

PCEPN

Primary Care **Emergency Preparedness** Network



Primary Care Center Emergency Management Plan Template 2013

1.0 Executive Statement

Community health centers provide a vital service to the community in which they reside. They are often the only primary care our neighbors receive and patients rely on health centers for many medical and treatment needs. This health center is committed to providing state of the art medical care to our patients. To this end, we are committed to providing care under any circumstances and have pledged to remain a beacon of health and safety in our community under any and all conditions.

A disaster is an event, whether natural or man made, that stresses normal conditions and can tax our resources beyond their normal designs. At _____ Health Center, we understand that there is no substitute for planning and preparation in anticipation of incidents that can occur outside our operational normality. Therefore, we are committing every possible resource to this mission to protect our patients, staff, buildings, and property against any and all disasters that may arrive at our doors.

It is the policy of the _____ Community Health Center to establish and support an emergency management program for the health and safety of our patients, staff, and community. To this end, the executive leadership hereby establishes the emergency management program that is tasked to plan for both internal emergency incidents and community based emergencies and disasters. The core competencies of this program will include planning, response, mitigation, and recovery to disasters, the training of staff, integrating the health center into the fabric of the community response to disasters, and exercising all plans associated with the health center's role in an emergency.

The basic goal of this program will be to account for patient surge, ensure to the best of our ability the safety and security of our patients, staff, and community, and to assist the leadership of this organization plan for the continuity of the business and our services through a rigorous planning, training, and exercising process. The emergency management program will conduct monthly environmental rounds and ensure that mitigation measures including preventative maintenance measures are conducted to lessen the effect of the hazards faced by this organization and improve the overall environment of care offered by this health center. It will also assume the responsibility of updating the emergency management plan, exercising the plan and staff, and assist management with the recovery of the health center as needed.

It is the policy of this institution to apply a continually developing emergency management plan that is fluid, expandable, and covers all hazards in order to provide effective patient care under any conditions. It is also the policy of this institution to train all staff in emergency preparedness procedures, train the staff as to their roles in emergencies, and mitigate all potential hazards that may impact the care provided to patients. This health center will strive to meet and/or exceed all regulatory requirements regarding emergency management and its environment of care. The senior leadership of this organization thereby pledges its support for the achievement of these goals.

1.1 Mission and Vision

It is the mission of _____ health center to establish and maintain an emergency management plan based on the 4 phases of emergency management – mitigation, preparedness, response and recovery.

1.1.2 Plan Scope

This Emergency Management Plan (EMP) will outline activities for the organization and staff to ensure the health center's ability to operate during an emergency. This plan will be activated by the organizational leadership during times when ordinary operations are not sufficient to maintain business practices. This plan should be viewed as an on-going preparation involving a cycle of training, planning, exercising and revising. Each revision will be approved by the Emergency Preparedness Committee (Pol 1.4) headed by the Emergency Preparedness Coordinator (Pol 1.3).



1.1.3 Incident Action Planning (IAP)

Incident Action Planning records goals, objectives and response strategy for a specific incident or multiple emergencies in a point of time. The IAP facilitates the release of critical information about the status of response assets. An IAP will be developed for each incident that prompts the activation of the EMP. This process will assist leadership in managing the incident.

The following should be considered for inclusion in an IAP:

- Description of incident and business functions affected by the incident
- Goals and objectives for the response outcome (protection from the hazard, maintain safety of personnel, provide care to effected patients)
- Response strategies, priorities and tactics

- Organization list with Incident Command System (ICS) chart showing primary roles and relationships
- A listing of specific responsibilities
- Critical situation updates and assessments
- Safety plan to ensure the safety of the responders
- Incident map (map of incident scene)
- Additional component plans, as indicated by the incident

*** Appendix B – IAP Template**

1.1.4 Plan Goals

The goal of the EMP is to prepare for, respond to, and recover from any event that threatens to disrupt services. Goals also include:

- Creating an all hazard emergency plan for health centers
- Describing mitigation strategies to identify and respond to emergency events
- Providing step by step response guidelines

1.2 Plan Maintenance

The health center is committed to maintaining and updating a written Emergency Management Plan (EMP) addressing mitigation, preparedness, response and recovery. This plan is reviewed and approved annually, as hazards change, and based on lessons learned as a result of exercises performed.

The plan should be evaluated and modified to improve the plan’s capability in a changing environment and a process should be in place to develop a corrective update process. The EMP should also be modified after the following:

- After each drill or exercise adding lessons learned.
- Following each annual Hazard Vulnerability Analysis
- After an emergency.
- When operational policies, current conditions, or procedures change.

All employees of the health center should be notified of changes and updates to the Emergency Management Plan.

1.2.1 Mitigation, Preparedness, Response, Recovery

The policies included in this plan will address mitigation, preparedness, response and recovery. Where applicable, the policy heading will identify these efforts. All hazard specific plans will include these four phases.

Mitigation: Mitigation is the process of preventing known hazards from developing into disasters. Mitigation measures focus on eliminating risk and can be structural or non-structural. Before you can militate against risks, you must

know what risks you face. A Hazard Vulnerability Assessment will provide risk information allowing you to plan accordingly.

Preparedness: Preparedness is an ongoing cycle of planning, training, exercising, evaluating and improving to ensure adequate response to prevent, respond to and recover from disasters. Being prepared involves the development of necessary actions to carry out response plans. Emergency planners most often plan for the worst case scenario and test those scenarios. The more rehearsed the plan, the greater the success.

Response: Response is the reaction to an emergency situation. It requires efficiently putting the plan to use and utilizing the measures created in anticipation of an event. Response may also involve working in coordination with other agencies and emergency management systems to efficiently stabilize the incident.

Recovery: Once the threat of danger has passed, the recovery phase begins. The goal of recovery is to restore the pre-emergency state or to evolve to a better state. Acts of recovery involve repairing, rebuilding, restoring, and re-employing. When rebuilding (structures) efforts should be made to reduce the pre-disaster risks and take the opportunity to militate against known disasters at a time when the emergency is fresh in all minds. This is also the time to look for financial assistance at the State and National levels.

1.2.2.1 Purpose

To ensure that health centers establish and maintain an approved written emergency management plan to facilitate appropriate response to internal and external disruptions and disasters. It is the intention of senior leadership to ensure that this emergency management plan meets or exceeds all regulatory requirements.

1.2.2.2 Policy

This health center is committed to writing, maintaining, and updating a written emergency management plan that addresses preparedness for emergencies, militates against hazards, describes response procedures, and delineates recovery activities. The emergency management plan shall be approved by the senior leadership of this health center and must be approved by the board of directors annually after its annual review by the emergency management committee or when any major changes are made as a result of an exercise or disaster.

1.2.2.3 Procedure

The health center will conduct a formal audit directed by the Emergency Management Coordinator and seek senior leadership and Board of Directors approval upon finishing the audit. The plan should be evaluated and modified to determine the plan's capabilities in a

changing environment, and a procedure should be in place to develop a corrective update process. The EMP should be modified after the following instances:

- After each exercise to include lessons learned;
- Following each annual Hazard Vulnerability Analysis;
- After each emergency;
- When operational policies or procedures change.

All employees of the health center should be notified and trained on any changes and updates made to the Emergency Management Plan.

1.3 Establishment of an Emergency Preparedness Coordinator

The health center is committed to appointing an Emergency Management Coordinator to coordinate the Emergency Management Plan activities. This person may or may not have other roles within the health center. Commonly the Chief Operating Officer, Facility Manager or Nursing/Medical Director may hold this role. A Deputy EPC may also be necessary.

The Emergency Preparedness Coordinator for this center is:

The Deputy Emergency Preparedness Coordinator is:

1.3.1 Roles and Responsibilities:

Some duties of the Emergency Management Coordinator:

- Chair the Emergency Management Committee (Pol. 1.4)
- Lead the Hazard Vulnerability Analysis (HVA) and review and revise annually (Pol 3.0).
- Review and revise the EMP after deficiencies are found either by drills or actual emergencies (at least on an annual basis).
- Represent the health center to external EM partners locally, regionally and statewide.
- Review insurance policies to determine adequate coverage
- Oversee scheduling and review staff training, drills and exercises.
- Ensure the continuity of the facility's EM activities throughout the health center.

