giving the details of plan and timeframes

Upon notification of an emergency or pending emergency, the CEO will notify the HRSA program officer. HRSA program officer’s contact information is kept by the Executive Administrative Assistant.

* 1. **Emergency Codes**

|  |  |
| --- | --- |
| CODES | EMERGENCY CODE DEFINITIONS |
| FIRE | RED – Procedures staff should follow to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire. |
| MEDICAL EMERGENCY | BLUE – Facilitate the arrival of equipment and specialized personnel to the location of a medical emergency. Provide life support and emergency care. |
| INFANT/CHILD ABDUCTION | PINK – Activate this response to protect infants and children from removal by unauthorized persons, and identify the physical descriptions and actions of someone attempting to kidnap an infant/child from the medical facility. |
| BOMB THREAT | ORANGE– Activate this response to a bomb threat or the discovery of a suspicious package. |
| CLINIC CLOSURE | WHITE – Activate this response to close the center due to a result from a variety of situations, including but not limited to Winter Conditions, Hazardous Material Spills, and Internal Disasters. |
| TORNADO | BLACK – Activate this response to protect staff, patients, and visitors from harm from a tornado. |
| INTERNAL DISASTER | BROWN – Activate this response to incidents, which require or may require significant support from several departments in order to continue patient care. |
| EXTERNAL DISASTER | GREEN – Activate this response to external emergencies, which require or may require significant support from several departments in order to continue patient care. |

* 1. **Disaster Response Contacts List:**

|  | **Telephone** | **Email/Website** | **Contract Person** |
| --- | --- | --- | --- |
| CDC Emergency Response Office | 800-CDC-INFO  (800-232-4636)  TTY: (888) 232-6348 | cdcinfo@cdc.gov |  |
| Local Hospital |  |  | Shift on duty |
| County |  |  |  |
| OEM |  |  |  |
| Other |  |  |  |
| Sheriff |  |  |  |
| Health Center Board |  |  |  |

* 1. **Response Activation and Initial Actions**

This plan is activated in response to events occurring within the center or external to it. Staff will report fires, serious injuries, threats of violence and other serious emergencies to fire or police by calling 9-1-1. ERT will be established and staging for fire or police will be established.

* 1. **The EOC staffing will be as follows**:
     1. CEO
     2. Incident Command –Trained Senior Leadership Team Member
     3. Public Information Officer – Director of Communications
     4. Liaison Officer –
     5. Safety/Security Officer –
     6. Operational Lead –
     7. Logistics Section Lead –
     8. Finance/Admin Section Lead –

* 1. **Roles of the Emergency Response Team:**
     1. CEO:
        1. Will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources
        2. CEO sets up a structure and assigns duties to individuals using the number of people and expertise necessary in proper response to the incident
        3. The size of the team depends on the magnitude of the emergency
        4. The Command Structure above is an example of the structure and can be smaller or larger depending on the nature of the incident
        5. Contacts HRSA project officer
     2. The Incident Commander:
        1. Oversees the command/management function
        2. Provides overall emergency response policy direction
        3. Oversees emergency response planning and operations
        4. Coordinates the responding center staff and organizational units
     3. Public Information Officer (PIO)
        1. The PIO will coordinate the delivery of information to staff through faxes, e-mail, meetings, and conference calls.
        2. Information provided can include:
        3. Clinic status
        4. Impact of the disaster on the community
        5. Status of the overall response
        6. Clinic management decisions
        7. The PIO will also be alert for the spread of rumors among staff and will apply rumor control procedures to curtail the spread of false information.
        8. Patients and Family Members
        9. The PIO will ensure that all public releases of information protect patient confidentiality.
        10. Community Members
        11. Managing visits by VIPs
     4. Safety/Security Officer
        1. The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The Incident Commander will appoint a Safety/Security Officer who will be responsible for ensuring the following security measures are implemented:
        2. Security will be provided initially by existing security services or by personnel under the direction of the Security Officer
        3. Existing security may be augmented by contract security personnel, law enforcement, clinic staff or, if necessary, by volunteers
        4. Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations
        5. Supervisors will ensure that all clinic staff wears their ID badges at all times
        6. Security will issue temporary badges if needed.
        7. Security staff will use yellow tape and a bullhorn to assist in crowd control, if needed
        8. The Security Officer will ensure that the clinic site is and remains secured following an evacuation
     5. Liaison Officer
        1. The Incident Commander will appoint a Liaison who will be responsible for ensuring the following responsibilities are met:
        2. Communicate with OEM for bioterrorism and pandemic disease updates
        3. Provide clinician with updates from the IEM, CDC, and County Health Department of standards for the detection, diagnosis, and treatment of pandemic disease, chemical and bioterrorism agents
        4. Determine the disaster response clinical staffing needs in cooperation with the Medical Director
        5. Perform other duties delegated by the Incident Commander consistent with training and scope of practice
  2. **Functional Sections**

