Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites

A How-To Guide for:

Connecting with the Local Health Department or Hospital

Creating an Emergency Response Plan

Training Your Staff

Exercising with Local Partners

NYCEPCE
New York Consortium
for Emergency
Preparedness
Continuing Education

COLUMBIA UNIVERSITY
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About this Toolkit

This toolkit is intended to be used by leadership of community practice sites (including community health centers, group practices, and specialty care practices) to (1) assess vulnerability, create an emergency preparedness plan, train staff to the plan and evaluate the staff's readiness through participation in drill and exercises and (2) connect with local emergency management planners to better understand how your resources and expertise can be used during an emergency response.

The toolkit provides an outline of steps to be taken and includes forms and tables as templates. Emphasis is on connecting with local partners in order for the practice site to become part of the local planning process and tailor your plan to match local expectation.

Introduction

To be prepared means having plans and resources in place so that your community-based practice (community health center, community center, or office practice) can continue to serve patients, even under unusual circumstances. This toolkit provides a practical approach to ensuring that you and your staff will be prepared. You do not have to do this alone: your local emergency management agency, local health department, and local hospitals have already begun their plans and can serve as resources. These organizations may also have some expectations about how a community practice site might contribute to a community-wide emergency response.

Your practice site may respond in a variety of ways depending on the type of emergency, your capabilities, and the expectations of your community partners. Although the specifics vary, your response will generally fall into one of these categories:

1. Keep your practice site open to maintain active call system for your own patient triage; provide risk communication messages in coordination with the overall community response plan (e.g., during a major weather event).

2. Keep your practice site open to accept emergency-related care as directed by community response plan (e.g., serve as secondary triage site or overflow site from local hospital emergency department (ED)).

3. Close your practice site to care and send staff elsewhere for duty as directed by community response plan (e.g., serve as surge staff for hospital or staff center at an on-site shelter).

4. Close your practice site completely, directing both planned and emergency patients to other sites for care via instructions left on practice site answering machine, with an answering service, or via another mechanism.

A practice site's level of preparedness is directly correlated to the level of individual preparedness demonstrated by its staff. While developing an emergency response plan for your practice site, be sure that your staff are aware of the steps they need to take to ensure the safety of their families and encourage them to prepare their own personal emergency response plans. Individuals who are personally prepared are able to respond more effectively during times of crisis.

The adverse impact of any emergency on your essential operations can be reduced by creating a complete emergency/continuity plan such as is presented here and using it during an emergency.

This cycle describes the necessary steps needed for creating and updating an emergency plan. It begins with a review of your community's local hazard assessment, thereby determining the level of risk you may face. The following pages provide a step-by-step guide to completing the cycle.

Start Here

Review local hazard assessment

Review plans of local health department & hospitals

Assess your office's resources & capacity

Develop an office emergency response plan

Inform & train your staff to the plan

Exercise the plan with staff & stakeholders

Evaluate the exercise

Review & revise the plan as needed
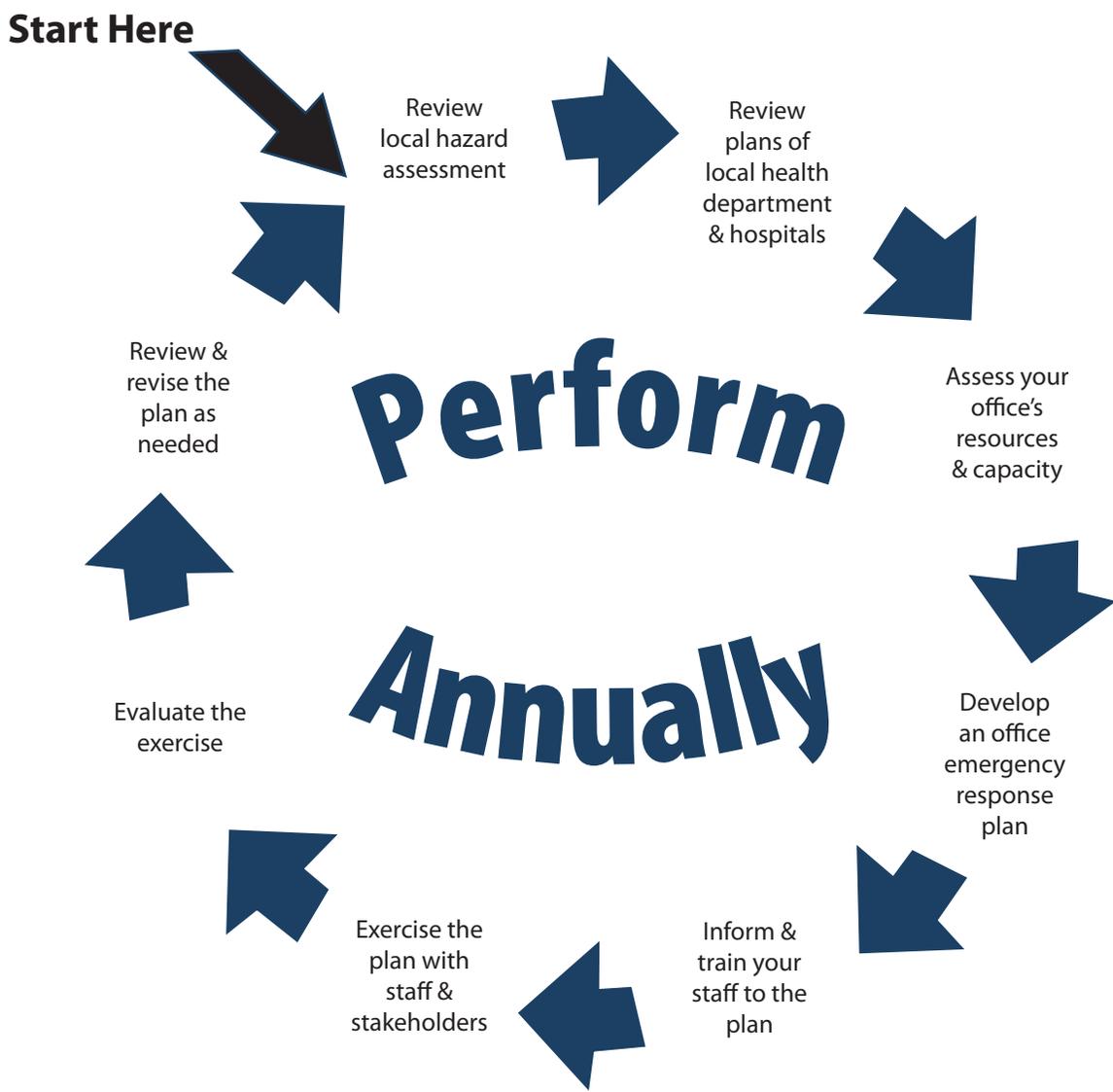
Perform Annually

Figure 1. The Emergency Planning Cycle

Step 1. Review the Local Hazard Assessment

There is a difference between a risk and a hazard. A hazard is anything that has the potential to do harm to property, the environment, and/or people. Risk is the probability of that hazard potential actually occurring. You need to be aware of and consider both as you develop your plan.