1.4 Emergency Preparedness Committee

The health center will establish a committee with an interdisciplinary approach involving key departments within the organization. The committee, headed by the Emergency Preparedness Coordinator, shall provide input in the coordination of the preparation, implementation, evaluation and revision of the EMP as well as set the planning agenda for the center.

1.4.1 Roles, Responsibilities and Duties:

The committee shall:

- Consist of a multidisciplinary team to represent key departments of the health center
- Seek approval for the plan and all revisions from the organizational leadership
- Review and present the findings of the annual Hazard Vulnerability Analysis (HVA) and revise accordingly
- Provide support to the Emergency Preparedness Coordinator
- Determine/take part in the activities necessary to train and update staff on the emergency management plan
- Meet on a regular basis to review, revise and maintain the emergency management plan
- Identify resources from all key internal function areas
- Identify external resources

1.5 Planning Assumptions

When planning for emergency situations it is common to plan around an assumed set of operational conditions to provide a foundation for establishing emergency policies and procedures. Your demographics and the completion of an annual Hazard Vulnerability Analysis will define these conditions. In worst case scenarios critical utilities may be interrupted such as water, electricity, natural gas, communication and information systems. Fire departments and police may or may not be available and means of transportation may be limited. Worst case scenario emergency conditions may last for days or weeks (see policy 1.7 96 Hour Rule).

1.5.1 Annual Budget for EP Activities

Emergency Management and the budget for emergency operations should be an organizational priority within the annual budget. Allocations should be made for internal staff training and meeting coordination, as well as outside collaboration activities including travel and food allowances.

1.5.2 Program Life-cycle

Emergency preparedness planning should be viewed as an on-going cycle consisting of planning, organizing, exercising, evaluating and updating as needed. This full preparedness cycle provides the ability to prevent, respond to, recover from, and mitigate disasters.

1.5.3 Requirements of HRSA, NFPA, JC, AAAHC

This plan reflects the 2010 HRSA, NFPA, JC and AAAHC requirements.

1.6.1 Governing Law

This Emergency Management Plan is governed by the laws of the State of New York. All policies and procedures within this manual reflect current federal, state, and local law as of 6/1/11 and can be subject to changes to reflect changes in the law. Frequent review of the law regarding emergency management and its use in health centers is conducted regularly.

1.6.1.1 Health Center Emergency Mandate

Please enter here any executive or board sanctioned mandate to engage in emergency management activities. Please refer to what document (medical by-laws or other manual) the mandate belongs.

1.6.2 Health Center Law

Health Centers that have been qualified to either receive funding under section 330 of the Public Health Act found in Section 1861(aa)(4) of the Social Security Act are called Federally Qualified Health Centers (FQHC) or FQHC Look Alikes¹. Look Alikes do not receive funding due to specific issues either with governance (like with public entities) or other issues related to funding. The basic model of the FQHC requires them to have a board governed by the community, be located in a federally designated underserved area,

serve all the residents of the community or all the residents of a specific target population, and provide a full spectrum of primary and preventative care services. Under HRSA PIN 2007-15 and an extension to PIN 98-23, DHHS has laid out the emergency management expectations of the FQHC. Form 10 of the Section 330 annual report provides HRSA with the basic FQHC emergency management planning activities.

HRSA Guidance notice PIN 99-09 explains the two basic FQHC models. The first is the direct model that is a health center that meets all the requirements of Section 330. The second model is directed more at public entities with governance issues (Public Health Clinics operated by a public health department or health center operated by a hospital or other entity). The second model is called the co-applicant arrangement. This consists of a public entity and a co-applicant entity that collectively meet all Section 330 requirements.ⁱⁱ

1.6.2.1 Federal Tort Claims Act Coverage

The Federal Tort Claims Act (FTCA) provides professional liability and medical malpractice coverage for services provided by an FQHC or its employees within the scope of its project as an FQHC. In order to qualify under the FTCA, the FQHC must receive funds under Section 330 to be eligible for coverage. Once the FQHC has been deemed eligible for coverage, the FTCA covers the FQHC, its officers, directors, employees, and eligible contractors (including some independent licensed medical volunteers). These FQHC personnel are considered federal employees and as such are immune from suit or medical malpractice claims while acting within their scope of employment and providing services within the HRSA approved scope of the project. In order for a patient to sue an FQHC employee or the FQHC itself, the suit must be brought against the United States. Employees must either work full time or part time or must be providers in the fields of general internal medicine, family practice, general pediatrics, and obstetrics and gynecology. It also covers other providers in other areas of specialty as long as they provide services to the FQHC patients for an annual average of 32.5 hours per week (full time basis). It is important to note that FTCA only covers the services provided to the FQHC's patients served an officially designated FQHC site or within the FQHC's scope of project. The scope of project describes the services, sites, providers, service area, and target population that the total approved Section 330 grant related project supports.

1.6.2.2 Federal Emergency Management Mandates for Health Centers

The Department of Homeland Security (DHS) has actively engaged the health center community in a number of federal mandates that require all entities either doing business with the federal government or receiving public funding to engage in emergency management planning activities in accordance with Presidential Directives brought forth through DHS.

The Homeland Security Presidential Directives are specific executive branch directives to the Department of Homeland Security which includes subjects such as National

Preparedness, Bio-defense, and National Planning. The following HSPDs pertain to health centers:

- a. HSPD 5 – Enhances the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system (NIMS). FQHCs by their involvement in the Section 330 funding are required to participate in this system.
- b. HSPD 8 – Identifies steps for improved coordination in response to incidents. This directive describes the way federal departments and agencies (such as HRSA) will prepare for such a response including prevention activities and preparedness. Its annex also calls for the enhancement of planning efforts by establishing a standard and comprehensive approach to national planning including the public health and healthcare sectors.
- c. HSPD 10 – Provides a comprehensive framework for our nation’s bio-defense which includes sentinel providers that will act as the first line of intelligence during a biological incident. Health centers are in a unique position to assist in this effort as many illnesses related to epidemics and pandemics may present at the primary care level prior to large scale spread. The partnership between the FQHC and other health centers and Public Health is paramount to this effort.
- d. HSPD 21 – Establishes a national strategy that will enable a level of public health and medical preparedness sufficient to address a range of possible disasters.

1.6.3 Required Reporting and Laws That Regulate Disclosure, Privacy, and Emergency Treatment

In certain circumstances or even in the course of normal operations, the government, local health departments, and other healthcare officials may require data derived from a CHC during either normal operations or during a public health response. While some of this information includes personal information such as name, address, past medical history, and treatment plans, much of the information is needed to better design a robust response support system that would best help the local CHC in the field.

Many CHC personnel have, in the past, expressed concerns regarding the sharing of confidential patient information. Many have cited laws such as HIPAA and EMTALA as potential issues regarding the release of medical information to individuals outside of the primary doctor patient relationship. It is important to remember, however, that during a declared disaster or incident, the law allows for disclosure of confidential information to certain governmental agencies. It is also important to note that due to the role in patient care that public health officials assume in response to either a pandemic or a single case of a reportable infectious disease, there are special dispensations in the current confidentiality law that make them part of the healthcare team.

It is important to note that laws such as HIPAA and EMTALA were designed to stem abuses by healthcare facilities and keep insurance companies from accessing personal health records. In order to better understand the role of public health in the CHC community, a basic definition of both laws is required.

1.6.3.1 HIPAA

The Health Insurance Portability and Accountability Act, also known as the HIPAA Privacy Rule, provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.ⁱⁱⁱ The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals.

The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also public health authorities may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA). Generally, covered entities are required to reasonably limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b).

For disclosures to a public health authority, covered entities may reasonably rely on a minimal necessary determination made by the public health authority in requesting the

protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols as part of their minimal necessary policies and procedures that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).¹

1.6.3.2 EMTALA

Known as the antidumping law, applies to healthcare facilities that operate an emergency department. Community Healthcare Centers are not included in the covered entities under the EMTALA law. EMTALA is the acronym for **Emergency Medical Treatment and Active Labor Act**. EMTALA was enacted in 1985 as part of the Consolidated Omnibus Reconciliation Act. The law was intended to prevent patient dumping by medical facilities to other facilities based on the patient's inability to pay or other inconvenience. The law states that upon a patient's arrival in the Emergency Department, the patient has a right to a medical screening/examination, the patient has a right to medical stabilization of their condition, and has the right to treatment if the treatment is available at that facility, or has the right to be transferred to a facility where the required treatment is available. Again, Community Healthcare Centers are exempt from this rule based on scope of services. Only those centers that receive emergent patients under their scope of services are required to participate under EMTALA.

