

Community Health Center Emergency Management Plan

2006 – 2007 EDITION

Template provided by the Community Health
Care Association of New York State
(CHCANYS)



Contents

Acknowledgements	i
Introduction.....	ii
1. General Information.....	1
1.1. Policy and Primary Objectives.....	1
1.2. Purpose and Scope.....	2
1.3. Activation of Emergency Management Plan	5
1.4. General Hazard Vulnerability Analysis	6
1.5. Key Personnel	7
1.6. Definitions.....	8
2. Notification.....	12
2.1. Telephone List – Duties External Disaster	12
2.2. Key Personnel – Phone/Pager Notification	13
2.3. Staff Notification List.....	14
2.4. Medical Spokesperson	15
2.5. Facility Checklist.....	16
2.6. Employee Demographic Sheet.....	17
2.7. Classification Assignment List.....	18
2.8. Disaster Recall List Survey	19
3. Continuity of Operations.....	20
3.1. Goals & Planning Elements.....	20
3.2. Emergency Generator	22
4. Staff	23
4.1. Volunteer Staff.....	23
4.2. Volunteer Staff Registration/Credentialing Form.....	25
5. Incident Command System	26
5.1. Activation Of Incident Command System.....	26

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

5.2.	EOC Activation Criteria And Setup.....	28
5.3.	EOC Habitability Considerations	29
6.	Hazard Vulnerability Analysis (HVA)	31
6.1.	HVA – General	31
6.2.	Determination Of Potential Risk	34
6.3.	Mitigation, Preparedness, Response & Recovery	35
7.	Incident Action Plan.....	37
7.1.	Action Plan Development	37
7.2.	Forms	39
7.3.	Job Description Forms	41
7.4.	Evacuation: General, Earthquake, Flood	46
7.5.	Telephone Disaster Procedure.....	51
7.6.	Surge, Hospital.....	53
7.7.	Snow/Ice Emergency	58
7.8.	Internal Disaster Plan: Fire	59
7.9.	Weapons Of Mass Destruction.....	61
7.10.	Resource Accounting Form.....	62
7.11.	Urban Search & Rescue Task Forces Resource	63
7.12.	Procurement Summary Report Form	64
7.13.	Radiation Disaster	65
7.14.	Radiation Accident Plan	74
7.15.	Communicable Disease	78
8.	Patient Tracking	92
8.1.	Patient Tracking, General.....	92
8.2.	Status Report	94
8.3.	Incident Completion Report.....	95
9.	Decontamination/Personal Protective Equipment.....	96
9.1.	Decontamination Procedure.....	96
9.2.	Decontamination Tent Setup.....	104
9.3.	PPE Inventory Tool	106

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

10. Communications/IT	107
10.1. Communicating Information: The Role of the PIO	107
10.2. Risk Communication	108
10.3. General Communications/IT Capacity.....	110
10.4. EOC Message Form.....	110
10.5. Portable Radio Usage	112
10.6. Redundancy Of Communication Systems	113
11. Mental Health	114
11.1. Mental Health Team Activation	114
11.2. Call In Center Activation.....	115
11.3. Public Information Officer	116
12. Job Action Sheets	117
12.1. List Of Positions	117
12.2. Emergency Job Action Position Assignments.....	118
12.3. Chief Executive Officer.....	119
12.4. Emergency Incident Commander.....	120
12.5. Public Information Officer	122
13. Facility Checklist.....	164
13.1. General Facilities Checklist.....	164
13.2. Management Of Environment	165
13.3. Facility's Operational Status.....	171
14. Drills/Exercises.....	174
14.1. General Drills & Exercises.....	174
14.2. Critique Of Drills & Exercises	175

APPENDICES:

Recommended Emergency Codes

Emergency Preparedness Vocabulary

MOU Template

MOU Guidance Document

CHCANYS EP Guide: Working with Community Organizations

CHCANYS EP Guide: Legal & Liability Issues in Emergency Preparedness

CHCANYS Incident Management System

Patient Brochure: "What to Expect from Your Health Center in an Emergency"

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*CHCANYS Community Health Center Emergency Management Plan
2006 – 2007 Edition*

Emergency Preparedness Advisory Board:

Dr. Celia Alfalla
Medical Director
Bronx Community Health Network
(BCHN) - Montefiore sites

Dr. Warria Esmond
Medical Director
Settlement Health

Dr. David Eagle
Primary Care Physician
New York, NY

Dr. Steven Platt
Director of Dental & Radiology Services
William F. Ryan CHC

CHCANYS Emergency Preparedness Team:

Jonathan Weinstein, MD, Emergency Preparedness Medical Director
Brenda Merritt, MD, 2005 Emergency Preparedness Medical Director
Robyn DiPalma, Emergency Preparedness Program Specialist
Craig Simpkins, Emergency Preparedness Program Coordinator
Rachel Daniell, Emergency Preparedness Technical Assistant

Special thanks to:

Elsie Lee, MD, MPH
Outpatient Emergency Preparedness Medical Coordinator
Bureau of Communicable Disease
New York City Department of Health and Mental Hygiene

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Introduction

The Community Health Center Emergency Management Plan: A template developed to assist New York's community health centers with emergency preparedness and planning.

The purpose of this manual template is to aid Community Health Centers (CHCs) in developing and maintaining an emergency management plan that guides their response to all hazards. Included are policies, procedures, and forms needed to create a comprehensive plan. These templates may be used to both initiate and maintain emergency management programs.

The information, tools, and templates in this plan should be adapted for the individual needs of each CHC. When planning and preparing, the CHC must consider:

- The hazards the CHC faces.
- The CHC's emergency management system.
- The CHC's own resources as well as the resources in the community.

The plan stresses the importance of collaboration with external agencies. CHCs will need to coordinate their emergency preparedness, response, and recovery activities with local organizations. Forming these linkage relationships prior to an emergency situation is key to preparing to activate them during an actual incident.

How to Begin

All-hazards planning is difficult. The Community Health Care Association of New York State (CHCANYS) is committed to assisting your center in the step-wise approach that is needed to developing your center's plan.

A first step that centers can take even before tackling this manual is to perform Awareness Training at your center. Awareness Training can be something as simple as watching a webcast on "Emergency Preparedness 101" or reaching out to CHCANYS and asking for a tabletop exercise for your center staff. These types of trainings serve to expose your staff to the concept of being prepared, why it is important, and what it means for them as individuals and as part of a health center.

The next step would be to organize an Emergency Preparedness Team for your center. The mission of this team would be to coordinate and formalize the center's Emergency Management Plan. The number of staff and the variety of job titles that form this team may vary depending on staff availability and familiarity with developing policies and procedures. From that point forward, your team would want to follow this manual template, adjusting it for your center as necessary, and asking CHCANYS for further guidance and support whenever needed.

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COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
**POLICY AND PRIMARY OBJECTIVES OF
DISASTER PLANNING**

POLICY:

The Center shall establish and maintain an emergency management plan to permit appropriate response to internal and external disasters. The staff shall be trained to respond to the incident in accordance with guidance provided in the plan. Disaster drills will be conducted at least twice a year to test and evaluate the plan.

PURPOSE:

- 1) To ensure efficient utilization of local health resources so that they will not be overwhelmed during initial disaster relief when emergency medical care and first aid are needed for casualties.
 - 2) To provide for expansion of services through discharge, transfer arrangement and coordination/consultation with local civil authorities and local regional and state representatives and other agencies.
 - 3) To provide professional care for disaster victims immediately upon their arrival at the center or from internal disaster situations.
 - 4) To effectively utilize available resources and supplies.
 - 5) To preserve the health and endurance of personnel for the duration of the disaster and its aftermath.
-

**EMERGENCY MANAGEMENT PLAN
DEVELOPMENT:**

NIMS and JCAHO standards have been the criteria used in developing this plan. Local civil/health authorities have contributed to the plan including:
Police, Fire, EMS, DOH, Hospitals.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
PURPOSE AND SCOPE OF THE
EMERGENCY MANAGEMENT PLAN

PROCEDURE:

EMERGENCY MANAGEMENT PLAN EDUCATION

1. All employees will be educated on the Emergency Management Plan at Orientation.
2. Managers will ensure that new staff members are educated on their specific departmental responsibilities during a disaster.
3. Managers will provide a yearly in-service for all staff.

CENTER RESPONSE ROLES AND REQUIREMENTS

Emergency Roles	Requirements
<p>Internal Emergencies</p> <p>Protect patients and visitors, staff.</p> <p>Protect facilities, vital equipment and records.</p>	<p>Generally requires planning, training and exercises. Also requires internal culture where safety and preparedness are given high priority. Specific Requirements include:</p> <ul style="list-style-type: none"> • Emergency Plans • Training/Drills/Exercises • Emergency/Evacuation Signage • Business Continuity Plans • Security • Internal communications • Staff notification and recall • Emergency procedures distributed throughout the clinic
<p>Mass Casualty Care</p>	<ul style="list-style-type: none"> • Sufficient staff to manage patient surge • Triage capability • ALS capability • Holding • Agreements with receiving hospitals • Integration of clinic into medical response system
<p>Reception and Triage</p> <p>During disasters, Center may become points of convergence for injured, infected, worried, or dislocated community members.</p> <p>Depending on the emergency and availability of other medical resources, clinics may not be able to handle all of the presenting conditions.</p> <p>Minimum Center role will likely be triage, reporting, stabilization, and holding until</p>	<ul style="list-style-type: none"> • 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

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Emergency Roles	Requirements
transport can be arranged.	<ul style="list-style-type: none"> • Medical supplies
<p>Reception of Hospital Overflow</p> <p>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.</p> <p>Center may be requested to handle people with minor injuries to relieve the pressure on the hospital.</p>	<p>Requirements above for mass casualty care. Prior agreement that defines:</p> <ul style="list-style-type: none"> • Circumstances for implementation • Types of patients that will be accepted • Resource/staff support provided by hospital • Patient information/medical records • Liability releases
<p>Maintaining Ongoing Routine Patient Care – Normal Levels and Extended Surge</p> <p>The community’s need for routine medical care may continue following a disaster.</p>	<p>Center should prepare to maintain their service capacity through protection of equipment, critical supplies and medications, and personnel. Requirements include:</p> <ul style="list-style-type: none"> • Continuity of Operations Plan • Procedures to augment resources • In areas subject to frequent power outages, clinics should consider adding generators to ensure operational capacity
<p>Mental Health Services</p> <p>Center can expect the convergence of the “worried well” following a disaster.</p>	<ul style="list-style-type: none"> • Disaster mental health training for clinicians/licensed mental health staff • Internal or external mental health team • External source of trained personnel to augment response
<p>Bioterrorism Agent Initial Identification and Rapid Reporting</p> <p>Center may be the “early warning system” for a bioterrorism outbreak. Clinicians should look for unusual symptoms or other signs of use of BT agents. Rapid reporting is critical.</p> <p>Unusual event may be a single case or multiple cases with the same symptoms.</p>	<ul style="list-style-type: none"> • Infectious disease monitoring procedures and protocols • Procedures for reporting to county and state health department • Evidence Kits • Training
<p>Staff Protection</p> <p>Provide protection to staff in event of presence suspected Bioterrorism agent.</p>	<ul style="list-style-type: none"> • Adherence to standard, droplet, and/or airborne precautions as appropriate • Training • Infectious disease procedures • Reporting procedures
<p>Mass Prophylaxis</p> <p>Center may be requested to participate in mass prophylaxis managed by the local health department at Point of Distribution (POD). Center participation could include requesting clinic staff to support mass inoculations at other sites.</p>	<ul style="list-style-type: none"> • Availability of staff who can volunteer • Procedures for determining when clinic staff can volunteer

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Emergency Roles	Requirements
<p>Hazardous Material Response</p> <p>Centers near major transportation routes, distant from hospitals, or with emergency medical capabilities may be called upon to treat injured patients who have been contaminated by a hazardous material.</p> <p>Generally, in urban areas, clinics will not be required to be hazardous material responders.</p>	<ul style="list-style-type: none"> • Protective equipment • Decontamination procedures/capability/equipment • Reporting procedures • Waste holding container
<p>Risk Communications</p> <p>Centers 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.</p>	<ul style="list-style-type: none"> • Communications link with CHCANYS and DOH • Procedures for communicating with patients staff and community (in languages spoken in the community)
<p>Provide Volunteer Staff</p> <p>Centers may be requested to provide staff to deliver health services at shelters, for mass prophylaxis or at other response sites.</p>	<ul style="list-style-type: none"> • Backup staff • Policy for receiving requests, polling staff, and releasing staff for non-clinic duties • Policy on release of staff for volunteer duty
<p>Receive Volunteer Providers/Teams</p>	<ul style="list-style-type: none"> • Reception procedures • Credential/background checks • Logistic support
<p>Community Preparedness</p>	<ul style="list-style-type: none"> • Educational material in appropriate languages • Educators/volunteers • Education at schools and faith-based organizations in community
<p>Sheltering</p>	<ul style="list-style-type: none"> • Holding area • Protection from weather • Bedding • Medical supplies • Pharmaceuticals for common conditions (insulin, etc.)

EVALUATION OF EFFECTIVENESS:

There will be a critique following any implementation of this plan. This will occur as soon as possible after each disaster or drill. The management team will be responsible to implement any recommendation made at these critiques.

This plan is designed to deal with all hazards.

These would be dealt with by activating the External Disaster Code and preparing the Community Health Center (CHC) to receive multiple casualties.

If these situations posed a threat to the Center itself, the Internal Disaster Code plan would be put into effect. If necessary, a full evacuation could be ordered by the Fire Department or the Administrator on Call.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
ACTIVATION OF EMERGENCY
MANAGEMENT PLAN

POLICY:

CHC has a formal activation and termination of our Emergency Management Plan.

PURPOSE:

To ensure proper activation and termination of this disaster plan.

PROCEDURE:

1. Initial notification via HAN (Health Alert Network), telephone, media (TV, radio, etc.).
2. Notification to switchboard to call CEO.
3. Activation/termination of this plan shall be by the CEO/Incident Commander.
4. As per CEO, PRE-ALERT—CODE ORANGE activation/termination or ACTIVATION—CODE ORANGE will be paged.

ALERT:

5. All members of the Emergency Management Team will report to the EOC.
6. All staff continue normal operations until notified.
7. Initialization of Call Back Staff List by operator.

STAFF NOTIFICATION:

All persons notified will be provided the same, short briefing of the events at hand, including:

- What is the event
 - What is it threatening (staff, property, communications, data, fiscal operations, environment, general public)
 - What is being done and by whom (activation of Emergency Management Committee, EOC, recovery actions)
8. If Code Orange incident meets disaster criteria and necessitates activation of entire plan all on duty should activate and function according to emergency management plan.
 9. The Incident Command may direct that outside agencies be notified (Fire, EMS, etc.).
 10. Deactivation – “Code Orange Clear” – to be indicated by Incident Commander.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
GENERAL HAZARD VULNERABILITY
ANALYSIS

HAZARD VULNERABILITY ANALYSIS

The Disaster Committee will perform a Hazard Vulnerability Analysis on an annual basis. This Analysis identifies the types of disasters that we are most susceptible to. The Committee determines the appropriate mitigation, preparedness, response, and recovery actions necessary. Based on this analysis, the Emergency Management Plan is revised and updated. Drills are planned to test our level of preparedness.

Determination of potential risk is based on the following:

Low: The potential of this hazard occurring is rare.

Moderate: The potential of this hazard occurring is unusual, i.e.: we have experienced a flood in the past, but we are not in a flood plain.

High: We have either experienced these types of incidents in the recent past, or there is a high potential of this type of risk occurring.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
KEY PERSONNEL – GENERAL

I. FUNCTION OF KEY PERSONNEL

* Initiates disaster procedures for their service/unit/department.

* Notifies other personnel to have them report for duty as needs arise.

II. NOTIFICATION OF KEY PERSONNEL

POINTS OF EMPHASIS:

* Notify each of the key personnel listed on the master list.

* Notify alternate personnel as listed if:

- a. The primary person cannot be reached.
- b. PRIMARY person requests the alternate be notified.

NOTE:

Switchboard, administration, nursing office have a master list of names/telephone numbers for each department. It is the responsibility of every department head to ensure that the list is kept updated.

III. METHOD OF IDENTIFICATION:

Personnel as per CHC policy are required to wear their identification cards.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
DEFINITIONS

ANCILLARY SERVICE DEPARTMENTS:	Those services which are supportive to patient care during a disaster (e.g. Environmental Services, Dietary, etc.).
ALTERNATE CARE AREA:	Those areas designated to receive yellow and green tag patients when the hospital is overwhelmed with casualties during a disaster. Also termed a delayed care area.
BOMB THREAT:	Call received at the medical center threatening damage to patients, staff and property.
CASUALTY:	One who is injured or killed in an accident.
CODE RED:	FIRE: Procedures staff should follow to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire.
CODE BLUE:	MEDICAL EMERGENCY: Facilitate the arrival of equipment and specialized personnel to the location of an adult medical emergency. Provide life support and emergency care.
CODE PINK:	INFANT/CHILD ABDUCTION: Activate 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 from the medical facility.
CODE GRAY:	COMBATIVE ASSAULT PERSON: Activate facility and staff response when staff are confronted by an abusive/assaultive person.
CODE GREEN:	BOMB THREAT: Activate response to a bomb threat or the discovery of a suspicious package.
CODE SILVER:	PERSON WITH WEAPONS OR HOSTAGE: Activate facility and staff response to event in which staff members are confronted by: persons

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

brandishing a weapon or who have taken hostages in the medical facility.

CODE YELLOW:

HAZARDOUS MATERIALS SPILL:
Identify unsafe exposure conditions, safely evacuate an area and protect others from exposure due to a hazardous materials spill release. Perform procedures to be taken in response to a minor or major spill.

CODE ORANGE:

ACTIVATES ICS—INTERNAL DISASTER/EXTERNAL DISASTER:
Term which indicates a disaster, either internal or external, is in progress and requires or may require significant support from several departments in order to continue patient care; activates response and identifies the initiation of the ICS.

CODE EDISON/CODE BLACK:

POWER BLACKOUT: Activate response to a rolling power failure.

CODE BROWN:

CBRNE: Term which indicates a disaster that is chemical, biological, radiological, or nuclear in nature; such a disaster may be thought to involve weapons of mass destruction. Special Decontamination Tents may be set up outside the CHC (if available) and the Security may limit access to the CHC.

CODE WHITE:

EVACUATION: Evacuation of the facility is necessary; activates evacuation procedure.

DELAYED CARE AREA:

An area which receives, evaluates, treats and provides disposition for all casualties without serious or life-threatening injuries.

DISASTER (GENERAL):

An unusual occurrence involving persons requiring extraordinary coordination of personnel and equipment and the interruption of routine activity. Disasters are classified as:

INTERNAL EXTERNAL

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
DEFINITIONS

DISASTER DRILL:	A pre-planned exercise that enables policy, procedure, and performance testing.
DISASTER TAG (METTAG):	A triage tag which is placed on casualty victims in the field which provides sufficient information for transportation/treatment priorities.
EVACUATION:	<p>The movement of individuals away from a dangerous area to a place of comparative safety. Evacuations can be classified as:</p> <ul style="list-style-type: none">A. PartialB. LateralC. DownwardD. Total
EXTERNAL DISASTER:	An occurrence in the community that overwhelms resources.
EXTERNAL DISASTER –STAGE II	<p>A mass casualty incident involving nuclear, biological or chemical weapons or a terrorist attack: At this stage, if possible, the CHC would set up the portable decontamination showers in their designated area outside the CHC, as well as the triage tents. All incoming victims would be decontaminated as indicated.</p>
HAZARDOUS MATERIALS:	Any substance that is toxic to human and environmental life.
INCIDENT COMMANDER:	The CEO assumes the role of Incident Commander.
INTERNAL DISASTER:	<p>An unusual occurrence which results in building damage and actual or threatened danger to patients and staff within the CHC.</p> <p>There are three types of internal disasters:</p> <ul style="list-style-type: none">1. Fire/explosion2. Non-Fire (examples of non-fire include flooding, loss of utilities, etc.)3. Communication System Failure (telephone)
KEY PERSONNEL:	Designated individuals who need to be present during a disaster.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 1
GENERAL INFORMATION

SUBJECT:
DEFINITIONS

EMERGENCY OPERATION CENTER:

A designated area in the CHC where the disaster coordination and decision making occurs.

LOCATION: []

PUBLIC INFORMATION CENTER:

The center that provides family members with information about casualties/patients.

REPORTING OF AN EMERGENCY SITUATION WITHIN THE HEALTH CENTER:

Operator- state the nature of the emergency and the location and repeat this information to the Operator **THREE TIMES**.

TRIAGE:

A method of sorting casualties into priorities for treatment, based on life-threatening injuries, utilizing a four-tier system:

- * **RED** Critical. In need of immediate care
- * **YELLOW** Serious, but hospitalization can be delayed to after Priority I
- * **GREEN** Emergency transportation not considered necessary
- * **BLACK** Dead, move to morgue

EMERGENCY MANAGEMENT ALERT TEAM:

An internal response team made up of selected personnel (see list below) that respond to the scene of any unusual occurrence with the purpose of determining disaster status.

- CEO
- Nursing Administrator
- Medical Director
- Security
- Plant Operator
- IT

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
TELEPHONE LIST – DUTIES
EXTERNAL DISASTER

POLICY:

In a disaster the CHC will have a system to announce the disaster and appropriately notify the staff.

PURPOSE:

To ensure command will activate disaster notification and staff notification in a disaster.

PROCEDURE:

1. The Incident Commander will call the switchboard to announce “CODE ORANGE – EXTERNAL” or “EXTERNAL CODE ORANGE.”
2. Switchboard is to announce – “CODE ORANGE – EXTERNAL” or “EXTERNAL CODE ORANGE” with the location via the overhead paging system and over the pocket pagers to the Emergency Management Team.

EMERGENCY MANAGEMENT TEAM RESPONDS TO COMMAND POST

CEO
Nursing Administrator
Medical Director
Director of Security
Plant Operations Director
Chairman of the Emergency Management Committee
IT

3. Switchboard is to initiate the following call list for external disasters.
4. Communications will dispatch an operator to the command post to cover the “Information Phone.”
5. If the situation is cleared, the switchboard will be notified by the Administrator in charge and an operator will announce, “CODE ORANGE – EXTERNAL – CLEAR.”

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
KEY PERSONNEL – PHONE/PAGER
NOTIFICATION

KEY PERSONNEL – MASTER LIST

NOTE: Operator to contact via phone or pocket pager system.

<i>Personnel</i>	<i>Phone/Pager #</i>
1. CEO _____	() - _____
2. Administrator-On-Call _____	() - _____
3. Medical Director _____	() - _____
4. Chairman of Disaster Committee _____	() - _____
5. Security Director _____	() - _____
6. Director of Information Technology _____	() - _____
7. Director of Plant Operations _____	() - _____
8. _____	() - _____
9. _____	() - _____

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
STAFF NOTIFICATION LIST

PROCEDURE:

If you receive an official warning or witness an emergency or disaster, contact the CEO. If he/she is not reachable call each person at the top of the list until successful contact is achieved. The highest ranked clinic manager will determine whether or not to activate a response.

If a response is activated, each person will call the next two people on the list. Redundant calls are OK. If you cannot reach one of the people you call, leave a message (if possible) and call the next person. Note the name of the person you could not reach and call again one hour later. If unsuccessful, report name to Incident Manager.

DATE OF LAST UPDATE: _____ **UPDATED BY:** _____

THIS LIST CONTAINS SENSITIVE INFORMATION AND SHOULD REMAIN CONFIDENTIAL						
NAME POSITION	PREFER Home / Cell / Other	HOME PHONE	CELL PHONE	OFFICE PHONE	OTHER (PAGER, ETC.)	EMAIL
CEO						
Medical Director						
Nursing Director						
Security						
Plant Operations						
IT						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
MEDICAL SPOKESPERSON

PHYSICIANS LISTED WILL ACT AS MEDICAL SPOKESPERSON FOR THE MEDICAL CENTER DURING A DISASTER (BOTH INTERNAL AND EXTERNAL).

DEPARTMENT	NAME	PHONE	POCKET PAGER

In the event of a disaster:

1. The above physicians will function as medical spokespersons for the CHC.
2. Medical spokespersons will issue medical status reports to the media and communicate medical info to DOH, CDC and other agencies as indicated.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
FACILITY CHECKLIST

BASIC CENTER SUPPORT SERVICES LIST

DATE OF LAST UPDATE: _____ UPDATED BY: _____

Contact List: Vendors / Funding Sources / Community Liaisons

	Telephone (999) 999-9999	Email	Contact Person
EMS Provider			
Fire Service			
Police			
Local Hospital			
DOH			
Gas or Propane			
Telephone			
• Equipment Provider			
• Equipment Repair			
• Service Provider			
Information Technology Admin			
• EHR Support			
Medical Supply and Equipment			
• Vendor			
• Vendor			
• Vendor			
• Repair			
• Repair			
• Repair			
• Maintenance			
• Maintenance			

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
EMPLOYEE DEMOGRAPHIC SHEET

	Current Information	Updated Information
Employee Name:		
Department:		
Job Title:		
Shift:		

Information to Validate

Demographic Data	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Cellular Phone:	
Pager (1):	
Work Phone:	
Primary Emergency Contact Info	
Contact Name:	
Relationship:	
Contact Home Phone:	
Contact Work Phone:	
Contact Cellular Phone:	
Foreign Language Ability	
Language Spoken:	
Licenses/Certifications/Skills	
Active Healthcare Registration Type:	
Registration Expiration:	

HAM Radio License	<input type="checkbox"/>		<input type="checkbox"/>	
Electrician	<input type="checkbox"/>		<input type="checkbox"/>	
Plumber	<input type="checkbox"/>		<input type="checkbox"/>	
EMT	<input type="checkbox"/>		<input type="checkbox"/>	
Truck Driver	<input type="checkbox"/>		<input type="checkbox"/>	
Heavy Equipment Operator	<input type="checkbox"/>		<input type="checkbox"/>	
Fire Fighter	<input type="checkbox"/>	Commitments	<input type="checkbox"/>	
Law Enforcement	<input type="checkbox"/>	Military	<input type="checkbox"/>	
Hazardous Materials Training	<input type="checkbox"/>	Community	<input type="checkbox"/>	
Computer Hardware/Software	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
CLASSIFICATION ASSIGNMENT LIST

CLASSIFICATION ASSIGNMENT LIST

CLASSIFICATION (e.g., Physician, Nurse, Security Clerk)	NAME	AREA ASSIGNED*	TIME ASSIGNED TO AREA	TIME RETURNED TO LABOR POOL

- * AREA ASSIGNED**
- I - Immediate Treatment Area**
 - D - Delayed Treatment Area**
 - M - Minor Treatment Area**
 - R - Runner**
 - DC - Discharge Area**
 - MG - Morgue**
 - EOC - Emergency Command Center**

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 2
NOTIFICATION

SUBJECT:
DISASTER RECALL LIST SURVEY

DISASTER RECALL LIST SURVEY

DEPARTMENT: _____ DATE: _____ TIME: _____

Instructions: List all department staff members and responses received: Forward this list to the command center.

NAME:	POSITION:	RESPONSE: (coming in, not home, message left, etc.)	Expected Arrival Time: (in military time)

Staff recall survey

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 3
CONTINUITY OF OPERATIONS

SUBJECT:
GOALS & PLANNING ELEMENTS

POLICY:

It is the policy of [Name of CHC] to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the clinic will give priority to providing or ensuring patient access to health care.