ICS employs five functional sections (operations, planning, communications, logistics, and finance) in its organizational structure

* + 1. Operations Section
       1. Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period
       2. Operations Section manages medical and mental health care
    2. Planning and Intelligence Section
       1. Collects, evaluates, and disseminates information
       2. Develops the incident action plan in coordination with other functions
       3. Performs advanced planning; and, documents the status of the clinic and its response to the disaster
    3. Communications Section
       1. Determines level of communication outage and the time it will take to regain services
       2. Develops a plan and manages resources to regain services
    4. Logistics Section
       1. Logistics provides facilities, services, personnel, equipment, and materials to support response operations
       2. Logistics manages volunteers and the receipt of donations
    5. Finance and Administration Section
       1. Tracks personnel and other resource costs associated with response and recovery
       2. Finance and Administration provides administrative support to response operations
  1. **Emergency Operations Center (EOC)**
     1. Location 1 (1st choice)
     2. Location 2 (2nd choice)
     3. Location 3 (3rd choice)
     4. Location 4 (4th choice)
  2. **Command Team sets up a Plan and Communicate:**
     1. Listing of objectives to be accomplished (should be measurable)
     2. Statement of current priorities related to objectives
     3. Statement of strategy is provided to achieve the objectives (Identify if there is more than one way to accomplish the objective, and which way is preferred)
     4. Identify assignments and actions necessary to implement the strategy
     5. Operational period - designation of the period necessary to accomplish the actions
     6. Organizational elements to be activated to support the assignments (Also, later EOC Action Plans may list organizational elements that will be activated during or at the end of the period)
     7. Logistical or other technical support required
  3. **[Insert Health Center name] Information List:**
     1. Insert list of Health Center locations with addresses and phone numbers
  4. **Mental Health Response**

The Director of Behavioral Health will report to the Medical Care Leader (e.g., Medical Director) position in the Operations Section of the clinic’s emergency organization. When directed by the Incident Commander to activate the clinic mental health response, the Director of Behavioral Health will refer to Preparation Section.

* 1. **Donation Management**

In the event of an emergency, all donations to the organization will be submitted and recorded accordingly for value by Finance. Value and donation descriptions will be forwarded to the Director of Finance for accounting.

* 1. **Damage Assessment**

Per the Fire Department assessment, [Insert Health Center name] will determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation.

Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire or utility failure.

* 1. **Evacuation Procedures**

The clinic may be evacuated due to a fire or other occurrence, threat, or order of the CEO.

* 1. **Decision on Clinic Operational Status**

Following the occurrence of an internal or external disaster or the receipt of a credible warning, the Medical Director will decide the operating status for the [Insert Health Center name].

The decision will be based on the results of the damage assessment, the nature, and severity of the disaster and other information supplied by staff, emergency responders, or inspectors.

The decision to evacuate the clinic, return to the facility, and/or re-open the facility for partial or full operation depends on an assessment of the following:

* + 1. Guidance of the OEM
    2. Extent of facility damage / operational status
    3. Status of utilities (e.g. water, sewer lines, gas and electricity)
    4. Presence and status of hazardous materials
    5. Condition of equipment and other resources
    6. Availability of supplies
    7. Environmental hazards near the clinic
    8. Recommendation of local authorities
    9. Other circumstances
  1. **Extended Clinic Closure**

If [Insert Health Center name] experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the CEO, may suspend clinic operations until conditions change. If that decision is made, the clinic staff will follow the Clinic Closure procedures found in the Safety Management Plan.