1.7 Purpose

Many regulatory and quality assurance organizations and agencies recommend the implementation of a self directed policy in order for the health center to maintain operations for 96 hours without external assistance in the event that external authorities, first responders, community partners, and/or logistical support are not able to either participate in the health center's response or are unable to assist them due to the intense or overwhelming community need for services. This policy delineates the need for such preparations so that the health center can be self-sustained for the time necessary to allow external partners to reach or fulfill the needs of the health center.

1.7.1 Policy

It is the policy of this health center to prepare for operations without external assistance for a minimum of 96 hours after an emergency. Should the details of the event, regardless of preparation, not allow for the safe operation of the health center within the initial 96 hours past the event, the health center shall consider closure or relocation to a safer facility.

¹ This definition of HIPAA was extracted from the US Department of Health and Human Services. Please view the endnote regarding exact location of the definition on the website.

EP Team Planning

The 96 Hour Rule states that the entity preparing for operations after an incident should prepare to operate alone for at least 96 hours without external assistance. Some regulatory or quality assurance organizations recommend planning for this scenario. Should the health center's EP team consider this rule to be unobtainable due to its current logistical abilities, the EP team should consider removing this policy from its EP plan and further consider closure or partial closure scenarios based on the incident's impact on the health center. While the 96 hour rule is a requirement for hospitals, health centers should also consider this scenario and make appropriate preparations for this possibility.

1.7.2 96 Hour Operations Preparations:

- a. Maintain adequate staffing on all shifts to ensure that the health center is able to see patients for 96 hours after an incident.
- b. Ensure that the health center has agreements in place with local partners to assist the health center in the event that local governmental agencies can not offer assistance during the initial 96 hours following an event. This includes agreements with hospitals, transportation agencies, schools, shelters, and other health centers.
- c. Consider needs for food, water, sanitation, and health center supplies. This includes medication, soft supplies, and other needs for patient operations.
- d. Consider the needs of the families of the health center employees, as many employees may be reluctant to report for duty. Prepare employees regularly to help them prepare their families.
- e. Consider the health center's needs for self evacuation. If the health center is located within a leased space, consider the needs of the health center when it is called upon to assist itself in evacuating occupants including the purchase of patient lifting equipment such as stair chairs and folding stretchers.
- f. Ensure the ability of the health center to communicate with local authorities by including communications redundancies in the health center's communications plans.

- g. Consider the storage needs for the aforementioned supplies at the health center and the training associated with the use of such equipment.

1.7.3 96 Hour Operations

EP Team Planning

After noting the above planning considerations, include a plan within this emergency management plan to operate without external assistance for 96 hours.

1.8.1 Purpose

The purpose here is to outline the health center’s roles and responsibilities during an emergency.

1.8.2 Policy

It is the policy of this health center to participate actively in planning for and mitigating disasters both internally and externally. Equally, the health center in conjunction with community partners plans to assist in the community response and recovery from disasters. As with each role, the health center plans to prepare to meet the requirements indicated to ensure the proper level of preparedness thereby improving our capabilities.

1.8.3 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 an 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 <p>• Internal communications</p>

Emergency Roles	Requirements
	<ul style="list-style-type: none"> • 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, the center may become a point 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 transport can be arranged.</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 • 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.</p> <p>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

Emergency Roles	Requirements
	<ul style="list-style-type: none"> • 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
<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>	<ul style="list-style-type: none"> • Protective equipment • Decontamination procedures/capability/equipment • Reporting procedures • Waste holding container

Emergency Roles	Requirements
Generally, in urban areas, clinics will not be required to be hazardous material responders.	
<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.)

2.0 Command and Control

The purpose of this policy is to delineate a plan for the activation of this Emergency Management Plan for the purposes of reducing the impact a disaster may have on this health center.

2.0.1 Activation Policy:

It is the policy of this health center to empower its staff by offering a method for the general activation of our emergency management plan in order to ensure the reduction of impact that can be caused by emergencies and disasters. Often, intelligence and general information is first encountered by the general staff. The staff is therefore placed in the precarious position of learning of an impending incident. In order to ensure the safety and security of this health center, the following plan has been designed to empower the health center staff by giving them the resources needed to mitigate impending disasters. This plan empowers staff by allowing them to determine the general activation of this emergency management plan. Management, a needed component of the operation of this health center, is also thereby empowered to confirm or deny such activation based on the facts presented and may also independently activate this plan. The following procedure delineates various levels of activation that are scalable, flexible, and comprehensive.

2.0.1.1 Authority

It is the policy of this health center to authorize all employees with knowledge of an impending or actual emergency to activate this emergency management plan following the procedures delineated in 2.1.3 based on the nature of the incident.

2.0.1.2 Triggers:

- a. Any incident that may impact health center operations
- b. Any incident that may impact any operational site or department of this health center
- c. Any incident that may require higher than normal staff complements
- d. Any incident that may require communication with external first responders, volunteers, and or health department
- e. Any incident that impacts the ability of the health center to fulfill its primary duties
- f. Any incident that may require closure of any part of the operations of the health center
- g. Any incident that may pose a risk to the health and safety of the staff and patients
- h. Any incident that may impact on the ability of the health center to see patients safely

i. Any incident that may impact the health center's ability to access vital documents such as the electronic health record, business records, and/or operational records

2.0.1.3 Procedure:

2.0.1.4 Specific Internal Incident – Any internal incident with a singular cause that impacts the operations of the health center generally or specifically.

- a. Upon notification of a specific internal incident that may impact the operations of this health center, the employee with this information is to inform his or her immediate supervisor who will activate the internal notification plan. The notification will include the type of incident, the size and scope of the incident, the departments affected, and any steps to be taken to ensure the safety and security of the health center patients and staff.
- b. Once the notification has been made, the notifying supervisor will convene a meeting of the available senior management staff and give a situational briefing of the incident.
- c. Once the briefing has occurred, the senior management will authorize the full deployment of the emergency management plan and, if available, authorize the opening of the Emergency Operations Center.
- d. Senior management will then authorize the activation of NIMS and authorize the assignment of tasks as necessary.
- e. The management of the incident will coincide with the plans in this emergency management plan and any amendments necessary to manage and stabilize this incident.
- f. Immediate attention will be given by the ICS Incident Commander, his or her assistants, and section chiefs to the following:
 1. Suspension or discontinuity of non-emergency services and/or;
 2. Cessation of services and/or;
 3. Communication of incident details to present and incoming patients and/or;
 4. Partial or full evacuation and/or;
 5. Lock-down procedures and/or;
 6. Activation of the logistics and resources plan and/or;
 7. Business closure and/or;
 8. Requests for external assistance and/or activation of MOUs and MOAs and/or;
 9. Communication with local First Responders (911 Services) and/or Department of Health and/or the ESF 8 desk of your local EOC;
 10. Communication with employees and/or;

11. Any other action that may mitigate the danger posed to the health center, staff, and/or patients and/or;
12. Address any succession and/or delegation of authority to ensure the efficient operation of the health center's response.

g. Activate plan specific to the incident.

2.0.1.5 General Internal Incident – Any incident that affects the general operation of the health center that may have singular or multiple causes and may affect all departments of the health center.

- a. Upon notification of a general internal incident that may impact the operations of this health center, the employee(s) with the information are to inform their immediate supervisor who will activate the health center's internal notification plan. The notification will include the type of incident, the size and scope of the incident, the departments affected, and any steps to be taken to ensure the safety and security of the health center patients and staff.
- b. Once notification has been made, the notifying supervisor will convene a meeting of the available senior management staff and give a situational briefing of the incident.
- c. Once the briefing has occurred, the senior management will authorize the full deployment of the emergency management plan and if available authorize the opening of the Emergency Operations Center.
- d. Senior management will then authorize the activation of NIMS and authorize the assignment of tasks and position as necessary.
- e. The management of the incident will coincide with the plans in this emergency management plan and any amendments necessary to manage and stabilize this incident.
- f. Immediate attention will be given by the ICS Incident Commander, his or her assistants, and section chiefs to the following:
 1. Suspension or discontinuity of non-emergency services and/or;
 2. Cessation of services and/or;
 3. Communication of incident details to present and incoming patients and/or;
 4. Partial or full evacuation and/or;
 5. Lock-down procedures and/or;
 6. Activation of the logistics and resources plan and/or;
 7. Business closure and/or;
 8. Requests for external assistance and/or activation of MOUs and MOAs and/or;

9. Communication with local First Responders (911 Services) and/or Department of Health and/or the ESF 8 desk of your local EOC;
 10. Communication with employees and/or;
 11. Any other action that may mitigate the danger posed to the health center, staff, and/or patients and/or;
 12. Address any succession and/or delegation of authority to ensure the efficient operation of the health center's response.
- g. Activate plan specific to the incident.
- h. For New York City Health Centers, notification of incident or activation of emergency management plan should be made to the Primary Care Emergency Preparedness Network Contact at epteam@chcanys.org. A Situational Report should be communicated to the PCEPN team as soon as possible or as soon as the situation allows.
- i. Communicate to PCEPN any needs that may assist the health center in plan deployment.