No community is equally likely to experience every possible type of disaster or emergency. Climate and earthquake zones, proximity to the seacoast or a major river, local industrial activity, and the presence or lack of transportation hubs can affect the likelihood of each type of hazard occurring. Identify the more likely hazards based on local risk factors and take them into account in developing your plan.

Some examples of types of hazards are:

- Natural, human-made, or technological disasters (e.g., snowstorms, terrorism, a blackout)
- Accidental and intentional events (e.g., a burst pipe, an active shooter)
- Internal and external events (e.g., a fire or flood)
- Controllable events and those beyond an organization's control (e.g., undiagnosed persons, a flu pandemic)
- Events with prior warning and those without (e.g., hurricanes vs. most earthquakes)

Your local or state emergency management agency, local health department, or primary care association have also considered these risks and may have a local hazard assessment or vulnerability analysis available on the Web or in print form. Although you may need to make small adjustments to their assessment based on the specifics of your site and past experience, starting with their assessment will speed up your work.

One often cited "lesson identified" after disasters is the importance of cultivating relationships among the agencies and groups responsible for emergency management and response before the emergency occurs. Fostering a relationship with your community's fire, emergency medical services, local health department, county executive's office and others can accelerate your planning process, reduce the burden on your resources when doing drills or exercises, and make any response to a real emergency easier. Whether adapting an available analysis or developing your own, the following table will help you complete your local hazard assessment.

Table 1. Hazard Vulnerability Analysis for Community Practice Sites

To calculate your health center's vulnerability to hazards, enter the appropriate number in each box and total for that hazard. We have listed several in each category that are of concern; you may want to add one or more hazards, or describe one of the hazards in more detail, because of your particular local concerns. The higher the point total, the greater the overall impact of the event on the practice site.

"Probability" = the frequency at which the hazardous event occurs.

    5 points: Happens annually

    4 points: Has happened within the past 2–5 years

    3 points: Has happened within the past 5–10 years

    2 points: Has happened over 10 years ago

    1 point: Has never happened before

"Overall Impact on Center" = the impact that the particular hazard has caused (or could cause) in the way of physical damage to the center, staffing shortages, interruption of patient services, and/or supply disruption.

    5 points: Severe impact on center (has caused center to close)

    4 points: Significant impact on center

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"Overall Impact on Community" = on average, the impact that the particular hazard has caused overall to the wider community in the past.

    5 points: Has required a Federal response

    4 points: Has required a State government response

    3 points: Has required a County government response

    2 points: Has been resolved with a local response

    1 point: No response necessary

EXAMPLE:

HAZARDS	PROBABILITY	OVERALL IMPACT ON CENTER	OVERALL IMPACT ON COMMUNITY	TOTAL
Natural Hazards				
Flood	5	3	3	11
Earthquake	1	1	1	3
Tornado	3	5	4	12
Industrial Hazards				
Fire	2	5	2	9
Blackout	4	4	3	11

In this instance, the likelihood of a flood occurring is greater than a tornado. Although the impact of the tornado on the center would be high, it is advisable to spend more time or energy preparing for an event that happens annually, as compared to one that happens less frequently. You should be certain to include in your plan contingencies for any hazard that scores **10 or higher.** This is not to say that those hazards that fall below 10 points should not be planned for but rather that greater emphasis should be placed on the more frequently occurring, higher impact hazards.

HAZARD VULNERABILITY ANALYSIS FORM:

(Practice Name Here)_____

HAZARDS	PROBABILITY	OVERALL IMPACT ON CENTER	OVERALL IMPACT ON COMMUNITY	TOTAL
Natural Hazards				
Flood				
Earthquake				
Tornado				
Hurricane				
Ice/Snow/Blizzards				
Industrial Hazards				
Fire				
Blackout				
Loss of Water				
Communication Failure				
Gas Failure				
Human-Made Hazards				
Transportation Events/Incidents				
Chemical Leaks				
Terrorist Attacks				
Bomb Threats				
Intruder(s)				
Staff Availability				
Other				

A blank version of this table and the instructions are available for your use in Appendix A on page 23.