PURPOSE:

To increase the CHC's ability to maintain or rapidly restore essential services following a disaster.

PROCEDURE:

The CHC will take the following actions to ensure:

1. Patient, visitor and personnel safety:
 - a. Develop, train on and practice a plan for responding to internal emergencies and evacuating clinic staff, patients and visitors when the facility is threatened. (See sections relating to emergency procedures and clinic evacuation.)
2. Continuous performance or rapid restoration of the clinic's essential services during an emergency:
 - a. Develop plans to obtain needed medical supplies, equipment and personnel. (See section on disaster contacts.) Identify a backup site or make provisions to transfer services to a nearby provider.
3. Protection of medical records:
 - a. To the extent possible, protect medical records from fire, damage, theft and public exposure. If the clinic is evacuated, provide security to ensure privacy and safety of medical records.
4. Protection of vital records, data and sensitive information:
 - a. Ensure offsite back-up of financial and other data.
 - b. Store copies of critical legal and financial documents in an offsite location.
 - c. Protect financial records, passwords, credit cards, provider numbers and other sensitive financial information.
 - d. Update plans for addressing interruption of computer processing capability.
 - e. Maintain a contact list of vendors who can supply replacement equipment.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- f. Protect information technology assets from theft, virus attacks and unauthorized intrusion.

5. Protection of medical and business equipment:

- a. Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide list to the CFO and store a copy offsite.
- b. Protect computer equipment against theft through use of security devices.
- c. Use surge protectors to protect equipment against electrical spikes.
- d. Secure equipment and/or elevate equipment as appropriate during time of flood risk and water main break issues.
- e. Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.

6. Relocation of services:

[Name of Clinic] will take the following steps, as feasible and appropriate, to prepare for an event that makes the primary clinic facility unusable. [Name of CHC] will:

- a. Identify a back-up facility for continuation of clinic health services, if possible.
- b. Establish agreements with nearby health facilities to accept referrals of clinic patients.
- c. Establish agreements with nearby health facilities to allow clinic staff to see clinic patients at these alternate facilities.
- d. Identify a back-up site for continuation of clinic business functions and emergency management activities. The current back-up site is [location].

7. Restoration of utilities:

[Name of CHC] will:

- a. Maintain contact list of utility emergency numbers.
- b. Ensure availability of phone and phone line that do not rely on functioning electricity service.
- c. Request priority status for maintenance and restoration of telephone service from local telephone service provider.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 3
CONTINUITY OF OPERATIONS

SUBJECT:
EMERGENCY GENERATOR

[Name of Clinic] will obtain and install an emergency generator to ensure its ability to continue operations in the event of an emergency that creates power outages. [Name of CHC] will obtain assistance from local utilities or vendors.

Specific steps include:

- Inventory essential equipment and systems that will need continuous power.
- Determine the maximum length of time the clinic will operate on emergency power (i.e., is emergency power primarily for short term outages or for extended operations).
- Determine power output needs.
- Select fuel preference: propane or diesel.
- Determine location of nearest supplies of selected fuels that can be accessed in an emergency.
- Select, purchase and install generator.
- Perform recommended periodic maintenance.
- Run monthly generator start-up tests.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 4
STAFF

SUBJECT:
VOLUNTEER STAFF

POLICY:

It is the policy of _____ [CHC] _____ to permit the Chief Executive Officer, Medical Director, or their designee(s), to grant disaster privileges on a case-by-case basis when the Center's emergency management plan is activated and the Center is unable to handle immediate patient care needs. This policy outlines _____ [CHC] _____ Center's plan to accept volunteer practitioners and to process the credentials of those practitioners who do not currently possess medical staff privileges to practice at _____ [CHC] _____.

PURPOSE:

The purpose of this policy is to outline the process for granting disaster privileges to licensed independent practitioners (LIPs) during the time when the Center's emergency management plan is activated and the Center is unable to handle immediate patient care needs.

RESPONSIBILITY:

The CEO, Medical Director and Director of Nursing are responsible for granting disaster privileges in accordance with this policy.

PROCEDURE:

When the Center's emergency management plan has been activated, the Center will utilize the following process for any LIP who is not on the medical staff of _____ [CHC] _____ and who presents his/her self as a volunteer to render services:

1. The practitioner will be directed to _____, where he/she must present any one of the following, prior to the granting of disaster privileges:
 - a. a current hospital photo identification card; or
 - b. a current license to practice and a valid picture identification card issued by a state, federal, or regulatory agency; or identification indicating that the individual is a member of the Medical Reserve Corps (MRC); or
 - c. identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
 - d. presentation by current Center staff member(s) with personal knowledge regarding the LIP's identity.
2. Once a practitioner obtains approval for disaster privileges, _____ [CHC] _____ will issue appropriate identification. The practitioner will then report to and practice under the auspices of the director of the department to which he/she is assigned.
3. The medical staff will begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

under control. The verification process is identical to the process established under the medical staff bylaws for granting temporary privileges to meet an important patient care need, and is a high priority.

4. All disaster privileges will immediately terminate once the emergency management plan is no longer activated. However, the Center may choose to terminate disaster privileges prior to that time. The practitioner must return the temporary ID card to Security.
5. The medical staff will maintain a list of all volunteer practitioners who received disaster privileges during the emergency management/disaster event.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 4
STAFF

SUBJECT:
VOLUNTEER STAFF REGISTRATION/CREDENTIALING FORM

VOLUNTEER STAFF REGISTRATION/CREDENTIALING FORM

DATE: ___ / ___ / ___

Event: _____

#	(Print) Name	(Print) Address	Signature	Driver's License #	PROF/TECH LIC #	Specialty Skills	Employer Address	Time IN	Time OUT	Security Follow-up
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Certifying Officer: _____

Date/Time: _____

Original: Labor Pool Unit Leader

Copy: Security Officer

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 5
INCIDENT COMMAND SYSTEM

SUBJECT:
ACTIVATION OF INCIDENT COMMAND SYSTEM

POLICY:

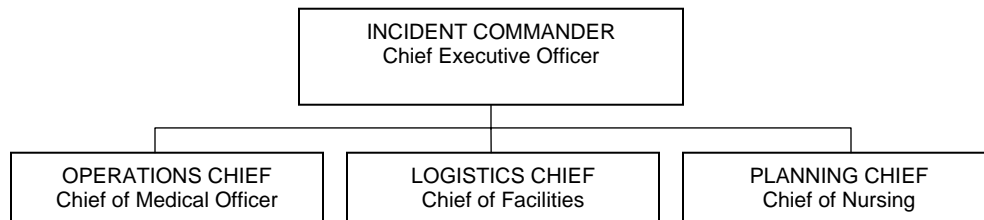
In times of activation of the Emergency Management Plan, the Incident Command Structure will be activated.

PURPOSE:

To ensure coordinated effort using the National Incident Management System (NIMS) terminology and organizational structure.

PROCEDURE:

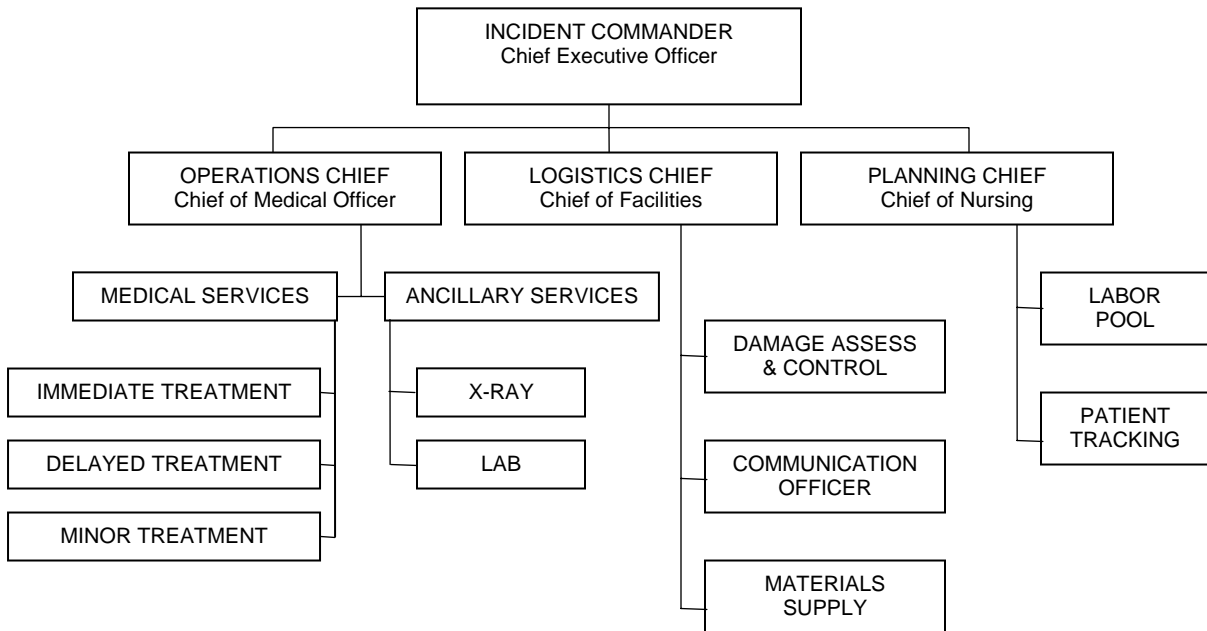
8. Center Operator to announce “**ATTENTION ALL PERSONNEL, CODE ORANGE.**”
9. Incident Commander will and Section Chiefs report to Emergency Operations Center and distribute section packets and vests to each Section Chief.
10. Incident Commander will appoint Planning Section Chief to respond to the Staging Area. A decision is made to determine if call-back of staff is required.
11. One person from each department to respond to “Staging Area” in cafeteria with Department Status Report worksheet.
12. Security Officer will provide communications until 2-way radio system is established.
13. Each Section Chief will appoint Officers/Managers as needed.
14. Each Section Chief/Manager will distribute the appropriate instruction packet, documentation forms, and vests to put the system into operation.



COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 5
INCIDENT COMMAND SYSTEM

SUBJECT:
ACTIVATION OF INCIDENT COMMAND SYSTEM



It is not necessary to fill all of the positions of the organizational chart. The number of positions will be determined by size of the disaster, need for additional staff, need for the service assigned, etc. This is to be a decision that is reviewed as the disaster expands or is controlled.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 5
INCIDENT COMMAND SYSTEM

SUBJECT:
EOC ACTIVATION CRITERIA AND SETUP

POLICY:

To ensure an Emergency Operations Center (EOC) is functional whenever an event occurs which will threaten staff health and safety and/or will interrupt operations.

PURPOSE:

To ensure that the Center Emergency Management Committee (EMC) activates an EOC in a timely manner as needed. To ensure that the appropriate EOC staff are directed to perform set up so that the EOC will be ready. To ensure that the correct EOC is activated, to ensure habitability and the safety of EMC staff.

PROCEDURE:

Steps in this process are suggested in an order. Each situation is different, which may require skipping steps because of the impact of actual events. Check the box when completed.

	Make decision about EOC activation, location, and appropriate staffing.
	Assign staff to set up an EOC. Ensure security is present to ensure safety of personnel, habitability, and secure operations.
	If not all EMC staff are activated, ensure all other EMC staff are made aware of when EOC is being activated in case they are called for service.
	Contact operational area medical director and other key stakeholders about the EOC activation and provide contact phone numbers once the EOC is operational (ready to function).
	Ensure that external safety, parking, and access is appropriate for the EOC operation.
	Direct the Safety Officer to continue habitability assessments, especially in highly variable and dangerous conditions (floods, fires, hazmat, civil disturbance, earthquake, etc.)
	Ensure that security is established at the entrance to the EOC and then establish a sign-in process in order to verify who has arrived and when.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 5
INCIDENT COMMAND SYSTEM

SUBJECT:
EOC HABITABILITY CONSIDERATIONS

EOC HABITABILITY CONSIDERATIONS

NOTE: The size, location, and resources/amenities of a Center EOC will vary considerably among centers. An EOC can operate successfully for short term responses in a relatively small space. Telephone service and electricity are critical and Internet access highly desirable. The EOC description that follows can be set up in a conference room as small as 150 square feet, especially if nearby offices can be converted for use by EOC personnel.

The Emergency Operations Center (EOC) is responsible for the centralized management of information, decision-making, resource support and resource application during an emergency. The center's EOP envisions up to 4 designated positions and 2 supporting personnel (alternates and support staff) to support Management and General Staff operations in the center's EOC. The purpose of the EOC is to provide a safe and secure facility from which the center can provide coordination, direction and control of resources in response and initial recovery from events that overwhelm the regular operations of the center. Emergency operations could be on for 12-24 hours initially depending on the severity of the event and the nature of the center's response.

Natural Hazard Considerations

Ideally, the EOC facility should be located away from potential hazards such as falling objects (trees, power and light poles), floods, mud or landslide, threat of structure or wild land fire.

Environmental Controls

Heating, cooling and ventilation systems will provide comfort for employees.

Working Space

- Large conference room with center table able to allow 5 people to work comfortably. Center offices can be used for occasional meetings and as worksites for EOC Section Chiefs.
- Wall space should be available for large maps, message and status boards (4' x 4' each). Alternatively, easels can be used to hold maps and flip charts to record information.

Access

- Should be ADA accessible, all entrances/exits. Direct exterior doors as well as interior access from "waiting room" or foyer area of building.

Restrooms

- Direct or immediate access to restroom facilities.

Computing and Communications

- 2 computer workstations with Internet access and email.
- 2 telephone connections, one of which should be capable of use with a telephone that does not require electricity and that bypasses the center switchboard.
- 1 fax connection.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- Television at end of room for monitoring news reports during large-scale disasters.
- If possible, redundant communication methods, such as ham radio or satellite phones, should be available for emergency responders.
- Large projection screen at one end of room (preferred).

Electric Service

- Adequate for 2 computers, printer, a copier, 1 fax, video and audio equipment, and portable lighting. Additional capacity for unanticipated needs (new technology).
- Uninterruptible power supply for critical equipment. (UPS and/or back-up generator.)

Kitchen

- Access to kitchen facilities with storage. (Water, microwave, refrigeration, long shelf life snack foods, etc.)

Lighting

- Overhead acceptable.

Security

- Storage areas where EOC supplies are kept should be locked to prevent intrusion, tampering and theft of materials and equipment. Fire detection and suppression systems must be present in accordance with code.

Support

- Adequate space for computing and communications technical support (equipment) within surrounding building.
- Parking for 10 vehicles nearby.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 6

HAZARD VULNERABILITY ANALYSIS (HVA)

SUBJECT:

**HAZARD VULNERABILITY ANALYSIS –
GENERAL**

HAZARD VULNERABILITY ANALYSIS (HVA)

POLICY:

The Community Health Center will conduct an annual HVA.

PURPOSE:

To evaluate all hazards, their risk of actual occurrence, and the impact on life, property and business if the hazard occurred.

PROCEDURE:

1. Determine probability and impact of hazard

Probability and impact are ranked:

Low – Rare

Moderate – Unusual

High – High Potential or Have Experienced

Risk = Probability x Severity of impact on life, property and business

2. Address mitigation, preparedness, response, and recovery for these hazards
3. For high risk/high impact hazards, develop individual incident action plans

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Appendix D.1: CLINIC HAZARD AND VULNERABILITY ANALYSIS

Clinic Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Staff availability

Issues to consider for probability include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for response include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

Issues to consider for human impact include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to consider for property impact include, but are not limited to:

- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair
- 4 Time to recover

Issues to consider for business impact include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution
- 8 Reputation and public image

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

9 Financial impact/burden

Issues to consider for preparedness include, but are not limited to:

- 1 Frequency of drills
- 2 Training status
- 3 Insurance
- 4 Availability of alternate sources for critical supplies/services

Issues to consider for internal resources include, but are not limited to:

- 1 Types of supplies on hand/will they meet need?
- 2 Volume of supplies on hand/will they meet need?
- 3 Staff availability
- 4 Coordination with MOBs
- 5 Availability of back-up systems
- 6 Internal resources' ability to withstand disasters/survivability

Issues to consider for external resources include, but are not limited to:

- 1 Types of agreements with local and state agencies.
- 2 Types of agreements with community agencies/drills?
- 3 Coordination with local and state agencies
- 4 Coordination with proximal health care facilities
- 5 Coordination with treatment specific facilities
- 6 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 6
HAZARD VULNERABILITY ANALYSIS

SUBJECT:
DETERMINATION OF POTENTIAL RISK OF
THE HAZARD OCCURRING

Hazard Vulnerability Analysis – Disaster Management DETERMINATION OF POTENTIAL RISK OF THE HAZARD OCCURRING

HAZARD	LOW	MODERATE	HIGH
Natural Disasters			
Ice/Snow/Blizzards			
Flooding			
Earthquakes			
Fire			
Outbreak/Epidemic			
Resource/Utility Disasters			
Loss of Power/Electric/Generator			
Communication/Telephone Failure			
IT Failure			
Loss of Water			
Fuel Shortage			
Fire- Internal			
Medical Gas Shutdown			
Staff Unavailability			
Mass Casualty Accidents			
Bus Accidents			
Train Accidents			
Airplane Accidents			
Hostage Situation			
Industrial Accidents			
Fires			
Chemical			
Hazmat			
Weapons of Mass Destruction			
Chemical Weapons			
Biological Weapons			
Nuclear Weapons			
Radiological Weapons			
High Explosive Devices			
Bomb Threat			

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 6
HAZARD VULNERABILITY ANALYSIS

SUBJECT:
**MITIGATION, PREPAREDNESS, RESPONSE
& RECOVERY**

POLICY:

After conducting an annual Hazard Vulnerability Analysis (HVA), we will determine the appropriate level of mitigation, preparedness, response and recovery.

TYPES OF RISK:

EXAMPLES:

1. Natural Disasters-

Mitigation:

The CHC is not in a flood plane, or earthquake prone area. Therefore we have not taken any special precautions. In case of a blizzard, we have developed a snow emergency policy.

Preparedness:

See snow emergency policy. (Incident Action Plan)

Response:

We would activate our external disaster plan and prepare the CHC to receive multiple casualties.

Recovery:

This would be determined by the incident commander.

2. Utility Disasters-

Mitigation:

The CHC has taken steps to provide for redundant capabilities of our telephone system. We have emergency generators to power all of our mission critical patient systems.

Preparedness:

We test our generators and telephone switch on an ongoing basis. We have distributed portable radios to all patient care areas for use during a telephone failure. We also maintain a supply of bottled water at all times.

Response:

We would activate our internal disaster plan.

Recovery:

The incident commander would authorize the appropriate steps and resources necessary to return the CHC to our full level of functioning.

3. Mass Casualty Incidents-

Mitigation:

We as a CHC cannot take any special precautions to prevent such an incident.

Preparedness:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

We participate with the surrounding communities in conducting drills. During these drills we also conduct a test of our CHC Disaster Plan.

Response:

We would activate our external disaster plan.

Recovery:

The incident commander would authorize the use of CHC resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.

4. Industrial Accidents-

Mitigation:

We as a CHC cannot take any special precautions to prevent such an incident.

Preparedness:

We participate with the surrounding communities in conducting drills. We have trained staff in the use of PPE and decontamination procedures.

Response:

We would activate our external disaster plan and set up our decontamination tents and equipment if required.

Recovery:

The incident commander would authorize the use of CHC resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.

5. Weapons of Mass Destruction- Mitigation:

We have taken multiple steps to protect the CHC. Staff is being trained in early detection to ensure that the CHC is not contaminated. We have heightened the awareness of the security and other staff as to potential risks and threats to the CHC.

Preparedness:

We have purchased additional decontamination tents and equipment and personal protection equipment for the staff. We are training the appropriate staff in the use of equipment. We have instituted the Emergency Incident Command System and are training the appropriate management and center staff. We have provided training for the medical staff in the diagnosis and treatment of patients affected by biological weapons.

Response:

The CHC would activate our external disaster plan well as "CODE BROWN" (to set up the decontamination tents and lock down the CHC).

Recovery:

The incident commander would authorize the appropriate steps and resources necessary to return the CHC to our full level of functioning.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
ACTION PLAN DEVELOPMENT

POLICY:

Incident Action Planning is an essential part of the Incident Command System. Action planning is an effective management tool involving two essential items:

- A process to identify objectives, priorities and assignments related to emergency response or recovery actions.
- Plans which document the priorities, objectives, tasks and personnel assignments associated with meeting the objectives.

PURPOSE:

To develop an Incident Action Plan based on Hazard Vulnerability Analysis, drills and exercises. The procedures and forms in this section provide a roadmap for the use of this important response tool. Even in the period immediately following a disaster, it is important to establish and communicate clear priorities and to track the completion of priority objectives. At this point, action plans can be verbal and cover very short (e.g., two-hour) time periods. In later phases of the response, written action plans for longer time periods provide effective tools for ensuring that all responders are addressing the organization's priority tasks.

PROCEDURE:

Incident Action Planning Procedures

Incident Action planning is based on the use of an operational period. The length of the operational period for the Incident Action Plan is determined by first establishing a set of objectives and priority actions that need to be performed and then establishing a reasonable time frame for accomplishing those actions. Generally, the actions requiring the longest time period will define the length of the operational period.

Typically, operational periods at the beginning of an emergency are short, sometimes only a few hours. As the emergency progresses, operational periods may be longer, but should not exceed twenty-four hours. Operational periods should not be confused with staffing patterns or shift change periods. They may be the same, but need not be.

The initial Incident Action Plan should not be complex or create a time-consuming process. The Incident Action Plan should generally cover the following elements:

- Listing of objectives to be accomplished (should be measurable).
- Statement of current priorities related to objectives.
- Statement of strategy to achieve the objectives. (Identify if there is more than one way to accomplish the objective and which way is preferred.)
- Assignments and actions necessary to implement the strategy.
- Operational period designation – the time frame necessary to accomplish the actions.
- Organizational elements to be activated to support the assignments. (Also, later Incident Action Plans may list organizational elements that will be activated during or at the end of the period.)
- Logistical or other technical support required.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Focus of the Incident Action Plan

The focus of the Incident Action Plan should be on CHC issues. The plan sets overall objectives for the Center's Incident Action Plan. Properly prepared, the Incident Action Plan becomes an essential input to the development of Incident Action Plans by other organizations.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
FORMS

ACTION PLAN

INCIDENT: _____ DATE: _____ TIME: _____ ≤ FACILITY ACTION PLAN
≤ SECTION/POSITION: _____

GOAL	OBJECTIVES (to meet Goal)	ACTION TAKEN	STATUS
1.	1A		
	1B		
	1C		
2.	2A		
	2B		
	2C		
3.	3A		
	3B		
	3C		

RESOURCES NEEDED	WHEN NEEDED	STATUS
1.		
2.		
3.		

PROJECTED ACTIVITIES	PROJECTED NEEDS	STATUS

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
FORMS

INCIDENT OBJECTIVES	DATE PREPARED:	TIME PREPARED:
OPERATIONAL PERIOD FROM:	TO:	
1. GENERAL OBJECTIVES: (FROM MANAGEMENT STAFF)		
WEATHER FORECAST FOR OPERATIONAL PERIOD: (FROM SITUATION STATUS UNIT LEADER)		
SAFETY MESSAGE: (FROM SECURITY OFFICER)		
ATTACHMENTS (CIRCLE IF ATTACHED)		
<ul style="list-style-type: none">• ORGANIZATION CHART• CURRENT AREA SITUATION REPORT• TASK ASSIGNMENTS	<ul style="list-style-type: none">• CARE/SHELTER FACILITIES• SPECIAL MEDICAL FACILITIES• TRAFFIC AND STAGING AREA MAP	<ul style="list-style-type: none">•••
PREPARED BY (PLANNING SECTION CHIEF):	APPROVED BY INCIDENT COMMANDER:	

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
JOB DESCRIPTION FORMS

MANAGEMENT STAFF TASKS FOR THIS OPERATING PERIOD		DATE/TIME:
SECTION/UNIT	TASK	ASSIGNED TO
INCIDENT COMMANDER TASKS		
SECURITY OFFICER TASKS		
PUBLIC INFORMATION OFFICER TASKS		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
JOB DESCRIPTION FORMS

OPERATIONS SECTION TASKS FOR THIS OPERATING PERIOD		DATE/TIME:
SECTION/UNIT	TASK	ASSIGNED TO
OPERATIONS SECTION CHIEF TASKS		
PRIORITY ISSUES:		
1.		
2.		
3.		
4.		
5.		
MEDICAL CARE TASKS		
MENTAL HEALTH TASKS		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
JOB DESCRIPTION FORMS

LOGISTICS SECTION TASKS FOR THIS OPERATING PERIOD		DATE/TIME:
SECTION/UNIT	TASK	ASSIGNED TO
LOGISTICS SECTION CHIEF TASKS		
PRIORITY ISSUES:		
1.		
2.		
3.		
4.		
5.		
COMMUNICATIONS TASKS		
INFORMATION TECHNOLOGY TASKS		
MATERIALS & SUPPLY TASKS		
HUMAN RESOURCES TASKS		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
**EVACUATION: GENERAL, EARTHQUAKE,
FLOOD**

POLICY:

- A. Partial Evacuation – patients are transferred within the CHC. There are two levels of a partial response:
 - 1. Horizontal – first response; patient movement occurs horizontally to one side of a set of fire barrier doors.
 - 2. Vertical – movement of patients to a safe area on another floor or outside the building.
 - a) This type of evacuation is more difficult due to stairways which will require carrying of non-ambulatory patients; elevators cannot be used.
- B. Full Evacuation – patients are transferred from CHC to an outside area, nearby hospitals, or other alternative areas.
The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger increases rapidly.

PURPOSE:

Evacuation – the removal of patients, staff and/or visitors in response to a situation which renders CHC unsafe for occupancy or prevents the delivery of necessary patient care.

RESPONSIBILITY:

Authorization for Evacuation –

- A. Evacuation of the facility or portion thereof can only be authorized by:
 - 1. Public Safety Officer (Fire or Police)
 - 2. Chief Executive Officer
 - 3. Nursing Administrator
- B. The decision to evacuate from unsafe or damaged areas shall be based on the following information:
 - 1. The Engineering Department’s evaluation of the utilities and/or structure of the department.
 - 2. The medical staff and/or Nursing Department’s determination whether adequate patient care can continue.
 - 3. Evacuation should only be attempted when you are certain the area chosen for the evacuees is safer than the area you’re leaving.

Communication of Evacuation –

- A. This evacuation plan is based on the premise that an event has occurred, causing the CHC to be in a Code Orange mode. If this is not the situation, Code Orange must be initiated prior to evacuation, to establish the Command Center/EOC (Emergency Command Center).
- B. Notify “911” of evacuation.