* 1. **Response to Disaster Alert, Warning or Notification**

Disasters can occur both with and without warning. Upon receipt of an alert from local authorities, the CEO will appoint Incident Commander who will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

Depending upon the nature of the warning and the potential impact of the emergency on [Insert Health Center name] Incident Commander will:

* + 1. Stand up ICS and appoint necessary roles for the size incident.
    2. Evacuate the facility
    3. Suspend or curtail clinic operations
    4. Take actions to protect equipment, supplies and records;
    5. Move equipment and supplies to secondary sites
    6. Backup and secure computer files
    7. Implement other measures the CEO may find appropriate to reduce clinic, staff and patient risk.
  1. **Decisions to Close**

The [Insert Health Center name] Incident Commander will consider the following options, depending on the nature, severity, and immediacy of the expected emergency:

* + 1. Close
       1. With approval from the CEO, close and secure the clinic until after the disaster has occurred. Ensure patients and visitors can return home safely
       2. Activate the OEM MOU
       3. Review plans and procedures.
       4. Check inventory of supplies and pharmaceuticals. Refer to Appendix C1, Vendor List.
       5. Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.
    2. Cancel scheduled appointments.
       1. If safety and local authorities permit, encourage staff to return to their homes.
       2. If staff remains in the clinic, take shelter as appropriate for the expected disaster.
       3. Ensure staff is informed of callback procedures and actions they should take if communications are not available.
    3. Remain Open
       1. Allow clinic to remain fully or partially operational.
       2. Review plans and procedures. Update contact information.
       3. Check inventory of supplies and pharmaceuticals.
       4. Reduce Workforce
       5. Reduce clinic operations to essential services.
       6. Cancel non-essential appointments.
       7. Ensure safety of patients and staff.
  1. **Clinic Response Roles and Requirements**

| Emergency Roles | Requirements |
| --- | --- |
| Internal Emergencies  Protect patients and visitors, staff.  Protect facilities, vital equipment and records | Generally requires planning, training and exercises. Also requires internal culture where safety and preparedness are given high priorities. Specific Requirements include  Emergency Plans  Training / Drills / Exercises  Emergency / Evacuation Signage  Business Continuity Plans  Security  Internal communications  Staff notification and recall  Emergency procedures distributed throughout the clinic |
| Mass Casualty Care | Sufficient staff to manage patient surge  Triage capability  Advanced Life Support (ALS) capability  Holding  Agreements with receiving hospitals  Integration of clinic into operational area medical response system |
| Reception and triage  During disasters, clinics may become points of convergence for injured, infected, worried, or dislocated community members.  Depending on the emergency and availability of other medical resources, clinics may not be able to handle all of the presenting conditions. Minimum clinic role will likely be triage, reporting, stabilization, and holding until transport can be arranged. | Response plan  Staff recall procedure  Procedures to obtain outside additional assistance – volunteers, assistance from county  Crowd management  Location of shelters  Reception area  Triage tags  Triage training  Medical supplies |
| Reception of hospital overflow  In disasters, hospitals may be overwhelmed with ill and injured requiring high levels of care, while at the same time facing convergence from patients with minor injuries or the worried well. Clinics may be requested to handle people with minor injuries of patients to relieve the pressure on the hospital. | Requirements above for mass casualty care.  Prior agreement that defines:  Circumstances for implementation  Types of patients that will be accepted  Resource / staff support provided by hospital  Patient information / medical records  Liability releases |
| Maintaining Ongoing Routine Patient Care – Normal levels and extended surge. The community’s need for routine medical care may continue following a disaster. | Clinics should prepare to maintain their service capacity through protection of equipment, critical supplies and medications, and personnel. Requirements include:  Continuity of Operations Plan  Procedures to augment resources  In areas subject to frequent power outages, clinics should consider adding generators to ensure operational capacity. |
| Mental Health Services  Clinics can expect the convergence of the “worried well” following a disaster. | Disaster mental health training for clinicians / licensed mental health staff  Internal or external mental health team  External source of trained personnel to augment response |
| Bioterrorism Agent Initial Identification and Rapid Reporting  Clinics may be the “early warning system” for a bio-terrorism outbreak. Clinicians should look for unusual symptoms or other signs of use of BT agents. Rapid reporting is critical. Unusual event may be a single case or multiple cases with the same symptoms. | Infectious disease monitoring procedures and protocols  Zebra Pack - If an infection is suspected, the “Zebra Pack” provides information on precautions and initial treatment.  Procedures for reporting to county health department  Evidence Kits  Training |
| Staff Protection  Provide protection to staff in event of presence suspected Bioterrorism agent. | Adherence to standard precautions  Level C PPE  Training  Infectious disease procedures  Reporting procedures |
| Mass Prophylaxis  Clinics may be requested to participate in mass prophylaxis managed by the local health department. Clinic participation could include requesting clinic staff to support mass inoculations at other sites. | Availability of staff who can volunteer.  Procedures for determining when clinic staff can volunteer. |
| Hazardous material response  Clinics near major transportation routes, distant from hospitals or with emergency medical capabilities may be called upon treat injured patients who have been contaminated by a hazardous material. Generally, in urban areas, clinics will not be required to be hazardous material responders. | Protective equipment  Decontamination procedures / capability / equipment  Reporting procedures  Waste holding container |
| Risk Communications  Clinics are often important conduits of health information for the communities they serve. Patients, staff and community members may look to the clinic for answers to their questions about a bioterrorist attack or other emergency. | Communications link with Operational Area  Procedures for communicating with patients, staff and community (in languages spoken in the community). |
| Provide volunteer staff  Clinics may be requested to provide staff to deliver health services at shelters, for mass prophylaxis or at other response sites. | Back-up staff  Policy for receiving requests, polling staff, and releasing staff for non-clinic duties.  Policy on release of staff for volunteer duty |
| Receive volunteer providers / teams | Reception procedures  Credential / background checks  Logistic support |
| Community Preparedness | Educational material in appropriate languages  Educators / volunteers  Ability to organize / sponsor Neighborhood Emergency Response Teams |
| Sheltering | Holding area  Protection from weather  Bedding  Medical supplies  Pharmaceuticals for common conditions (insulin, etc.) |