Emergency Preparedness Model

PLAN

TRAIN

LOCAL RESPONSE SYSTEM

COMMUNITY PRACTICE SITE

Individual
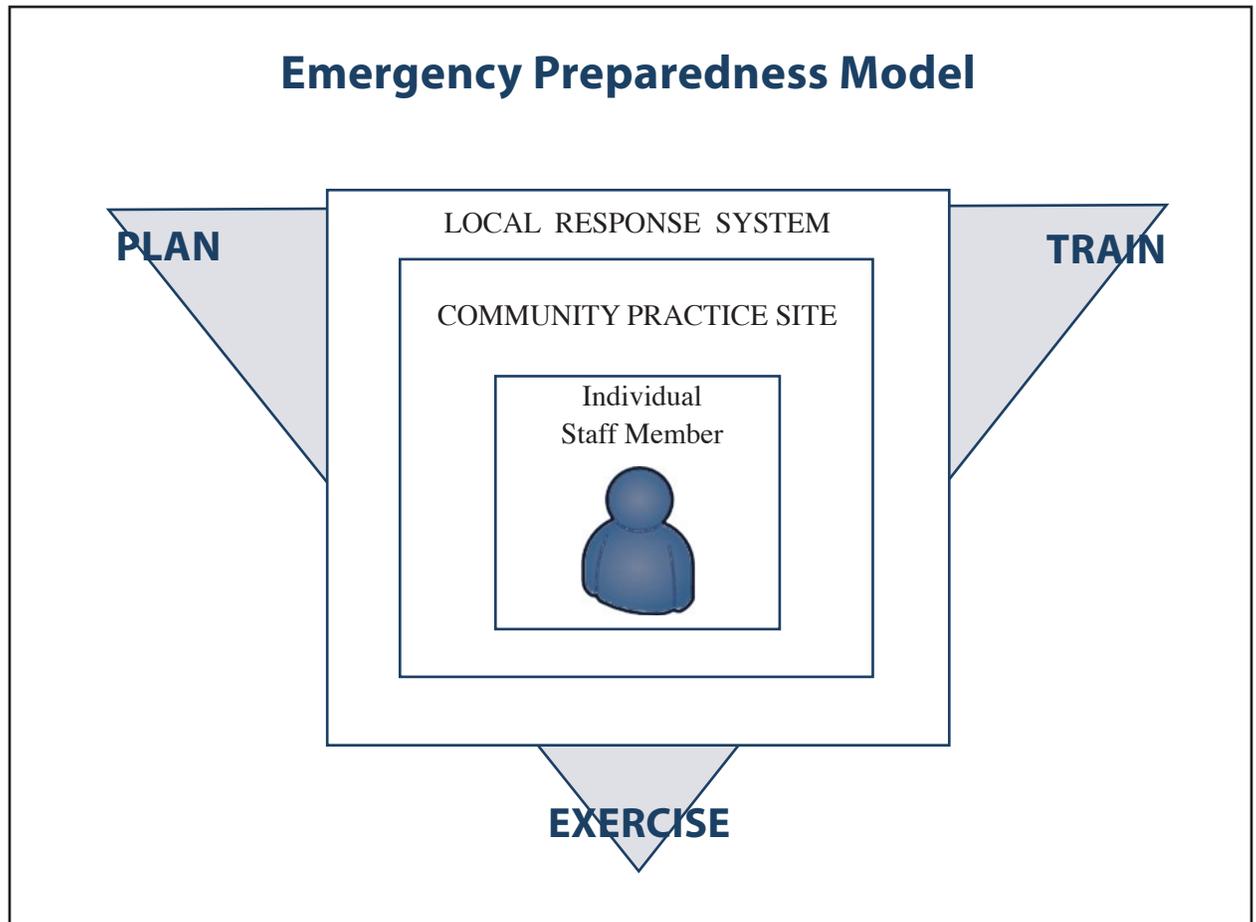Staff Member

EXERCISE

Figure 2. Key community relationships for emergency planning and response

Figure 2 illustrates how the individual staff member, the practice site, and the community are linked in the emergency preparedness process. Each entity is dependent on the other to be prepared and to effectively respond when a crisis occurs. At the center is the individual staff member. In any crisis individuals will be the most affected. By adequately preparing your staff members for emergencies, each individual's response will be quicker and more effective.

Each community practice site also has a role during emergencies to provide essential resources, expertise, and outreach with members of the community. However, the best contribution results when the site has a plan for emergencies and has a staff that is also prepared to respond. The community response system as a whole is reliant on both community practice sites and individual staff members during a crisis. No single entity can function without cooperation from the others.

An asset to the community, your affiliation with the local health department and/or local hospital should be examined and a collaborative emergency preparedness process initiated or maintained.

There are multiple agencies and groups that have a role in emergency planning and response. You may find yourself working with local businesses and other organizations, including the:

- Mayor or County Executive
- Fire department
- Police department
- Emergency medical services
- Public works department
- Planning commission
- Telephone company
- Electric and gas utilities

Remember that your emergency plan needs to be updated on a regular basis. There will be codes and accreditation standards that may have changed since you last looked. The emergency preparedness coordinator employed by your local health department or hospital may be able to inform you of key changes in codes and standards. You should be familiar with codes and regulations including:

- Occupational safety and health regulations
- Environmental regulations
- Fire codes
- Seismic safety codes
- The Joint Commission [formerly known as The Joint Commission on Accreditation of Healthcare Organizations (JCAHO] standards (if you are JCAHO accredited)
- State health department emergency preparedness guidelines
- Federal Bureau of Primary Health Care (if you receive Department of Health and Human Services funding)

Step 3. Assess Your Office's Resources And Capacity

No one knows your practice site better than you. As you move through the planning process, you need to think about the capacity you already have in each of the following areas:

Existing plans and policies

- Evacuation plan
- Fire protection plan
- Security procedures
- Insurance programs
- Finance and purchasing procedures
- Organizational closing policy
- Employee manuals
- Hazardous materials plan
- Risk management plan
- Mutual aid agreements

Personnel

- Total number of staff types including kinds of skills
- Total number of staff available in an emergency
- Of these, number of commuters
- Of total staff, number of part-timers
- Of total, number of volunteers

Equipment

- Fire protection and suppression equipment
- Communications equipment
- First aid/triage supplies
- Warning systems
- Emergency power equipment
- Decontamination equipment
- Personal protective equipment

Backup systems for critical functions

- Payroll
- Communications
- Patient services
- Information systems support
- Emergency power

You may be able to reassign some of these resources in an emergency, or you may need to have alternative sources for some services planned in advance.

Step 4. Develop Your Emergency Response Plan

This section of the Toolkit is devoted to creating a plan for your site. A clean template is provided in Appendix B, beginning on page 25. Once completed, the plan can be used by leaders of the practice site, those planning for emergencies, and those likely to provide leadership during an event. When it is final, it should be formally adopted by the leadership, and a signed, dated copy made available to all key staff. Where a specific emergency response role is identified, a sample Job Action Sheet (JAS) has been provided in Appendix C (pages 32–42). You may assign more than one JAS to a single individual, if you have a small staff, but you should use consistent terminology in order to facilitate coordination with other agencies and local government.

Fill in the blanks below to develop the outline of your plan.

Emergency Response Plan Template

Organization Name: _____

Organization Address: _____

Date: _____

Emergency Response Plan adopted by		
Name	Title	Date
Plan reviewed and revised annually by		
Name	Title	Date

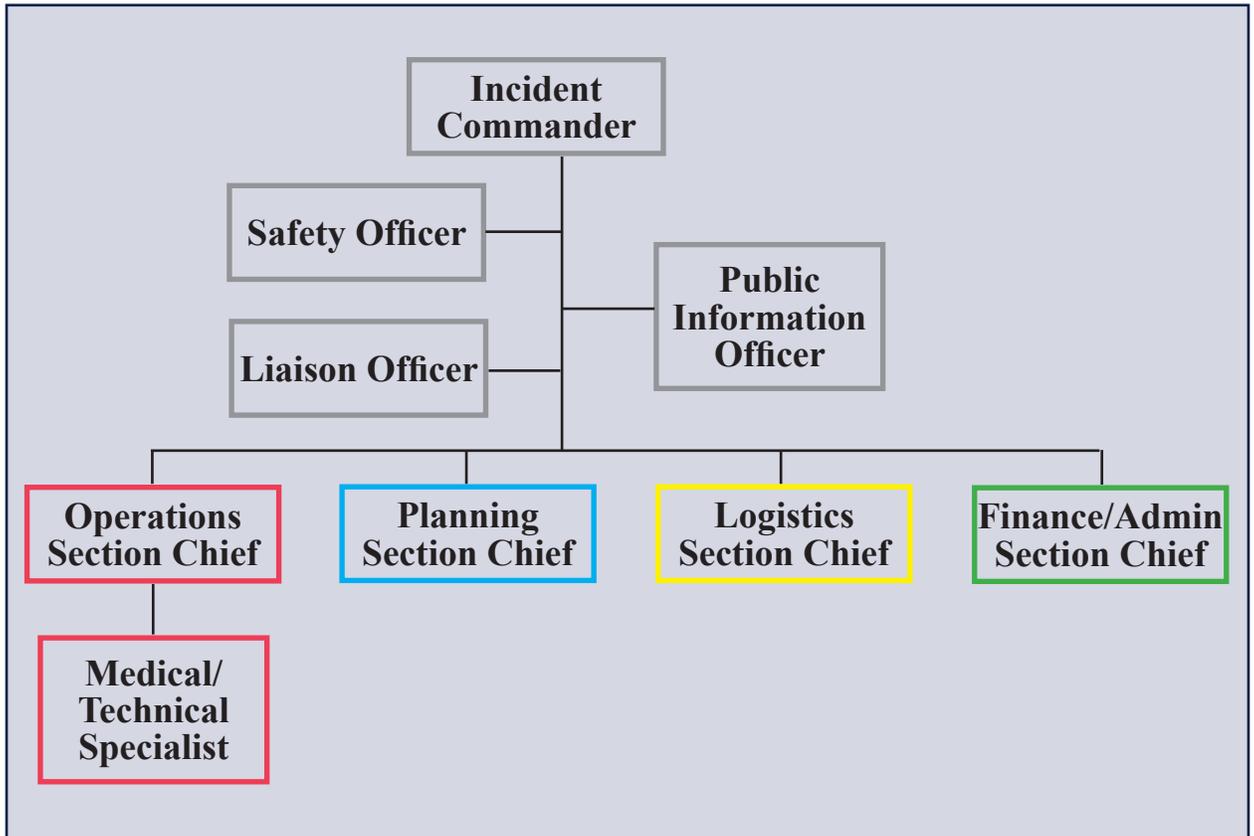| The Practice Site Emergency Management Team:	
The team members are: _____ _____ _____ _____	**Tip:** Establish an emergency management team that will be responsible for the development and implementation of the practice site's emergency response plan. The size of the team will depend on the practice site's operations, requirements, and resources.