PROCEDURE:

- A. General Instructions –

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
**EVACUATION: GENERAL, EARTHQUAKE,
FLOOD**

1. Evacuate most hazardous areas first (those closest to danger or farthest from exit).
 2. Use nearest or safest appropriate exit. Sequence of evacuation should be:
 - a) Patients in immediate danger
 - b) Ambulatory patients
 - c) Semi-ambulatory patients
 - d) Non-ambulatory patients
 3. Close all doors. If time permits, shut off oxygen, water, and lights and gas, if able.
 4. Elevators may be used, except during a fire or after a significant seismic activity.
- B. Emergency Incident Command Structure –
1. Emergency Incident Command (in the Command Center/EOC)
 - a) All available information shall be evaluated and evacuation schedule established, in coordination with the Section Chiefs. This info shall include:
 1. Structural, non-structural, and utility evaluation from Engineering/Damage Assessment & Control Officer.
 2. Patient status reports from Planning Section Chief.
 3. Evaluate manpower levels and authorize activation of staff call-in plans, as needed.
 - b) Disaster evacuation schedule to:
 1. Planning Section Chief
 2. Liaison Officer
 3. Safety and Security Officer
 4. Logistics Chief
 5. Operations Chief
 2. Liaison Officer
 - a) Maintain contact with Public Safety Officials, Health Dept. and EMS Agency.
 - b) Evaluate CHC for evacuation and communicate findings to EOC (Emergency Operations Center).
 3. Logistics Chief
 - a) Assign Transportation Officer to assemble evacuation teams from Labor Pool.
 - b) Notify Planning Section Chief of plans.
 4. Transportation Officer
 - a) Assemble evacuation teams from Labor Pool.
 - b) Ensure coordination of off-campus patient transportation with County EMS Agency in coordination with Liaison Officer.
 - c) If able, assign [#__] people to each floor for evacuation manpower.
 - d) Brief team members on evacuation techniques, (attached).
 - e) Arrange transportation devices (wheelchairs, gurneys, etc., to be delivered to assist in evacuation).
 - f) Report to floor being evacuated and supervise evacuation.
 - g) Report to Nurse Manager/Charge Nurse for order of patients being evacuated and method of evacuation.
 5. Nursing Service Officer
 - a) Designate holding areas for critical, semi-critical, and ambulatory evacuated patients.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
**EVACUATION: GENERAL, EARTHQUAKE,
FLOOD**

- b) Organize efforts to meet medical care needs and physicians staffing of Evacuation Holding areas.
 - c) Distribute evacuation schedule to Nurse Managers.
 - d) Verify Nurse Managers/Charge Nurses have initiated evacuation procedure.
 - e) Request Medical Staff Officer to notify physicians of need for transfer orders.
 - f) Assign Holding Area Coordinators and adequate number of nurses to holding areas.
 - g) Contact pre-established lists of hospitals, extended care facilities, schools, etc., to determine places to relocate patients. Forward responses to Planning Section Chief.
6. Medical Staff Officer
- a) Notify physicians of need for patient transfers.
 - b) Assist Nursing Service Officer as needed.
 - c) Assign Physician to provide medical care as needed.
7. Nurse Managers or Charge Nurses
- a) Report patient status to Nursing Service Officer.
 - b) Designate a safe exit after determining location of patients to be evacuated.
8. Patient Information Manager
- a) Record patient demographics.
9. Safety and Security Officer
- a) If able, assign a security person to each area being evacuated for traffic control/safety.
 - b) Turn off oxygen, lights, etc., as situation demands.
 - c) Check the complete evacuation has taken place and that no patients/staff remain.
 - d) Place "Evacuated at _____" (date/time) sign up at main area exit/entrance of evacuated area after evacuation is complete.
10. Facilities Operation Officer
- a) Obtain equipment/supplies needed for structural safety during evacuation.
 - b) Obtain portable toilets and privacy screens for use in areas where evacuated patients are relocated, if necessary.
11. Labor Pool Officer
- a) All available Engineering, Housekeeping, Security staff, etc., not previously assigned to incident will assist in movement of patients.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PROCEDURE:

EVACUATION FOR EARTHQUAKES

When an earthquake strikes:

Inside the Building:

- Duck, Cover and Hold! Get under a sturdy structure such as a desk or workstation and remain there until the earthquake subsides. In a hallway, kneel down, back against the wall. Cover your head with your arms and tuck down to your knees.
- Keep as calm as possible.
- If inside, stay inside. Do not rush to the exits.
- Keep away from windows or objects that are likely to fall.
- Stay under cover until it appears the earthquake is over. Be prepared for aftershocks.
- Do not use elevators. If you are in an elevator when the earthquake strikes, exit as soon as possible. If the elevator does not move and the alarm doors do not open, press the emergency button for help and wait for assistance. Do not attempt to climb out.
- Report any damage/casualties to your supervisor.
- Give whatever assistance you can to injured or disabled people. Use common sense and keep safety as a top priority when attempting search and rescue.
- Follow instructions regarding evacuation and activation of emergency response measures.

Outside the Building:

- If outside, stay in the open, away from buildings, overhead power lines, or any other object at risk of falling.
- Move away from fire and smoke.
- Proceed to the Emergency Assembly Area if safe, or proceed to a pre-designated alternate assembly area. Check in with your roll taker(s) to let them know you are safe.

RETURNING HOME

Remain at work unless you are released by your supervisor. Do not attempt to travel before you have made sure that emergency response team members have accounted for your safety and you are sure of safe passage.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PROCEDURE: EVACUATION FOR FLOODS

Emergency WATCH means a major emergency is <u>possible</u> . Emergency WARNING means a major emergency is <u>approaching</u> .

Tune to local radio or television stations for emergency information and instructions from local authorities.

When a flood WATCH is issued

- Move valuable possessions to upper floors.
- Fill your car's gas tank in the event an evacuation order is issued.

When a flash flood WATCH is issued

- Watch for signs of flash flooding and be ready to evacuate on a moment's notice.

When a flood WARNING is issued

- When told to evacuate, do so as quickly as possible. Move to a safe area before access is cut off by flood water. Avoid areas that are subject to sudden flooding.
- Before leaving, disconnect all electrical appliances, and if advised by your local utility, shut off electric circuits at the fuse panel and gas service at the meter.
- Do not try to cross a flowing stream where water is above your knees. Even water as low as 6 inches deep may cause you to be swept away by strong currents.
- Do not try to drive over a flooded road. This may cause you to be both stranded and trapped. IF your car stalls, abandon it IMMEDIATELY and seek higher ground. Many deaths have resulted from attempts to move stalled vehicles.
- Avoid unnecessary trips. If you must travel during the storm, dress in warm, loose layers of clothing. Advise others of your destination.
- Do not sightsee in flooded areas. Do not try to enter areas blocked off by local authorities.
- Use the telephone ONLY for emergency needs or to report dangerous conditions.

When a flash flood WARNING is issued

- If you believe flash flooding has begun, evacuate immediately as you may have only seconds to escape.
- Move to higher ground and away from rivers, streams, creeks and storm drains. Do not drive around barricades. These are placed to keep you out of harms way.
- If your car stalls in rapidly rising waters, abandon it IMMEDIATELY and climb to higher ground.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
TELEPHONE DISASTER PROCEDURE

POLICY:

In the event of a telephone outage at the CHC alternate communications will be available.

PURPOSE:

To establish back up communications and telephone usage. Insurance of communications in the event of loss of phone.

PROCEDURE:

The Operator will notify the CEO.

The Operator will notify the Director of Information Technology.

The Operator will announce, via the overhead speaker system, the current status of the problem upon instructions from the CEO.

The Operator will call the Dispatch Center to advise them about the situation. The phone numbers for the Dispatch Center are _____ or _____.

In the event of a total system failure, the Operator will use the emergency phones (secure land line) that allow outside access without going through the telephone switch. The phone numbers are (#1) _____ or (#2) _____.

The CEO will call an INTERNAL CODE ORANGE and activate the Portable Radios and Call List.

The Operator is to activate the Call List.

In the event of an internal disaster accompanied by telephone failure, the following procedure is to be used:

Internal Phone System Failure

-Each area will assess their cell phones and PDA availability.

-Each area will utilize the pay phone located _____

-Each department will be responsible for keeping coins available at the area nearest to the above named phones.

TWO – WAY RADIOS AND DISTRIBUTION

See Radio Distribution list.

EMERGENCY TELEPHONES IN THE EMERGENCY OPERATIONS CENTER (EOC)

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
TELEPHONE DISASTER PROCEDURE

Telephones and Fax Machine in Disaster Kit located in _____. There are 2 digital telephone sets to be used for _____ and [number] analog telephones to be used for the outside lines. All are labeled with both telephone number and jack numbers. Fax machine is labeled with jack number. These phones MUST be set up with corresponding numbers.

The telephone number to be used in case of disaster (CODE ORANGE)
is _____

This number has [number] additional hunt lines.

Phones should be plugged into jack numbers: _____.

Outside lines: [telephone #] [jack #]
 [telephone #] [jack #]

FAX LINE: [telephone #] [jack #]

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
SURGE, HOSPITAL

POLICY:

CHC will integrate our emergency plan with local hospital [hospital name] _____ and local police/fire, DOH, EMS, and other ambulances.

PURPOSE:

To ensure surge coordination, backup and capacity for our community in times of disaster. CHCs will focus on increasing capacity for non-critical disasters, as well as non-disaster patients.

PROCEDURE:

- 1) CHC will stay open.
- 2) CHC has linked with [hospital name] _____. The contact person for that hospital is [name] _____ [phone] _____ [email] _____; [alternate name] _____ [alternate's phone + email] _____. This person will coordinate all aspects of emergency response with the CHC, including coordination of logistics, facilities, supplies, security, medical care, communications, transport, and linkages with outside agencies.
- 3) In times of a disaster the CHC CEO/Incident Commander will communicate with the hospital's contact person to determine what level of support is needed.
- 4) Activation cascade:
 - Centers which are activated will provide a venue for non-urgent, non-disaster involved patients presenting to the hospital and non-urgent, disaster patients as triaged by the triage station(s) while providing limited service to existing patients.
 - During Normal Hours of Operation: The Center staff will complete patients actively being examined and immediately prepare the facility to accommodate non-urgent patients triaged to the Center. Physicians and nurses will provide care within their scope of practice and training. [Name] _____ will notify all Center patients that the Center is closing to prepare for casualties and that they should call the Center when the disaster situation has cleared to reschedule their appointment unless they have an immediate need to see a physician. The staff will organize to accept non-urgent patients presenting to the hospital and triaged to the Center and minor casualties of the disaster triaged to the Center. Nursing personnel who believe a patient triaged to the Center requires a higher level of care will immediately communicate this to the physician who in turn will communicate with the emergency medical services and arrange for patients to be transported to [name of hospital] _____.
 - For Center Not Activated: Centers not activated will be on standby alert and will either maintain routine function, close activities to provide needed staff, equipment and/or supply resources to activated sites or a combination of the two as directed by the Emergency IC.
 - For Centers with Buses/Passenger Vans: These vehicles will be assigned to respond either to the affected or to a central location as designated by the

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Centers' IMS. The vehicles will function as transport for ambulatory patients from the triage areas at the hospital to the ambulatory care centers and vice versa, as well as to transport other resources as needed.

- 5) The CEO/Incident Commander will ensure that the following activities are coordinated:
 - Security – they will assign personnel to secure the building and to ensure only authorized personnel enter these areas.
 - Materials Management – to send a staff member to each area to speak to the charge nurse as to the supplies and pharmaceuticals needed and to ensure the needed supplies and drugs are sent to the area.
 - Registration - to support influx of large number of patients – extra staff and laptops/paper copies of Emergency Registration Forms.
 - Information Technology – to provide appropriate support
 - Facilities - to assign staff
 - Housekeeping - to clean and supply linen.
- 6) The CEO/Incident Commander will be kept abreast of the :
 1. general status of arriving patients
 2. number of patients arriving
 3. number of patients treated
 4. number of patients discharged
 5. number of patients needing to go to a hospital
 6. additional staffing needs
 7. additional equipment and supplies neededby the [Nursing Administration] , the Planning Section Chief of the Center's ICS. The [security] Logistics Section Chief will ensure delivery of these resources.
- 7) The CEO/Incident Commander in collaboration with the Medical and Nursing Management will determine when the alternate care areas are no longer needed and can be closed down.
 - They will ensure that the areas are cleaned and ready to resume their normal operation.
 - They will ensure that all additional supplies, pharmaceuticals, stretchers, laundry, etc., are returned to the appropriate department(s).

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

CHC CAPACITY DATA ELEMENTS

Name:

Capacity

Incident Commander:	
Phone:	
Fax:	
EOC Location:	
EOC Email:	

Facility Capacity

Facility Capacity	Available Areas	Available Square Feet
Square feet		
Waiting room		
Separate rooms with doors		
Exam tables		
Chairs		
Stretcher		
Parking lot		
Yard		

Equipment

Equipment	Can Provide	Urgently Needed
EKG machine		
Inhalation/asthma treatment		
Defibrillator		
Back board		
Lab capacity		

Personnel

Type	Can Provide	Urgently Needed
Nurse		
Physician		
Pharmacist		
Registration		
Transportation		
IT		
Mental Health		
Security		
Paramedics		
EMTs		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

CHC CAPACITY DATA ELEMENTS (continued)

Pharmaceuticals (check box only)

Antibiotics	Can Provide	Urgently Needed
Ciprofloxacin-IV	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin-PO	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>
Doxycycline-PO	<input type="checkbox"/>	<input type="checkbox"/>
Tetracycline-PO	<input type="checkbox"/>	<input type="checkbox"/>
Rifampin-PO	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin-PO	<input type="checkbox"/>	<input type="checkbox"/>
Gentamycin-IV	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin-IV	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin-PO	<input type="checkbox"/>	<input type="checkbox"/>
Cephalosporins (1)	<input type="checkbox"/>	<input type="checkbox"/>
Cephalosporins (2)	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinia Immune Globulin	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>
Tamiflu	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Bio-Chemical Hazard Agents

Bio-Chemical Hazard Agents	Can Provide	Urgently Needed
Botulinum Antitoxin	<input type="checkbox"/>	<input type="checkbox"/>
Cyanide Antidote Kits	<input type="checkbox"/>	<input type="checkbox"/>
British Anti-Lewis	<input type="checkbox"/>	<input type="checkbox"/>
Atropine	<input type="checkbox"/>	<input type="checkbox"/>
Pralidoxime	<input type="checkbox"/>	<input type="checkbox"/>
Mark-2 Injector Kits	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>

Blood Bank

Blood Product	Can Provide	Urgently Needed
Packed RBCs	<input type="checkbox"/>	<input type="checkbox"/>
Platelets	<input type="checkbox"/>	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Frozen Plasma	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Supplies

Other Supplies	Can Provide	Urgently Needed
Normal Saline (1000ml)	<input type="checkbox"/>	<input type="checkbox"/>
Normal Saline (500ml)	<input type="checkbox"/>	<input type="checkbox"/>
D5W (1000ml)	<input type="checkbox"/>	<input type="checkbox"/>
D5W (500ml)	<input type="checkbox"/>	<input type="checkbox"/>
Lactated Ringer's (1000ml)	<input type="checkbox"/>	<input type="checkbox"/>
D5 1/2NS (1000ml)	<input type="checkbox"/>	<input type="checkbox"/>
Infusion Kits (Maxi)	<input type="checkbox"/>	<input type="checkbox"/>
Infusion Kits (Mini)	<input type="checkbox"/>	<input type="checkbox"/>
Casting Material (4 inch roll)	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Collars	<input type="checkbox"/>	<input type="checkbox"/>
PPE (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Other

Transport	Can Provide	Urgently Needed
Ambulances-ALS	<input type="checkbox"/>	<input type="checkbox"/>
Ambulances-BLS	<input type="checkbox"/>	<input type="checkbox"/>
Other Transport (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
SNOW/ICE EMERGENCY

POLICY:

Guidelines will be set forth to assist the Staff Managers in maintaining the Health Center at the highest level of operations possible during Snow/Ice Storm Emergencies.

PROCEDURE:

The Center's CEO is responsible for activating the Emergency Management Committee to notify and mobilize key personnel in the following areas:

- Operator
- Security
- Maintenance
- Nursing

ACTIVATE INCIDENT COMMAND

• **PLANNING**

ASCERTAIN staffing levels and future needs.

DETERMINE services and levels of operation to be maintained.

DETERMINE level and availability of supplies.

INFORM CEO of weather and road conditions as reported by Security.

DETERMINE level of staffing required to meet patient needs.

• **SECURITY**

MONITOR weather conditions and keep Command informed.

• **MAINTENANCE**

ACTIVATE snow plowing and snow clearance procedures for parking lots, driveways and walkways.

NOTIFY grounds crew to salt and/or remove snow from walkways.

• **SECURITY**

ACTIVATE, implement and assist in transportation system for personnel as directed by Logistics Section Chief.

PREPARE and MOBILIZE Center vehicles for transportation purposes as required by Security. Develop/expedite contingency system for supply delivery when adverse weather conditions are prolonged. Update CEO regarding execution of any contingency plans.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
INTERNAL DISASTER PLAN: FIRE

Follow these four steps:

RACE

1. RESCUE
2. ALARM
3. CONTAIN
4. EXTINGUISH/EVACUATE

A. RESCUE

Remove all patients and visitors in **IMMEDIATE DANGER**.

B. ALARM

1. Activate the nearest fire alarm pull box.

*Note: Security Department will alert Fire Dept. and on-site Security. Security Department will alert CEO who will determine which off-site personnel shall respond to the scene.

2. Notify all personnel in the area of the fire emergency.

Areas with intercom: Activate and repeat "**CODE RED**" and the location of the fire three times.

Areas without intercom: Repeat clearly, slowly, and loudly "**CODE RED [AND LOCATION]**" three times on each floor.

C. CONTAIN

1. Isolate the fire:
Close door, windows, fire doors beginning with those nearest the fire areas.

NOTE: NEVER open a door in the fire area once closed.

D1. EXTINGUISH

1. Extinguish fire with the appropriate portable fire extinguisher.
2. If smoke and heat are too much, close doors and await instructions. Keep unauthorized personnel from entering the area.

D2. EVACUATE

3. NOTE: The fire department will assume authority until the fire has been extinguished. Personnel are to operate under the direction of the fire department.
4. **If you hear a fire alarm:**
 - Evacuate the area. Close windows, turn off gas jets, and close doors as you leave.
 - Leave the building and move away from exits and out of the way of emergency operations.
 - Assemble in a designated area.
 - Report to the monitor so he/she can determine that all personnel have evacuated your area.
 - Remain outside until competent authority (Physical

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Security) states that it is safe to re-enter.

Know the Evacuation Routes. Should evacuation be necessary, go to the nearest exit or stairway and proceed to an area of refuge outside the building. Most stairways are fire resistant and present barriers to smoke if the doors are kept closed.

- Do not use elevators. Should the fire involve the control panel of the elevator or the electrical system of the building, power in the building may be cut and you could be trapped between floors.

FIRE EXTINGUISHER PROCEDURE

Fight the fire ONLY if:

- The fire department has been notified of the fire, AND
- You have a way out and can fight the fire with your back to the exit, AND
- You have the proper extinguisher, in good working order, AND know how to use it.
- If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

Extinguish: Pick up extinguishers and fight fire only if it is safe and you have been trained to do so.

Choose appropriate fire extinguisher as per classification of fire as follows:

A ORDINARY COMBUSTIBLES

e.g., paper, grease, paint

B FLAMMABLE LIQUIDS

e.g., gasoline, grease paint

C ELECTRICAL EQUIPMENT

e.g., wiring, overheated fuse boxes

Note: C extinguisher (dry chemical) is an all purpose extinguisher and can be used on Class A, B, C fires.

Once proper extinguisher has been chosen, extinguish as follows:

1. Remove the extinguisher from the wall unit.
2. P Pull the pin.
3. A Aim the nozzle at the base of the fire.
4. S Squeeze or press the handle.
5. S Sweep side to side at the base of the fire until the fire is extinguished.

NOTE: Upon clearance of the Code Red, notify the Safety Engineer for replacement of the fire extinguisher.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
WEAPONS OF MASS DESTRUCTION

POLICY:

In the event of a chemical, nuclear or biological threat to the community, which may result in a threat to the safety of patients and staff and/or contamination of the Center, the Incident Commander will initiate a CODE BROWN. A CODE BROWN will trigger specific activities designed to protect the Center from quarantine, and protect the staff and patients from contamination from chemical, nuclear or biological substances.

PROCEDURE:

1. Upon notification of a credible incident by state or federal police authorities the Incident Commander will initiate a CODE BROWN.
2. The Operator will announce via the overhead page system CODE BROWN – three times. They will activate the management call list.
3. The Security staff will be immediately dispatched to secure all access points to the Center.
4. Access points will remain secured until such time as the threat of contamination of the Center is deemed not to be an issue. This determination will be made by the Incident Commander.
5. Appropriately educated staff will set up the decontamination shower, changing and triage tents outside the Center. (see Decontamination Tent Set-up Policy)
6. The Operations Leadership will assign the appropriate staff to decontamination and triage teams. They will ensure that all staff are properly garbed in their Personal Protection Equipment prior to reporting to their assigned posts.
7. The Operations Leadership will assess additional staffing needs and communicate this information to the Command Center.
8. **No additional staff will report unless specifically requested by the Command Center.**
9. Nursing will be notified to begin discharging patients.
10. The Planning Leadership will assess the need to open additional treatment areas away from the Center. They will communicate this information to the Command Center. The Command Center will activate the Alternative Care Site Policy.
11. All Center employees reporting to work will sign in upon their arrival and will be directed to their units or to a staging area as determined by the Command Post.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
URBAN SEARCH & RESCUE TASK FORCES
RESOURCE FORM

Resource: Urban Search & Rescue (US&R) Task Forces					
Category:		Search and Rescue		Kind:	Team
Minimum Capabilities:		Type I	Type II	Type III	Type IV
Component	Metric				
Personnel	Number of People per Response	70 person response	28 person response		
Personnel	Training	NFPA 1670 Technician Level in area of specialty. Support personnel at Operations Level.	NFPA 1670 Technician Level in area of specialty. Support personnel at Operations Level.		
Personnel	Areas of Specialization	High angle rope rescue (including highline systems); confined space rescue (permit required); Advanced Life Support (ALS) intervention; communications; WMD/HM operations; defensive water rescue	Light frame construction and basic rope rescue operations; ALS intervention; HazMat conditions; communications; and trench and excavation rescue.		
Personnel	Sustained Operations	24-hour S&R operations. Self-sufficient for first 72 hours.	12-hour S&R operations. Self-sufficient for first 72 hours.		
Personnel	Organization	Multi-disciplinary organization of Command, Search, Rescue, Medical, HazMat, Logistics, and Planning.	Multi-disciplinary organization of Command, Search, Rescue, Medical, HazMat, Logistics, and Planning.		
Equipment	Sustained Operations	Potential mission duration of up to 10 days.	Potential mission duration of up to 10 days.		
Equipment	Rescue Equipment	Pneumatic Powered Tools, Electric Powered Tools, Hydraulic Powered Tools, Hand Tools, Electrical, Heavy Rigging, Technical Rope, Safety	Pneumatic Powered Tools, Electric Powered Tools, Hydraulic Powered Tools, Hand Tools, Electrical, Heavy Rigging, Technical Rope, Safety		
Equipment	Medical Equipment	Antibiotics/ Antifungals, Patient Comfort Medication, Pain Medications, Sedatives/ Anesthetics/ Paralytics, Steroids, IV Fluids/ Volume, Immunizations/ Immune Globulin, Canine Treatment, Basic Airway, Intubation, Eye Care Supplies, IV Access/ Administration, Patient Assessment Care, Patient Immobilization/ Extrication, Patient/ PPE, Skeletal Care, Wound Care, Patient Monitoring	Antibiotics/ Antifungals, Patient Comfort Medication, Pain Medications, Sedatives/ Anesthetics/ Paralytics, Steroids, IV Fluids/ Volume, Immunizations/ Immune Globulin, Canine Treatment, Basic Airway, Intubation, Eye Care Supplies, IV Access/ Administration, Patient Assessment Care, Patient Immobilization/ Extrication, Patient/ PPE, Skeletal Care, Wound Care, Patient Monitoring		
Equipment	Technical Equipment	Structures Specialist Equip., Technical Information Specialist Equip., HazMat Specialist Equip., Technical Search Specialist Equip., Canine Search Specialist Equip.	Structures Specialist Equip., Technical Information Specialist Equip., HazMat Specialist Equip., Technical Search Specialist Equip., Canine Search Specialist Equip.		
Equipment	Communications Equipment	Portable Radios, Charging Units, Telecommunications, Repeaters, Accessories, Batteries, Power Sources, Small Tools, Computer	Portable Radios, Charging Units, Telecommunications, Repeaters, Accessories, Batteries, Power Sources, Small Tools, Computer		
Equipment	Logistics Equipment	Water/Fluids, Food, Shelter, Sanitation, Safety, Administrative Support, Personal Bag, Task Force Support, Cache Transportation/ Support, Base of Operations, Equipment Maintenance	Water/Fluids, Food, Shelter, Sanitation, Safety, Administrative Support, Personal Bag, Task Force Support, Cache Transportation/ Support, Base of Operations, Equipment Maintenance		
Comments		Federal asset. There are 28 FEMA US&R Task Forces, totally self-sufficient for the first 72 hours of a deployment, spread throughout the continental United States trained and equipped by FEMA to conduct physical search-and-rescue in collapsed buildings, provide emergency medical care to trapped victims, assess and control gas, electrical services and hazardous materials, and evaluate and stabilize damaged structures.			

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
PROCUREMENT SUMMARY REPORT FORM

#	P.O.#	Date/Time	Item/Service	Vendor	\$ Amount	Requestor	Approval
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Certifying Officer: _____ Date/Time: _____

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
RADIATION DISASTER

POLICY:

It is the policy of [CHC] to maintain and provide the highest quality healthcare services possible during a disaster level hazardous materials emergency involving patients contaminated with radiation.

PURPOSE:

To provide appropriate and immediate care in the event of a radiation accident.

PROCEDURE:

1. Notification
 - A. CEO assesses need to activate the Emergency Management Plan.
2. Obtain Information from THE SCENE OF THE INCIDENT
 - A. Number and condition of victims – uncontaminated
 - B. Number and condition of victims – contaminated
 - C. Type of radioactive isotopes involved
 - D. Type of radiation accident/incident
 - 1) External Code Brown irradiation (industrial accident or terrorist action)
 - 2) External Code Brown Contamination
 - 3) Internal Contamination
 - E. Any attempts to decontaminate the victim at the scene
 - F. Location of accident/incident
3. Preparation
 - A. Preparation
 - 1) Lay down brown absorbent paper or chux pads in the Emergency transport vehicle.
 - 2) Notify Plant Operations to shut down ventilation system to limit spread of contamination.
 - 3) Preparation for arrival of victims
 - i. Floor
 - a. The route from the entrance to the decontamination area should be covered with plastic, paper, or sheets and secured to the floor with tape.
 - b. The route is to be marked off with ropes and marked "Radioactive" until cleared by the Radiation Safety Officer.
 - ii. Decontamination Area
 - a. Cover the floor with plastic or paper floor covering and secure with tape.
 - b. Place a piece of tape at the entrance to the decontamination area to delineate the contaminated area and uncontaminated area.
 - c. Hazmat Officer, equipped with a survey meter, will monitor all personnel, equipment and samples leaving the decontamination area.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- d. Environmental Services should remove nonessential equipment from the area or cover it with plastic. Light switches and handles on cabinets and doors should be covered with tape.
- e. Make a trough on a table as follows:
 - i. Roll two sheets lengthwise and place them along the edges and head of the table.
 - ii. Place plastic sheeting over the rolled sheets and tuck it under the sides and head.
 - iii. Form the ends of the plastic sheet into a funnel that empties into a large plastic container or wastebasket lined with a heavy plastic bag.
 - iv. Elevate the head of the table or stretcher so that all water will run into the container.
 - v. Prepare plastic lined drums to receive discarded contaminated clothes, gauze, supplies, etc.

B. Decontamination Team

1) Physician

- i. Directs medical care of the patient.
- ii. Directs the decontamination procedure.

2) Nurse

- i. Assists physician.
- ii. Is responsible for collecting all samples:
 - a. Laboratory (blood for complete blood cell count, typing and cross-matching, urine sample for analysis)
 - b. Monitors vital signs and records data.