1. **Mitigation and Planning**

Pre-event planning and actions which aim to lessen the effects of potential disaster will be the responsibility of the [Insert Staff title]. Mitigation activities may occur before, during and following a disaster.

* 1. **Risk Assessment and Mitigation**

[Insert Health Center name] will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency by identifying potential emergencies (hazards) that may affect the organization's operations or the demand for its services.

During the mitigation phase, the [Insert Health Center name] Executive-Team, Senior Leadership Team, and the Safety Officer will identify internal and external hazards and take steps to reduce the level of threat they pose or reduce their potential impact on the clinic. The areas of vulnerability that cannot be changed will be addressed in this plan.

* 1. **Analysis of Risk and Vulnerabilities**

[Insert Health Center name] will conduct a hazard vulnerability analysis (HVA) to identify hazards and the direct and indirect effect these hazards may have on the clinic.

[INSERT HEALTH CENTER NAME] will conduct ongoing assessments of safety vulnerabilities. Ongoing remediation contributes to reducing the overall vulnerability of the clinic to various hazards.

* 1. **Hazard Mitigation**

[Insert Health Center name] will use the HVA and the Management of Environment Safety Survey of its facilities to undertake hazard mitigation or retrofitting measures to lessen the severity or impact a potential disaster or emergency may have on its operation.

* 1. **Insurance Coverage**

The [Insert staff title here] of [Insert Health Center name] will meet with insurance carriers to review all insurance policies and assess the facility’s coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

The [Insert staff title here] will assess clinic coverage for floods or other areas of risk. If coverage is absent or inadequate, the clinic will evaluate if it is financially sound to acquire it. Clinics located in special flood hazard areas must have flood insurance to be eligible for disaster assistance. Refer to Appendix C1, Vendor contact list.

1. **Preparedness**

Preparedness activities build organization capacity to manage the effects of emergencies. The Plan Administrator (See Roles and Responsibilities) will oversee the plan and make sure that [Insert Health Center name] is prepared for emergencies before they occur.

* 1. **Introduction**

[Insert Health Center name] E-Team, Senior Leadership Team, and Safety Officer will develop plans and operational procedures to improve the effectiveness of the clinic’s response to emergencies. The [Insert staff title here] or designee will annually:

* + 1. Review and update the EMP and other related documents.
    2. Review [Insert Health Center name]’s Emergency Response Role.
    3. Develop and update agreements with other community health care providers and with civil authorities.
    4. Conduct drills and exercises and revise the Emergency Operations plan if needed.
  1. **[Insert Health Center name] Emergency Response Role**

[Insert Health Center name] has a Memorandum of Understanding (MOU) with the Office of Emergency Management (OEM) which outlines that the OEM will provide emergency management activities and response coordination services for the City of [Insert City name], to include [Insert Health Center name] .

During some events, the MOU outlines that the OEM may request one or all of [Insert Health Center name] facilities for the duration of an emergency, at which time, at the discretion [Insert Health Center name] may permit the use of one or all of the facilities. If this occurs, [Insert Health Center name] will follow the guidance and direction of the OEM, which may include clinic closures. All [Insert Health Center name] employees are encouraged to receive specific training and participate in the assistance with emergencies.

[Insert Health Center name] will be prepared to respond to a natural or man-made disaster, or other emergency in a manner that protects the health and safety of its patients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale disaster, as initiated by the OEM MOU. [Insert Health Center name] is not equipped to respond definitively to all disasters.