Plan Activation:

This plan may be put into action by one of the following individuals (or the person officially designated to fill his/her position during vacation/travel/illness)

Director of the practice site: _____

First backup: _____

Second backup: _____

Tip: Activation of practice site emergency response plan may be triggered by:

1. Notification by the local health department that an emergency exists

2. Notification by a local hospital that an emergency exists

3. Judgment of the senior decision-maker on-site

Designate Emergency Operations Center (EOC):

EOC is located at:

_____

_____

Tip: Emergency Operations Center (EOC) is where all initial/available/relevant information is gathered and where operations directives disseminate from.

Back-up EOC is located at:

_____

_____

Tip: An alternative site is identified in case the main site is inaccessible or too damaged to use.

Communications:

Contact List:

Local EOC: _____

DOH: _____

Area Hospital:_____

Affiliate Agencies: _____

Fire Department:_____

Police Department:_____

Staff:_____

Patients: _____

Media: _____

Tip: Establish methods for how the practice site will communicate with local health departments, secondary/affiliated sites, first response units, employees, and patients (on site/off site) about the situation during both operational and non-operational hours. Include back-up methods for communicating with these groups in the event that traditional lines of communicating are inoperable.

Life Safety:

Secured Staff Only Areas include:

1. _____

2. _____

Isolation Areas include:

1. _____

2. _____

Quarantine Areas include:

1. _____

2. _____

Waiting Areas include:

1. _____

2. _____

Assembly Locations:

1. _____

2. _____

Infection Control Measures for Staff, Patients, and Visitors are:

1. _____

2. _____

Tip: Identify appropriate methods for protection of assets on site, including staff, patients, equipment, practice site premises, and any vital documentation (patient records, staff contact information, insurance records, etc.).

Establish locations for personnel to assemble in the event that the practice site needs to be evacuated as well as a process for ensuring identification and the safety of all employees during this process. Create a floor plan or map designating these locations.

Develop strategy for site security (i.e., blocking off areas, staff identification) and control of environment (isolation/quarantining measures).

Establish infection control procedures based on practice site criteria for staff and patients.

Sample Incident Command Structure

```
                        Incident
                        Commander

        Safety Officer
                                        Public
                                      Information
        Liaison Officer                 Officer


 Operations          Planning          Logistics        Finance/Admin
 Section Chief      Section Chief     Section Chief      Section Chief

  Medical/
  Technical
  Specialist
```

Operations:

Roles and Job Action Sheets (JAS):

Incident Commander potentially assigned to:
1. _____
2. _____
3. _____

Safety Officer potentially assigned to:
1. _____
2. _____
3. _____

Liaison Officer potentially assigned to:
1. _____
2. _____
3. _____

Public Information Officer potentially assigned to:
1. _____
2. _____
3. _____

Operations Section Chief potentially assigned to:
1. _____
2. _____
3. _____

Planning Section Chief potentially assigned to:
1. _____
2. _____
3. _____

Logistics Section Chief potentially assigned to:
1. _____
2. _____
3. _____

Finance/Admin Section Chief potentially assigned to:
1. _____
2. _____
3. _____

Medical/Technical Specialist potentially assigned to:
1. _____
2. _____
3. _____

Tip: Due to the fact that emergencies can occur at any time and place, these roles cannot be assigned in advance. However, the persons who will most likely occupy each role should be identified so that they can be trained. Remember, any one person may be assigned more than one role.

Demobilization:

Notification of demobilization:

_____

_____

_____

Restocking supplies and site clean-up:

_____

_____

_____

Reimbursement for services rendered:

_____

_____

_____

Tip: Establish methods for communicating that the situation is over and the practice site will be returning to normal operations. Plan for communication with employees and patients at the health practice site, as well as with any other organizational locations (secondary/affiliated sites), Department of Health, and emergency response agencies.

Establish strategy with suppliers to restock anything used during the emergency.

Establish contact with coordinating agencies about reimbursement for practice site services.

Incident/Exercise Review and Improvement Plan:

After Action Report submitted by:

_____

Date: _____

Improvement Plan submitted by:

_____

Date: _____

Changes Needed:

_____

_____

_____

Person Responsible:

_____

Due Date: _____

Tip: Recommended to be used for both real emergency or exercise.

Identify those responsible for conducting and writing the after action review for the event.

Assign a time and place to hold the "hot wash" debriefing session shortly after demobilization. Take notes.

Use the debriefing material and any other observations recorded during the incident to create an After Action Report (AAR). This report is a summary of what happened during the event and any lessons identified.

Using the AAR, create an Improvement Plan.

Record changes that are to be made to the plan as well as a timetable for when those changes are to take place, the person(s) responsible for the changes, and when they will be exercised/tested.

Step 5. Inform and Train Staff

Building Block Approach

Seminars · Workshops · Tabletops · Drills · Games · Functional Exercises · Full-Scale Exercises

Planning/Training

Figure 3. Building block approach to emergency preparedness training

Once you have an emergency response plan, begin a program of staff orientation and education. Every staff member must know what system will be in place during an emergency, how they will be contacted, and how to use a job action sheet (or your equivalent) to carry out assigned functions. At a minimum, every staff member needs to learn:

- Personal and family preparedness
- Likely emergency role(s) and responsibility(ies)
- Notification and communications methods
- Evacuation/shelter plans
- Where, when, and to whom to report

Every new staff member should receive a basic orientation to the emergency plan on the first day of work. This should take no more than 30 minutes. Reinforcement of emergency preparedness can be accomplished with updates at least every quarter and with a range of emergency drills and exercises on a regular basis (see next step).

Slightly different ongoing training content is needed for three groups of staff—managers, clinical staff, and support staff (those without licenses in one of the health professions)—although the basics of the system are the same. Those in management positions (or those who may be assigned to a management role during an emergency) need training on managing others during emergencies and on coordinating with other emergency response organizations. Clinicians need to keep their relevant central skills current.

Adequately prepared support staff members are critical in communicating with other staff, patients, and the community and can enable the practice site to function effectively.