3) Hazmat Officer

- i. Monitors patient and decontamination team during care of the patient.
- ii. Monitors exposure of team members to assure that Emergency Dose Limits are not exceeded.
 - a. life saving – 100 rems
 - b. less urgent – 75 rems
- iii. Responsible for analysis of wipe tests of contaminated areas.

4) Circulating Nurse

- i. Assists the team as needed.
- ii. Labels all specimens.
- iii. Obtains needed supplies from outside of the decontamination area.
- iv. Records contamination levels measured by Hazmat Team into the patient chart.

5) Administration

- i. Notify appropriate local, State and Federal agencies.
 - a. Coordinate operations
 - b. Assure ongoing operations
 - c. Coordinate all equipment, blood products and supplies as needed.
- ii. Information Officer
 - a. Releases information to the public

6) Security

- i. Secure radiation emergency area
- ii. Secure entrances

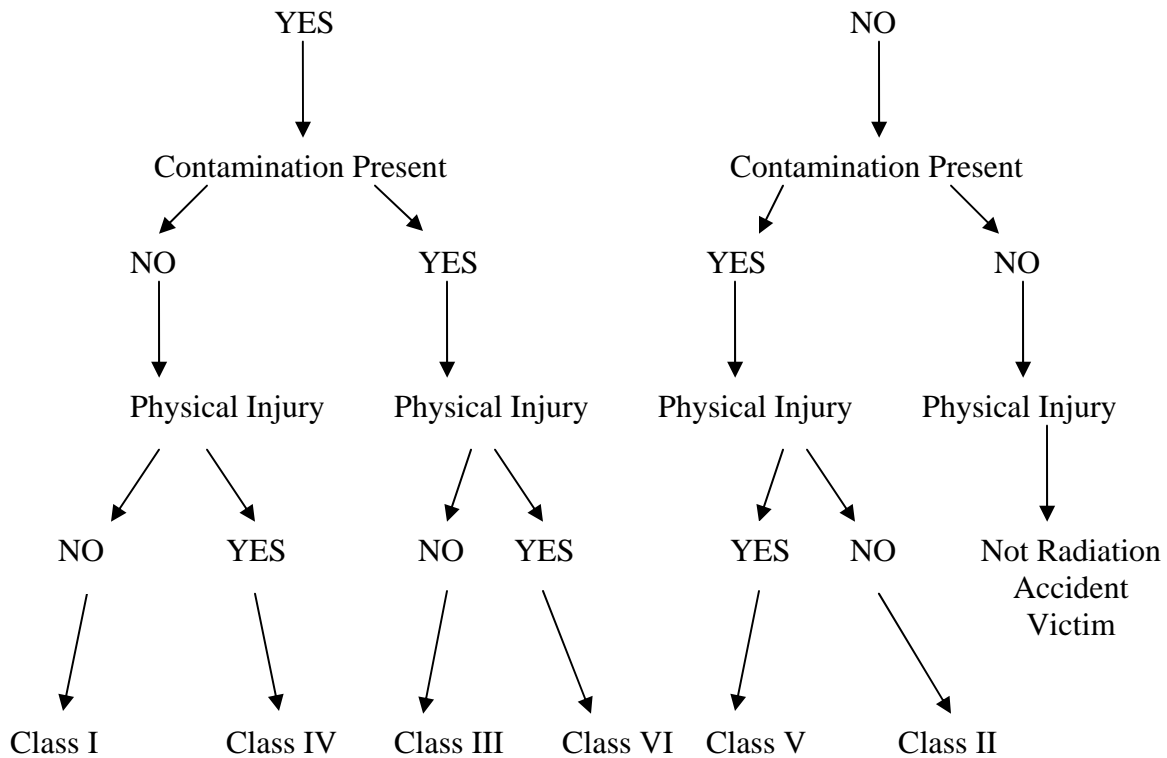
COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- iii. Control crowds
- 7) Decontamination Team Preparation
 - i. Attach dosimeter to collar
 - ii. Dosimeters should be read every 15 to 20 minutes by the Hazmat Coordinator
 - iii. Document individual readings on Dosimeter Log
 - iv. Persons above 100 mR should leave the area following proper exiting procedures
 - v. Put on full surgical dress
 - vi. Surgical pants and shirt
 - vii. Surgical hood
 - viii. Waterproof shoe covers
 - ix. Surgical gown
 - x. Surgical gloves – tape gloves to sleeves and cuffs to shoe covers
 - xi. Second pair of surgical gloves
 - a. Do not tape
 - b. Change as needed if torn or contaminated
 - c. Surgical mask
- 4. Patient Arrival
 - A. Physician and Hazmat Officer examine patient outside upon arrival.
 - 1) Physician determines if the patient is critically injured
 - i. If the patient is critically injured, the patient is sent directly to the decontamination area whether or not clothes have been removed.
 - ii. If the patient is not critically injured, clothes will be removed outside.
 - 2) The Hazmat Officer will determine if the patient is contaminated.
 - B. Assess the type of radioactive contamination
 - 1) Radiation accident classifications are to be determined by the Physician in conjunction with the Hazmat Officer according to information supplied from personnel at the accident scene. The classification system for radiation accidents are as follows:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

RADIATION ACCIDENT PLAN

EXTERNAL EXPOSURE



- Class I External Radiation Exposure without contamination or physical injury
- Class II Contamination without external exposure or physical injury
- Class III External exposure and contamination; no physical injury
- Class IV Physical injury and external exposure without contamination
- Class V Physical injury and contamination, no external exposure
- Class VI Physical injury and contamination with external exposure

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- 2) Synopsis of Radiation Accident Victim Classification
 - i. Class I and IV: Classification as a Class I or Class IV radiation accident presents NO CONTAMINATION PROBLEM. PATIENTS CAN BE ADMITTED THROUGH THE NORMAL CHANNELS AND TREATED FOR PHYSICAL INJURY AS REQUIRED.
 - ii. Class II and III: Accidents designated as Class II and Class III present a contamination hazard to the Center, however, the accident victim is either free of physical injury or has a minor injury (i.e., not life threatening). THESE PATIENTS ARE TO BE TAKEN TO THE DECONTAMINATION SHOWER WHERE DECONTAMINATION PROCEDURES ARE TO BE FOLLOWED. THE PATIENT WILL THEN BE ADMITTED VIA THE [location] ENTRANCE.
 - iii. Class V and VI: These accidents are the most serious. Patients will be contaminated and may also have a life threatening injury. THEY ARE TO BE ADMITTED SEPARATELY AND PLACED IN AN OBSERVATION ROOM.
- 3) Unknown conditions are to be treated as Class VI accidents until more detailed information is made available.
- C. Internal Contamination by inhalation or ingestion
 - 1) Contamination caused by airborne exposure.
 - 2) Patient is not a hazard once clothing is removed and skin is decontaminated.
- D. Transfer the contaminated patient onto a table with an improvised trough, and cover the patient with plastic or cloth sheet.
- E. The ambulance and ambulance attendants must not leave until they are monitored for contamination.
 - 1) If personnel and ambulance are uncontaminated, they may be released for duty.
 - 2) If personnel or ambulance are found to be contaminated, follow the Hazmat Officer's instructions for decontamination.
5. Decontamination of the Patient
 - A. Reassure and explain procedures to patients.
 - B. A physical examination of the patient is performed by the physician.
 - 1) Airway, breathing, and cardiovascular status are of primary concern.
 - C. Order laboratory tests, electrocardiograms and radiographs as required by the patient's condition.
 - 1) Perform any procedures and administer any fluids or drugs required to stabilize the patient's condition.
 - D. Transfer patient to decontamination area.
 - E. Patient Evaluation
 - 1) Survey and assess patient.
 - i. If the patient's clothes have not been removed in the ambulance, remove them at this time, place in a plastic bag, and seal. Label the bag as "Radioactive" with the date and time of removal. The Hazmat Officer will store the bag in the radioactive storage area.
 - a. Use cotton swabs to sample the patient's ears, nose, and mouth.
 - ii. Place each sample in a glass container labeled with the patient's name, the site, the date and time.
 - iii. Seal the container and place in a lead container for later analysis.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN



- a. The Hazmat Officer will monitor the entire patient for contamination.
 - b. The Circulating Nurse will record areas and amounts of contamination in the patient's notes record.
 - c. Obtain wipe samples of the contaminated areas with a cotton swab and store as described above.
- F. Decontamination of Radioactive Areas
- 1) Contaminated open wounds have first priority, attend to these wounds first, then proceed with centrally located wounds and work towards peripheral areas.
 - i. Begin decorporation.
 - a. Wash with normal saline for three minutes.
 - ii. If contamination persists:
 - a. Wash with 3% hydrogen peroxide.
 - b. Consider surgical debridement
 - c. Save and monitor all removed tissue.
 - iii. Contaminated Eyes
 - a. Rinse with eyes with water. The stream should go from nose to temple, away from the medial canthus.
 - iv. Contaminated Ear Canals
 - a. Rinse the ears with a small amount of water and suction frequently.
 - b. Prevent water from entering the stomach.
 - i. If large amounts of water are being passed into the patient's stomach, insert a nasogastric tube, suction and monitor the contents.
 - ii. If stomach contents are contaminated:
 - 1. Lavage with small amounts of normal saline until the stomach contents are clear of contamination.
 - 2) Transfer to hospital for decorporation. Decorporation is the accelerated removal of radionuclides from the body, usually by medical or dietary intervention such as chelation, blocking, excision, lavage, diuresis, or increased fluid intake.
 - 3) Contaminated Intact Skin
 - i. Wash skin with soap and water, gently scrubbing with soft brush for three minutes.
 - ii. Monitor skin and repeat step a as needed.
 - iii. Do not irritate or redden skin with hot water or hard scrubbing.
 - a. if contamination persists:
 - i. Use an abrasive soap such as Lava, OR
 - ii. Use a mixture of ½ Tide detergent and ½ cornmeal. Scrub the affected area thoroughly.
 - iii. If these methods fail to remove the contamination, use Clorox at full strength for small areas or diluted for large areas.
 - iv. Contaminated Hair
 - a. Shampoo hair with a mild soap for three minutes and rinse.
 - b. Monitor and repeat step a as needed.
 - c. If contamination persists cut hair off.
- G. Removal of the Patient from the Decontamination Area
- 1) Dry the patient thoroughly.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- 2) Re-swab contaminated areas.
 - 3) Label swabs' site and time.
 - 4) Give the swabs to the Hazmat Officer for analysis.
 - i. The Hazmat Officer will survey the patient's body.
 - ii. Place new floor covering on a path from the patient to the door, and, if needed, from the door to a clean stretcher outside of the decontamination area.
 - iii. Bring in a clean stretcher.
 - iv. Transfer the patient to the new stretcher.
 - v. The Hazmat Officer will monitor the stretcher as it leaves the decontamination area.
- H. Exit of the Decontamination Team
- 1) Each team member will remove protective clothing at the "Clean Line." Place all protective clothing in a plastic container marked "Contaminated."
 - 2) Remove outer gloves first, turning them inside out as they are pulled off.
 - 3) Give dosimeters to the Hazmat Officer.
 - 4) Remove all tape at trouser cuffs and sleeves and place in contaminated waste container.
 - 5) Remove outer surgical gown, turning it inside out, and avoid shaking. Place garment in contaminated waste container.
 - 6) Retain under garments.
 - 7) Remove surgical shirt and place in contaminated waste container.
 - 8) Remove head cover and place in contaminated waste container.
 - 9) Pull surgical trousers off over shoe covers and place in contaminated waste container.
 - 10) Remove the shoe cover from one foot and have the Hazmat Officer monitor shoe for contamination. If the shoe is uncontaminated, step over the clean line with the clean shoe. Remove the other shoe cover and have the shoe monitored for contamination. If the shoes are found to be contaminated, they will have to be removed and stored as contaminated waste by the Hazmat Officer.
- I. Take a shower.
6. Responsibilities of the Hazmat Officer
- A. Monitoring
 - 1) Ambulance and attendants.
 - 2) The route from the ambulance entrance to the decontamination area.
 - 3) The decontamination area, patient, and personnel.
 - B. Decontamination of any "hot" areas.
 - C. Analysis of wipe test samples.
 - D. Proper disposal of contaminated items or water.
 - E. Record dosimeter readings and follow up if necessary.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

CDC Sequence for Donning and Removing Personal Protective Equipment (PPE): Donning

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.</p>	<p>El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de infecciones transportadas por gotas o por aire.</p>
<p>1. GOWN</p> <ul style="list-style-type: none"> ■ Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back ■ Fasten in back of neck and waist 	<p>1. BATA</p> <ul style="list-style-type: none"> ■ Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda ■ Átesela por detrás a la altura del cuello y la cintura
<p>2. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> ■ Secure ties or elastic bands at middle of head and neck ■ Fit flexible band to nose bridge ■ Fit snug to face and below chin ■ Fit-check respirator 	<p>2. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> ■ Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello ■ Ajustese la banda flexible en el puente de la nariz ■ Acomódesela en la cara y por debajo del mentón ■ Verifique el ajuste del respirador
<p>3. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> ■ Place over face and eyes and adjust to fit 	<p>3. GAFAS PROTECTORAS O CARETAS</p> <ul style="list-style-type: none"> ■ Colóquesela sobre la cara y los ojos y ajústela
<p>4. GLOVES</p> <ul style="list-style-type: none"> ■ Extend to cover wrist of isolation gown 	<p>4. GUANTES</p> <ul style="list-style-type: none"> ■ Extienda los guantes para que cubran la parte del puño en la bata de aislamiento
	
<p>USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION</p>	<p>UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN</p>
<ul style="list-style-type: none"> ■ Keep hands away from face ■ Limit surfaces touched ■ Change gloves when torn or heavily contaminated ■ Perform hand hygiene 	<ul style="list-style-type: none"> ■ Mantenga las manos alejadas de la cara ■ Limite el contacto con superficies ■ Cambie los guantes si se rompen o están demasiado contaminados ■ Realice la higiene de las manos

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

CDC Sequence for Donning and Removing Personal Protective Equipment (PPE): Doffing/Removing

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p>	<p>Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesala. Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p>
<p>1. GLOVES</p> <ul style="list-style-type: none"> ■ Outside of gloves is contaminated! ■ Grasp outside of glove with opposite gloved hand; peel off ■ Hold removed glove in gloved hand ■ Slide fingers of ungloved hand under remaining glove at wrist ■ Peel glove off over first glovet ■ Discard gloves in waste container 	<p>1. GUANTES</p> <ul style="list-style-type: none"> ■ ¡El exterior de los guantes está contaminado! ■ Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quíteselo ■ Sostenga el guante que se quitó con la mano enguantada ■ Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca ■ Quítese el guante de manera que acabe cubriendo el primer guante ■ Arroje los guantes en el recipiente de deshechos
<p>2. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> ■ Outside of goggles or face shield is contaminated! ■ To remove, handle by head band or ear pieces ■ Place in designated receptacle for reprocessing or in waste container 	<p>2. GAFAS PROTECTORAS O CARETA</p> <ul style="list-style-type: none"> ■ ¡El exterior de las gafas protectoras o de la careta está contaminado! ■ Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas ■ Colóquelas en el recipiente designado para reprocessar materiales o de materiales de deshecho
<p>3. GOWN</p> <ul style="list-style-type: none"> ■ Gown front and sleeves are contaminated! ■ Unfasten ties ■ Pull away from neck and shoulders, touching inside of gown only ■ Turn gown inside out ■ Fold or roll into a bundle and discard 	<p>3. BATA</p> <ul style="list-style-type: none"> ■ ¡La parte delantera de la bata y las mangas están contaminadas! ■ Desate los cordones ■ Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros ■ Voltee la bata al revés ■ Dóblela o enróllela y deséchela
<p>4. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> ■ Front of mask/respirator is contaminated — DO NOT TOUCH! ■ Grasp bottom, then top ties or elastics and remove ■ Discard in waste container 	<p>4. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> ■ La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE! ■ Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador ■ Arrójela en el recipiente de deshechos
<div style="display: flex; align-items: center;"> </div>	<div style="display: flex; align-items: center;"> </div>
PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE	EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL

(The above information is available in poster size at: <http://www.cdc.gov/ncidod/hip/ppe/default.htm>.)

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
RADIATION ACCIDENT PLAN

TYPES OF RADIATION ACCIDENTS

1. Contamination

Contamination is the result of deposition of radioactive material in the form of dust, particles, or liquid on a victim's skin or clothes. This type of contamination is easily detected by proper monitoring techniques. Presence of contamination requires physical decontamination of skin or physical objects.

2. Incorporation

Incorporation occurs when radioactive material such as dust, particles, liquid or gas is inhaled, ingested or enters the body through open wounds. Incorporation is a true medical emergency since the incorporated radioactive material is able to cause extensive damage by irradiating internal tissues. Many radioactive materials may be biologically bound and become a permanent part of a body's molecular makeup. Some radioactive materials pose a toxic threat by acting as heavy metals. These situations demand immediate decorporation of radioactive materials.

3. Irradiation

Irradiation occurs when the patient is exposed to a high flux of external radiation. The patient is not radioactive and no radiation will be detected on his body or clothes. Any tissue damage incurred is sustained instantaneously and manifests itself at a later time. The irradiation may be local or total body. Total body irradiation may give rise to radiation syndrome.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
RADIATION ACCIDENT PLAN

EQUIPMENT AND SUPPLIES

1. Radiation Decontamination Cart
 - a. Bleach (sodium hypochlorite) (1 quart)
 - b. Tide Detergent – powdered (2 boxes)
 - c. Corn meal (2 boxes)
 - d. Lava Soap (2 bars)
 - e. Lead Pigs (8 small)
 - f. Sheets for equipment drapes (10)
 - g. 2” masking tape (5 rolls)
 - h. Barrier standards with rope (4)
 - i. Large trash bags (25)
 - j. Small trash bags (20)
 - k. Small ziplock bags (20)
 - l. Large ziplock bags (20)
 - m. Wax or felt pens (15)
 - n. Signs “RADIATION AREA”
 - o. Large biomedical boxes with liners (10)
 - p. “Radioactive” labels
 - q. “D” batteries (4)
 - r. 0.9 NaCl 1000 mL (1 case)
 - s. Sterile water 1000 mL (1 case)
 - t. Isolation gowns (1 case)
 - u. Head covers (1 case)
 - v. Gloves (1 case)
 - w. Shoe covers (1 case)
 - x. Mild soap
 - y. Face Shield (1 case)
 - z. Large disposable drapes (5)
 - aa. B-citra 30cc/water 30cc
2. Radiation Survey equipment
 - a. Ludlum Survey Meter
 - b. Dosimeters

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
RADIATION ACCIDENT PLAN

DOSIMETER LOG

Should be read every 15 minutes

Date	Time	Name	Dosimeter #	Dosimeter Reading	Date/Time Dosimeter Use Dc'd	Final Reading

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
RADIATION ACCIDENT PLAN

MEDICATIONS AND MECHANISMS OF DECORPORATION

<i>Radionuclide</i>	<i>Medication</i>	<i>Applications in</i>		
		<i>Ingestion/Inhalation</i>	<i>Wound</i>	<i>Principle of Action</i>
Iodine	KI	130 mg tabl stat, followed by 130 mg q.d. x 7 if indicated	Same	Blocking
Rare earths Plutonium Transplutonics Yttrium	DTPA	1 gm Ca-DTPA in 500 mL 5% D/W I.V. over 60 min; or 1 gm (4mL) in 6 mL 5% D/W by slow i.v. injection (1 min)	Irrigate wound with 1 gm Ca-DTPA in 250 mL D5W	Chelation
Polonium Mercury Arsenic Bismuth Gold	BAL	One ampule (=300 mg) IM. Q4 hrs for 3 days (first step for sensitivity with ¼ amp.)	Same	Promotes excretion
Uranium	Bicarbonate	Slow I.V. infusion of bicarbonated physiological solution (250 mL at 14%)	Slow I.V. infusion of bicarbonated physiological solution (250 mL at 14%) and wash with bicarbonate	Alkalinization of urine; reduces chance of ATN
Cesium Rubidium Thallium	Prussian Blue* (Ferrihexyano-Ferrate II)	1 gm in 100-200 mL water P.O. t.i.d. for several days	Same	Mobilization from organs and tissues – reduction and absorption
Radium	Ca-gluconate	May be tried; 20% Cgluconate 10 mL I.V. Once or twice daily.	Same	Displacement
Strontium	Ammonium Chloride	3 mg t.i.d. P.O.	Same	Demineralizing agent
Tritium	Water	Have patient drink 6-12 liters of water per day	Same	Isotopic Dilution
Strontium Radium	BaSO ₄	100 gm BaSO ₄ in 250 mL of water	Same	Reduces absorption
Calcium Barium	Sodium Alginate	10 gm in a large glass of water	Same	Inhibits absorption
Copper Polonium Lead Mercury Gold	D-Penicillamine	1 gm I.V. q.d. or 0.9 gm P.O. 4-6 hrs	Same	Chelation

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 7
INCIDENT ACTION PLAN

SUBJECT:
COMMUNICABLE DISEASE

POLICY:

Community Health Center (CHC) has a well-developed plan for the management of patients presenting with potentially communicable diseases of public health concern.

PURPOSE:

Primary care centers are among the first to see measles, influenza and other communicable diseases in the communities they serve. Thus, effective strategies for triage applied in these settings will have great impact on early recognition of a communicable disease of urgent public health concern and in minimizing transmission within and beyond the primary care center.

The primary objectives of these procedures are to:

- 1) Enhance rapid recognition of a patient who may have a communicable disease of urgent public health concern upon arrival at the primary care center;
- 2) Prompt the rapid institution of infection control measures to minimize potential transmission to staff, patients and visitors.

PROCEDURE:

Summary:

Triage protocol for prompt recognition and isolation of a single patient presenting to a primary care center with fever/rash or fever/respiratory illness suggestive of a communicable disease of urgent public health concern (e.g., measles, meningococcal disease, SARS, avian influenza, smallpox, or plague)

A Single Patient Entering the Primary Care Center with Fever/Rash or Fever/Respiratory Illness

1. **Initial Patient Encounter:** Effective screening for and isolation of potentially infectious patients, especially those who may be at risk for airborne or droplet transmission of infectious agents to others, is critical to ensure rapid, recognition, separation and isolation. The following measures are recommended to be routinely in place to help decrease transmission of infectious agents to staff, visitors and other patients:

A). **Source control measures:**

- a. Signs will be posted that promote respiratory hygiene/cough etiquette in common areas (e.g., elevators, waiting areas, bathrooms, cafeterias) where they can serve as reminders to all persons in the facility. Signs should instruct persons to:
 - i. Cover the nose/mouth when coughing or sneezing.
 - ii. Use tissues to contain respiratory secretions.
 - iii. Dispose of tissues in the nearest waste receptacle after use.
 - iv. Perform hand hygiene after contact with respiratory secretions.
- b. Facilitate adherence to respiratory hygiene/cough etiquette. Ensure the availability of materials in waiting areas, at triage desk, security/greeters desk and examination rooms for patients and visitors.
 - i. Provide masks/tissues and no-touch receptacles (e.g., waste containers with pedal-operated lid) for used tissue disposal.
 - ii. Provide conveniently located dispensers of alcohol-based hand rub.
 - iii. Provide soap and disposable towels for hand washing where sinks are available.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- c. Promote the use of procedure or surgical masks and spatial separation by persons with fever/respiratory or fever/rash symptoms.
 - i. Offer and encourage the use of either procedure masks or surgical masks by symptomatic persons to limit dispersal of respiratory droplets.
 - ii. Encourage symptomatic persons to sit at least 3 feet away from other persons in common waiting areas.
- B). **Patient placement**
 - i. Where possible, designate separate waiting areas for symptomatic patients. Place signs indicating the separate waiting areas.
- C). **Signage**
 - i. Signage should have a simple, clear message in large font stating that all patients who come in with fever and respiratory symptoms or rash should wear a mask (or use tissue) and perform hand hygiene with the alcohol hand hygiene products available. Signs should direct patients to proceed directly to the registration desk and/or triage nurse and alert staff to their symptoms.
 - ii. Signage should show patients how to wear the procedure or surgical mask correctly and how to use the alcohol hand hygiene products.
 - iii. Other options: Show a streaming video on TV/media equipment in waiting areas that demonstrate proper methods for hand hygiene, respiratory hygiene/cough etiquette, use of surgical mask, and how patients should inform center staff of fever and respiratory or rash symptoms. Also, "Cover Your Cough" posters in various languages can be obtained from the New York City Department of Health and Mental Hygiene (NYC DOHMH website: <http://www.nyc.gov/html/doh/html/cd/cd-cough.shtml>).

Locations in center where signage, tissues, masks and alcohol hand hygiene products will be placed:

D). **Signage should be in all languages that are appropriate for our patient community.**

Languages that will be used for signage include:

E). *Staff responsible for posting the signage and determining the location of the signage/alcohol-based hygiene products/masks:*

F). **Triage/screening staff should have a reminder system that will prompt them to perform "communicable disease triage screening" for respiratory or rash communicable diseases of urgent public health concern on ALL patients who present or self-identify with a fever.**

Screening should include asking all patients with fever about the presence of respiratory symptoms (cough or shortness of breath) and rash symptoms, as well as epidemiologic risk factors, such as recent travel. Triage/screening staff should note the time at which the patient was triaged on the patient's chart.

The following questions should be asked of all patients at the initial screening:

- ❖ *Have you had fever (elevated temperatures) in the past two weeks?*
- ❖ *Have you had cough or a rash in the past two weeks?*
- ❖ *Have you had shortness of breath or difficulty breathing in the past two weeks?*

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

For patients reporting fever and respiratory/rash symptoms:

- ❖ *Have you traveled outside the United States or had close contact with someone who is ill and has recently traveled outside the United States, in the past two weeks? If yes, ask where and dates of travel: _____*
- ❖ *Are you a healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?*
- ❖ *Do any of the people with whom you have close contact at home, at work or socializing have the same symptoms?*

A **positive communicable disease triage screen** is considered for any patient who meets one of the two following criteria:

1 – Any patient with fever and rash.

2 – Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:

- ❖ Travel to an area that is currently experiencing or is at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, or country at higher risk for re-emergence of SARS, such as mainland China) or other epidemiologically significant communicable disease.
[NOTE: Since triage/screening staff may not be aware of which countries are at risk, the medical director and/or head nurse should be instructed to consult recent health alerts either through the CDC website <http://www.cdc.gov/travel/> or the NYC DOHMH website <http://www.nyc.gov/html/doh/>; also, individuals with New York State Department of Health HPN accounts can get health alerts by logging in to HPN and those with New York City Department of Health and Mental Hygiene HAN accounts can receive emails with health alert updates. The assigned person may want to be sure to check for this information on a daily or weekly basis so that alerts can be posted on nearby bulletin boards to update center staff.];
- ❖ Contact with someone who is also ill and traveled to an area that is to known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
- ❖ Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer) with a recent exposure to a potential communicable disease of urgent public health concern;
- ❖ Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster).

G). Patients who meet either of the criteria above for a positive communicable disease triage screen should be prioritized for individual placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.

Center sites may consider any of the following methods to help prompt staff to routinely use this communicable disease triage screening tool:

- 1 - A poster or desk chart that is placed in a location that is easily seen by the triage or registration staff.
- 2 – Including the communicable disease triage screening questions on all paper-based registration or triage forms, or a sticker that is placed on all forms for patients who report fever.
- 3 - In centers with computerized registration systems, adding a computer prompt that asks all patients about fever symptoms. For patients that report fever, the communicable disease triage screening tool will automatically pop-up on the computer screen.