[Insert Health Center name] clinical roles may be constrained by limited resources, technical capability, and by the impact of the disaster on the facilities as per the OEM MOU.

* 1. **Roles and Responsibilities to the Community**

During a community emergency, [Insert Health Center name] will consider taking the following roles if appropriate:

* + 1. Follow the direction of the OEM.
    2. Turning over supervised operations and facilities to the OEM for the purpose to house ambulatory patients generated by the local hospitals.
    3. If possible, [Insert Health Center name] will continue to see its regular patients with its available resources.
    4. Providing limited mental health services, as resources permit, to disaster victims and serve as a conduit for information dissemination to affected communities.
    5. Closure of Clinics in order to move staff to other facilities or to the local hospital is a possibility that merits attention for the safety of staff and patients. When the number of patients affected by the emergency exceeds the availability of same-day-appointments (refer to the section on surge capacity) [Insert Health Center name] will consider schedule changes to increases hours.
    6. **Clinic Closure**

[Insert Health Center name] working with the OEM, will consider the following to determine if [Insert Health Center name] ’s facilities should continue operation or close:

* + - 1. Safety of the staff and patients
      2. Orders from OEM
      3. Availability of medications/vaccines locally or through the Strategic National Stockpile (SNS)
      4. Integrity of the facilities
      5. Ability to access facilities
      6. Security
      7. Availability of support staff
      8. Availability of medical staff
      9. The need to consolidate staff at a particular location
      10. Ability to provide uncompromised care under the CDC altered standards of care specifications, if appropriate
      11. Adequate supplies for staff, e.g. water, food
      12. Availability of power and other utilities
      13. Orders from authorities
  1. **Incident Command System/National Incident Management System (ICS/NIMS)**

[Insert Health Center name] has adopted the principles of ICS/NIMS for this plan to ensure compatibility with local government response plans and procedures. The [Insert staff title here] will validate that [Insert Health Center name] ’s staff will have necessary training in ICS/NIMS at each facility.

* + 1. Characteristics of ICS
       1. Organization Flexibility - Modular Organization
       2. The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident.
       3. Only those functional elements that are required to meet current objectives will be activated.
       4. A single individual may perform multiple functional elements.
       5. Management of Personnel - Hierarchy of Command
       6. Each activated function will have a person in charge of it, but a supervisor may be in charge of more than one functional element.
       7. Every individual will have a supervisor, except the Incident Manager. - Span-of-Control - Each supervisor will have no more than nine (preferably five to seven) people to supervise.
    2. Action Plans
       1. The Action Plan establishes the priorities and objectives of the response.
       2. The Incident Commander and the management staff all have input into the Action Plan.
       3. Action plans are developed for a specified operational period which may range from a few hours to 24 hours or more.
       4. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established for accomplishing those actions.
    3. The action plans should be sufficiently detailed to guide the response.
    4. EOC Staffing
       1. Positions will be filled only as needed to meet the needs of each emergency response.
       2. Positions are assigned to the most qualified person regardless of their position in the CHC’s normal organizational structure. Refer to Appendix J1, Emergency Management Organizational Chart.
       3. If possible, shifts will be no more than 12 hours long.
       4. Shifts will overlap by at least 30 minutes to allow for briefings.
       5. All actions, decisions, and expenses will be documented.
       6. The EOC staff is recognized in the Working Plan – Response.
       7. EOC Activation
       8. The [Insert Health Center name] EOC will be activated by the CEO, Vice President of Operations, Vice President of Medical and Dental, other designated staff or most senior staff available as directed by the OEM.
       9. EOC supplies
       10. Copies of this EMP
       11. Forms for recording and managing information
       12. Frequently used telephone numbers
       13. Floor plans
       14. Alternative communications equipment
    5. EOC Operations

The [Insert Health Center name] EOC will be located at [Insert location here] or a back-up location as needed.

If the primary EOC location is unavailable, the Incident Commander will select a new location based on environmental conditions.

* + 1. EOC Deactivation

The Incident Commander will deactivate the EOC when plan recovery objectives have been met.

* 1. **Integration with Community-wide Response**

The [Insert staff title here] will validate that integration processes and tools are in place in order to meet our commitment with a community-wide response.

* 1. **Coordination with Government Response Agencies**

The [Insert staff title here] for [Insert Health Center name] will, to the extent possible, ensure that its response is coordinated with the decisions and actions of the OEM and other health care agencies involved in the response.