Training materials should include pre- and post-tests to measure change in knowledge and an evaluation process that allows staff to comment on the whether the training was useful and to offer recommendations for improvement or additional training. Emergency preparedness training resources are available from several sources:

- State and local health departments (funded by the Centers for Disease Control and Prevention (CDC))
- Hospital(s) with which you are affiliated (National Bioterrorism Hospital Preparedness Program (NBHPP) funded by Office of the Assistant Secretary for Preparedness and Response (ASPR))
- State and local emergency management agencies
- Professional associations to which your agency or staff belong
- University-based practice sites for public health preparedness (funded by the CDC)
- Emergency preparedness continuing education programs (funded by the ASPR)
- Primary care associations and organizations

Many of these resources provide on-line training that you and your staff can do from the office or home; some will provide on-site training specific to your organization. Some training from federally and state-funded training programs is available at no cost or only the cost of training materials.

Step 6. Conduct Emergency Exercises

The Exercise Planning Process

Exercising an emergency response plan is essential and can often make the difference between success and failure in an actual crisis or emergency situation. The idea of exercising is not to predict certain events that might happen but rather to test the ability of the practice site to respond to potential emergency events.

Pre-exercise Activities

- Identify exactly what portion of the practice site's emergency response will be activated. Use a task list to determine which specific response activities will be practiced.

  Example: Set up Community Practice Site EOC with complete telecommunications and radio connections between branches and with the county EOC.

- Identify all site personnel that are expected to participate.

- Identify all functional roles to be activated.

- Prepare observer documents. List evaluation criteria and Job Action Sheet roles that are to be observed.

Identify the Site Specific Goals and Objectives of the Emergency Exercise

The aim of all exercises is improved preparedness. Clearly stating the overarching goals of the exercise and its specific objectives early on in the planning process *increases the likelihood of improvements resulting from the event*. The goal of the exercise should clearly state its overall purpose, i.e., to test our site's collaboration with our affiliated hospital or local health department in response to a tornado. The objectives should state the specific protocols to be practiced during the event, i.e., demonstrate how to establish communications with outside organizations or how to set up a triage area at your site. The goals and objectives help players and participants focus on the aspects of the plan to practice and the actions of the staff to take to fulfill it. Objectives should be challenging but also realistic, achievable and derived from your site's emergency management plan. Goals and objectives must be tailored to the sites locale and match its emergency plan in order to be an effective assessment and learning tool.

Whether there is a single objective or several, they should be based on the following:

- Evaluate the practice site's current state of emergency preparedness.

- Address gaps, weaknesses, or areas of concern affecting the practice site's performance identified through any previous exercises.

- Evaluate the level of staff knowledge and understanding of emergency preparedness roles and responsibilities.

- Evaluate the ability of the practice site to respond to emerging problems.

When developing drills, tabletop, functional, or full-scale exercises, follow these steps:

- Use practice site staff to develop a scenario.

- Research and gather background information to make the scenario realistic.

- Draft and review the scenario with the exercise planning team.
- Do a "talk-through" with the entire planning team to identify possible problems and areas that are known to need improvement.
- Finalize the scenario, including the development of simulations and *injects* (side problems needing solving) needed for scenario flow if the exercise includes response to changing information.

Exercises should be scheduled as often as possible, with once a quarter being the most common plan. Even the most routine of events (fire drills, boiler room pipe burst, etc.) can be used as an opportunity to test the health practice site's emergency response plan. The exercises are not designed to assign blame but rather to examine the health practice site (as a whole) in its emergency response capabilities. Failures do not necessarily mean that the practice site is not prepared; it simply means that some areas of the plan should be re-examined, re-evaluated, and re-tested.

The following section is written as if the practice site is doing the exercise alone. While this is often going to be the case, the practice site should attempt to participate in at least one community-wide or hospital-associated drill each year.

The exercise planning group (or exercise planner) must:

- Secure an appropriate location and supply it with all essential equipment.
- Secure space for management of evaluators and observers, providing appropriate communications equipment, orientation materials, identification, and debriefing plans.
- Secure space for assembling any "victims," including provision of instructions and transportation to the practice site, if needed.
- Prepare signage to direct individuals to assigned locations.
- Arrange for equipment specific to the scenario and objectives (e.g., sample collection equipment for an exercise requiring specimens from symptomatic patients; mock medications for a mass prophy-laxis exercise).
- Secure staff to support the exercise process, including assistance for setup or communications, if needed.

Conducting the Exercise

The actual execution of the exercise provides an opportunity to assess agency capacity and participant training and to validate competency, depending on the goals of the specific event. Conducting an exercise consists of three general steps:

1 Briefings and preparations (distribute needed materials or equipment)

2 Initiate, facilitate, and observe exercise activity

3 "Hot wash"/debrief participants

Step 7. Evaluating Your Response

After any exercise or activation of your emergency plan, you should complete an evaluation to review your response. Changes to the emergency response plan should only be made after such a review has taken place. A blank version of this list is available in Appendix D on page 43.

Sample Evaluation Questions

Examples of evaluation questions tailored to specific criteria include:

1. To Evaluate the Community Practice Site's Emergency Response Plan:

• Did the plan anticipate all key needs, such as space, communication equipment, and supplies?
_____

• Did the plan anticipate all needed roles?
_____

• Did the plan match the expectations set forth by the surrounding community?
_____

2. To Evaluate What Happened When the Plan Was Put into Actual Use:

• Did people go where they were supposed to?
_____

• Were functional role assignments followed?
_____

• Was the desired outcome achieved?
_____

3. To Evaluate the Speed with which the Plan Was Put into Place:

• How much time did it take to notify staff of the emergency?
_____

• How much time did it take for staff to take their places?
_____

• How much time did it take to complete other actions that were detailed in the plan?
_____

• How did your communication systems function? Were there any problems; if yes, what were they?
_____

4. To Evaluate the Efficiency of Plan Execution:

• Were there repeated messages?

_____

• Any duplicated instructions?

_____

• Any conflicting instructions?

_____

• Were supplies wasted?

_____

5. To Evaluate Staff Competency in Specific Functional Roles:

• Were all of the functional roles executed? (The functional roles to be assessed must be identified in advance.)

_____

• What was the value of the competency-based training provided to staff prior to the incident? (Competency statements and applicable job action sheets must be incorporated into the assessment.) ?

_____

Step 8. Review and Revise

Based on the answers to the evaluation, observations collected during the exercise, and the comments recorded during the "hot wash" debriefing, an After Action Report or Review can be written. This report includes "lessons identified" during your exercise and opportunities for improvement. It is insufficient to say "fix it"; rather, the practice site should develop an improvement plan that includes:

- a description of actions needed to amend the current plan
- assignments to a particular group or person for creating these changes
- an evaluation of the costs and budgetary needs to make the necessary changes
- establishment of a timetable for completing improvements
- a schedule to re-test/re-evaluate the plan once the changes are incorporated

Suggested Format for an Improvement Plan

Exercise Goal	Evaluation	Needed Change	Person Responsible	Due Date
EXAMPLE *1. Communications: Notify staff of plan activation on weekends*	*30% of the phone numbers were out of date*	*Regular phone contact information update*	*Managers for each department*	*July 1 and quarterly thereafter*

The emergency response plan is an ever-evolving document that requires regular updating and evaluation. Failure to do so can result in out-of-date information and procedures that will prevent your community practice site from doing its best during times of crisis.