2.0.1.6 General External Incident – Any external incident or condition that may affect the normal operations of the health center regardless of cause and may require general assistance to the health center.

- a. Upon notification of a general external incident that affects the external environment or may impact the operations of this health center or the ability of the health center to care for patients due to the external logistical environment, the employee(s) with the information are to inform their immediate supervisor who will activate the health center's internal notification plan. The notification will include the type of incident, the size and scope of the incident, the departments affected, and any steps to be taken to ensure the safety and security of the health center patients and staff.
- b. Once notification has been made, the notifying supervisor will convene a meeting of the available senior management staff and give a situational briefing of the incident.
- c. Once the briefing has occurred, the senior management will authorize the full deployment of the emergency management plan and if available authorize the opening of the Emergency Operations Center.
- d. Senior management will then authorize the activation of NIMS and authorize the assignment of tasks and position as necessary.

- e. The management of the incident will coincide with the plans in this emergency management plan and any amendments necessary to manage and stabilize this incident.
- f. Immediate attention will be given by the ICS Incident Commander, his or her assistants, and section chiefs to the following:
 - 1. Suspension or discontinuity of non-emergency services and/or;
 - 2. Cessation of services and/or;
 - 3. Communication of incident details to present and incoming patients and/or;
 - 4. Partial or full evacuation and/or;
 - 5. Lock-down procedures and/or;
 - 6. Activation of the logistics and resources plan and/or;
 - 7. Business closure and/or;
 - 8. Requests for external assistance and/or activation of MOUs and MOAs and/or;
 - 9. Communication with local First Responders (911 Services) and/or Department of Health and/or the ESF 8 desk of your local EOC;
 - 10. Communication with employees and/or;
 - 11. Any other action that may mitigate the danger posed to the health center, staff, and/or patients and/or;
 - 12. Address any succession and/or delegation of authority to ensure the efficient operation of the health center's response.
- g. Activate plan specific to the incident.
- h. For New York City Health Centers, notification of incident or activation of emergency management plan should be made to the Primary Care Emergency Preparedness Network Contact at epteam@chcanys.org. A Situational Report should be communicated to the PCEPN team as soon as possible or as soon as the situation allows.
- i. Communicate to PCEPN any needs that may assist the health center in plan deployment.
- j. The Incident Commander should order the preparations for emergency 96 hour operations should no external assistance be available. Decisions on the continuity of operations past 96 hours should also be discussed. Plans to terminate operations and close facilities should be communicated to staff and patients immediately or as soon as it is possible. A communication regarding closure should also be transmitted to the PCEPN team as soon as possible via epteam@chcanys.org.

2.0.1.7 Activation by External Authorities – Any notification of an external incident that may or may not impact the operations of the health center but may include the health center as a participant in the local governmental emergency operations center such as an asset of the ESF 8 desk under PCEPN or any governmental agency.

- a. Upon notification of a general external incident that affects the external environment or may impact the operations of this health center or the ability of the health center to care for patients due to the external logistical environment by local authorities, PCEPN, or any other local or state ESF 8 representative, the employee(s) with the information are to inform their immediate supervisor who will activate the health center's internal notification plan. The notification will include the type of incident, the size and scope of the incident, the departments affected, and any steps to be taken to ensure the safety and security of the health center patients and staff.
- b. Once notification has been made, the notifying supervisor will convene a meeting of the available senior management staff and give a situational briefing of the incident.
- c. Once the briefing has occurred, the senior management will authorize the full deployment of the emergency management plan and if available authorize the opening of the Emergency Operations Center.
- d. Senior management will then authorize the activation of NIMS and authorize the assignment of tasks and position as necessary.
- e. The management of the incident will coincide with the plans in this emergency management plan and any amendments necessary to manage and stabilize this incident.
- f. Immediate attention will be given by the ICS Incident Commander, his or her assistants, and section chiefs to the following:
 1. Suspension or discontinuity of non-emergency services and/or;
 2. Cessation of services and/or;
 3. Communication of incident details to present and incoming patients and/or;
 4. Partial or full evacuation and/or;
 5. Lock-down procedures and/or;
 6. Activation of the logistics and resources plan and/or;
 7. Business closure and/or;
 8. Requests for external assistance and/or activation of MOUs and MOAs and/or;
 9. Communication with local First Responders (911 Services) and/or Department of Health and/or the ESF 8 desk of your local EOC;
 10. Communication with employees and/or;
 11. Any other action that may mitigate the danger posed to the health center, staff, and/or patients and/or;
 12. Address any succession and/or delegation of authority to ensure the efficient operation of the health center's response.
- g. Activate an incident-specific plan.

- h. For New York City Health Centers, notification of an incident or activation of an emergency management plan should be made to the Primary Care Emergency Preparedness Network Contact at epteam@chcanys.org. A Situational Report should be communicated to the PCEPN team as soon as possible or as soon as the situation allows.
- i. For New York City Health Centers communicate to PCEPN any needs that may assist the health center in plan deployment.
- j. The Incident Commander should order the preparations for emergency 96 hour operations should no external assistance be available. Decisions on the continuity of operations past 96 hours should also be discussed. Plans to terminate operations and close facilities should be communicated to staff and patients immediately or as soon as it is possible. For New York City health centers, a communication regarding closure should also be transmitted to the PCEPN team as soon as possible via epteam@chcanys.org.

EP Team Planning:
 Consider any procedure that may streamline the activation of this emergency management plan at your health center. Ensure that communications is addressed, including redundant communication should any part of your communications plan fails. Notification of communications failure to the appropriate persons is advised. Please include in this policy any plans or redundancies your health center has in place to ensure that the activation message is communicated to the appropriate persons of interest.

2.0.2 Activation Grid²

Emergency	Emergency Action Level for Potential Activation Notification	Emergency Action Level for a Full Plan Activation
Natural Events		
Hurricane	National Weather Service has issued a hurricane advisory for your county	National Weather Service has issued a hurricane warning for your county
Tornado	Tornados have been reported by the National Weather Service in adjacent counties	A tornado has touched down with damage and severe injuries in your county

² The PA Forum for Primary Health Care. Action Classification Grid.

	i.e., NWS has issued a Warning	
Severe Thunderstorm	National Weather Service reports severe thunderstorms in counties up wind of your location	N/A
Blizzard	National Weather Service has predicted a snowfall of greater than 10" in the next 24 hours	There is greater than 10" of snow on the ground and the National Weather Service forecasts greater than 24" in the next 24 hours
Ice Storm	Ice accumulation has occurred or is forecast in sufficient amounts to pose a significant threat to commuters	As determined by management
Earthquake	Earthquake has occurred that caused structural damage to the facility	Earthquake has occurred that caused structural damage to the facility. This may be a Full Emergency
Temperature Extremes	National Weather Service forecasts temperatures to be in excess of 105 degree heat index or below 10 below zero for a period of greater than 5 days	As determined by management
Flood, External	National Weather Service has issued a flood warning with the expectation that flooding will occur at the facility within the next 12 hours	Flooding has occurred and caused the cessation of all routine facility activities
Fire, External Causes	Fire has been reported in adjacent structures which may impact the operation of the facility	Fire is present in adjacent structures, the fire department orders evacuation of the facility and requests medical treatment of casualties
Epidemic	The state or CDC has determined that medical conditions in the adjacent counties have reached epidemic levels	The state or CDC has determined that medical conditions have reached epidemic levels within your county
Technological Events		
Electrical Failure	Failure requires the facility to shut down operations for	As determined by management

	more than 12 hours	
Fuel Shortage	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Natural Gas Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Water Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Sewer Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Fire Alarm Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Communications Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Medical Gas Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Medical Vacuum Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
HVAC Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management
Information System Failure	Shortages require the facility to shut down operations for more than 12 hours	As determined by management