* + 1. Ensure coordination, [Insert Health Center name] Designated Staff will:
       1. Participate in planning, training and exercises sponsored by OEM and other agencies
       2. Develop reporting and communications procedures with the OEM
       3. Define procedures for requesting and obtaining medical resources and for evacuating/transporting patients
       4. During a response, report the status and resource needs of the clinic and obtain or provide assistance in support of the community-wide response
  1. **Non-Emergency Contact Information**

|  |  |
| --- | --- |
| AGENCY | CONTACT INFORMATION |

* 1. **Coordination with Emergency Responders** 
     1. Emergency Services Availability - During an area-wide disaster, fire, EMS and law enforcement may not be able to respond to emergencies at the clinic
     2. Response Authority - Clinic personnel will cooperate fully with Emergency Agencies and law enforcement personnel when they respond to emergencies at the clinic. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the clinic
  2. **Emergency Operations Center (EOC)**
     1. See list of EOC in Section I – Working Plan - Response
     2. [Insert Health Center name] EOC Role and Function
     3. The EOC is a central command and control facility responsible for carrying out the functions in conjunction to local Emergency Agencies, and ensuring the continuity of operation of
     4. The EOC is responsible for the strategic, or "big picture" thinking of the disaster response
     5. The EOC collects, gathers and analyzes data; makes decisions that protect life and property, and maintains continuity of [Insert Health Center name]
     6. The EOC disseminates decisions to all concerned agencies and individuals.

* 1. **Coordination with Clinics**

At the onset of an emergency, each clinic affected will be contacted by the [Insert staff title here] or designee. During the emergency the clinics will report changing status and needs at regular prearranged intervals or as needed to the [Insert staff title here]

* 1. **Coordination with OEM**

[Insert Health Center name] has a Memorandum of Understanding (MOU) with The Office of Emergency Management (OEM) which outlines that the OEM will provide emergency management activities and response coordination services, to include [Insert Health Center name]. During some events, the MOU outlines that the OEM may request one or all of [Insert Health Center name] facilities for the duration of an emergency, at which time, at the discretion [Insert Health Center name] may permit the use of one or all of the facilities.

If this occurs, [Insert Health Center name] will follow the guidance and direction of the OEM, which may include clinic closures. All [Insert Health Center name] employees are encouraged to receive specific training and participate in the assistance with emergency situations. Communicate by the following means

* + 1. Cell Phones
    2. E-mail
    3. Two way radios
    4. Physical conversations (proximity of the OEM, less than 200 feet)
    5. 800 Mhz Radio
  1. **Roles and Responsibilities** 
     1. CEO

Responsible directly or through delegation to:

* + - 1. Appoint or takes Incident Command and appoint the Emergency Response Team (ERT). The ERT is the leadership team that is activated during a disaster in compliance with ICS/NIMS
      2. Execute the development and implementation of the disaster plan through Planning Section
      3. Follow the direction of the OEM through coordinated efforts
      4. Activate the clinic’s emergency response and the ERT
      5. Direct [Insert Health Center name] response to the disaster/emergency
      6. Develop the criteria for and direct the evacuation of staff, patients, and visitors when indicated.
      7. Ensure the clinic takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible
      8. Identifies a Deputy if unavailable or if response requires 24-hour operation
      9. Appoints Liaison Officer to Contact the OEM to determine how to receive medical updates and provide clinicians with updates from the CDC and the OEM on standards for the detection, diagnosis, and treatment of novel diseases and agents
      10. Appoints Operations Section Leads to ensure the continuity of care and maintenance of medical management of all patients in the care of the clinic during a disaster.
      11. Assign clinical staff to medical response roles
    1. [Insert staff title here]

The [Insert staff title here] may fill the following roles:

* + - 1. Serve on the ERT
      2. Communicate with OEM for bioterrorism and pandemic disease updates
      3. Provide clinicians with updates from the OEM, CDC, County Health Department of standards or the detection, diagnosis, and treatment of pandemic disease, chemical and, bioterrorism agents
      4. Determine the disaster response clinical staffing needs in cooperation with the Medical Director
      5. Perform other duties delegated by the [Insert Health Center name] Medical Director, or Incident Manager consistent with training and scope of practice
    1. The Emergency Response Team (ERT)
       1. The team made up of management that will advise the CEO (CEO) on the situation and if the EMP needs to used, the team is listed in the Response section
       2. When the EMP is activated the ERT members will be assigned new roles under the Incident Command System
    2. Clinic Staff

Additional specific response duties may also be included for staff with appropriate skills and responsibilities

* + 1. All Staff

In addition, all staff is required to:

* + - 1. Familiarize themselves with evacuation procedures and routes for their areas
      2. Become familiar with basic emergency response procedures for fire, HAZMAT, and other emergencies
      3. All staff will also be encouraged to prepare family and home for consequences of disasters. Refer to Appendix F – Home Preparedness Guidelines for Disasters. The [Insert staff title here] is responsible for insuring training and education of staff, either directly or through the delegation of
  1. **Initial Communications and Notifications**

[Insert Health Center name] Staff Call List - The Staff Call List includes information on all staff members

* 1. **External Contacts – See Working Plan in Section I of this document.**

Plan Administrator will compile and maintain external contact lists of phone numbers of emergency response agencies

* 1. **Communications**

The Incident Manager will appoint a Communications Officer, who may be the Communications Coordinator, who will work under the Logistics Section and will use the clinic’s communications resources to communicate with:

* + 1. The OEM
    2. The County Health Department Emergency Operations Center (EOC)
    3. Other clinics
    4. Emergency response agencies
    5. Outside relief agencies
    6. Contact Lists
       1. Vendor lists – maintained by [Insert staff title here]
       2. Staffs contact telephone numbers – maintained by Director of Communications
       3. Disaster response agency contact telephone numbers is listed above
  1. **Communication Procedures**
     1. All external communications will be authorized by the Incident Manager or designee unless emergency conditions require immediate communications
     2. All outgoing and incoming messages will be recorded on message forms and reviewed by the Medical Director
     3. All incoming messages will be shared with the EOC Planning Section
     4. Minutes of each EOC meeting will be recorded and disseminated by a designee of the [Insert staff title here] to [insert distribution list here] via e-mail in order to ensure that all staff involved in the emergency operations are kept up-to-date.
  2. **Public Information/Crisis Communications**

During a disaster response, all public information activities must be coordinated with the OEM PIO. [Insert Health Center name] may perform the following public information/crisis communications tasks coordinated by the clinic’s PIO.

Conducting interviews with print and broadcast news media:

* + 1. In an emergency, the Public Information Officer (PIO) is designated as the media contact and will receive approval from the Incident Manager or CEO prior to any interviews or media releases
    2. Most media inquiries regarding a disaster will be managed and approved by the OEM. Media requests and responses regarding a disaster should be coordinated through the OEM. It is critical that information disseminated by the clinic be consistent with information disseminated through the OEM
    3. Coordinating the dissemination of information to staff
    4. Primary Communications Methods for[Insert Health Center name] is the local telephone system
  1. **Alternate Communications Methods**
     1. Cell Phones, FAX, Internet/Email, Public Pay Phones, and Voice Messaging
     2. Handheld Radios (Walkie-Talkies) – The clinic uses handheld radios for internal communications in both routine and emergency situations
     3. If telephone and radio communications are unavailable, runners will be employed to take messages to and from the clinic and appropriate agencies rendering assistance
  2. **Communications Equipment Testing and Maintenance**

[Insert staff title here] will validate that the Safety Officer is maintaining and test communications equipment. All communications equipment:

* + 1. Will be tested at least two times per year
    2. Defective equipment will be repaired or replaced
    3. Batteries will be replaced per manufacturer’s recommendation or as required
    4. Spare batteries will be stored with equipment

* 1. **Continuity of Operations**

It is the policy of [Insert Health Center name]to maintain service delivery or restore services as rapidly as possible following an emergency

* 1. **Continuity of Operations Goals and Planning Elements**

The [Insert staff title here] will work with the clinics to verify the following actions to increase its ability to maintain or rapidly restore essential services following a disaster to ensure:

* + 1. Patient, visitor, and personnel safety
    2. Development of plans, through the OEM, to obtain needed medical supplies, equipment, and personnel
    3. Protect electronic data per the IT Disaster Recovery Policy
  1. **Relocation of Services**

[Insert Health Center name] will take the following steps, as feasible and appropriate, to prepare for an event that makes the primary clinic facility unusable.

In the event that one or more facilities are turned over to the OEM, as described in the MOU, [Insert Health Center name] will operate in the other [Insert Health Center name] sites with adjusted hours of operation. Identify a back-up facility for continuation of clinic health services. Identify a back-up site for continuation of clinic business functions and emergency management activities.