Appendices

Appendix A
Hazard Vulnerability Analysis Form

Hazard Vulnerability Analysis Scale

Appendix B
Emergency Response Plan

Appendix C
Job Action Sheets

Appendix D
Exercise Flow Chart

Sample Exercise Evaluation Questions

Appendix E
Resources

Hazard Vulnerability Analysis Form:

(Practice Name Here)_____

HAZARDS	PROBABILITY	OVERALL IMPACT ON CENTER	OVERALL IMPACT ON COMMUNITY	TOTAL
Natural Hazards				
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Earthquake				
Tornado				
Hurricane				
Ice/Snow/Blizzards				
Industrial Hazards				
Fire				
Blackout				
Loss of Water				
Communication Failure				
Gas Failure				
Human-Made Hazards				
Transportation Events/Incidents				
Chemical Leaks				
Terrorist Attacks				
Bomb Threats				
Intruder(s)				
Staff Availability				
Other				

Hazard Vulnerability Scale

To calculate your health center's vulnerability to hazards, enter the appropriate number in each box and total for that hazard. We have listed several in each category that are of concern; you may want to add one or more hazards, or describe one of the hazards in more detail, because of your particular local concerns. The higher the point total, the greater the overall impact of the event on the practice site.

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You should be certain to include in your plan contingencies for any hazard that scores **10 or higher.** This is not to say that those hazards that fall below 10 points should not be planned for but rather that greater emphasis should be placed on the more frequently occurring, higher impact hazards.

Emergency Response Plan

Organization Name: _____

Organization Address: _____

Date: _____

Emergency Response Plan adopted by		
Name	Title	Date
Plan reviewed and revised annually by		
Name	Title	Date

The Practice Site Emergency Management Team:

The team members are:

_____

_____

_____

Plan Activation:

This plan may be put into action by one of the following individuals (or the person officially designated to fill his/her position during vacation/travel/illness).

Director of the practice site: _____

First backup: _____

Second backup: _____

Designated Emergency Operations Center (EOC):

EOC is located at:

_____

_____

Back-up EOC is located at:

_____

_____

Communications:

Contact List:

EOC:_____

DOH:_____

Area Hospital: _____

Affiliate Agencies: _____

Fire Department:_____

Police Department:_____

Staff:_____

Patients: _____

Media: _____

Life Safety:

Secured Staff Only Areas include:

1. _____

2. _____

Isolation Areas include:

1. _____

2. _____

Quarantine Areas include:

1. _____

2. _____

Waiting Areas include:

1. _____

2. _____

Assembly Locations:

1. _____

2. _____

Infection Control Measures for Staff, Patients, and Visitors are:

1. _____

2. _____

Operations:

Roles and Job Action Sheets (JAS):

Incident Commander potentially assigned to:

1. _____

2. _____

3. _____

Safety Officer potentially assigned to:

1. _____

2. _____

3. _____

Liaison Officer potentially assigned to:

1. _____

2. _____

3. _____

Public Information Officer potentially assigned to:

1. _____

2. _____

3. _____

Operations Section Chief potentially assigned to:

1. _____

2. _____

3. _____

Planning Section Chief potentially assigned to:

1. _____

2. _____

3. _____

Logistics Section Chief potentially assigned to:

1. _____

2. _____

3. _____

Operations:

Roles and Job Action Sheets (JAS):

Finance/Admin Section Chief potentially assigned to:

1. _____

2. _____

3. _____

Medical/Technical Specialist potentially assigned to:

1. _____

2. _____

3. _____

Incident Command Structure
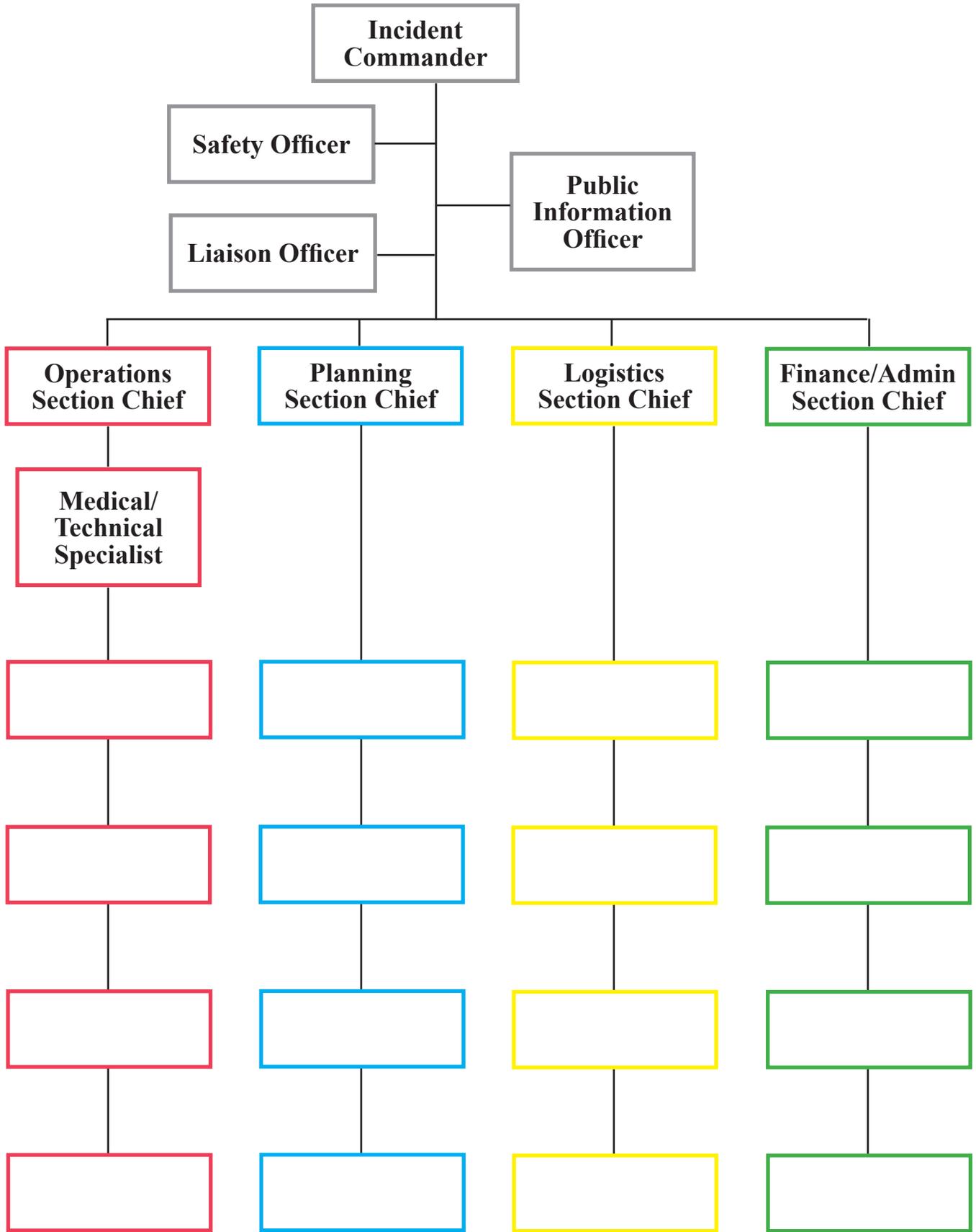
Demobilization:

Notification of demobilization:

_____

_____

_____

Restocking supplies and site clean-up:

_____

_____

_____

Reimbursement for services rendered:

_____

_____

_____

Incident/Exercise Review and Improvement Plan:

After Action Report submitted by: _____

Date: _____

Improvement Plan submitted by: _____

Date: _____

_____

_____

Incident or Exercise Goal	Evaluation	Needed Change	Person Responsible	Due Date
1.				
2.				
3.				