Human Events		
Mass Casualty HAZMAT Incident \geq 5 victims	More than 5 confirmed victims needing treatment at the facility	More than 5 victims with a confirmed potential for more over the next 12-24 hours
Small Casualty HAZMAT Incident < 5 victims	Fewer than 5 confirmed victims requiring treatment at the facility	N/A
Chemical exposure, External	Fewer than 5 confirmed victims requiring treatment at the facility	More than 5 victims with a confirmed potential for more over the next 12-24 hours
Internal Spill	Spill requiring the use of PPE and special breathing apparatus	Conditions requiring the closing of the facility are present
Chemical Terrorism	Chemical agents have been released that cause injury to the public within your county	Chemical agents have been released within your municipality or facility that requires the cessation of normal operations
Radiological Exposure, External	An incident occurs that has the potential to cause radiological exposure to facility patients or staff	Exposure has occurred to patients or staff and ongoing efforts are needed to address medical concerns or continued exposure
Radiological Exposure, Internal	Exposure has occurred within the facility and cannot be contained within 1 hour	Exposure that requires the closure of the facility and impacts the environment outside of the facility
Radiological Terrorism	Incident requires the emergent treatment of patients for radiation sickness or contamination	Radiological conditions outside the facility require protective actions of sheltering or evacuation
Mass Casualty Incident, trauma	Fewer than 5 victims requiring emergent care at the facility	More than 5 victims requiring emergent care at the facility for a period of more than 12 hours
Mass Casualty Incident, infectious	Fewer than 5 victims requiring emergent care at the facility	More than 5 victims requiring emergent care at the facility for a period of more than 12 hours

Biological Terrorism	Fewer than 5 victims requiring emergent care at the facility	More than 5 victims requiring emergent care at the facility for a period of more than 12 hours
Hostage Situation	Hostages are taken within the facility requiring coordination with offsite agencies	As determined by management
Civil Disturbance	Conditions exist that require the cessation of normal operations	Disturbance has yielded victims needing emergent care at the facility and control has not been gained by police authorities
Labor Action	Actions have occurred which require the cessation of normal facility operations	As recommended by offsite authorities
Bomb Threat	A confirmed credible threat has been received requiring the evacuation of the facility	A bomb has detonated within or near the facility with casualties

2.0.2.1 Purpose

The purpose of this policy is to establish an activation procedure for the health center’s mental health team when responding to internal, external, and mutual aid incidents and emergencies.

2.0.2.2 Policy

The mental health component of any disaster will be addressed and an appropriate team will be available for emergency response. The team will address the mental health needs of patients and staff, and it will assist community partners via mutual aid agreements.

2.0.2.3 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 has 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.].

2.0.2.4 Mental Health Team Recall List

Name	Position	Phone	Cell	Email

2.0.2.5 Call-In Center Activation 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 staff 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.

2.0.3 Purpose

The purpose of this policy is to guide health center staff in the orderly deactivation of the emergency management plan.

2.0.3.1 Policy

It is the policy of this health center to engage in an orderly deactivation of the emergency management plan when conditions dictate that it is able to do so, ensuring for the safety and well being of the staff, patients, and community. Upon communication from a health center authority, incident commander, or recognized leader, the health center will begin following deactivation procedures. Deactivation will not occur until the recovery process has advanced enough to ensure normal operations of the health center.

2.0.3.2 Authority

It is the policy of this health center to authorize only the incident commander and his or her designee to order the deactivation of the emergency management plan.

2.0.3.3 Circumstances that could prompt a deactivation:

- a. The event has stopped evolving and has stopped causing a situation that initially caused the health center to operate beyond its ability to apply its resources.
- b. Recovery has advanced to a point where all staff have returned to normal operations.
- c. The number of patients encountered at the health center after an initial emergency surge have returned to normal levels.
- d. The availability of resources has surpassed the health center's use of those resources to a point where normal operations can begin.

- e. The event that initially caused the initiation of the emergency management plan has been repaired, replaced, or has been recovered from sufficiently enough to allow for normal operations.

2.0.3.4 Procedure

- a. Upon receiving a situational report that an above noted circumstance or a combination of those circumstances exists, the incident commander will assess the situation and report to stakeholders that conditions exist to allow for normal operations.
- b. Upon reporting the situation, the incident commander will order and receive situational reports from the physical plant, logistics, building authorities, and other physical assets and managers reporting a return to average operating levels.
- c. The incident commander will then begin ordering the deactivation of the emergency management plan and will begin with services that affect patients. These services will return to normal operations first.
- d. Once the emergency management plan has been ordered deactivated, the incident commander will then address the normal operations of staff and ensure that it is safe for the staff to return to normal operations.
- e. Once the incident commander has established that the health center's services, patient volume and category, and staff have safely returned to normal, he or she will address the financial condition of the health center by ordering a situational report that includes accounts payable, accounts receivable, future accounts receivable, and payroll.
- f. The incident commander will order an audit of patients seen during the activation and it will be reviewed by the safety officer, quality control and risk officer, and clinical officer for completeness. If medical records could not be kept electronically, the incident commander will order the transfer of records to an electronic format as soon as it is possible.
- g. The incident commander will hold a "hot wash" meeting with staff to discuss the event, the response to the event, and assess the health center resources. This meeting will be recorded, and an after action report will be generated and presented to stakeholders.
- h. Finally, the incident commander, using internal and external protocols, will communicate the deactivation of the emergency management plan and will order the return to normal operations.

2.1.1 Purpose

The purpose of this policy is to establish the **National Incident Management System (NIMS)** as the management system to use for all emergencies encountered in this health center. This policy is in direct compliance with the Homeland Security Presidential Directive 5 (HSPD-5) which initially established the development and administration of the National Incident Management System³. This policy is also in compliance with the New York State Executive Order No. 26 signed by Governor George Pataki establishing NIMS and ICS as the New York State Standard for command and control of emergency incidents and is also in compliance of the New York City mayoral directive which ordered the New York City Office of Emergency Management to develop a local version of NIMS in order to better serve the citizens of New York City.

The federal government has expanded the definition of “first responder” to include public health, emergency management, and any agency engaged in disaster preparedness, prevention, response, and recovery management. NIMS is required to be the foundation of all emergency plans. Therefore, this health center adopts NIMS as its formal emergency management system.

2.1.2 Policy:

It is the policy of this health center that it will utilize the **National Incident Management System (NIMS)** or the **Citywide Incident Management System (CIMS)** [for NYC sites] as the management strategy to manage all incidents that are considered to fall outside of normal operations. This system shall be utilized for all hazards and incidents and is described as needed in the emergency management plan policies contained herein. It is the intention of this institution to assure that this system is scalable to the size and complexity of both the health center and the incident and is applicable to all emergency operations policies. To this end, this facility will utilize a combination of the systems to achieve the management of emergencies that will allow for interoperability and flexibility during any emergency. This institution shall utilize the system in theory and practice and will add or subtract positions within the system to better suit the healthcare environment and our very specialized mission. The New York State Office of Homeland Security has identified NIMS points of contacts in all counties and has posted these contacts in the New York State’s Health Alert Network (HAN)^{iv}.

2.1.2.1 Definitions

a. National Incident Management System – An all hazard management tool nationally adopted as a comprehensive national approach to incident management utilizing a

³ The Homeland Security Presidential Directive 5 makes it necessary for institutions that receive federal funding to adopt NIMS as their primary method of managing incidents. NIMS has been required for all institutions doing business with the federal government since FY 2007.

management method that allows for interagency communication and cooperation by assigning job roles based on an incident rather than on daily operations.

b. Citywide Incident Management System – Similar to NIMS, New York City has adopted a modified version of NIMS to include specialized departments in their response strategies and delineating the roles and responsibilities of those departments during specific types of emergencies due to NYC’s vast nature and resources.

c. Incident Command System – This system delineates the command structure utilized by NIMS by assigning specialized roles that are needed in response to an emergency.

d. Healthcare Incident Command System – Similar to ICS, the healthcare system allows for the creation of ultra specialized roles needed in a health center’s response to an emergency and takes into account a health center’s unique operational structure. Basic principles still apply. This structure is flexible and collapsible based on the incident requirements and is easily able to be utilized in all hazards.