* 1. **Restoration of Utilities**

[Insert Health Center name] will:

* + 1. Maintain contact list of utility emergency numbers
    2. Maintain Generator(s)
    3. The [Insert Health Center name]’ main immunization refrigerator is located at [Insert location here], which has generator back up power. In the event that electrical/generator servers are not available; [Insert Health Center name] will transfer its supply to [insert location here]
    4. In the event of a power failure at other locations, Facilities Staff will receive notification of outage and contact [staff responsible for Immunizations] to coordinate relocation of all other IZ medications to the main immunization refrigerator located at [location here].
  1. **Clinic Patient Surge Preparedness**

Normal clinic capacity could be exceeded during any type of emergency for reasons that include the following:

* + 1. Random spikes in numbers of presenting patients
    2. Convergence of ill or injured resulting from disasters
    3. “Worried well” convergence that results from emergencies
    4. A combination of any of the above

The [Insert staff title here], [Insert staff title here], [Insert staff title here], and other staff with responsibility for emergency preparedness will review provisions of the County Department of Health and Environment Alternate Care Center Appendix and assess:

* + - How the surge capacity of the health system will be increased
    - Procedures for augmenting medical care resources at the Alternate Care Center Sites

The [Insert staff title here] will develop a surveillance process to provide early indications of potential for patient surge that may result from an infectious disease outbreak, bioterrorist attack, or release of a hazardous material. [Insert Health Center name]clinical staff will monitor:

* + - 1. Follow direction of the County Public Health
      2. Appointment patterns
      3. Walk-in clinic utilization patterns
      4. News reports about flu and other pandemics
      5. Unusual illness patterns.

Dental professionals may be designated by the [Insert staff title here] to perform medical tasks as deemed necessary.

* 1. **Pharmaceuticals / Medical Supplies / Medical Equipment**

Given limited resources, the clinic will stock only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items will be rotated to the extent possible.

* + 1. Strategic National Stockpile (SNS)
       1. In a disaster, if mass quantities of pharmaceuticals, equipment, or supplies are needed, SNS supplies will be delivered through Emergency Services
       2. Requests for SNS supplies will go through the County or OEM to State to the Governor
    2. Personal Protective Equipment (PPE):
       1. [Insert Health Center name] will rely on the direction of the OEM to specify Personal Protective Equipment required during emergencies
       2. [Insert Health Center name] will take measures to protect its staff from exposure to infectious agents and hazardous materials. Clinic health care workers will have access to and be trained on the use of personal protective equipment. [Insert Health Center name] will obtain and maintain a minimum of 30 complete sets of PPE
       3. The recommended PPE for clinic personnel is: N95 HEPA mask, impervious gown, eye protection and Nitrile Gloves
       4. Protective equipment is located throughout the group of clinics in the central supply rooms and will be accessed by Clinical Team Managers and other clinical staff when a patient with a suspected infectious disease presents
       5. The Materials Management Department will replenish supplies as needed and as available.
  1. Disaster Mental Health

Following a disaster, anxiety and alarm can be expected from patients, their families, healthcare workers, and the worried well. Psychological responses may include anger, fear, panic, unrealistic concerns about infection, fear of contagion, paranoia, and social isolation.

The scope of mental health services [Insert Health Center name] can perform depends in large part on the availability of trained licensed mental health providers at the clinic during the response to disasters

* + 1. Mental Health Plan

[Insert Health Center name] mental health professionals are encouraged to assist to their best abilities during the event of an emergency. If addition resources are needed [Insert Health Center name] will request assistance through the OEM. Assess the immediate and potential mental health needs of clinic patients and staff, considering:

* + - 1. The presence of casualties
      2. Magnitude and type of disaster
      3. Use or threat of weapons of mass destruction
      4. Level of uncertainty and rumors
      5. Employee anxiety levels
      6. Level of effectiveness of EOC operations
      7. Convergence of community members
      8. Patient levels of stress and anxiety
      9. Presence of children
      10. Cultural manifestations
    1. Communicate community mental health assessments to the OEM and local jurisdiction contacts.

Determine need to:

* + - 1. Recall mental health staff to the clinic
      2. Request the response of contract mental health clinicians
      3. Coordinate with other mental health service responders
      4. Request mental health assistance through the local health department or the EOM
      5. Establish site for mental health team operations
      6. Conduct ongoing monitoring of the mental health status of employees and patients
      7. Establish procedures to refer employees or patients to required mental health services beyond the scope that can be delivered by the mental health team
      8. Document all mental health encounters with staff and patients. Include information required for follow-up on referrals. Maintain records of events, personnel time and resource expenditures
      9. Provide reports on the mental health status of clinic employees and patients. Report mental health team actions and resource needs to the clinic EOC
      10. Activate procedures to receive and integrate incoming mental health assistance