Method(s) currently in use to ensure that triage/screening staff queries all patients regarding fever and respiratory/rash symptoms on initial encounter:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

2. **Infection Control Measures on Arrival:** When a patient with a positive communicable disease triage screen is identified, immediately implement Standard Precautions, respiratory hygiene/cough etiquette [standard respiratory precautions], and appropriate isolation precautions based on the suspected infection to decrease the risk of transmission to others.

- A). **The patient should be given a surgical mask immediately, if not already wearing one.** The patient should be shown how to wear the mask and instructed to wear this mask at all times. The patient should keep the mask on at all times while in the isolation room (unless it is an AIIR) in order to minimize contamination of the room. The patient should be instructed on how to perform hand hygiene after coughing or other contact with respiratory secretions or with rash.

[NOTE: The following considerations should be made for patients who may have difficulty breathing with a mask on, such as allowing a looser fit of the surgical mask (e.g., surgical masks with ties) or providing them with their own supply of tissues. Strict hand hygiene should be reinforced for these individuals.]

Surgical masks may not be feasible for young children with a positive communicable disease triage screen to wear. In these situations, the child and accompanying adults should be seen as quickly as possible by the triage staff and placed in an appropriate isolation room or an area in the waiting room in a way that allows at least 3 feet separation from other persons. Patients should remain masked during this time. The parents should be instructed to wash their hands and their children's hands with soap and water, or alcohol hand hygiene products frequently, especially after the child coughs, sneezes or has other direct contact with oral secretions.

- B). **Patients need to be separated from others in an isolation room or in the waiting area pending medical evaluation.** Depending on the space resources available at the health center site, isolation options in decreasing order of preference include:
1. Airborne Infection Isolation Room (AIIR): negative pressure isolation rooms with a minimum of 6-12 air exchanges per hour and direct exhaust to the outside which is located more than 25 feet from an air intake and from where people may pass (if air cannot be exhausted directly to the outside more than 25 feet from an air intake and from where people may pass, then air should be filtered through an appropriately installed and maintained HEPA filter). These rooms should be tested monthly (and daily when in use) to verify negative airflow.
 2. Pre-identified enclosed private room(s): an examination room with a door that is kept closed to the hallway. (Self-closing doors are preferable). **(Note: These rooms should be tested by Facility Engineering beforehand to ensure that the rooms are exhausted appropriately (i.e., not positive pressure and do not share airflow with other rooms.)**
 3. Pre-identified examination area, even if not individual rooms, to cohort patients with similar symptoms. Patients should be separated from each other by at least three feet (more if possible).
 4. If an AIIR, private room or pre-identified examination area is not available, the patient should be asked to stay in an area of the waiting room that allows at least three feet of separation between the patient and others in the waiting area. The patients should be instructed to remain in the isolation room and to keep the surgical mask on at all times.

Options that are available at current health center site(s) to separate or isolate patients with a positive communicable disease triage screen include:

- C). **If patients are placed in an AIIR or isolation room, appropriate infection control signage based upon the route of transmission for the suspected disease of concern and/or our Center's Infection Control policies should be posted outside the patient's room signifying**

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

the need for precautions until a medical evaluation determines that the patient does not have a contagious disease requiring isolation.

At a minimum, droplet and contact precautions should be used for all patients with a positive communicable disease triage screen.

Once a patient has been placed in an AIIR or isolation room, the nurse should document the time that the patient was placed in the room, as well as the type of infection control precautions implemented (e.g., airborne, contact) on the patient's chart.

The management of PPE disposal should be consistent with center's infection control policies.

- i. All appropriate PPE should be stocked outside the door to the patient's AIIR or isolation room. Appropriate PPE for select pathogens can be found at the CDC website: <http://www.cdc.gov/ncidod/hip/ISOLAT/ISOLAT.HTM> as well as in the 2004 ***DRAFT HICPAC Infection Control Guidelines: Appendix B. Type and Duration of Precautions Recommended for Selected Infections and Conditions.***

Signage on the proper method of donning and removing PPE should be prominently displayed outside or nearby all AIIRs. Alcohol hand hygiene products or a sink with hot water, soap and paper towels should be available.

- ii. If available, patients with a positive communicable disease triage screen should be placed in an AIIR with an anteroom that has a sink, so that persons leaving the room can dispose of PPE immediately and wash their hands before exiting to the hallway.
- iii. **In the absence of an anteroom, gowns and gloves should be removed inside the patient's room and discarded in a waste receptacle just inside the room by the door. Hand hygiene products should be placed right outside the door so that staff can use immediately after removal of respiratory protection equipment. Doing this prevents staff from wearing the same gloves and gowns after leaving the isolation room and contaminating other areas of the center.** Signage should be placed to remind staff of this protocol. A separate waste receptacle should be placed immediately outside the patient's room for disposal of respirators.

- D). Limit as much as possible the number of persons who enter the patient's room and the number of times the door is opened and closed. Entry should be limited to necessary center staff and public health personnel. Visitors should be excluded, as much as possible, from the patient's room.

Additional information regarding how center site will manage individuals who accompany the patients with a positive communicable disease triage screen while awaiting clinical evaluation of the patient:

- E). After use, all PPE should be placed into a plastic biohazard bag and left in the patient's room (gowns and gloves) or outside of the room (respirators) --- ideally, in the anteroom, if an isolation room with anteroom is available.

- F). As much as possible, when contact precautions are indicated, dedicated patient care equipment (e.g., blood pressure cuffs and stethoscopes) should be assigned to and left in the patient's room.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

If equipment must be used on other patients (e.g., portable X-ray machine), meticulously clean and disinfect the equipment with EPA-registered disinfectants (e.g., quaternary ammonium compounds) or sodium hypochlorite.

- G). Use disposable items whenever possible.
- H). Dispose of all non-sharps waste in biohazard bags for disposal or transport for incineration or other approved disposal method.
- I). All used laundry and linens should be handled carefully to prevent aerosolization or direct contact with potentially infectious material. **Anyone directly handling the patient's linen or laundry should wear appropriate PPE.**
- J). Environmental measures:
 - i. Housekeeping staff should don appropriate PPE when cleaning the room.
 - ii. Cleaning and disinfection of all patient-care areas should especially focus on frequently touched surfaces and those most likely to be contaminated (e.g., bedrails, bedside tables, doorknobs, sinks, surfaces and equipment in close proximity to patient).
 - iii. The frequency or intensity of cleaning may need to be based on the patient's level of hygiene (i.e., was the patient masked during the entire stay in the room) and the degree of environmental contamination.

3. Notification and Evaluation: Once triage staff has identified a patient with a positive communicable disease triage screen, prompt notification of appropriate staff should be instituted to ensure rapid evaluation of the patient for a potentially communicable disease of urgent public health concern. It is crucial to identify key staff ahead of time to ensure notification occurs rapidly. [NOTE: **The following notification format should be revised for each center site.** *Generic Job Action Sheets for this notification section are included in the pages near the end of this section. Centers should develop additional Job Action Sheets as needed: Housekeeping, Security; additional generic Job Action Sheets are included in the CHCANYS Emergency Management Manual Template in the Job Action Sheet section.]*

- A). Triage/screening staff (or person who has initial encounter with the patient and conducts communicable disease triage screening) notifies Nursing Supervisor (i.e., person in leadership position in Center) who ensures that the appropriate infection control measures have been put into place.

Contact Information for Nursing Supervisor: _____

- B). Nursing Supervisor conducts or designates another health care provider to conduct the initial patient evaluation. The provider should don the appropriate PPE outside the patient's AIIR/isolation room to examine the patient and determine if patient is suspected of having a communicable disease of urgent public health concern. The provider should document the time at which the patient evaluation is done on the patient's chart.
- C). If Nursing Supervisor or designated provider suspects that the patient potentially has a communicable disease of urgent public health concern, the Nursing Supervisor or his/her designee will notify the Medical Director, Center Administrator On-Duty, Facility Engineer, and Housekeeping.

Contact Information for Medical Director

Phone: _____

Cell: _____

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Contact Information for Center Administrator

Phone: _____

Cell: _____

Contact Information for Facility Engineer

Phone: _____

Cell: _____

Contact Information for Housekeeping

Phone: _____

Cell: _____

The Medical Director or his/her designee will notify the local Department of Health (DOH). DOH will provide guidance on the clinical and laboratory assessment of the patient, management of center contacts, and/or prophylaxis/treatment. Depending on the situation, a medical epidemiologist from the DOH may need to come on site to coordinate the case and contact investigation with the center staff.

Contact Information

New York City Department of Health and Mental Hygiene:

(Business Hours): Provider Access Line: 1-866-NYC-DOH1 (692-3641)

(After-Business Hours): POISON Control Center*: 1-800-222-1222

*(in all areas- connects w/ local poison control center)

New York State Department of Health – Bureau of Communicable Disease Control:

(Business Hours): 518-473-4436

(Nights/Weekends- all matters): 518-465-9720 or 1-866-881-2809

Albany County Department of Health - Communicable Disease Program:

518-447-4640

Cortland County Department of Health:

607-753-5036

Dutchess County Department of Health:

(Business Hours): 845-486-3401

(Nights/Weekends): 845-431-9111

Erie County Department of Health - Disease Control:

716-858-7697

Essex County Department of Health:

(Business Hours): 518-873-3500

(Nights/Weekends): 1-888-270-7249

Hamilton County Department of Health:

518-648-6141

Hauppauge Area Office:

631-231-1880

Metropolitan Regional Office (NYC, Long Island, & Lower Hudson):

212-268-7185

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Monroe County Department of Public Health – Communicable Disease Prevention and Control:
585-753-5150

Nassau County Department of Health:
(Business Hours): 516-571-3471
(Nights/Weekends): 516-742-6154

New Rochelle Area Office:
914-654-7000

Onondaga County Department of Health - Communicable Disease Program:
315-435-3236

Orange County Department of Health:
845-291-2332

Oswego County Department of Health - Communicable Disease Prevention:
315-349-3547

Putnam County Department of Health - Communicable Disease Control:
845-278-6558

Rockland County Department of Health - Epidemiology Division:
845-364-2525

Saratoga County Public Health Nursing Services – Communicable Disease:
518-584-7460 ext. 304

Schenectady County Public Health Services:
518-383-2810

Suffolk County Department of Health Services:
(Business Hours): 631-853-3055
(Nights/Weekends): 631-852-4820

Sullivan County Public Health Services:
845-292-5910

Ulster County Health Department - Communicable Disease Program:
845-340-3090

Warren County Health Services:
518-761-6580
1-800-755-8102

Westchester County Department of Health
914-813-5000

- 4. Identification and Management of Exposed Persons:** As soon as it is determined that a patient has a suspected or confirmed communicable disease of urgent public health concern, it will be essential to identify all persons who were exposed in the center (including other patients and visitors in the waiting area during the time the patient was there). This should be done in coordination with the local Department of Health who will provide parameters to identify those exposed. (NOTE: The relevant Department of Health will be responsible for identifying close contacts outside of the center, such as home, social and workplace contacts).

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- A). If not already done, the Medical Director or his/her designee should notify the local Department of Health. Contact Information for DOHs. **

***Please refer to contact list on previous pages.*

Determination of the need for identification, monitoring and preventive care for potential contacts will be based on the epidemiology, mode of transmission, and clinical aspects of the suspected or confirmed communicable disease.

- B). The following measures may need to be taken after consultation with the local Department of Health regarding the risk of transmission to contacts in the center.
- i. The Medical Director or his/her designee will create a line list of patients, staff, and others in the center who were exposed to the index case prior to the index case being placed in isolation.
 - ii. The line list should include the following information on all contacts: full name, address, telephone contacts (home, work, cell, email) and description of nature and duration of exposure (e.g., shared waiting room).
 - iii. If the infectious agent involves a vaccine preventable agent (e.g., measles, chickenpox), a column on the line list should include the vaccine status for the agent of concern. (*A sample Contact Identification Form for Exposure to Communicable Disease of Urgent Public Health Concern is included in pages below.*)
- C). Consistent with our center's policy, the number of persons who enter the patient's room should be limited, as well as the traffic in and out. Entry should be limited to necessary center staff and public health personnel. Visitors should be excluded from entering the patient's room.

A log should be kept to track the names and contact information for all persons, including staff, who enter the room, in the event that follow up is needed.

Individuals who accompanied the patient to the center should be quickly evaluated for signs/symptoms, counseled, asked for contact information, and asked to stay in case further evaluation confirms a communicable disease of urgent public health concern.

- D). For certain suspected communicable diseases of urgent public health concern, during the initial consultation with the local Department of Health (DOH), DOH may request that the center detain contacts in the center until DOH personnel arrive to interview them. A detention order may be issued, if needed, for non-compliant contacts:
- i. A location in the center should be pre-identified that can be used to hold all contacts that are awaiting evaluation by the DOH.
Location in center that may be used to hold contacts of a suspected case of a communicable disease of urgent public health concern pending interview by the Department of Health:

 - ii. Medical personnel or Mental Health personnel should be available to explain the situation to contacts. If possible, patient-appropriate literature on the infectious agent of concern should be made available to all contacts. Fact sheets for most communicable diseases of urgent public health concern are available on the NYC DOHMH or CDC websites:
NYC DOHMH <http://www.nyc.gov/health>
CDC <http://www.cdc.gov>
HPN* <https://commerce.health.state.ny.us/hpn>
**(note that HPN's web address begins with "https:")*

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- iii. For all contacts, including those that may refuse to stay, the Medical Director or his/her designee should collect information on how to reach the person (including address and home, work and cell phones or beeper numbers). Inform the contact that the Department of Health will be getting in contact with them and it is extremely important that they respond.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Examples of Communicable Diseases of Urgent Public Health Concern:		
Diseases with greater likelihood to spread to others, and with higher likelihood of more severe morbidity or mortality (Taken from HICPAC Guideline for Isolation Precautions).		
	Potential Pathogens: <i>The organisms listed in this column are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.</i>	Empiric Precautions: <i>Infection control professionals should modify or adapt this table according to local conditions.</i>
Rash or Exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	Neisseria meningitidis	Droplet for first 24 hours of antimicrobial therapy
Vesicular	Varicella, smallpox, or vaccinia virus	Airborne infection isolation plus Contact; Contact if vaccinia
Maculopapular with cough, coryza and fever	Rubeola (measles) virus	Airborne infection isolation
Respiratory Infections		
Cough/fever/upper lobe pulmonary infiltrate in HIV-negative patient or a patient at low risk for HIV	SARS	Airborne infection isolation; add Contact plus eye protection if history of SARS exposure; travel
Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Influenza virus	Contact plus Droplet; Droplet may be discontinued influenza has been ruled out

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Job Action Sheet

(Triage Staff) _____

Responsible Staff: _____

- Read this entire sheet.
- Document the time at which patient is triaged on the patient's chart.
- Perform Communicable Disease Triage Screen on patients who self-identify as having fever or who have fever on triage exam.
 - Have you had fever (elevated temperatures) in the past two weeks?
 - Have you had cough in the past two weeks?
 - Have you had shortness of breath or difficulty breathing in the past two weeks?
 - Have you had a rash or unusual skin lesions in the past two weeks?

For patients reporting fever and respiratory/rash symptoms:

- Have you traveled outside the United States or had close contact with someone who has recently traveled outside the United States, in the past two weeks? If yes, ask where: _____
- Are you a healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?
- Do any of the people who you have close contact with at home, work or your friends have the same symptoms?

Based on the responses to these questions, a **positive communicable disease triage screen** is considered for any patient who meets one of the following two criteria:

1 – Any patient with fever and rash

2 – Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:

- Travel to an area that is known to be currently experiencing or at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, country at higher risk for re-emergence of SARS, such as China)
- Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
- A healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) with a recent exposure to a potential communicable disease of urgent public health concern;
- Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster).

- If communicable disease triage screen:
 - **Positive:** Patients with a positive communicable disease triage screen should be given a surgical mask and prioritized for placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.
 - **Negative:** Note negative communicable disease triage screen on chart.
- If communicable disease triage screen positive, notify *Nursing Supervisor* _____.
- Document the positive communicable disease triage screen on the patient's record.
- Bring patient to pre-identified area for separating positive communicable disease triage screen patients to await medical evaluation.
- Perform hand hygiene after last contact with patient.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Job Action Sheet

Nursing Supervisor _____

Responsible Staff: _____

- ❑ When notified by *Triage Staff* concerning patient with positive communicable disease triage screen, ensure that appropriate infection control measures have been taken.
 - **Patient placed in AIIR or private isolation room**
 - Document the time that patient was placed in an isolation room, and the type of isolation precautions implemented (e.g., airborne, contact) on the patient's chart.
 - Signage on door of isolation room.
 - Signage showing proper donning and removing of PPE outside of room.
 - Appropriate PPE placed outside door.

- ❑ Identify appropriate medical provider to conduct clinical evaluation to determine if patient has a communicable disease of urgent public health concern.

- ❑ If medical personnel reports that patient is suspected to have potentially communicable disease of urgent public health concern, then notification to be done by *Nursing Supervisor* or designees to:
 - Medical Director
 - Center Administrator
 - Facilities Engineer
 - Housekeeping
 - Local Department of Health

- ❑ If communicable disease of concern has potential for airborne transmission, patient should be moved to an AIIR, if not already in one, and Engineering should be contacted to verify that airflow is negative.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Contact Identification Form for Exposure to Communicable Diseases of Urgent Public Health Concern

1. SUSPECT CASE information	a. Suspect Case Initials: _____ (IF MORE THAN ONE SUSPECT CASE, USE SEPARATE FORMS)		
	b. Date Suspect Case Entered Center: ____ / ____ / ____		
	c. Location(s) in Center of Suspect Case and Time Suspect Case Entered Each Location (best estimate):		
Location 1:	Time entered: _____	Location 4:	Time entered: _____
Location 2:	Time entered: _____	Location 5:	Time entered: _____
Location 3:	Time entered: _____	Location 6:	Time entered: _____

2. POTENTIAL CONTACTS information

	Last Name	First Name	Age	Gender	Address (street, apt #, city, borough or county, state, zip code)	Alt Address (e.g., work)	Home phone/ Cell phone	Alternate Phone/Cell (e.g., next of kin)	Type of Exposure to Suspect Case (include location)	Duration of Exposure to Suspect Case	If known, vaccine status (note which vaccine preventable illness of concern)
							Email Address				
1							-----				
2							-----				
3							-----				
4							-----				
5							-----				
6							-----				
7							-----				
8							-----				
9							-----				
10							-----				
11							-----				
12							-----				

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 8
PATIENT TRACKING

SUBJECT:
PATIENT TRACKING, GENERAL

POLICY:

To ensure that individual patients are identified and that types of casualties are identified.

PURPOSE:

Tracking patients by name and location in times of disaster to know who and where those individual patients are. And to be able to report triage categories of patients.

PROCEDURE:

Utilize:

1. Patient Tracking Form
2. Status Report Form
3. Incident Completion Form

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 8
PATIENT TRACKING

SUBJECT:
PATIENT TRACKING, GENERAL

PATIENT TRACKING SHEET

DATE: ___/___/___

EVENT: _____

Patient #	Patient Name	Age	Status					Location								Disposition

Certifying Officer: _____

Date/Time: _____

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 8
PATIENT TRACKING

SUBJECT:
STATUS REPORT

STATUS REPORT

_____ Number of Patients that can be received and treated.

_____ Patient Care Capacity (total # of patients that can be immediately received & treated). (example: outpatient; stable inpatient)

_____ Any current or anticipated shortage of personnel.

_____ Any current or anticipated shortage of supplies, etc.

Specify: _____

Current condition of Center structure: _____

Current condition of Center utilities: _____

_____ Number of patients to be transferred by wheelchair or stretcher to a hospital.

Any resources that are requested by other facilities (i.e., staff, equipment, supplies): _____

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 8
PATIENT TRACKING

SUBJECT:
INCIDENT COMPLETION REPORT

INCIDENT COMPLETION REPORT

_____ Number of casualties received

Types of injuries treated (i.e., burns, fractures, internal injuries, dehydration, etc.):

_____ Number hospitalized.

_____ Number discharged home.

_____ Number dead.

Casualty information (recognize confidentiality concerns): See separate worksheet.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

*****Most health centers will not operate their own decontamination site. This section of the template is provided for the few that may opt to do so. All health centers should know where their nearest decontamination sites are and have procedures in place for facilitating the transfer of patients to those sites when needed.*****

POLICY:

Designated personnel will be trained in how to properly decontaminate a victim who has been contaminated with biological, chemical, radiological or nuclear contaminants.

PURPOSE:

The purpose of this procedure is to list the steps in the process of how to properly decontaminate a contaminated victim.

PROCEDURE:

1. All victims of a hazardous materials or Weapons of Mass Destruction incident must be considered to be contaminated.
2. Health Center staff who will be involved in the decontamination process must ensure their personal safety first. They will don Level C protection equipment unless instructed by the Hazmat Officer that they may use Level D protection. (see attached chart)
3. A checkpoint will be set up at the entrance to the Center driveway to assess and triage arriving patients.
4. The decontamination tents will be set up according to policy. Any staff working in the designated DIRTY area must be in Level C personal protection equipment.

NOTE: Privacy is an important consideration in field decontamination procedures. In order to obtain cooperation from the patient, steps to ensure their privacy must be undertaken. We can provide undressing and shower tents or privacy screens.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

PROCEDURE (continued):

5. Once a patient has been triaged and prioritized by the Physician/RN team stationed at the entrance to the Center driveway, they will be sent to the first tent to undress. They will place their clothing in the bag provided in the privacy kit. They will place their valuables in a separate bag provided in the privacy kit. Each bag will be labeled and the valuables will be placed in the safe by security. The clothing bags will be placed in a laundry cart.

NOTE: All clothing and valuables are considered to be criminal evidence unless deemed otherwise by the police authorities. No items will be returned to the patient until the HazMat team gives the okay. It is important to realize that these items may never be able to be returned to the patient.

6. Soap for patient decon should be mild and non-abrasive. If soap is not readily available, use copious amounts of water. Use soft sponges to reduce the chance of skin abrasions. Water spray should be soft and at a suitable warm temperature.
7. Patient decon will begin at the head and then proceed to any area where the skin is damaged. Care must be taken not to flush contaminants into wounds. Wash wound area from center out. Cover wounds with occlusive dressing or plastic wrap to preclude any further contamination. Once all wound areas are clean, you should progress to other areas of the body. Ear/nose cavities should be irrigated, hair washed and fingernails cleaned. Special attention should be focused on opposing surface areas such as the underarms and groin. Eyes should be irrigated as necessary. (see attached body area chart)
8. Initial stabilization should be carried out simultaneously with decon. All personnel must wear proper protection equipment when providing patient treatment.
9. Ambulatory patients should be instructed in the proper ways to shower and allowed to shower themselves. An observer will inform the patient of any area they may have missed.
10. Have patient dress in a clean gown and proceed to triage tent. Decontamination personnel should give a brief overview of patient's symptoms and injuries to the triage nurse. If patient must wait to be triaged, ensure that they have a clean triage tag with the letter D noted on it as well as their presented condition and injuries. The letter D indicates the patient has been decontaminated.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

DECONTAMINATION TEAM
MEMBERS

All personnel in PPE need to be identified with Duct Tape on their left arm indicating their status. (Physician = MD, Nurse = N, Med Tech = MT, Plant Operations = PO, Security = S)

Facilities

1. Provides technical consultation/information for handling of the incident. Responsible for the overall management of non-medical aspects of decontamination area.
2. Provides for air monitoring of the decontamination area to ensure personnel are utilizing the proper level of PPE gear.

Security

1. Restricts access to entrance.
2. Assists in the setup of the decontamination tents.
3. Directs traffic.
4. Restricts access to decontamination area to authorized personnel only.
5. Assists in securing all patient clothing, jewelry and valuables.

Decon Tent Setup Team

1. See policy.

Medical Team

1. Made up of a doctor, nurse and clerk.
2. Provides for the triage and initial treatment of patients.
3. Provides for the transfer of care to the hospital.

Decontamination Area
Shutdown

1. At the conclusion of the decon process, the decon area itself must be decontaminated to prevent the spread of any contaminated material.
2. The clean up must be done by the Decon Team while they are in PPE.
3. All solid waste that is contaminated is to be collected and placed in a contamination bag.
4. Hazardous material must be disposed of properly. The Fire/Police HazMat team will give instructions on how this should be done, based upon the specific incident.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

**Decontamination Area
Shutdown (continued)**

5. Waste water:
 - ◆ if it is determined to be non-hazardous, it can be disposed of in the sewer system
 - ◆ if it is determined to be hazardous, it must be placed in the holding tank or designated barrels. The Facilities Director will make arrangements for the tank and/or barrels to be emptied by the authorized vendor.
6. Tents must be cleaned and dried prior to being disassembled for storage.
7. Supplies and other equipment will be inventoried, restocked and returned to the trailer and/or closet.

**Decontamination Supplies
and Equipment**

These supplies are stored in [location].

1. Respirators / PAPR (including proper canisters)
2. Face shields
3. Surgical gloves
4. Chemical protection suits / hoods
5. Chemical resistant boots
6. Duct tape
7. Sheets
8. Surgical scrub brushes
9. Cotton tip applicators
10. Sterile water
11. Wash cloths
12. Soap
13. Patient gowns / personal care kits
14. Long-handled scrub brushes
15. Warning tape / signs
16. Cones
17. Decontamination tents (2)
18. Triage tents (2)
19. Assorted hoses for water / waste water
20. Floor grates
21. Bags for personnel clothing / jewelry
22. Markers
23. Scissors
24. Buckets
25. Privacy screens
26. Patient conveyor system
27. Triage tags

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

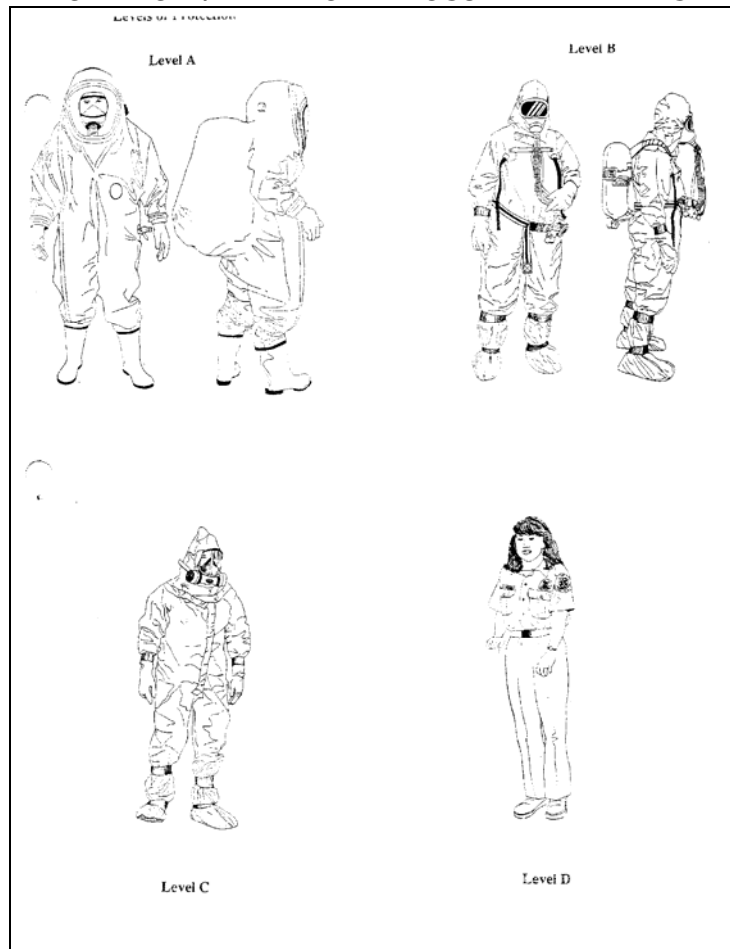
SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

Pictures of PPE Levels and Respirators: CHEMICAL/RADIATION

Chemical/Radiation PPE Levels. Personnel in Level A PPE have delivered a non-ambulatory victim from the exclusion zone to two people performing decontamination in Level B PPE in the decontamination reduction zone. Level C PPE would look similar to Level B PPE except an air-purifying respirator (APR) is worn instead of an atmosphere-supplying respirator, such as the Self-Contained Breathing Apparatus (SCBA) worn by those in this picture.