2.1.2.2 NIMS Compliance

2.1.2.2.1 – Definition of NIMS Compliance

To be NIMS compliant, there are six components that must be followed. The six components are as follows:

- a. Command and Management – Institutional policy and procedures must speak to the command structure and the management of the incident utilizing the HICS structure, principles, and positions.
- b. Preparedness – There must be a preparedness modality to the policy and procedures and it must allow for discussion and review as necessities change based on the Hazard Vulnerability Analysis (HVA).
- c. Resource Management – The Emergency Management Plan must include the management of all resources with respect to the ICS structure. Positions must be populated and reports must be generated to allow for effective and efficient resource management both in and out of the facility.
- d. Communications and Information Management – There must be in each approach to the ICS management policy and procedure a method to handle communications and information both internally and externally.
- e. Supporting Technologies – There must be an adequate support structure within the organization to support front line technologies and include a system of redundancies.

- f. Ongoing Management and Maintenance – There must be a method for reviewing all policy and procedure regarding the emergency operations manual and all methods associated with it.

2.1.2.2.2 – NIMS Compliance Actions

The following are steps to comply with HSPD-5 and NYS EO-26.

- a. NIMS has been officially adopted through this policy.
- b. All emergency incidents must be managed through the HICS structure.
- c. All individuals employed by this health center have been identified for training. Future refresher training has been established by this policy.
- d. The plans for training have been laid out by this policy appropriately. Changes in the training regimen shall be communicated through memorandums.
- e. All large and external incidents will be coordinated and supported through the use of the Multi-Agency Coordination Systems. The facility will develop and maintain communications between the local incident command posts as needed: local 911 communications centers, local emergency operations centers (OEM), and State Operations Centers and EOCs.
- f. The process and procedures have been implemented in the use of NIMS at this health center. Communications plans are delineated in the communications policy of this emergency management plan.
- g. The process for communicating with the public through a public information officer has been defined in this manual. The process, procedure, and plans to communicate timely accurate information to the public during an incident using a Joint Information System (JIS) and a Joint Information Center (JIC) are outlined in the communications section of this manual.

2.1.2.2.3 Health Center NIMS Implementation and Compliance – The NIMS Objectives.

In compliance with the NIMS Implementation Objectives for Healthcare Organizations, the following will be followed in the implementation process by this organization^v:

- a. NIMS has been adopted by the health center as the best practice for managing emergency incidents and incidents deemed outside of normal operations.
- b. The Emergency Operations Plan has in its planning and implementation, ensured that NIMS is utilized in its standard operating procedures (SOPs), its emergency

- operations procedures (EOPs), and in its standard operating guidelines (SOGs) and has been incorporated based on the National Response Framework (NRF) and adheres to its components, recommendations, principles, and policies. This implementation includes planning, training, exercises, equipment, evaluation, and corrective actions.
- c. This organization participates in interagency mutual aid and/or assistance agreements including agreements with public and private sector agencies and other non-governmental organizations to provide care and assistance to our patients, visitors, and staff.
 - d. The facility, in this policy statement, has identified the appropriate personnel to complete the IS 100, IS 200, IS 700, and IS 800 or equivalent courses.⁴
 - e. This facility shall promote NIMS/CIMS/HICS concepts and principles and shall incorporate them into all organization related training and exercises. It will demonstrate the use of NIMS/CIMS principles and ICS management in training and exercises.
 - f. It will promote and ensure that equipment, communication, and data interoperability are incorporated into the health center acquisition programs.
 - g. It will apply common and consistent terminology as promoted in NIMS/CIMS/HICS in communications, including the establishment of plain language communications standards.
 - h. It will utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.
 - i. It will manage all emergency incidents, exercises, and preplanned (recurring or special) events in accordance with the HICS organizational structures, doctrine, and procedures as defined in NIMS.
 - j. HICS implementation will include the consistent application of Incident Action Planning (IAP) and common communications plans as appropriate.
 - k. It will adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
 - l. It will ensure that public information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

⁴ For those who have completed IS 800A, there is no federal requirement that you must complete IS 800B at this time.

2.1.3 Training Requirements

To ensure total compliance with NIMS/CIMS/HICS, this institution requires that its staff complete the following training seminars as part of their personal professional competency for fulfilling their roles in the system. This training can be accomplished on line at the Federal Emergency Management Agency (FEMA) website.

2.1.3.1 NIMS Training Policy

It is the policy of this institution to require that all employees serving within this institution be trained in the National Incident Management system. Training for NIMS can be accomplished on line at the Federal Emergency Management Agency (FEMA). The website address is as follows:

<http://training.fema.gov/EMIWeb/> or <http://training.fema.gov/IS/crslist.asp>

Additional training can be found at the following websites:

<http://www.dhSES.ny.gov/training/index.cfm#nims>

2.1.3.1.1 Human Resources Directive – NIMS Training

The Human Resources Department is hereby directed to assist the administration with the compliance of this policy and is instructed to collect all completion certificates from employees.

2.1.3.2 General Training

The following training courses must be completed by all health center employees regardless of profession or position:

1. IS 100
2. IS 700

2.1.3.3 NIMS Training for Managerial Staff

The following courses must be completed by all *managerial staff* regardless of profession or position:

1. IS 100
2. IS 200
3. IS 700
4. IS 800

These courses must be completed on line at the website <http://training.fema.gov/IS/crslst.asp>.

The course certificates earned in these courses must be returned to the related Department of Human Resources no later than three months after initial hiring.

NIMS/CIMS/HICS shall be reviewed annually during the core competency reorientation by all employees.