Essential Personnel Call List

1. Administrator: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

2. Medical Director: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

3. Center's Disaster Director: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

4. Security Director: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

5. Director of Operations: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

6. Public Information/Media Relations: _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

7. _____ : _____

    Phone: (o) _____ **(h)** _____

    Pager/Cell: _____

    Email: _____

Appendix C

Job Action Sheets

Incident Commander

Safety Officer

Liaison Officer

Public Information Officer

Operations Section Chief

Medical/Technical Specialist

Planning Section Chief

Logistics Section Chief

Finance/Administration Section Chief

Blank Job Action Sheet

Job Action Sheets (JAS)

Command Staff   **Shift:**   **to**

<div style="border:1px solid #000; text-align:center;">

INCIDENT COMMANDER

</div>

Reports To: Local Chief Health Officer/Hospital Executive

Mission: *Responsible for overall direction of incident management and operations.*

Immediate:

____ Read this entire JAS.

____ Establish that an Emergency will/has occurred that requires activation of the Emergency Operations Center (EOC).

____ Activate the EOC.

____ Command Staff to report to the EOC, and are assigned their individual titles (Public Information Officer, Liaison Officer, and Safety & Security Officer (could already be pre-established).

Intermediate:

____ Create a Preliminary Incident Action Plan for Command Staff.

____ Distribute Job Action Sheets to Command Staff (*record the meeting*).

____ Command Staff Identification vests/hats to be put on.

____ General Staff are given their individual titles (Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief, Medical/Technical Specialist).

Expanded:

____ Create a preliminary Incident Action Plan for General Staff (*record the meeting*).

____ Distribute Job Action Sheets to General Staff.

____ General Staff Identification vest/hats to be put on.

____ Establish schedule for status reports from Command and General Staff about operation successes and failures.

____ Begin Operations.

Other Concerns:_____

_____

SAFETY OFFICER

Reports To: Incident Commander

Mission: *Monitors incident operations on all matters relating to operational safety, including the health and safety of emergency responder personnel.*

Immediate:

_____ Read this entire JAS.

_____ Establish Safety Work Area (this can be your usual desk).

_____ Create a Safety & Security Team (if needed).

_____ Brief Safety & Security personnel about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

_____ Distribute Job Action Sheets.

Intermediate:

_____ Establish routine briefings with Safety & Security staff.

_____ Remove unauthorized persons from restricted areas.

_____ Secure the EOC, triage, patient care, morgue and other sensitive/strategic areas from unauthorized persons.

_____ Secure and post non-entry signs around any unsafe areas. Advise Safety & Security staffs to identify and report all hazards and unsafe conditions.

_____ Prepare credentialing/screening process of volunteers, patients and their family members.

_____ Provide vehicular and pedestrian traffic control, as well as designating waiting areas for victims families.

_____ Secure all food, water, and medical resources.

_____ Relay any special information obtained by "specialty" responding personnel to Incident Commander (i.e., information regarding toxic decontamination or any special emergency conditions).

_____ Inform Safety & Security staff to document all actions and observations.

Expanded:

_____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Provide for staff rest periods and relief.

_____ Communicate frequently with Incident Commander.

Other Concerns:_____

_____

LIAISON OFFICER

Reports To: Incident Commander

Mission: *The point of contact for representatives of other governmental agencies, nongovernmental organizations, and/or private entities.*

Immediate:

_____ Read this entire JAS.

_____ Establish Liaison Work Area (this can be your usual desk).

_____ Create a Liaison Team (if needed).

_____ Contact and brief representatives from outside agencies (Police, Fire, DOH,) that will be responding and/ or affected by the incidents about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

_____ Distribute Job Action Sheets (if necessary).

_____ Establish routine briefings with outside agencies.

_____ Review county and municipal emergency organizational charts to determine appropriate contacts and message routing.

Intermediate:

_____ Coordinate with Public Information Officer to relay pertinent information to the liaison counterparts of each assisting and cooperating agency (i.e., municipal EOC). Keep them updated on changes and development of Center's response to incident.

_____ Respond to requests and complaints of incident personnel regarding inter-organization problems and needs.

_____ Assist in soliciting physicians and other Center personnel willing to volunteer as Disaster Service Workers outside the Center, when appropriate.

Expanded:

_____ Assure that all communications and inventory of supplies are documented.

_____ Communicate frequently with Emergency Incident Commander.

Other Concerns:_____

_____

PUBLIC INFORMATION OFFICER

Reports To: Incident Commander

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

Immediate:

_____ Read this entire JAS.

_____ Establish Public Information Work Area (this can be your usual desk) (typically away from the EOC and patient care facilities).

_____ Create a Public Information Team (if needed).

Intermediate:

_____ Work with Incident Commander in crafting a public statement to be released to the media.

_____ Contact and brief representatives from various media outlets about the emergency at hand, what the plan is, what the Center is doing in response, and what information the Center would like to be relayed to the public (*record the meeting*).

_____ Distribute Job Action Sheets (if necessary).

Expanded:

_____ Establish routine briefings with media outlets.

_____ Contact responding agencies Public Information Officers (PIOs) to coordinate information that is to be released.

_____ Obtain progress reports from Incident Commander as appropriate.

Other Concerns:_____

_____

OPERATIONS SECTION CHIEF

Reports To: Incident Commander

Mission: *Responsible for managing all tactical operations at an incident.*

Immediate:

_____ Read this entire JAS.

_____ Establish Operations Work Area (this can be your usual desk).

_____ Create an Operations Team.

_____ Brief operations team about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

_____ Distribute Job Action Sheets.

Intermediate:

_____ Establish routine briefings with operations staff.

_____ Supervise the execution of all operations mentioned in the Incident Action Plan.

_____ Ensure that adequate communications are being transmitted from the EOC to all operations and visa versa.

_____ Work with Logistics Chief and Planning Chief to ensure that all medical services, ancillary services and human services are being adequately staffed and supplied.

Expanded:

_____ Ensure that all communications, operations, and requests are documented.

_____ Communicate frequently with Emergency Incident Commander.

Other Concerns:_____

_____

MEDICAL/TECHNICAL SPECIALIST

Reports To: Operations Section Chief

Mission: *Provides specialty medical advice and assistance to the operations.*

Immediate:

_____ Read this entire JAS.

_____ Establish Medical/Technical Work Area (If necessary, this can be your usual desk).

_____ Create a Medical/Technical Specialist Team (if necessary). Team may include experts in biological/chemical/radiological management, infectious disease control, and pediatric care.