CHEMICAL/RADIATION EXPOSURE PPE LEVELS



Pictures of PPE Levels and Respirators: BIOLOGICAL/INFECTIOUS AGENT

Biological PPE Levels.

The US Environmental Protection Agency has graded PPE into 4 levels based on the degree of protection provided. Each level of PPE consists of a combination of the protective respiratory equipment and clothing, which protects against varying degrees of inhalational, ocular, or dermal exposure.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Level A: Level A PPE consists of a SCBA and a totally encapsulating chemical-protective (TECP) suit. Level A PPE provides the highest level of respiratory, eye, mucous membrane, and skin protection.

Level B: Level B PPE consists of a positive-pressure respirator (SCBA or SAR) and nonencapsulated chemical-resistant garments, gloves, and boots, which guard against chemical splash exposures. Level B PPE provides the highest level of respiratory protection with a lower level of dermal protection.

Level C: Level C PPE consists of an APR and nonencapsulated chemical-resistant clothing, gloves, and boots. Level C PPE provides the same level of skin protection as Level B, with a lower level of respiratory protection. Level C PPE is used when the type of airborne exposure is known to be guarded against adequately by an APR.

Level D: Level D PPE consists of standard work clothes without a respirator. In hospitals, Level D consists of surgical gown, mask, and latex gloves (Standard / Universal precautions). Level D PPE provides no respiratory protection and only minimal skin protection.

BIOLOGICAL/INFECTIOUS AGENT PPE LEVELS



COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

General considerations in selecting respiratory protection against infectious aerosols that may cause infection and disease when inhaled.

- (1) Ideally, the selection of the type of respirator for protection against infectious aerosols should consider the probability of acquiring an infection, the historical/epidemiological record with regard to the ability of specific PPE to prevent secondary transmission, the severity of the disease (e.g., lethality rate, etc.), and availability and use of an effective vaccine or other prophylaxis. The probability of infection via inhalation is based upon the dose inhaled (including where the agent deposits in the respiratory tract), infectious dose of the agent (depends on the person's immune system, vaccination status, nutritional status, stress, age, particle size, etc.) and the respirator APF.
- (2) Respiratory protection will reduce the risk of infection when exposed to infectious aerosols but may not altogether eliminate the risk, since some leakage may still occur into the mask (e.g., through the filter media or between the facepiece seal and users face). Though leakage may occur, the dose inhaled will be reduced and the probability of infection will subsequently be reduced; if the dose inhaled through respirator leakage is less than the infectious dose, then the risk is effectively eliminated. Some efforts have been made to develop risk-based methods for selection of respiratory protection against infectious aerosols. These methods estimate the probability of infection depending upon the respirator used (and the associated leakage and protection factor), infectious dose of the agent, the estimated dose inhaled, etc.
- (3) The minimum respiratory protection against infectious aerosols is provided by a tight-fitting Class N-95 particulate half-facepiece air-purifying respirator. Using more protective respirators can lower the risk of infection more. For instance, as a general rule of thumb, a tight-fitting full-facepiece APR will provide more protection than a half-facepiece APR, a tight-fitting full-facepiece PAPR provides more protection than a non-powered full-facepiece APR and an atmosphere-supplying respirator (e.g., SCBA, airline) will provide more protection than a tight-fitting full-facepiece PAPR. Regarding the air-purifying particulate filter media used in today's respirators, Class 100 particulate filters provide a higher level of filtration efficiency than do Class 99 and Class 95 particulate filters, and Class 99 filters provide a higher level of filtration than does a Class 95 filter. Note: A P-100 filter is equivalent to a HEPA filter.
- (4) Selecting the appropriate level of respiratory protection for protection against an aerosol infectious agent requires many considerations. For instance, though a higher level of respiratory protection may be ideal in some situations, it may not be practical since healthcare providers must balance the need to reduce the risk to themselves and provide necessary healthcare to the patient.

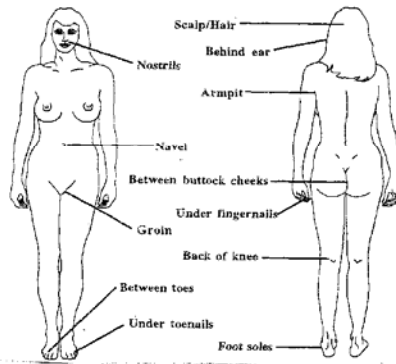
COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION PROCEDURE

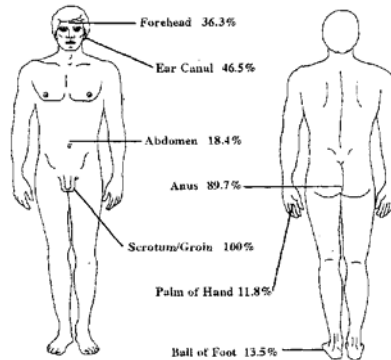
Whether the patient is ambulatory or non-ambulatory, care must be taken to *fully* decontaminate the subject. Contamination may be difficult to remove from certain body areas, such as between the cheeks of the buttocks. The following diagram shows the parts of the body that are difficult to clean or are often forgotten.

Contamination may be difficult to remove



Not all areas of the skin have the same absorption rate. Some chemicals are absorbed rapidly through the skin, others are not. In tests done with the pesticide Parathion, it was found that absorption rates ranged from 11.9% for the surface of the hand up to 100% for the scrotum and groin area. In any case, the offending products should be removed from the skin as quickly as possible.

Absorption rates vary



COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION TENT SETUP

POLICY:

Designated personnel who have received training in the decontamination tent setup will respond to the [area] when a **CODE BROWN** has been activated.

PURPOSE:

The purpose of this policy / procedure is to identify the individual(s) and/or department(s) who are responsible for the decontamination tent setup when a **CODE BROWN** has been activated.

PROCEDURE:

1. The following department/personnel will respond to the [area] when a CODE BROWN has been activated to initiate decontamination tent setup:

Note: Implementation of decon tent setup will not begin until CODE BROWN has been announced.

Personnel from Security, Facilities will be responsible.

[Name]

Other []

2. When an External Code Orange has been activated, designated staff will report to the [location] for preparation of tent setup. Will initiate tent setup when a CODE BROWN has been announced or one of the following individuals has instructed you to proceed:
 - Center CEO
 - Medical Director or Designee []
3. Unless otherwise instructed, both (2) decontamination tents will be set up outside the Center. Tents will be set up in driveway outside decontamination room entrance side-by-side. No vehicles will then be allowed to drive past this area.
4. Security personnel will be responsible to obtain propane tanks (2) from locked shelter [location] and bring to decontamination tents. When propane tanks are no longer necessary they will be returned to the shelter and secured.
5. Once the 2 shower tents have been set up, the team will proceed to set up the 2 tents to be used for undressing and triage.
6. To ensure that the operation of the decontamination tent is not interrupted at any time, a staff member must remain with each tent. Staff must wear proper protective clothing at all times.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
DECONTAMINATION TENT SETUP

7. When completing the setup of the decontamination tent, must follow the manufacturer's operational manual. A copy of this manual is to be kept with each tent and on the decontamination supply cart.
8. Hazardous waste from decontamination tents will be emptied into drain located in [location]. If unable to attach hose from tent to drain, 50-gallon drum (2) will be utilized. Facilities [name] will coordinate removal of wastewater from drums at completion of incident and ensure that they are returned to storage for future use.
9. At the conclusion of the incident the decontamination tents will be cleaned and properly stored away according to manufacturer's recommendations. Tent removal will be the responsibility of staff on duty at that particular time.
10. Staff will return tents and all related equipment to its storage location. Parts list will be kept to ensure that all necessary equipment is available.
11. Training will be conducted on a quarterly basis for staff responsible for decon tent setup and operation.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 9
DECONTAMINATION/PERSONAL
PROTECTIVE EQUIPMENT (PPE)

SUBJECT:
PPE INVENTORY TOOL

PPE Inventory Tool

Please conduct an inventory of the personal protective equipment listed below and return the completed document to your site facilitator as soon as possible. Masks, Gloves, Gowns and Goggles should be measured in boxes. All other PPE should be measured individually.

PPE	AMBULATORY CARE CENTERS									
N95 Masks										
Gloves										
Gowns										
Goggles										
PAPRs										
APRs										
Tyvex F Suits										
N95 Masks										
Gloves										
Gowns										
Goggles										
PAPRs										
APRs										
Tyvex F Suits										

COMPLETED BY: _____

DATE COMPLETED: ___/___/___

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS

SUBJECT:
COMMUNICATING INFORMATION: THE
ROLE OF THE PIO

POLICY:

During an emergency, each CHC should be prepared to address the concerns of both patients and staff. In addition, Centers may also need to respond to questions from media personnel. In order to effectively address these issues, each CHC should have a designated and available spokesperson(s) familiar with risk communication policies and procedures. Health Centers should utilize a PIO (Public Information Officer), whose responsibilities will include the development and transmission of all messages from the Center. To ensure redundancy, each CHC should have a minimum of 2 Public Information Officers. If the primary PIO is unavailable, an alternate PIO will take his/her place.

PURPOSE:

To ensure that, during an emergency, Health Centers are able to communicate effectively and in a timely manner with patients, staff and the media.

PROCEDURE:

1. In order to efficiently address questions, each PIO should identify an area within the facility to answer questions. This area should be away from any immediate danger and separate from the EOC (Emergency Operations Center) as appropriate.
2. PIO must have resources/technology available at all times in order to remain abreast of any and all changes as they occur. PIO must also maintain the resources necessary to disseminate information to patients and appropriate staff members.
3. All communications must be cleared by the Incident Commander before general dissemination.
4. Messages must remain consistent. It is the responsibility of the PIO to ensure that all public messages originate and are disseminated from one source.
5. PIO should create and/or assemble a variety of generic messages to be updated and modified during an emergency. These messages should address different potential emergency scenarios.
6. In order to avoid the loss of public trust, all communications must remain consistent with the facility mission and never be made to sound overly reassuring or apologetic.
7. PIO should maintain contact information for local media (including night and weekend info).
8. PIO should maintain contact information for all staff expected to assist in emergency communication issues. This contact information should be readily available at all times.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

9. Contact information for external agencies (e.g. NYCDOHMH, American Red Cross, etc) should be available for the PIO and staff to ensure coordinated efforts/messages are achieved during a crisis.

10. All responsibilities and expectations of the PIO and his/her staff must be written and added to the Center's emergency manual. This in turn should be approved and signed off by the Incident Commander or an equivalent staff member.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS/IT

SUBJECT:
RISK COMMUNICATION

RISK COMMUNICATION AND HEALTH INFORMATION DISSEMINATION

Which are addressed in the agency's emergency response/crisis communication plan?
(check all that apply)

- i. Messenger**
 - An agency staff member and at least one alternate assigned the role and responsibility of Public Information Officer (PIO)
 - Lines of authority and responsibilities for the public information team
 - Work and relief scheduling for public information team to maintain 24 hour per day operations (2-3 work shifts per day) for at least several days
 - Identification of persons to act as spokespersons on public health issues during an emergency for multiple audiences and formats (spokespersons representing different ethnic groups, media spokespersons, community meetings speakers, etc.)
- ii. Command and Control**
 - Verification (accuracy/appropriateness) and clearance/approval procedures for information that will be released to response partners, media, and public
 - Coordination with public information officials from partner organizations to ensure message consistency
 - Liaison between agency and Emergency Operations Center (EOC)
 - Briefings with agency director, EOC command, and higher headquarters to update and advise on information intended for release, incident-specific policy, science, and situation.
- iii. Creating "Go-Kits" to enable rapid, mobile response by public information officers that include:**
 - Laptop computer capable of connecting to Internet/e-mail
 - CD-ROM with elements of crisis communication plan (emergency contact information, pre-prepared materials, medical management information, manuals, background information, etc.)
 - Portable printer
 - Cellphone or satellite phone, pager, wireless e-mail
- iv. Media Information**
 - Triage of media requests and inquiries
 - Response to media requests (e.g., daily press conferences, website updates)
 - Locations, equipment, and supplies for press conferences
 - Production of media advisories, press releases, fact-sheets, b-roll
 - Monitoring media through environmental and trend analysis (e.g., clipping service, monitoring news coverage) to determine messages needed, misinformation to be corrected, media concerns, and media interest during crisis
- v. Direct Public Information**
 - Assessing existing telephone capacity to determine the need for additional lines during an emergency
 - Response to public who request information directly from the agency by telephone (e.g., hotline), in writing, or by e-mail
 - Timeliness and accuracy of public website information
 - Public advertising of agency contact information
 - Monitoring public through environmental and trend analysis to determine messages needed, misinformation to be corrected, public concerns, and public interest during crisis

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS/IT

SUBJECT:
GENERAL COMMUNICATIONS/IT CAPACITY

POLICY:

In the event of an internal/external Code Orange the IT, Public Information Officer, and Facilities Department will respond to the Command Center. Furthermore, the designated Facilities personnel will operate, maintain & monitor the designated radio/telephone/IT equipment throughout the entire incident.

PURPOSE:

The purpose of this policy/procedure is to outline the steps necessary for implementation of the mobile radios and other IT equipment in the CHC command center when an internal/external Code Orange is activated.

PROCEDURE:

- 1) IT equipment will be stored in the [location] of the Emergency Operations Center (EOC).
- 2) When a Code Orange is activated the designated Facilities staff member will respond to the command center. Coverage off hours is:
- 3) Radios/IT equipment will be set up in designated area in command center.
- 4) Personnel will establish communication with EMS.
- 5) Radio communications with any outside agency not listed above must be approved by the Incident Commander/CEO.
- 6) Staff members who have been properly trained and designated by the Facilities Director will operate communication equipment.
- 7) Designated staff must always monitor communication equipment when operational in the command center.
- 8) At the conclusion of the incident, Facilities will be responsible for the removal and storage of the equipment.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS/IT

SUBJECT:
EOC MESSAGE FORM

PART I

TO:	Section:	DATE:
FROM:	Section:	TIME:
SUBJECT: _____		
Message: _____ _____ _____		
INFORMATION SOURCE (Outside of EOC): Name: _____ Telephone/Radio No.: _____		

PART II

RETURN TO: _____ _____ _____		
REPLY: _____ _____ _____		
RESOURCES COMMITTED: Personnel	Equipment	Supplies

PART III

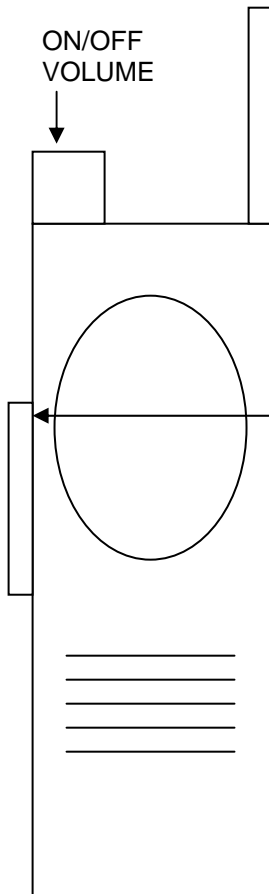
<p>ACTION:</p> <input type="checkbox"/> Action Required <input type="checkbox"/> Reply Requested <input type="checkbox"/> FYI	<p>COPIES:</p> <input type="checkbox"/> Receiver <input type="checkbox"/> IC <input type="checkbox"/> Comm./Lia. <input type="checkbox"/> Sender <input type="checkbox"/> _____	<input type="checkbox"/> Security <input type="checkbox"/> Safety <input type="checkbox"/> PIO <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> OPERATIONS <input type="checkbox"/> LOGISTICS <input type="checkbox"/> PLANNING <input type="checkbox"/> FINANCE
<p>PRIORITY:</p> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine			

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS/IT

SUBJECT:
PORTABLE RADIO USAGE

Procedure For Radio Use



Portable radio to be distributed by Security Department.

1. The Security Officer will turn on the Radio.
2. On switch controls volume.
3. Depress side panel to speak; release panel to receive messages.
4. When speaking, speak slowly, calmly and keep messages brief.

**TO SPEAK – DEPRESS
TO RECEIVE MESSAGES –
RELEASE**

Security Department will respond to the command post with portable radio cart for distribution.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 10
COMMUNICATIONS/IT

SUBJECT:
REDUNDANCY OF COMMUNICATION
SYSTEMS

Examples of Communication Systems Effective in an Emergency—Having Multiple, Redundant Systems Is the Most Effective Way to Ensure Communication:

- Inter-center communications systems.
- Fax machines hooked up to run on emergency power for backup communications and use of broadcast faxes.
- Emergency management mobile command vehicles.
- Physical runners to communicate needs.
- Accessing office functions from off site via secure Web technology.
- Setting up mass dial-up Internet Service Provider accounts for local health agencies having trouble accessing Internet.
- High-speed wireless Internet networks.
- Wireless Local Area Network (LAN).
- Satellite reach-back communications.
- Blackberry or other PDA/handheld wireless devices providing mobile, continuous e-mail access.
- Web sites set up to communicate with employees.
- Health Provider Network (HPN)/Health Alert Network (HAN), a Web-based system for infectious disease reporting and for syndromic surveillance or other centralized information sources for health care providers, by fax, e-mail, Web site or hotline.
- Amateur radio and walkie-talkie 5-mile radios/mobile radios.
- Integrated Services Digital Network (ISDN), a dial-up connection that can be used for video conferencing.
- Large signs indicating function (e.g., Pharmacy, Triage) to show location for people needing assistance or bringing in supplies.
- Community-wide, centralized patient locator systems (such as the Greater New York Hospital Association established following the WTC attacks).
- Nextel “dispatch” function that allows responders to contact pre-programmed groups instantly and simultaneously, saving the time required to contact individuals separately.
- 800 MHz radios so responders can monitor emergency operations.
- Videoconferencing.
- Developing forums for two-way communications with the public.
- Pre-event joint planning, training and practice, not only to establish roles, but to create relationships between stakeholders, responders, and media to facilitate communication during the emergency.
- Offering mental health services to the public, including responders, as soon as possible following a tragic event.
- Triaging telephone calls.
- Redundancy in everything from cable lines to having pagers from multiple companies.
- Involving the news media early and consistently in the communication process.
- Developing “dual uses” for emergency response systems so that systems with rare emergency use are exercised through some alternative, routine use. This also protects capacity through boom and bust funding cycles.
- Pre-event development of an “information stockpile” in multiple formats.
- Repeater may be necessary to communicate over long distances.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 11
MENTAL HEALTH

SUBJECT:
MENTAL HEALTH TEAM ACTIVATION

POLICY:

The mental health component of any disaster will be addressed.

PURPOSE:

To establish a plan of action and respond effectively to any disaster or emergency with a mental health team.

PROCEDURE:

1. In the event of a “Code Orange” or “Code Brown” the Incident Commander may elect to activate the Mental Health Team. An activation list will be available including telephone numbers, pagers and email for all clinical staff within the Center who have volunteered and been trained for crisis intervention and debriefing. The chain of communication will be as follows:
 - a) The CEO/Incident Commander to Public Information Officer [name & position].
 - b) The Supervisors will each ensure that all clinical staff have been notified.
 - c) The telephone chain will be activated in the event of an emergency that arises during non-business hours.
 - d) The Director of Nursing will activate the telephone list of members of the Center psychosocial staff, psychologists, social workers, RNs, and Advanced Practice Nurses who have volunteered for this purpose. [other]
2. As determined by the Incident Commander:
An Emergency Drop-In Center will be manned in [location] to provide for immediate support and de-briefing for individuals requiring these services. The people utilizing this service may include patients, patients’ family members, emergency personnel, Center employees and members of community.
3. The Public Information Officer [name & position], Director of Nursing [name & position], [or other], will reach out to the local pastoral care as needed [name & contact info].

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 11
MENTAL HEALTH

SUBJECT:
CALL IN CENTER ACTIVATION

POLICY:

The CEO/Incident Commander will make the decision to activate the Call In Center to ensure communication with the community during a disaster.

PURPOSE:

To establish a team of volunteers to handle a large volume of families calling the Center in an attempt to locate a loved one or get information.

PROCEDURE:

1. The CEO/Incident Commander will make the decision to activate the Call In Center.
2. The [location] is the room of choice to be used for the Call In Center. This room has [number] telephone jacks and can accommodate [number] people to man the phones.
3. The Incident Commander will delegate someone to recruit and assign volunteers to man the center. A total of ____ can be utilized at one time.
4. The phone number to be used is _____. When calls are received at the main switchboard they will be switched to this number. This number can also be given to the public for information updates if indicated.
5. The Incident Commander or designee will approve a message to be put on this number in the event all of the phones are busy.
6. The Incident Commander or designee will approve the script to be used by the volunteers as to what an appropriate response to the callers would be.
7. A member of the crisis team will be assigned to the Center to assist callers as indicated.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 11
MENTAL HEALTH

SUBJECT:
PUBLIC INFORMATION OFFICER

THE PUBLIC INFORMATION OFFICER
[Name, Usual Job Title]

1. Controls all outgoing information to the media.
2. Arranges press statements for release to the public/media.
3. Assumes responsibility for taking pictures and obtaining releases.
4. Notifies and utilizes the expertise of the designated medical spokesperson for medical reports which are to be given to the media.
5. Coordinates information appropriate with all external agencies (such as DOH).

PUBLICATION RELATIONS
CODE ORANGE INTERNAL

The switchboard will contact the Public Information Officer by telephone or long-range pager.

1. The Public Information Officer will respond to the command post to determine the nature of the code.
2. Determine need for media area with phones and food/coffee.
3. With the Media Relations Center ready for operation, the department will call the command post for a preliminary report for release to the press (i.e., the nature of the disaster and initial report of the extent of injuries). This initial statement will be released to the media. Names and numbers will be taken and the department will return phone calls after more information is obtained.
4. Employees may not speak to the media without the permission of the Public Information Officer.
5. If needed, a decision will be made by the CEO/Incident Commander about whether reporters may be taken to the scene of the disaster or into the Center.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 12
JOB ACTION SHEETS

SUBJECT:
LIST OF POSITIONS

EMERGENCY JOB ACTION SHEETS

List Of Positions

CEO – Incident Commander
Public Information Officer
Security Officer
Operations Section Chief
Planning Section Chief
Logistics Section Chief
Finance and Administration Section Chief
IT

Scope Of Command

Each Section Chief may have 3-5 people report to him/her.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 12
JOB ACTION SHEETS

SUBJECT:
CHIEF EXECUTIVE OFFICER

CHIEF EXECUTIVE OFFICER (CEO)

Line of Authority

The line of authority flows from the CEO and then to the Incident Manager, and finally to the Section Chiefs in the Incident Command System.

Responsibility and Duties

The CEO, as the Incident Commander, should provide overall guidance and policy direction for emergency response and recovery strategy assessment, including:

- Identifying the operations still at risk
- Establishing clinic operations restoration priorities
- Authorizing expenditure of funds for emergency acquisitions and for additional personnel expenditures, as needed

The CEO has three main roles to achieve during emergency response and recovery operations. The CEO:

- Acts as the bridge to the world outside of Center operations so that outside influences do not interrupt the recovery process
- Provides information to the external authorities when they ask about the status of Clinic emergency operations
- Acts as the spokesperson for Center when the Public Information Officer (PIO) is asked to provide a management representative for Center at press briefings and for media announcements

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 12
JOB ACTION SHEETS

SUBJECT:
EMERGENCY INCIDENT COMMANDER

EMERGENCY INCIDENT COMMANDER

Mission: Organize and direct Emergency Operations Center (EOC). Give overall direction for hospital operations and, if needed, authorize evacuation.

Immediate

- _____ Initiate the Center Emergency Incident Command System by assuming role of Emergency Incident Commander.
- _____ Read this entire Job Action Sheet.
- _____ Put on position identification vest.
- _____ Appoint all Section Chiefs and the Medical Staff Director positions; distribute the four section packets which contain:
 - Job Action Sheets for each position
 - Identification vest for each position
 - Forms pertinent to Section & positions
- _____ Appoint Public Information Officer, Liaison Officer, and Safety and Security Officer; distribute Job Action Sheets. (May be pre-established.)
- _____ Announce a status/action plan meeting of all Section Chiefs and Medical Staff Director to be held within 5 or 10 minutes.
- _____ Assign someone as Documentation Recorder/Aide.
- _____ Receive status report and discuss an initial action plan with Section Chiefs and Medical Staff Director. Determine appropriate level of service during immediate aftermath.
- _____ Receive initial facility damage survey report from Logistics Chief, if applicable, evaluate the need for evacuation.
- _____ Obtain patient census and status from Planning Section Chief. Emphasize proactive actions within the Planning Section. Call for a hospital-wide projection report for 4, 8, 24 & 48 hours from time of incident onset. Adjust projections as necessary.
- _____ Authorize a patient prioritization assessment for the purposes of designating appropriate early discharge, if additional beds needed.
- _____ Assure that contact and resource information has been established with outside agencies through the Liaison Officer.

Intermediate

- _____ Authorize resources as needed or requested by Section Chiefs.
- _____ Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
- _____ Communicate status to chairperson of the Center Board of Directors or the designee.
- _____ Consult with Section Chiefs on needs for staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorize plan of action.

Extended

- _____ Approve media releases submitted by PIO.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 12
JOB ACTION SHEETS

SUBJECT:
PUBLIC INFORMATION OFFICER

PUBLIC INFORMATION OFFICER (PIO)

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

- Mission:** Provide information to the news media.
- Immediate
- _____ Receive appointment from the Emergency Incident Commander.
 - _____ Read this entire Job Action sheet and review organizational chart on back.
 - _____ Identify restrictions in contents of news release information form Emergency Incident Commander.
 - _____ Establish a Public Information area away from EOC and patient care activity.
- Intermediate
- _____ Ensure that all news releases have the approval of the Emergency Incident Commander.
 - _____ Issue an initial incident information report to the news media with the cooperation of the Situation-Status Leader. Relay any pertinent data back to Situation-Status Unit Leader.
 - _____ Inform on-site media of the physical areas which they have access to, and those which are restricted. Coordinate with Safety and Security Officer.
 - _____ Contact other at-scene agencies to coordinate released information, with respective P.I.O.s . Inform Liaison Officer of Action.
- Extended
- _____ Obtain progress reports from Section Chiefs as appropriate.
 - _____ Notify media about casualty status.
 - _____ Direct calls from those who wish to volunteer to Labor Pool.
 - _____ Contact Labor Pool to determine requests to be made to the public via the media.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

LIAISON OFFICER

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

Mission: Function as incident contact person for representatives from other agencies.