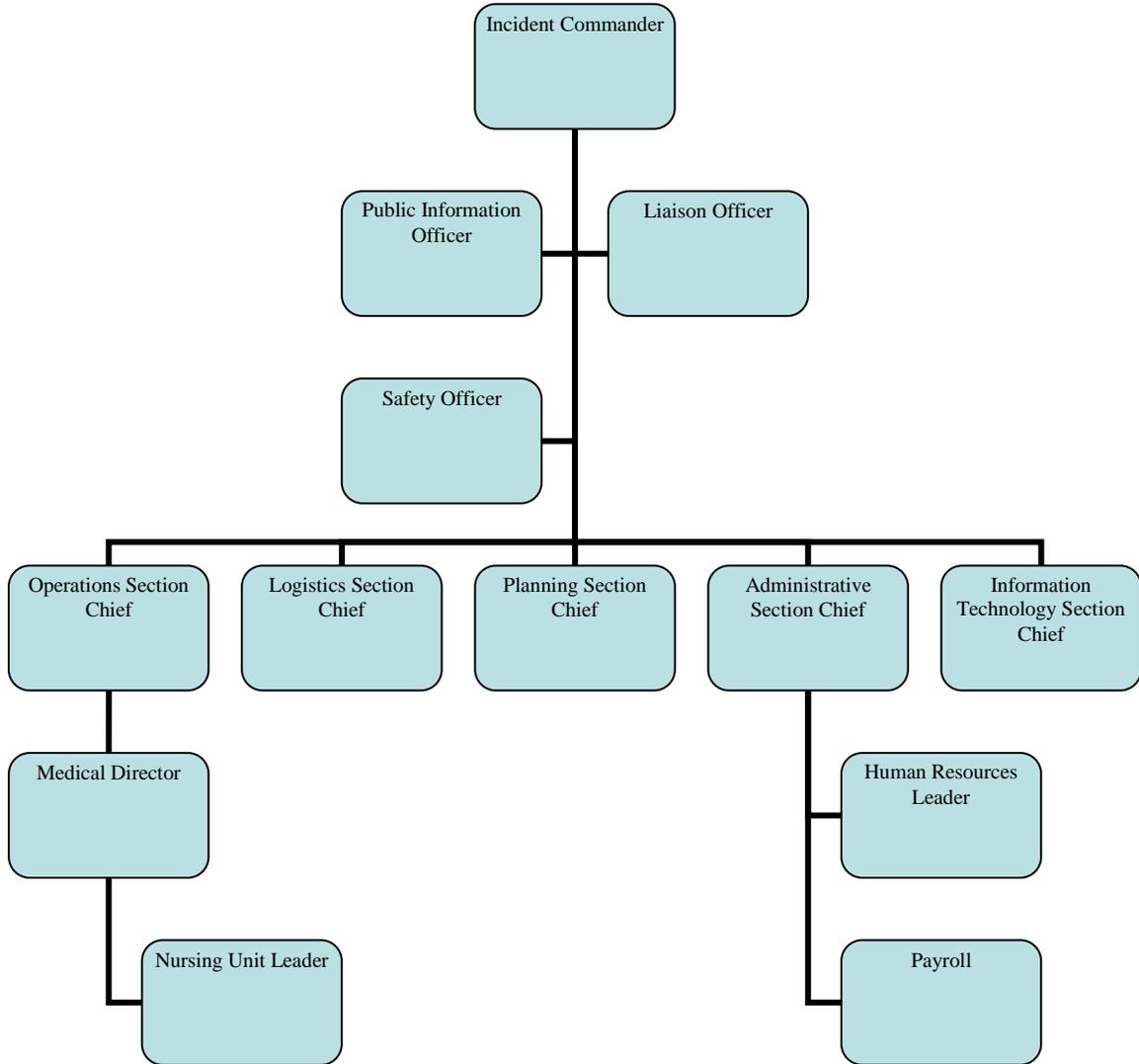
2.1.4 Use of NIMS Positions

One of the key factors of the National Incident Management System is the use of a common language for communications to ensure interoperability among different responders. To this end, NIMS also uses common position names so that all involved understand the duties of that person regardless of their agency of employment. NIMS uses common titles that denote their primary responsibility and offers an incident command system that is scalable, flexible, interoperable, and uniform.

NIMS was originally created to be used in the field with first responders. In healthcare, the use of ICS is widespread. The flexibility of the system has allowed healthcare agencies to alter the names of the positions to better align their duties with those common in the clinical setting. This system is called the Healthcare Incident Command System or HICS. In this system, the upper management tier is the same as the ICS used by first responders; however, the lower positions are more specialized and aligned with healthcare titles.

Appendix A of this plan has a list of job action sheets describing the HICS positions for health care centers. When populating an ICS chart (Diagram 2.2.4.A), it is useful to use the organization's chart as a reference guide. What is important to remember is that when choosing an individual to staff a position, choose the individual with the credentials that best suit the job and the incident. For example, if an incident is radiological in nature, the radiation safety officer is likely the best person to be incident commander.

Diagram 2.1.4.A – The basic ICS Chart for Healthcare Centers



2.2.1 Purpose

The purpose of this policy and procedure is to outline how staff will be managed in the event of a disaster that affects the ability of staff to function normally.

2.2.2 Policy

It is the policy of this health center to alter normal schedules to allow for staff deployment for the benefit of the health center’s response to an emergency, crisis, and/or disaster. Upon engaging the emergency management plan, the incident commander or his or her designee is empowered with the ability to alter staff uses to fit the needs of the incident to the benefit of the health center. This includes but is not limited to the ability of the health center to alter present existing policies to better use human resources during an emergency.

2.2.3 NIMS Roles and Responsibilities

Staff management will fall under the auspices of the *Planning Section Chief*. Upon authorization from the Incident Commander, the planning section chief will be responsible for scheduling health center staff during the activation of this plan. During long term activations, the planning section chief will keep records of service and will work with the *administrative section chief* to ensure proper payroll calculations. Human resources staff will be allocated under the planning section chief and will assist in the scheduling of staff and provide assistance to internal employees with respect to benefits, policy alterations, and any other human resource related need.

2.2.4 Personal Employee Preparedness

It is the policy of this health center to actively promote employee preparedness as part of the organization's emergency planning. Employees who have a personal emergency preparedness plan, knowing that their homes and loved ones are cared for, are not as likely to feel conflicting loyalties. Employees who are part of the planning process and familiar with the preparedness / response cycle of the plan are more apt to remain calm during an emergency. They are empowered with a sense of control of the emergency plan process at their work place and home. See Appendix D.

2.2.5 Staff Deployment Policy

It is the policy of this health center to deploy staff based on the needs of the health center during an emergency. It is possible that staff will not be in their normal positions when the emergency management plan has been activated. It is the responsibility of the *Planning Section Chief* to ensure that all staff is briefed on their duties if they are not deployed to their normal operating positions. The **Planning section chief** will provide basic job action sheets to all employees that will not be working in their normal functions or the functions for which they were initially hired. All job action sheets will be kept in the appendix of this document.

2.2.6 External Deployment Policy

It is the policy of this health center to allow for its staff to deploy to external partners in order to assist in the response and recovery efforts of the community. It is important to understand that external deployment to outside health centers, hospitals, and other health partners such as the Medical Reserve Corps is at the discretion of the Incident Commander appointed at this health center and only when the emergency management plan has been activated. Also, it is the policy of this health center to offer our staff as response and/or recovery volunteers/employees (on a voluntary basis) to those entities that are suffering a disruption, disaster, emergency, and/or incident with whom a memorandum of agreement/understanding has been executed and is in force. The sharing of staff must be specifically stated in the memorandum and must be reflected in the emergency human resource policies to ensure the protection of staff during emergencies. The memorandum of agreement must be attached to this policy for consideration.

2.2.6.1 External Deployment Memorandum of Agreement

The following items must be covered in a memorandum of agreement that will allow for health center employees to deploy to a partner site that is off the health center property.

- 2.2.6.1.1 Workman's Compensation Clause – Who is financially responsible for workman's compensation and follow up.
- 2.2.6.1.2 Scheduling Clause – Who will be primarily responsible for scheduling employees deployed at external sites.
- 2.2.6.1.3 Indemnification Clause – Who will be liable for the work done by the employee should the employee get sued.
- 2.2.6.1.4 A Physical Liability Clause – Who is responsible for the worker should the worker get hurt in the disaster or within the physical building.
- 2.2.6.1.5 Quality Assurance Clause – Who will be responsible for the review of the employee's work and to whom will it be reported.
- 2.2.6.1.6 Who is responsible for required reporting of vaccinations, assaults, etc.
- 2.2.6.1.7 If a lent worker is a paid worker, who is responsible for payroll and its calculation, rates, and other factors such as benefits?
- 2.2.6.1.8 Who is responsible for the granting of disaster privileges?
- 2.2.6.1.9 Who is responsible for the termination of privileges?
- 2.2.6.1.10 A clause targeting any specific alterations to human resource policy at either location.
- 2.2.6.1.11 Any other clause that would assign responsibility of the worker or volunteer to either the lender organization or the borrowing organization.

2.2.7 Human Resource Policy Emergency Changes

Please refer to the specific human resource policy regarding any specific changes when this emergency management plan is activated.

2.2.7.1 Emergency Human Resource Policy

It is the policy of this health center to alter its normal operating human resource policies to conform to the needs of the emergency as it arises. Changes in human resource policy during an emergency must be approved by the Incident Commander and the Director of Human Resources, and they must be made public to the health center's employees during the activation of the emergency management plan. (Please see examples of altered human resource policies attached to this policy and procedure guidance.)

2.2.8 Procedure Policy

<p>It is up to the individual health center to decide how and if they will use their staff during the declaration of an emergency. It is important that staff management policies be scalable and consistent.</p>

2.2.9 Procedure Guidance

- 2.2.9.1 Upon declaration of an emergency by the health center staff, the responsible person will activate the emergency management plan.
- 2.2.9.2 The Planning Section Chief, the Director of Human Resources, and the Incident Commander will come to a consensus that Human Resource policy will be altered to an emergency packet to assist staff during an emergency or an emergency deployment.
- 2.2.9.3 If the emergency is localized and limited to the health center building, consider informing staff to shelter in place or evacuate.
- 2.2.9.4 Communicate to the staff the emergency on hand, and give the staff as much information as possible.
- 2.2.9.5 Begin recall of disaster personnel as needed. Consult the employee demographics sheets for necessary personnel (2.3.8.5.1 – Employee Demographics Sheet Sample). Choose personnel based on skill and their ability to handle a particular emergency.
- 2.2.9.6 If necessary, inform staff to enact their family emergency plan.
- 2.2.9.7 Consider an alteration in hours to better staff the health center’s situation.
- 2.2.9.8 Assign an area for rest and recuperation of staff during an emergency.
- 2.2.9.9 Ensure that the health center schedules extra staff and assigns a personnel pool area to keep staff that is not yet working so that they may relieve staff or augment staff as needed.
- 2.2.9.10 Begin staffing by covering critical areas first such as triage, front desk, nursing, medicine, dental, and other critical services.
- 2.2.9.11 Consider volunteer usage from an external source such as the Medical Reserve Corps or other partner.
- 2.2.9.12 Keep track of employee hours as needed.
- 2.2.9.13 Assign junior employees to senior employees and maintain records of work.
- 2.2.10 Quality Assurance/Quality Improvement Policy during EMP Activation

It is the policy of this organization to continue providing high quality care under all circumstances. To this end, this health center will continue to provide quality review services to all clinical areas and will alter its needs to meet the needs of the situation.