_____ Brief Medical/Technical Specialist team about the emergency at hand, what the plan is and what is expected from them (*record the meeting*).

_____ Distribute Job Action Sheets.

Intermediate:

_____ Establish routine briefings with Medical/Technical Specialist staff (if necessary).

_____ Inventory the number and types of physicians and other specialty staff present.

_____ Coordinate with the Liaison Officer and Security Officer in registering and credentialing volunteer physician/medical staff.

_____ Assist the Incident Commander and Operations Chief in the assignment of medical staff to patient care and treatment areas.

Expanded:

_____ Assist the Operations Chief in developing a medical staff rotation schedule.

_____ Meet with Incident Commander to plan and project patient care needs.

_____ Provide patient priority assessment to Incident Commander to designate patients for early discharge.

Other Concerns:_____

_____

PLANNING SECTION CHIEF

Reports To: Incident Commander

Mission: *Responsible for providing planning services for the incident.*

Immediate:

____ Read this entire JAS.

____ Establish Planning Work Area (this can be your usual desk).

____ Create Planning Team (if needed).

____ Brief planning team about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

____ Distribute Job Action Sheets (if necessary).

Intermediate:

____ Establish routine briefings with Planning staff (if necessary).

____ Establish a procedural system ensuring that the collection, formulation, documentation, and dissemination of all incident specific data will be handled properly.

Expanded:

____ Document/update status reports from all section chiefs and inform the Incident Commander on changes occurring to the situation and document and/update Incident Action Plan as needed in reference to the changing situation and Incident Commander decisions (do throughout incident).

____ Communicate frequently with Emergency Incident Commander.

Other Concerns:_____

_____

LOGISTICS SECTION CHIEF

Reports To: Incident Commander

Mission: *Provides all incident support needs.*

Immediate:

____ Read this entire JAS.

____ Establish Logistics Work Area (this can be your usual desk).

____ Create a Logistics Team: Facilities Unit, Communications Unit, Transportation Unit, Materials & Supplies Unit (could already be pre-established).

____ Brief Logistics Team about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

____ Distribute Job Action Sheets.

Intermediate:

____ Designate time for next briefing.

____ Obtain needed supplies with assistance of the Planning Section Chief, Finance Section Chief, and Liaison Officer.

Expanded:

____ Ensure that all communications and inventory of supplies are documented.

____ Communicate frequently with Emergency Incident Commander.

Other Concerns:_____

_____

FINANCE/ADMINISTRATION SECTION CHIEF

Reports To: Incident Commander

Mission: *Responsible for managing all financial aspects of an incident.*

Immediate:

_____ Read this entire JAS.

_____ Establish Finance/Administration Work Area (this can be your usual desk).

_____ Create a Finance Team (if necessary).

_____ Brief finance team about the emergency at hand, what the plan is, and what is expected from them (*record the meeting*).

_____ Distribute Job Action Sheets.

Intermediate:

_____ Establish routine briefings with finance staff (if necessary).

_____ Create an incident financial status report to be submitted as needed to the incident commander (typically every eight hours). The report should summarize financial data relative to personnel, supplies and miscellaneous expenses.

Expanded:

_____ Obtain receipts and document ALL expenditures made throughout the incidents response.

_____ Communicate frequently with Emergency Incident Commander.

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

Other Concerns:_____

_____

JOB ACTION SHEETS

Position: _____   **Person Assigned:** _____

Operational Period/Shift: _____ to _____

Reports to: _____

Section/Unit Assigned: _____

Tasks Assigned	Completed?
Immediate:	
1.	
2.	
3.	
4.	
5.	
Intermediate:	
1.	
2.	
3.	
4.	
5.	
Expanded:	
1.	
2.	
3.	
4.	
5.	

Other Needs:

_____

_____

_____

_____

_____

_____

Exercise Flowchart

The exercise process begins with the selection of the type of exercise to be conducted. The flowchart below illustrates this process.

Determine Broad Goals

Audience
Scenario

▷

Establish Exercise Planning

▷

Determine Objectives
- Focus of exercise
- Scope
- Scale
- Extent of play (suggest type)
- Format (type)
- Evaluation methods
- Work plan
- Resource needs

▷

Identify Type of Exercise

Discussion-based or Operations-based

▽

Identify Functional Roles

To be tested for participating staff

◁

Complete Scenario
1. Research
2. Draft & Integrate
3. Review
4. Talk-Through
5. Finalization

◁

Select Criteria

(may be concurrent w/ scenario development)

◁

Prepare Briefing Materials

▽

Conduct Exercise Briefings

▷

Conduct Exercise

▷

Conduct Hot Wash

▷

Evaluation (Analyze Data)

▷

Prepare After Action Report (AAR)

▽

Develop Improvement Plan

◁

Schedule Next Exercise

◁

Monitor Ongoing Improvement Tracking

Sample Exercise Evaluation Questions

1. To Evaluate the Emergency Response Plan:

• Did the plan anticipate all key needs, such as space, communication equipment, and supplies?

_____

• Did the plan anticipate all needed roles?

_____

• Did the plan match the expectations set forth by the surrounding community?

_____

2. To Evaluate What Happened When the Plan Was Put into Actual Use:

• Did people go where they were supposed to?

_____

• Were functional role assignments followed?

_____

• Was the desired outcome achieved?

_____

• How did your communication systems function? Were there any problems; if yes, what were they?

_____

3. To Evaluate the Speed with which the Plan Was Put into Place:

• How much time did it take to notify staff of the emergency?

_____

• How much time did it take for staff to take their places?

_____

• How much time did it take to complete other actions that were detailed in the plan?

_____

4. To Evaluate the Efficiency of Plan Execution:

• Were there repeated messages?

_____

• Any duplicated instructions?

_____

• Any conflicting instructions?

_____

• Were supplies wasted?

_____

5. To Evaluate Staff Competency in Specific Functional Roles:

• Were all of the functional roles executed? (The functional roles to be assessed must be identified in advance.)

_____

• What was the value of the competency-based training provided to staff prior to the incident? (Competency statements and applicable job action sheets must be incorporated into the assessment.)

_____

Resources

The following sites include information and other resource materials that will assist your community practice site in preparing for large-scale emergencies.

http://www.ready.gov/ : Personal Preparedness

http://www.redcross.org/ : Emergency Preparedness Assistance

http://www.medicalreservecorps.gov/HomePage : Emergency Preparedness Assistance

http://www.fema.gov/ : Guidance, Resources and Reference Material

http://www.bt.cdc.gov/ : Technical/Medical Expertise

http://www.jointcommission.org/ : Legalities and Standards

http://www.citizencorps.gov/cert/ : Community Preparedness

http://www.dhhs.gov/ : Guidance, Resources and Reference Material

http://www.sba.gov/ : Business Continuity Planning

https://hseep.dhs.gov/ : Exercises and Drills

The New York Consortium for Emergency Preparedness Continuing Education (NYCEPCE) offers training materials and courses that can be used in your preparedness activities. These can be found on our Web site at:

Online courses: **http://nycepce.org/CourseList.htm**

In Person Training: **http://nycepce.org/news.htm**

Training Materials: **http://nycepce.org/resources.htm**