Immediate

- _____ Read appointment from Emergency Incident Commander.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Establish contact with Communications Unit Leader in EOC
- _____ Obtain one or more aides as necessary from Labor Pool.
- _____ Review county and municipal emergency organizational charts to determine appropriate contacts and message routing. Coordinate with Public Information Officer.
- _____ Obtain information to provide the inter-center emergency communication network, municipal EOC and/or county EOC as appropriate, upon request. The following information should be gathered for relay:
 - The number of "Immediate" and "Delayed" patients that can be received and treated immediately (Patient Care Capacity).
 - Any current or anticipated shortage of personnel, supplies, etc.
 - Current condition of Center structure and utilities (Center's overall status).
 - Number of patients to be transferred by wheelchair or stretcher to another facility.
 - Any resources which are requested by other facilities (i.e. staff, equipment, supplies).
- _____ Establish communication with the assistance of the Communication Unit Leader with the inter-center emergency communication network, municipal EOC or with county EOC/County Health Officer. Relay current hospital status.
- _____ Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal EOC). Keeping governmental Liaison Officers updated on changes and development of Center's response to incident.

Intermediate

- _____ Request assistance and information as needed through the inter-center emergency communication network or municipal/county EOC
- _____ Respond to requests and complaints incident personnel regarding inter-organization problems.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Extended

- _____ Prepare to assist Labor Pool Unit Leader with problems encountered in the volunteer credentialing process.
- _____ Relay any special information obtained to appropriate personnel in the receiving facility (i.e. information regarding toxic decontamination or any special emergency conditions).

- _____ Assist the Medical Staff Director and Labor Pool Unit Leader in soliciting physicians and other Center personnel willing to volunteer as Disaster Service Workers outside the Center, when appropriate.
- _____ Inventory any material resources which may be sent upon official request and method of transportation, if appropriate.
- _____ Supply casualty data to the appropriate authorities; prepare the following minimum data:
 - Number of casualties received and types of injuries treated
 - Number hospitalized and number discharged to home or other facilities
 - Number dead
 - Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SAFETY AND SECURITY OFFICER

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

Mission: Monitor and have authority over the safety of rescue operations and hazardous conditions. Organize and enforce scene/facility protection and traffic security.

- Immediate
- _____ Receive appointment from the Emergency Incident Commander.
 - _____ Read this entire Job Action sheet and review organizational chart on back.
 - _____ Put position identification vest.
 - _____ Obtain a briefing from Emergency Incident Commander.
 - _____ Implement the facility's disaster plan emergency lockdown policy and personnel identification policy.
 - _____ Establish Security Command Post.
 - _____ Remove unauthorized persons from restricted areas.
 - _____ Establish ambulance entry and exit routes in cooperation with Transportation Unit Leader.
 - _____ Secure the EOC, triage, patient care, morgue and other sensitive or strategic areas from unauthorized.

- Intermediate
- _____ Communicate with Damage Assessment and Control Officer to secure and post non-entry signs around unsafe areas. Keep Safety and Security staff alert to identify and report all hazards and unsafe conditions to the Damage Assessment and Control Officer.
 - _____ Secure areas evacuated to and from, to limit unauthorized personnel access.
 - _____ Initiate contact with fire, police agencies through the Liaison Officer, when necessary.
 - _____ Advise the Emergency Incident Commander and Section Chiefs immediately of any unsafe, hazardous or security related conditions.
 - _____ Assist Labor Pool and Medical Staff Unit Leaders with credentialing/screening process of volunteers. Prepare to manage large numbers of potential volunteers.
 - _____ Confer with Public Information Officer to establish areas for media personnel.
 - _____ Establish routine briefings with Emergency Incident Commander.
 - _____ Provide vehicular and pedestrian traffic control.
 - _____ Secure food, water, medical, and blood resources.
 - _____ Inform Safety & Security staff to document all actions and observations.
 - _____ Establish routine briefings with Safety & Security staff.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

LOGISTICS SECTION CHIEF

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives.

- Immediate
- _____ Receive appointment from the Emergency Incident Commander.
 - _____ Obtain packet containing Section's Job Action Sheets, identification vests and forms.
 - _____ Read this entire Job Action sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing form Emergency Incident Commander.
 - _____ Appoint Logistics Section Unit Leaders: Facilities Unit Leader, Communications Unit Leader, Transportation Unit Leader, Material's Supply Unit Leader, Nutritional Supply Unit Leader; distribute Job Action Sheets and vests. (May be pre-established).
 - _____ Brief unit leaders on current situation; outline action plan and designate time for next briefing.
 - _____ Establish Logistics Section Center in proximity to EOC
 - _____ Attend damage assessment meeting with Emergency Incident Commander, Facility Unit Leader and Damage Assessment and Control Officer.

- Intermediate
- _____ Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas; pass status info to Situation-Status Unit Leader.
 - _____ Communicate frequently with Emergency Incident Commander.
 - _____ Obtain needed supplies with assistance of the Finance Section Chief, Communications Unit Leader and Liaison Unit Leader.

- Extended
- _____ Assure that all communications are copied to the Communications Unit Leader.
 - _____ Document actions and decisions on a continual basis.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

FACILITY UNIT LEADER

Position Assigned To:
You Report To: _____ (Logistics Section Chief)
Command Center: _____ Telephone: _____

Mission: Maintain the integrity of the physical facility to the best level. Provide adequate environmental controls to perform the medical mission.

- Immediate
- _____ Receive appointment from the Logistics Section Chief and Job Action Sheets for Damage Assessment and Control Officer, and Sanitation Systems Officer.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Meet with Logistics Section Chief to receive briefing and develop action plan; deliver preliminary report on the physical status of the facility if available.
 - _____ Appoint Damage Assessment and Control Officer and Sanitation System Status Report Form to the Damage Assessment and Control Officer. (May be pre-established).
 - _____ Receive a comprehensive facility status report as soon as possible from Damage Assessment and Control Officer.
 - _____ Facilitate and participate in damage assessment meeting between Emergency Incident Commander, Logistics Section Chief and Damage Assessment and Control Officer.

- Intermediate
- _____ Prepare for the possibility of evacuation and/or the relocation of medical services outside of existing structure, if appropriate.
 - _____ Receive continually updated reports from the Damage Assessment and Control Officer, and Sanitation Systems Officer.

- Extended
- _____ Forward requests of outside service providers/resources to the Materials Supply Unit Leader after clearing through the Logistics Section Chief.
 - _____ Document actions and decisions on a continual basis. Obtain the assistance of a documentation aide if necessary.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

DAMAGE ASSESSMENT AND CONTROL OFFICER

Position Assigned To:
You Report To: _____ (Facility Unit Leader)
Command Center: _____ Telephone: _____

Mission: Provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making, including those regarding full or partial evacuation. Identify safe areas where patients and staff can be moved if needed. Manage fire suppression, search and rescues and damage mitigation activities.

- Immediate
- _____ Receive appointment, Job Action Sheet and Facility System Status Report form from Facility Unit Leader.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Facility Unit Leader.
 - _____ Assign teams to check system components for entire facility, and report back within 5 minutes.
 - _____ Identify hazards, e.g. fire and assign staff to control and eliminate.
 - _____ Receive initial assessment/damage reports and immediately relay information in a briefing to Emergency Incident Commander, Logistics Section Chief and Facility Unit Leader; follow-up with written documentation.
 - _____ Notify Safety & Security Officer of unsafe areas and other security problems.
 - _____ Assemble light-duty search rescues team(s) to retrieve victims and deliver to Triage Area. Obtain Search and Rescue Team equipment pack from Materials Supply Unit Leader.
 - _____ Notify Labor Pool of staffing needs.
 - _____ Identify areas where immediate repair efforts should be directed to restore critical services.

- Intermediate
- _____ Arrange to have structural engineer under contract report and obtain more definitive assessment if indicated.
 - _____ Inspect those areas of reported damage and photographically record.
 - _____ Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment.

- Extended
- _____ Assign staff to salvage operations.
 - _____ Assign staff to repair operations.
 - _____ Brief Facility Unit Leader routinely to provide current damage/recovery status.
 - _____ Observe all staff, volunteers and patients for signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SANITATION SYSTEMS OFFICER

Position Assigned To:
You Report To: _____ (Facility Unit Leader)
Command Center: _____ Telephone: _____

Mission: Evaluate and monitor the patency of existing sewage and sanitation systems. Enact established alternate methods of waste disposal if necessary.

- Immediate
- _____ Receive appointment, Job Action Sheet from Facility Unit Leader.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Facility Unit Leader.
 - _____ Coordinate the inspection of the hospital's sewage system with Damage Assessment and Control Officer.
 - _____ Inspect the hazardous waste collection area(s) to ensure patency of containment measures. Cordon off unsafe areas with assistance of the Safety & Security Officer.
 - _____ Control observed hazards, leaks or contamination with the assistance of the Safety & Security Officer and the Damage Assessment and Control Officer.
 - _____ Report all findings and actions to the Facility Unit Leader. Document all observations and actions.

- Intermediate
- _____ Implement pre-established alternative waste disposal/collection plan, if necessary.
 - _____ Assure that all sections and areas of the hospital are informed of the implementation of the alternative waste disposal/collection plan.
 - _____ Position portable toilets in accessible areas; away from patient care and food preparation.
 - _____ Ensure an adequate number of handwashing areas are operational near patient care/food preparation areas, and adjacent to portable toilet facilities.
 - _____ Inform Infection Control personnel of actions and enlist assistance where necessary.

- Extended
- _____ Monitor levels of all supplies, equipment and needs relevant to all sanitation operations.
 - _____ Brief Facility Unit Leader routinely on current condition of all sanitation operations; communicate needs in advance.
 - _____ Obtain support staff as necessary from Labor Pool.
 - _____ Observe all staff, volunteers and patients for signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

COMMUNICATIONS UNIT LEADER

Position Assigned To:
You Report To: _____ (Logistics Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and coordinate internal and external communications; act as custodian of all logged/documented communications.

Immediate

- _____ Receive appointment from Logistics Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander or Logistics Section Chief.
- _____ Establish a Communications Center in close proximity to EOC
- _____ Request the response of assigned amateur radio personnel assigned to facility.
- _____ Assess current status of internal and external telephone system and report to Logistics Section Chiefs and Damage Assessment and Control Officer.
- _____ Establish a pool of runners and assure distribution of 2-way radios to pre-designated areas.
- _____ Use pre-established message forms to document all communication. Instruct all assistants to do the same.
- _____ Establish contact with Liaison Officer.
- _____ Receive and hold all documentation related to internal facility communications.
- _____ Monitor and document all communications sent and received via interhospital emergency communication network or other external communication.

Intermediate

- _____ Establish mechanism to alert Code Team and Fire Suppression Team to respond to internal patient and/or physical emergencies, i.e. cardiac arrest, fires, etc.

Extended

- _____ Observe all staff, volunteers and patients for signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

TRANSPORTATION UNIT LEADER

Position Assigned To:
You Report To: _____ (Logistics Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and coordinate transportation of all casualties, ambulatory and non-ambulatory. Arrange for the transportation of human and material resources to and from the facility.

Immediate

- _____ Receive appointment from Logistics Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Logistics Section Chief.
- _____ Assess transportation requirements and needs for patients, personnel and materials; request patient transporters from Labor Pool to assist in the gathering of patient transport equipment.
- _____ Establish ambulance off-loading area in cooperation with the Triage Unit Leader.
- _____ Assemble gurneys, litters, wheelchairs and stretchers in proximity to ambulance off-loading area and Triage Area.
- _____ Establish ambulance loading area in cooperation with the Discharge Unit Leader.

Intermediate

- _____ Contact Safety & Security Officer on security needs of loading areas.
- _____ Provide for the transportation/shipment of resources into and out of the facility.
- _____ Secure ambulance or other transport for discharged patients.
- _____ Identify transportation needs for ambulatory casualties.

Extended

- _____ Maintain transportation assignment record in Triage Area, discharge Area, and Material Supply Pool.
- _____ Keep Logistics Section Chief apprised of status.
- _____ Direct unassigned personnel to Labor Pool.
- _____ Observe all staff, volunteers and patients for signs of stress and fatigue. Report concerns to Psychological Support Unit Leader.
- _____ Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MATERIALS SUPPLY UNIT LEADER

Position Assigned To:
You Report To: _____ (Logistics Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and supply medical and non-medical care equipment and supplies.

Immediate

- _____ Receive appointment from Logistics Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Logistics Section Chief.
- _____ Meet with and brief Materials Management and Central/Sterile Supply Personnel.
- _____ Establish and communicate the operational status of the Materials Supply Pool to the Logistics Section Chief, EOC and Procurement Unit Leader.
- _____ Dispatch the pre-designated supply carts to Triage Area, Immediate Treatment Area, Delayed Treatment Area and the Minor Treatment Area, once these areas have been established. Enlist the assistance of the Transportation Unit Leader.
- _____ Release Search and Rescue Team equipment packs to those teams designated by the Damage Assessment and Control Officer.
- _____ Collect and coordinate essential medical equipment and supplies. (Prepare to assist with equipment salvage and recovery efforts).
- _____ Develop medical equipment inventory to include, but not limited to the following:
 - Bandages, dressings, compresses and suture material
 - Sterile scrub brushes, normal saline, anti-microbial skin cleanser
 - Waterless hand cleaner and gloves
 - Fracture immobilization, splitting and casting materials
 - Backboard, rigid stretchers
 - Non-rigid transporting devices (litters)
 - Oxygen-ventilation-suction devices
 - Advance life support equipment (chest tube, airway, major suture trays)

Extended

- _____ Identify additional equipment and supply needs. Make requests/needs known through Logistics Section Chief. Gain the assistance of the Procurement Unit Leader when indicated.
- _____ Determine the anticipated pharmaceuticals needed with the assistance of the Medical Care Director and Pharmacy Unit Leader to obtain/request items.
- _____ Coordinate with Safety & Security Officer to protect resources.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Observe and assist staff who exhibit signs of stress and fatigue.
Report concerns to Psychological Support Unit Leader.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

NUTRITIONAL SUPPLY UNIT LEADER

Position Assigned To:
You Report To: _____ (Logistics Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage.

Immediate

- _____ Receive appointment from the Logistics Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Logistics Section Chief.
- _____ Meet with and brief Nutritional Services personnel.
- _____ Estimate the number of meals which can be served utilizing existing food stores; implement rationing if situation dictates.
- _____ Inventory the current emergency drinking water supply will be necessary. Implement rationing if situation dictates.
- _____ Report inventory levels of emergency drinking water and food stores to Logistics Section Chief.

Intermediate

- _____ Meet with Labor Pool Unit Leader and Staff Support Unit Leader to discuss location of personnel refreshment and nutritional break areas.
- _____ Secure nutritional and water inventories with the assistance of the Safety & Security Officer.
- _____ Submit an anticipated need list of water and food to the Logistics Section Chief. Request should be based on current information concerning emergency events as well as projected needs for patients, staff and dependents.

Extended

- _____ Meet with Logistics Section Chief regularly to keep informed of current status.
- _____ Observe and assist staff who exhibit signs of stress fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PLANNING SECTION CHIEF

Position Assigned To:
You Report To: _____ (Emergency Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and effect long range planning. Document and distribute facility Action Plan.

- Immediate
- _____ Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Incident Commander.
 - _____ Recruit a documentation aide from the Labor Pool.
 - _____ Appoint Planning unit leaders: Situation-Status Unit Leader, Labor Pool Unit Leader, Medical Staff Unit Leader, Nursing Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be pre-established).
 - _____ Brief unit leaders after meeting with Emergency Incident Commander.
 - _____ Provide for a Planning/Information Center.
 - _____ Ensure the formulation and documentation of an incident-specific, facility Action Plan. Distribute copies to Incident Commander and all section chiefs.
 - _____ Call for projection reports (Action Plan) from all Planning Section unit leaders and section chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.
 - _____ Instruct Situation – Status Unit Leader and staff to document/update status reports from all disaster section chiefs and unit leaders for use in decision making and for reference in post-disaster evaluation and recovery assistance applications.
- Intermediate
- _____ Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.
 - _____ Schedule planning meetings to include Planning Section unit leaders, section chiefs and the Incident Commander for continued update of the facility Action Plan.
- Extended
- _____ Continue to receive projected activity reports from section chiefs and Planning Section unit leaders at appropriate intervals.
 - _____ Assure that all requests are routed/documented through the Communications Unit Leader.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SITUATION-STATUS (SIT-STAT) UNIT LEADER

Position Assigned To:
You Report To: _____ (Planning Section Chief)
Command Center: _____ Telephone: _____

Mission: Maintain current information regarding the incident status for all hospital staff. Ensure a written record of the centers emergency planning and response. 'Develop the center's internal information network. Monitor the maintenance and preservation of the computer system.

Immediate

- _____ Receive appointment from Planning Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Planning Section Chief.
- _____ Obtain status report on computer information system.
- _____ Assign recorder to document decisions, actions and attendance in EOC
- _____ Establish a status/condition board in EOC with a documentation aide. Ensure that this board this board is kept current.
- _____ Assign recorder to Communications Unit Leader to document telephone, radio and memo traffic.

Intermediate

- _____ Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labor Pool.
- _____ Supervise backup and protection of existing data for main and support computer systems.
- _____ Publish an internal incident informational sheet for employee information at least every 4-6 hours. Enlist the assistance of the Public Information Officer, Staff Support Unit Leader and Labor Pool Unit Leader.
- _____ Ensure the security and prevent the loss of medical record hard copies.

Extended

- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

LABOR POOL UNIT LEADER

Position Assigned To:
You Report To: _____ (Planning Section Chief)
Command Center: _____ Telephone: _____

Mission: Collect and inventory available staff and volunteers at a central point. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale.

Immediate

- _____ Receive appointment from Planning Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Planning Section Chief.
- _____ Establish Labor Pool area and communicate operational status to EOC and all patient care and non-patient care areas.
- _____ Inventory the number and classify staff presently available. Use the following classifications and sub-classifications for personnel:

I. MEDICAL PERSONNEL

A. Physician (Obtain with assistance of Medical Staff Unit Leader).

- 1. Critical Care
- 2. General Care
- 3. Other

B. Nurse

- 1. Critical Care
- 2. General Care
- 3. Other

C. Medical Technicians

- 1. Patient Care
- 2. Diagnostic

II. NON-MEDICAL PERSONNEL

- A. Engineering/Maintenance/Materials Management
- B. Environmental/nutritional Services
- C. Business/Financial
- D. Volunteer
- E. Other

_____ Establish a registration and credentialing desk for volunteers not employed or associated with the center.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Obtain assistance from Safety & Security Officer in the screening and identification of volunteer staff.
- _____ Meet with Nursing Unit Leader, Medical Staff Unit Leader and Operations Section Chief to coordinate long term staffing needs.

- Intermediate
 - _____ Maintain a log of all assignments
 - _____ Assist the Situation-Status Unit Leader in publishing an informational sheet to be distributed at frequent intervals to update the center population.
 - _____ Maintain a message center in Labor Pool Area with the cooperation of Staff Support Unit Leader and Situation-Status Information Systems Unit Leader.

- Extended
 - _____ Brief Planning Section Chief as frequently as necessary on the status of labor numbers and composition.
 - _____ Develop staff rest and nutritional area in coordination with Staff Support Unit Leader.
 - _____ Document actions and decisions on a continual basis.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MEDICAL STAFF UNIT LEADER

Position Assigned To:
You Report To: _____ (Planning Section Chief)
Command Center: _____ Telephone: _____

Mission: Collect available physicians, and other medical staff, at a central point. Credential volunteer medical staff as necessary. Assist in the assignment of available medical staff as needed.

- Immediate
- _____ Receive appointment from Planning Section Chief.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Incident Commander or Planning Section Chief.
 - _____ Establish Medical Staff Pool in predetermined location and communicate operational status to EOC and Medical Staff Director. Obtain documentation personnel from Labor Pool.
 - _____ Inventory the number and types of physicians, and other staff present. Relay information to Labor Pool Unit Leader.
 - _____ Register and credential volunteer physician/medical staff.
 - _____ Request the assistance of the Labor Pool Unit Leader and Safety & Security Officer when necessary.

- Intermediate
- _____ Meet with Labor Pool Unit Leader, Nursing Service Unit Leader and Operations Section Chief to coordinate projected staffing needs and issues.
 - _____ Assist the Medical Staff Director in the assignment of medical staff to patient care and treatment areas.

- Extended
- _____ Establish a physician message center and emergency incident information board with the assistance of Staff Support Unit Leader and Labor Pool Unit Leader.
 - _____ Assist the Medical Staff Director in developing a medical staff rotation schedule.
 - _____ Assist the Medical Staff Director in maintaining a log of medical staff assignments.
 - _____ Brief Planning Section Chief as frequently as necessary on the status of medical staff pool numbers and composition.
 - _____ Develop a medical staff rest and nutritional area in coordination with Staff Support Unit Leader and the Nutritional Supply Unit Leader.
 - _____ Document actions and decisions on a continual basis.
 - _____ Observe and assist medical staff who exhibit signs of stress and other fatigue. Report concerns to the Medical Staff Director and/or Psychological Support Unit Leader.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

NURSING UNIT LEADER

Position Assigned To:
You Report To: _____ (Planning Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and coordinate nursing and direct patient care services.

Immediate

- _____ Receive appointment from Planning Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Incident Commander or Planning Section Chief.
- _____ Appoint Patient Tracking Officer and Patient Information Officer and distribute the corresponding Job Action Sheets. Ensure the implementation of a patient tracking system.
- _____ Obtain current in-patient census and request a prioritization assessment (triage) of all in-house patients from the Medical Care Director.
- _____ Meet with Operations Chief, Medical Staff Director and Medical Care Director to assess and project nursing staff and patient care supply needs.
- _____ Recall staff as appropriate; assist the Labor Pool in meeting the nursing staff needs of the Medical Care Director.

Intermediate

- _____ Implement emergency patient discharge plan at the direction of the Emergency Incident Commander with support of the Medical Staff Director.
- _____ Meet regularly with the Patient Tracking Officer and Patient Information Officer.
- _____ Meet with Labor Pool Unit Leader, Medical Care Director and Operations Section Chief to coordinate long term staffing needs.
- _____ Coordinate with the Labor Pool staff the number of nursing personnel which may be released for future staffing or staffing at another facility.

Extended

- _____ Establish a staff rest and nutritional area in cooperation with Labor Pool Unit Leader and Staff Support Unit Leader.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PATIENT TRACKING OFFICER

Position Assigned To:
You Report To: _____ (Nursing Unit Leader)
Command Center: _____ Telephone: _____

Mission: Maintain the location of patients at all times within the center's patient care system.

Immediate

- _____ Receive appointment from Nursing Unit Leader.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain a briefing from Nursing Unit Chief.
- _____ Obtain patient census from Nursing Unit Leader, Admitting personnel or other source.
- _____ Establish an area near the EOC to track patient arrivals, location and disposition. Obtain sufficient assistance to document current and accurate patient information.
- _____ Ensure the proper use of the center disaster chart and tracking system for all newly admitted.

Intermediate

- _____ Meet with Patient Information Officer, Public Information Officer and Liaison Officer on a routine basis to update and exchange patient information and census data.

Extended

- _____ Maintain log to document the location and time of all patients cared for.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PATIENT INFORMATION OFFICER

Position Assigned To:
You Report To: _____ (Nursing Unit Leader)
Command Center: _____ Telephone: _____

Mission: Provide information to visitors and families regarding status and location of patients. Collect information necessary to complete the Disaster Welfare Inquiry process in cooperation with the American Red Cross.

- Immediate
- _____ Receive appointment from Nursing Unit Leader.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing on incident and any special instructions from Nursing Unit Leader.
 - _____ Establish Patient Information Area away from EOC
 - _____ Meet with Patient Tracking Officer to exchange patient related information and establish regularly scheduled meetings.

- Intermediate
- _____ Direct patient related news releases through Nursing Unit Leader to the Public Information Officer.
 - _____ Receive and screen requests about the status of individual patients. Obtain appropriate information and relay to the appropriate information and relay to the appropriate requesting party.
 - _____ Request assistance of runners and amateur operators from Labor Pool as needed.

- Extended
- _____ Work with American Red Cross representative in development of the Disaster Welfare Inquiry information.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

FINANCE SECTION CHIEF

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate

- _____ Receive appointment from Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Emergency Incident Commander.
- _____ Appoint Time Unit Leader, Procurement Unit Leader, Claims Unit Leader and Cost Unit Leader; distribute the corresponding Job Action Sheets and vests. (May be pre-established).
- _____ Confer with Unit Leaders after meeting with Emergency Incident Commander; develop a section action plan.
- _____ Establish a Financial Section Operations Center. Ensure adequate documentation/recording personnel.

Intermediate

- _____ Approve a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.
- _____ Obtain briefing and updates from Emergency Incident Commander as appropriate. Relate pertinent financial status reports to appropriate chiefs and unit leaders.
- _____ Schedule planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures.

Extended

- _____ Assure that all requests for personnel or supplies are copied to the Communications Unit Leader in a timely manner.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

TIME UNIT LEADER

Position Assigned To:
You Report To: _____ (Finance Section Chief)
Command Center: _____ Telephone: _____

Mission: Responsible for the documentation of personnel time records. The monitoring and reporting of regular and overtime hours worked/volunteered.

Immediate

- _____ Receive appointment from Finance Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Finance Section Chief; assist in the development of section action plan.
- _____ Ensure documentation of personnel hours worked and volunteer hours worked in all areas relevant to the center's emergency incident response. Confirm the utilization of the Emergency Incident Time Sheet by all section chiefs and/or unit leaders. Coordinate with Labor Pool Unit Leader.

Intermediate

- _____ Collect all Emergency Incident Time Sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance Section Chief.
- _____ Forward tabulated Emergency Incident Time Sheets to Cost Unit Leader every eight hours.

Extended

- _____ Prepare a total of personnel hours worked during the declared emergency incident.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

PROCUREMENT UNIT LEADER

Position Assigned To:
You Report To: _____ (Finance Section Chief)
Command Center: _____ Telephone: _____

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

- Immediate
- _____ Receive appointment from Finance Section Chief.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Finance Section Chief; assist in the development of section action plan.
 - _____ Ensure the separate accounting of all contracts specifically related to the emergency incident; all purchases within the enactment of the emergency incident response plan.
 - _____ Establish a line of communication with the Material Supply Unit Leader.
 - _____ Obtain authorization to initiate purchases from the Finance Section Chief, or authorized representative.

- Intermediate
- _____ Forward a summary accounting of purchases to the Cost Unit Leader every eight hours.

- Extended
- _____ Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

CLAIMS UNIT LEADER

Position Assigned To:
You Report To: _____ (Finance Section Chief)
Command Center: _____ Telephone: _____

Mission: Responsible for receiving, investigating and documenting all claims reported to the center during the emergency incident which are alleged to be the result of an accident or action on center property.

Immediate

- _____ Receive appointment from Finance Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Finance Section Chief; assist in the development of section action plan.
- _____ Receive and document alleged claims issued by employees and non-employees. Use photographs or video documentation when appropriate.
- _____ Obtain statements as quickly as possible from all claimants and witnesses.
- _____ Enlist the assistance of the Safety & Security Officer where necessary.

Intermediate

- _____ Inform Finance Section Chief of all alleged claims as they are reported.
- _____ Document claims on center risk/loss forms.

Extended

- _____ Report any cost incurred as a result of a claim to the Cost Unit Leader as soon as possible.
- _____ Prepare a summary of all claims reported during the declared emergency incident.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

COST UNIT LEADER

Position Assigned To:
You Report To: _____ (Finance Section Chief)
Command Center: _____ Telephone: _____

Mission: Responsible for providing cost analysis data fro declared emergency incident. Maintenance of accurate records of incident cost.

Immediate

- _____ Receive appointment from Finance Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Obtain briefing from Finance Section Chief; assist in the development of section action plan.
- _____ Meet with Time Unit Leader, Procurement Unit Leader and Claims Unit Leader to establish schedule for routine reporting periods.

Intermediate

- _____ Prepare a "cost-to-date" report form for submission to Finance Section Chief once every eight hours.
- _____ Inform all section's chief's of pertinent cost data at the direction of the Finance Section Chief or Emergency Incident Commander.

Extended

- _____ Prepare a summary of all costs incurred during the declared emergency incident.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

OPERATIONS SECTION CHIEF

Position Assigned To:
You Report To: _____ (Emergency Incident Commander)
Command Center: _____ Telephone: _____

Mission: Organize and direct aspects relating to the Operations Section. Carry out directives of the Emergency Incident Commander. Coordinate and supervise the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection of the Operations Section.

- Immediate
- _____ Receive appointment from Emergency Incident Commander. Obtain packet containing Section's Job Action Sheets.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Obtain briefing from Emergency Incident Commander.
 - _____ Appoint Medical Staff Director, Medical Care Director, Ancillary Services Director and Human Services Director and transfer the corresponding Job Action Sheets. (May be pre-established).
 - _____ Brief all Operations Section directors on current situation and develop the section's initial action plan. Designate time for next briefing.
 - _____ Establish Operations Section Center in proximity to EOC
 - _____ Meet with the Medical Staff Director, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.
- Intermediate
- _____ Designate times for briefings and updates with all Operations Section directors to develop/update section's action plan.
 - _____ Ensure that the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection are adequately staffed and supplied.
 - _____ Brief the Emergency Incident Commander routinely on the status of the Operations Section.
- Extended
- _____ Assure that all communications are copied to the Communications Unit Leader; document all actions and decisions.
 - _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MEDICAL STAFF DIRECTOR

Position Assigned To:
You Report To: _____ (Operations Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize, prioritize and assign physicians to areas where care is being delivered. Advise the Incident Commander on issues related to the Medical Staff.

Immediate

- _____ Receive appointment from the Operations Section Chief.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Meet with Operations Section Chief and other Operations Section directors for briefing and development of an initial action plan.
- _____ Meet with the Medical Staff Unit Leader to facilitate recruitment and staffing of Medical Staff. Assist in Medical Staff credentialing issues.
- _____ Document all physician assignments; facilitate rotation of physician staff with the assistance of the Medical Staff Unit Leader; where necessary, assist with physician orientation to in-patient and treatment areas.
- _____ Meet with Operations Chief, Medical Care Director and Nursing Unit Leader to plan and project patient care needs.
- _____ Provide medical staff support for patient priority assessment to designate patients for early discharge.

Intermediate

- _____ Meet with Incident Commander for appraisal of the situation regarding medical staff and projected needs. Establish meeting schedule with IC if necessary.
- _____ Maintain communication with the Medical Care Director to co-monitor the delivery and quality of medical care in all patient care areas.

Extended

- _____ Ensure maintenance of Medical Staff time sheet; obtain clerical support from Labor Pool if necessary.
- _____ Meet as often as necessary with the Operations Section Chief to keep appraised of current conditions.
- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MEDICAL CARE DIRECTOR

Position Assigned To:
You Report To: _____ (Operations Section Chief)
Command Center: _____ Telephone: _____

Mission: Organize and direct the overall delivery of medical care in all areas of the center.

Immediate

- _____ Receive appointment from the Operations Section Chief and receive the Job Action Sheets for the Medical Services Subsection.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Meet with Operations Section Chief and other Operations Section directors for briefing and development of an initial action plan. Establish time for follow up meetings.
- _____ Appoint the In-Patient Area(s) Supervisor and the Treatment Area(s) Supervisor and transfer the corresponding Job Action Sheets.
- _____ Assist in establishing an Operations Section Center in proximity to the EOC
- _____ Meet with In-Patient Area(s) Supervisor and Treatment Area(s) Supervisor to discuss medical care needs and physician staffing in all patient care areas.
- _____ Confer with the Operations Chief, Medical Staff Director and Nursing Unit Leader to make medical staff and nursing staffing/material needs known.
- _____ Request Medical Staff Director to provide medical staff support to assist with patient priority assessment to designate those eligible for early discharge.
- _____ Establish 2-way communication (radio or runner) with In-Patient Area(s) Supervisor and Treatment Area(s) Supervisor.

Intermediate

- _____ Meet regularly with Medical Staff Director, In-Patient Area(s) Supervisor and Treatment Area(s) Supervisor to assess current and future patient care conditions.
- _____ Brief Operations Section Chief routinely on the status/quality of medical care.

Extended

- _____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

IN-PATIENT AREA(S) SUPERVISOR

Position Assigned To:
You Report To: _____ (Medical Care Director)
Command Center: _____ Telephone: _____

Mission: Assure treatment of in-patients and manage the in-patient care area(s).
Provide for a controlled patient discharge.

Immediate

- _____ Receive appointment from Medical Care Director and receive Job Action Sheets for the Surgical Services, Maternal – Child, Critical Care, General Nursing and Out Patient Services Unit Leaders.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from the Medical Care Director; develop initial action plan with Medical Care Director, Treatment Area(s) Supervisor and Medical Staff Director.
- _____ Appoint Unit Leaders for:
 - Surgical Services
 - Maternal – Child
 - Critical Care
 - General Nursing Care
 - Out Patient Services
- _____ Distribute corresponding Job Action Sheets, request a documentation aide/assistant for each unit leader from Labor Pool.
- _____ Brief unit leaders on current status. Designate time for follow-up meeting.
- _____ Assist establishment of in-patient care area(s) in new locations if necessary.
- _____ Instruct all unit leaders to begin patient priority assessment; designate those eligible for early discharge. Remind all unit leaders that all in-patient discharges are routed through the Discharge Unit.
- _____ Assess problems and treatment needs in each area; coordinate the staffing and supplies between each area to meet needs.
- _____ Meet with Medical Care Director to discuss medical care plan of action and staffing in all in-patient care areas.
- _____ Receive, coordinate and forward requests for personnel and supplies to the Labor Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.

Intermediate

- _____ Contact the Safety & Security Officer for any security needs.
- _____ Advise the Medical Care Director on any actions/requests.
- _____ Report equipment needs to Materials Supply Unit Leader.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Establish 2-way communication (radio or runner) with Medical Care Director.
- _____ Assess environmental services (housekeeping) needs in all in-patient care areas; contact Sanitation systems Officer for assistance.

Extended

- _____ Assist Patient Tracking Officer and Patient Information Officer in obtaining information.
- _____ Observe and assist any staff who exhibit signs of stress and fatigue. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- _____ Report frequently and routinely to Medical Care Director to keep apprised of situation.
- _____ Document all action/decisions with a copy sent to the Medical Director.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

GENERAL NURSING CARE UNIT LEADER

Position Assigned To:
You Report To: _____ (In-Patient Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Supervisor and maintain general nursing services to the best possible level to meet the needs of in-house and newly admitted patients.

Immediate

- _____ Receive appointment from In-Patient Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from In-Patient Area(s) Supervisor with other In-Patient Area unit leaders.
- _____ Assess current capabilities. Project immediate and prolonged capacities to provide general medical/surgical nursing services based on current data.
- _____ Begin patient priority assessment; designate those eligible for early discharge. Remind all staff that all in-patient discharges are routed through the Discharge Unit.
- _____ Develop action plan in coordination with other In-Patient Area unit leaders and the In-Patient Area(s) Supervisor.
- _____ Request needed resources from the In-Patient Area(s) Supervisor.
- _____ Assign patient care teams as necessary; obtain additional personnel from the Labor Pool.

Intermediate

- _____ Identify location of Immediate and Delayed Treatment area(s); inform patient transportation personnel.
- _____ Contact Safety & Security Officer of security and traffic flow needs. Inform In-Patient Area(s) Supervisor of action.
- _____ Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Area(s) Supervisor of action.

Extended

- _____ Ensure that all area and individual documentation is current and adhered. Request documentation/clerical personnel from Labor Pool if necessary.
- _____ Keep In-Patient Area(s) Supervisor, Immediate Treatment and Delayed Treatment Unit Leader apprised of status, capabilities and projected services.
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to In-Patient Area(s) Supervisor. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Surgical]] Services Area. Send copy to the In-Patient Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

OUTPATIENT SERVICES UNIT LEADER

Position Assigned To:
You Report To: _____ (In-Patient Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Prepare any out patient service areas to meet the needs of in-house and newly admitted patients.

Immediate

- _____ Receive appointment from In-Patient Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from In-Patient Area(s) Supervisor with other In-Patient Area unit leaders.
- _____ Assess current capabilities. Project immediate and prolonged capacities to provide general nursing services based on current data.
- _____ Begin out patient priority assessment; designate those eligible for early discharge; admit those patients unable to be discharged. Remind all staff that all in-patient discharges are routed through the Discharge Unit.
- _____ Develop action plan in coordination with other In-Patient Area unit leaders and the In-Patient Area(s) Supervisor.
- _____ Request needed resources form the In-Patient Area(s) Supervisor.
- _____ Assign patient care teams in configurations to meet the specific mission of the Out Patient area(s); obtain additional personnel from the Labor Pool.

Intermediate

- _____ Contact Safety & Security Officer of security and traffic flow needs. Inform In-Patient Area(s) Supervisor of action.
- _____ Report equipment/material needs to Materials Supply Unit Leader. Inform In-Patient Area(s) Supervisor of action.

Extended

- _____ Ensure that all area and individual documentation is current and accurate. Request documentation/clerical personnel form Labor Pool if necessary.
- _____ Keep In-Patient Area(s) Supervisor apprised of status, capabilities and projected services.
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to In-Patient Area(s) Supervisor. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Surgical Services Area. Send copy to the In-Patient Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

TREATMENT AREA(S) SUPERVISOR

Position Assigned To:
You Report To: _____ (Medical Care Director)
Command Center: _____ Telephone: _____

Mission: Initiate and supervise the patient triage process. Assure treatment of casualties according to triage categories and manage the treatment area(s). Provide for a controlled patient discharge. Supervise morgue service.

Immediate

- _____ Receive appointment from Medical Care Director and Job Action Sheets for Triage, Immediate-Delayed-Minor Treatment, Discharge and Morgue Unit Leader.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Medical Care Director and develop initial action plan with Medical Care Director, In-Patient Area(s) Supervisor and Medical Staff Director.
- _____ Appoint unit leaders for the following treatment areas:
 - Triage
 - Immediate Treatment
 - Delayed Treatment
 - Minor Treatment
 - Discharge
 - Morgue
- _____ Distribute corresponding Job Action Sheets, request a documentation aid/assistant for each unit leader from Labor Pool.
- _____ Brief Treatment Area unit leaders. Designate time for follow-up meeting.
- _____ Assist establishment of Triage, Immediate, Delayed, Minor Treatment, Discharge and Morgue Areas in pre-established locations.
- _____ Assess problem, treatment needs and customize the staffing and supplies in each area.
- _____ Meet with Medical Care Director to discuss medical care plan of action and staffing in all triage/treatment/discharge/morgue areas. Maintain awareness of all in-patient capabilities, especially surgical services via the In-Patient Area(s) Supervisor.
- _____ Receive, coordinate and forward requests for personnel and supplies to the Labor Pool Unit Leader, Medical Care Director and Material Supply Unit Leader. Copy all communication to the Communications Unit Leader.

Intermediate

- _____ Contact Safety & Security Officer for any security needs, especially those in the Triage, Discharge and Morgue areas. Advise the Medical Care Director of any actions/requests.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

- _____ Report equipment/material needs to Materials Supply Unit Leader.
- _____ Establish 2-way communication (radio or runner) with Medical Care Director.
- _____ Assess environmental services (housekeeping) needs for all Treatment Area(s); contact Sanitation Systems Officer for assistance.
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to In-Patient Area(s) Supervisor. Provide for staff rest periods and relief.
- _____ Assist Patient Tracking Officer and Patient Information Officer in obtaining information.

Extended

- _____ Report frequently and routinely to Medical Care Director to keep apprised of situation
- _____ Document all action/decisions with a copy sent to the Medical Care Director.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

TRAIGE UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Sort casualties according to priority of injuries, and assure their disposition to the proper treatment area.

Immediate

- _____ Receive appointment from Treatment Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
- _____ Establish patient Triage Area; consult with Transportation Unit Leader to designate the ambulance off-loading area.
- _____ Ensure sufficient transport equipment and personnel for Triage Area.
- _____ Assess problem, triage-treatment needs relative to specific incident.
- _____ Assist the In-Patient Area(s) Supervisor with Triage of internal center patients, if requested by Treatment Area(s) Supervisor.
- _____ Develop action plan, request needed resources from Treatment Area(s) Supervisor.
- _____ Assign triage teams.

Intermediate

- _____ Identify location of Immediate, Delayed, Minor Treatment, Discharge and Morgue areas; coordinate with Treatment Area(s) Supervisor.
- _____ Contact Safety & Security Officer of security and traffic flow needs in the Triage Area. Inform Treatment Area(s) Supervisor of action.

Extended

- _____ Report emergency care equipment needs to Materials Supply Unit Leader. Inform Treatment Area(s) Supervisor of action.
- _____ Ensure that the disaster chart and admission forms are utilized. Request documentation/clerical personnel from Labor Pool if necessary.
- _____ Keep Treatment Area Supervisor apprised of status, number of injured in the Triage Area or expected to arrive there.
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Supervisor. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Triage Area. Send copy to the Treatment Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

IMMEDIATE TREATMENT UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Coordinate the care given to patients received from Triage Area; assure adequate staffing and supplies in the Immediate Treatment Area; facilitate the treatment and disposition of patients in the Immediate Treatment Area.

- Immediate
- _____ Receive appointment from Treatment Area(s) Supervisor.
 - _____ Read this entire Job Action Sheet and review organizational chart on back.
 - _____ Put on position identification vest.
 - _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
 - _____ Assist Treatment Area(s) Unit Leader in the establishment of Immediate Treatment Area.
 - _____ Assess situation/area for supply and staffing needs; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Area(s) Supervisor.
 - _____ Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.
- Intermediate
- _____ Ensure the rapid disposition and flow of treated patients from the Immediate Treatment Area.
 - _____ Report frequently and routinely to the Treatment Area(s) Supervisor on situational status.
- Extended
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Unit Leader. Provide for staff rest periods and relief.
 - _____ Review and approve the area documenter's recordings of actions/decisions in the Immediate Treatment Area. Send copy to the Treatment Area(s) Supervisor.
 - _____ Direct non-utilized personnel to Labor Pool.
 - _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

DELAYED TREATMENT UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Coordinate the care given to patients received from Triage Area. Assure adequate staffing and supplies in the Delayed Treatment Area. Facilitate the treatment and disposition of patients in the Delayed Treatment Area.

Immediate

- _____ Receive appointment from Treatment Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
- _____ Assist Treatment Area(s) Unit Leader in the establishment of Delayed Treatment Area.
- _____ Assess situation/area for supply and staffing needs; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Area(s) Supervisor.
- _____ Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.

Intermediate

- _____ Ensure the rapid disposition and flow of treated patients from the Delayed Treatment Area.
- _____ Report frequently and routinely to the Treatment Area(s) Supervisor on situational status.

Extended

- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Unit Leader. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Delayed Treatment Area. Send copy to the Treatment Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MINOR TREATMENT UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Coordinate the care given to patients received from Triage Area. Assure adequate staffing and supplies in the Minor Treatment Area. Facilitate the treatment and disposition of patients in the Minor Treatment Area.

Immediate

- _____ Receive appointment from Treatment Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
- _____ Assist Treatment Area(s) Unit Leader in the establishment of Minor Treatment Area.
- _____ Assess situation/area for supply and staffing needs; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Area(s) Supervisor.
- _____ Obtain an adequate number of patient transportation resources from the Transportation Unit Leader to ensure the movement of patients in and out of the area.

Intermediate

- _____ Ensure the rapid disposition and flow of treated patients from the Minor Treatment Area.
- _____ Report frequently and routinely to the Treatment Area(s) Supervisor on situational status.

Extended

- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Unit Leader. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Minor Treatment Area. Send copy to the Treatment Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

DISCHARGE UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Coordinate the controlled discharge, (possible observation and discharge) of patients received from all areas of the hospital. Facilitate the process of final patient disposition by assuring adequate staff and supplies in the Discharge Area.

Immediate

- _____ Receive appointment from Treatment Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
- _____ Assist Treatment Area(s) Unit Leader in the establishment of Discharge Area. Coordinate with Human Services Director, Transportation Unit Leader and Safety and Security Officer.
- _____ Assess situation/area for supply and staffing needs; request staff and supplies from the Labor Pool and Materials Supply Unit Leaders. Request medical staff support through Treatment Area(s) Supervisor. Prepare area for minor medical treatment and extended observation.

Intermediate

- _____ Request involvement of Human Services Director in appropriate patient disposition. Communicate regularly with Patient Tracking Officer.
- _____ Ensure all patients from area are tracked and documented in regards to disposition. Ensure a copy of the patient chart is sent with patient transfers. If copy service is not available, record chart number and destination for future retrieval. (If other hospital areas are discharging patients, provide for accurate controls and documentation). Provide for patient discharge services in Morgue Area.
- _____ Report frequently and routinely to the Treatment Area(s) Supervisor on situational status.

Extended

- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Unit Leader. Provide for staff rest periods and relief.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Discharge Area. Send copy to the Treatment Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

MORGUE UNIT LEADER

Position Assigned To:
You Report To: _____ (Treatment Area(s) Supervisor)
Command Center: _____ Telephone: _____

Mission: Collect, protect and identify deceased patients. Assist Discharge Area Unit Leader in appropriate patient discharge.

Immediate

- _____ Receive appointment from Treatment Area(s) Supervisor.
- _____ Read this entire Job Action Sheet and review organizational chart on back.
- _____ Put on position identification vest.
- _____ Receive briefing from Treatment Area(s) Supervisor with other Treatment Area unit leaders.
- _____ Establish Morgue Area; coordinate with Treatment Area(s) Supervisor and Medical Care Director.
- _____ Request an on-call physician from the Treatment Area(s) Supervisor to confirm any resuscitatable casualties in Morgue Area.
- _____ Obtain assistance from the Transportation Unit Leader for transporting deceased patients.
- _____ Assure all transporting devices are removed from under deceased patients and returned to the Triage Area.

Extended

- _____ Maintain master list of deceased patients with time of arrival for Patient Tracking Officer and Patient Information Officer.
- _____ Assure all personal belongings are kept with deceased patients are secured.
- _____ Assure all deceased patients in Morgue Area(s) are covered, tagged and identified where possible.
- _____ Keep Treatment Area(s) unit leaders apprised of deceased.
- _____ Contact Safety & Security Officer for any Morgue security needs.
- _____ Arrange for frequent rest and recovery periods, as well as relief for staff.
- _____ Schedule meetings with the Psychological Support Unit Leader to allow for staff debriefing.
- _____ Observe and assist any staff, who exhibit signs of stress and fatigue. Report concerns to Treatment Area(s) Unit Leader.
- _____ Review and approve the area documenter's recordings of actions/decisions in the Morgue Area. Send copy to the Treatment Area(s) Supervisor.
- _____ Direct non-utilized personnel to Labor Pool.
- _____ Other concerns:

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 13
FACILITY CHECKLIST

SUBJECT:
GENERAL FACILITIES CHECKLIST

POLICY:

To ensure that the environment and utilities are continually assessed for functionality.

PURPOSE:

To minimize/prevent any hazard caused by an unsafe environment or unsafe equipment.

PROCEDURE:

Utilize:

1. Hazard surveillance risk assessment.
2. Operational status report.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 13
FACILITY CHECKLIST

SUBJECT:
MANAGEMENT OF ENVIRONMENT
HAZARD SURVEILLANCE RISK ASSESSMENT REPORT FORM

HAZARD SURVEILLANCE RISK ASSESSMENT REPORT FORM

Date: _____ Building: _____

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Safety Management	1. Are grounds clean and free of hazards?						
	2. Are floors clean, dry, in good repair and free of obstruction?						
	3. Are mechanisms for access (i.e. ramps, handrails, door opening mechanisms, etc.) operational?						
	4. Is the parking area free of potholes or other hazards?						
	SUBTOTALS						PROGRAM TOTAL:
Security Management	1. Are doors functioning & locked as appropriate?						
	2. Are medical records centrally located and accessible ONLY to authorized personnel?						
	3. Are alarms functioning, tested, and maintained in accordance with manufacturers' specifications?						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	4. Are systems/mechanisms in place to quickly notify officials or other staff quickly in the event of a security related problem?						
	SUBTOTALS						PROGRAM TOTAL:
Hazardous Materials & Waste Management	1. Are OSHA Hazard Communication and Exposure Control documents available?						
	2. Have all biohazard and toxic substances present been identified?						
	3. Are MSDS sheets quickly available for all identified toxic substances?						
	4. Are all waste contaminated with blood/body fluid considered and handled as infectious?						
	5. Are sharps containers puncture resistant and in accordance with required safety standards?						
	6. Are sharps and disposable syringes placed in approved sharps containers?						
	7. Are all engineering, personal protective equipment and workplace controls in effect?						
	SUBTOTALS						PROGRAM TOTAL:
Emergency Preparedness	1. Is there an updated disaster plan in the department?						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Management							
	2. Has a non-fire related emergency drill been performed in the past six months?						
	3. Is staff aware of at least three different types of potential non-fire emergencies and their role in eliminating or reducing the risk to patients, staff and property?						
	4. Is staff aware of the primary and secondary exits from the facility?						
	SUBTOTALS						PROGRAM TOTAL:
Life Safety Management	1. Is the evacuation plan posted and can staff demonstrate knowledge of the plan?						
	2. Are fire extinguishers located in accordance with NFPA standards?						
	3. Are fire extinguishers inspected monthly and documented on/near the extinguisher?						
	4. Are smoke/fire alarm systems functioning, tested, and maintained in accordance with manufacturers' specifications?						
	5. Are exit hallways well lit and obstacle free?						
	6. Is emergency exit lighting operational and tested in accordance with NFPA standards?						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	7. Are fire/smoke doors operating effectively?						
	8. No smoking policies are in effect and signs are posted appropriately?						
	SUBTOTALS						PROGRAM TOTAL:
Medical Equipment Management	1. Is there a unique inventory of all medical equipment in the facility?						
	2. Are all equipment evaluated and prioritized prior to use?						
	3. Has all equipment been tested/maintained according to manufacturers' specifications?						
	4. Are maintenance records complete, are they capable of tracking the maintenance history of a particular piece of equipment, and do they record the results of both electrical safety as well as calibration, as appropriate?						
	5. Are systems/mechanisms in place to respond appropriately to a medical equipment failure?						
	SUBTOTALS						PROGRAM TOTAL:
Utility Management	1. Are the lights, emergency lights, and power plugs operational and in working order?						
	2. Does the water/sewage system appear to be working properly and has the water quality been tested within the						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	past year?						
	3. Is the telephone system operational?						
	4. Has the HVAC system been inspected in accordance with manufacturers' specifications and have the filters been checked quarterly?						
	5. Are fire suppression (sprinkler) systems checked at least once a year, or as appropriate by a qualified individual?						
	6. Are shut-offs for all utility systems clearly marked and accessible for all staff in the event of an emergency?						
	7. Are systems/mechanisms in place to respond in the event of a failure of any utility system?						
	SUBTOTALS						PROGRAM TOTAL
Infection Control Monitoring Issues	1. Is all staff utilizing Universal Precautions (i.e. utilizing appropriate PPE, handwashing, etc.) in the performance of their job duties?						
	2. Are cleaning solutions secured, mixed, and utilized appropriately throughout the facility?						
	3. Are potentially "infectious patients" aggressively identified and processed in a manner which would minimize the risk of infection of staff and other patients?						
	4. Can staff intelligently describe their role in infection control within the organization?						

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 13
FACILITY CHECKLIST

SUBJECT:
FACILITY'S OPERATIONAL STATUS

FACILITY'S OPERATIONAL STATUS

Date: ___/___/___

Time: _____

Certifying Officer: _____

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair)
Structural Components		
Electrical Power-Primary Service		
Elevator		
Electrical Power Backup Generator		
Water		
Natural Gas		
Oxygen		
Other Medical Gases		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair)
Air Compressor		
Fire Prevention/Mitigation Components		
Vacuum (for patient use)		
Steam Boiler		
Water Heater and Circulators		
Heating-Air Conditioning		
ETO		
Pneumatic Tube		
Telephone		
FAX		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair)
Radio Equipment		
Paging – Public Address		
Food Preparation Equipment		
Laundry Service Equipment		
Video-Television Cable		
Non-Structural Components		
Other		

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 14
DRILLS/EXERCISES

SUBJECT:
GENERAL DRILLS & EXERCISES

POLICY:

Drills/exercises are critical to an effective Emergency Management Plan.

PURPOSE:

To conduct well-designed drills and exercises to evaluate our emergency management plan.

PROCEDURE:

- Conduct a Hazard Vulnerability Analysis.
- Develop Incident Action Plans and an overall Emergency Management Plan based on the Hazard Vulnerability Analysis.
- Conduct drills and exercises, based on the Hazard Vulnerability Analysis.
- Critique drills and exercises.
- Correct Emergency Management Plan based on critique/drills.

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

SECTION: 14
DRILLS/EXERCISES

SUBJECT:
CRITIQUE OF DRILLS & EXERCISES

Disaster Type: _____ Time: _____ Date: _____

Person Performing Critique: _____

INTERNAL DRILL/EXERCISE CRITIQUE FORM

- | | | | |
|----|--|---|---|
| 1. | Did Operator know duties? | Y | N |
| | a) Appropriate paging of Code Orange Alert/Code Orange | Y | N |
| | b) Know How to operate communications/IT capabilities | Y | N |
| | c) Did the CEO authorize initiation of the Emergency Management Plan | Y | N |
-
-

- | | | | |
|----|--|---|---|
| 2. | Was the Emergency Operations Center/Command Post established in a timely manner after CHC was put in the Code Orange/Code Orange Alert Mode? | Y | N |
|----|--|---|---|
-
-

- | | | | |
|----|--|---|---|
| 3. | Was traffic flow throughout the CHC adequate for the number of victims received? | Y | N |
|----|--|---|---|
-
-

- | | | | |
|----|---|---|---|
| 4. | Was the Triage Area adequately staffed with personnel capable of performing triage? | Y | N |
|----|---|---|---|
-
-

- | | | | |
|----|--|---|---|
| 5. | Were all treatment areas adequately staffed with personnel and supplies? (including documenters, runners, transporters, gurneys and wheelchairs) | Y | N |
|----|--|---|---|
-
-

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

6. Did the patient tracking system function adequately? Y N

7. Was the Patient Inquiry Log used effectively? Y N

8. Were Universal Precautions used by appropriate personnel? Y N

9. Were Medical Records kept on each victim? Y N

10. Did the Emergency Operations Center/Command Post use their Status Boards to their full advantages? Y N

11. Did personnel know?
a) Disaster assignments? Y N
b) Where to report? Y N
c) Chain of command? Y N

12. Number of personnel responding to Labor Pool _____

13. Were there a sufficient number of runners? Y N

COMMUNITY HEALTH CENTER EMERGENCY MANAGEMENT PLAN

14. Were telephones used during the drill? Y N

15. Were Message Forms used effectively? Y N

16. Were staff familiar with ICS? Y N

APPENDICES:

Recommended Emergency Codes

Emergency Preparedness Vocabulary

MOU Template

MOU Guidance Document

CHCANYS EP Guide: Working with Community Organizations

CHCANYS EP Guide: Legal & Liability Issues in Emergency Preparedness

CHCANYS Incident Management System

Patient Brochure: “What to Expect from Your Health Center in an Emergency”