2.2.11 Quality Assurance/Quality Improvement Emergency Procedure

Under the Planning Section Chief, a QA/QI director shall be named and populated. An assistant will also be populated if needed. This individual will be responsible for the inspection of all medical records and clinical areas for quality standards and consistency. It will be the responsibility of the QA/QI director to remediate all staff regarding issues of quality performance.

The QA/QI Director shall be responsible for the collection of data regarding patient care, use of blood products, operative procedures, significant discrepancies between preoperative diagnosis and post operative diagnosis, adverse events regarding anesthesia or deep sedation, transfusion reactions, medication errors, adverse drug reactions, the appropriateness of care, the necessity of medical procedures, and the quality performance of general medical care offered at the health center.

2.2.12.1 Purpose

The purpose of this policy is to give an alternative to the standing human resource policy of this health center regarding absenteeism during an emergency.

2.2.12.2 Policy

It is the policy of this health center to suspend human resource policy regarding absenteeism should a disaster involving the health center occur or if a biological or other incident occurs that may affect the health and safety of our workforce. It is the responsibility of the employee to contact his or her supervisor to inform them of the situation. The supervisor must also approve the time off. An approval may be extended to the employee if the reason for the absenteeism during the crisis is reasonable under the conditions of the emergency. The supervisor may or may not require documentation regarding the absenteeism.

2.2.13.1 Purpose

The purpose of this policy is to give an alternative to the standing human resource policy of this health center regarding authorized medical leave during an emergency.

2.2.13.2 Policy

It is the policy of this health center to suspend human resource policy regarding medical leave should a disaster involving the health center occur or if a biological or other incident occurs that may affect the health and safety of our workforce or their families.

It is the responsibility of the employee to contact his or her supervisor to inform them of the situation and request a medical leave if the employee is personally affected or if members of his or her immediate family are affected (immediate family are persons that live within the same household as the employee). The supervisor must also approve the time off. An approval may be extended to the employee if the reason for the leave during the crisis is reasonable under the conditions of the emergency. The supervisor may or may not require documentation regarding the medical leave.

2.2.14.1 Purpose

The purpose of this policy is to give an alternative to the standing human resource policy of this health center regarding the sharing of critical intelligence regarding the situation and any information to provide for workforce protection during an emergency.

2.2.14.2 Policy

It is the policy of this health center to suspend human resource policy regarding intelligence sharing should a disaster involving the health center occur or if a biological or other incident occurs that may affect the health and safety of our workforce or their families. The level of intelligence sharing shall be cleared prior to release by the incident commander and shall be directly pertinent to the emergency at hand.

Communications with staff shall be done through established channels established in the communications section of this emergency management plan.

2.2.15.1 Purpose

The purpose of this policy is to give an alternative to the standing human resource policy of this health center regarding workforce protection during an emergency.

2.2.15.2 Policy

It is the policy of this health center to suspend human resource policy regarding workforce protection should a disaster involving the health center occur or if a biological or other incident occurs that may affect the health and safety of our workforce or their families.

It is the responsibility of the health center to provide all measures of personal protective equipment to its workforce to protect against the emergency situation. It is also the responsibility of the health center to train its staff in the use of personal protective equipment and fulfill its annual responsibility of providing training on blood borne pathogens. It is the responsibility of the employee to learn and know how to properly use the personal protective equipment and seek out training on the equipment prior to entering the situation. It is the responsibility of the employee to contact his or her supervisor to inform them of the situation and request specialized personal protective equipment to better respond to patients during the emergency.

2.3.1 Purpose

The purpose of this policy and procedure is to outline how staff will be managed in the event of disasters that affect the ability of staff to function normally.

2.2.12 Policy

It is the policy of this health center to alter normal schedules to allow for staff deployment for the benefit of the health center's response to an emergency, crisis, and/or disaster. Upon engaging the emergency management plan, the incident commander or his or her designee is empowered with the ability to alter staff uses to fit the needs of the incident to the benefit of the health center. This includes but is not limited to the ability of the health center to alter present existing policies to better use human resources during an emergency.

2.2.13 NIMS Roles and Responsibilities

Staff management will fall under the auspices of the *Planning Section Chief* and upon authorization from the Incident Commander; the planning section chief will be responsible for scheduling health center staff during the activation of this plan. During long term activations, the planning section chief will keep records of service and will work with the *administrative section chief* to ensure proper payroll calculations. Human resources staff will be allocated under the planning section chief and will assist in the scheduling of staff and provide assistance to internal employees with respect to benefits, policy alterations, and any other human resource related need.

2.2.14 Personal Employee Preparedness

It is the policy of this health center to actively promote employee preparedness as part of the organization's emergency planning. Employees who have a personal emergency preparedness plan, knowing that their homes and loved ones are cared for are not as likely to feel conflicting loyalties. Employees who are part of the planning process and familiar with the preparedness / response cycle of the plan are more apt to remain calm during an emergency, empowered with a sense of control of the emergency plan process at their work place and home. See Appendix D.

2.2.15 Staff Deployment Policy

It is the policy of this health center to deploy staff based on the needs of the health center during an emergency. It is possible that staff will not be in their normal positions when the emergency management plan has been activated. It is the responsibility of the *Planning Section Chief* to ensure that all staff is briefed on their duties if they are not deployed to their normal operating positions. The **Planning section chief** will provide basic job action sheets to all employees that will not be working in their normal functions or the functions for which they were initially hired. All job action sheets will be kept in the appendix of this document.

2.2.16 External Deployment Policy

It is the policy of this health center to allow for its staff to deploy to external partners in order to assist in the response and recovery efforts of the community. It is important to understand that external deployment to outside health centers, hospitals, and other health partners such as the Medical Reserve Corps is at the discretion of the Incident Commander appointed at this health center and only when the emergency management plan has been activated. Also, it is the policy of this health center to offer our staff as response and/or recovery volunteers/employees (on a voluntary basis) to those entities that are suffering a disruption, disaster, emergency, and/or incident with whom a memorandum of agreement/understanding has been executed and is in force. The sharing of staff must be specifically stated in the memorandum and must be reflected the emergency human resource policies to ensure the protection of staff during emergencies. The memorandum of agreement must be attached to this policy for consideration.

2.2.16.1 External Deployment Memorandum of Agreement

The following items must be covered in a memorandum of agreement that will allow for health center employees to deploy to a partner site that is off the health center property.

- 2.2.16.1.1 Workman's Compensation Clause – Who is financially responsible for workman's compensation and follow up.
- 2.2.16.1.2 Scheduling Clause – Who will be primarily responsible for scheduling employees deployed at external sites.
- 2.2.16.1.3 Indemnification Clause – Who will be liable for the work done by the employee should the employee get sued.
- 2.2.16.1.4 A Physical Liability Clause – who is responsible for the worker should the worker get hurt in the disaster or within the physical building.
- 2.2.16.1.5 Quality Assurance Clause – Who will be responsible for the review of the employee's work and to whom it will be reported.
- 2.2.16.1.6 Who is responsible for required reporting of vaccinations, assaults, etc.
- 2.2.16.1.7 If lent worker is a paid worker, who is responsible for payroll and its calculation, rates, and other factors such as benefits?
- 2.2.16.1.8 Who is responsible for the granting of disaster privileges?
- 2.2.16.1.9 Who is responsible for the termination of privileges?
- 2.2.16.1.10A clause targeting any specific alterations to human resource policy at either location.
- 2.2.16.1.11 Any other clause that would assign responsibility of the worker or volunteer to either the lender organization or the borrowing organization.

2.2.17 Human Resource Policy Emergency Changes

Please refer to the specific human resource policy regarding any specific changes when this emergency management plan is activated.

2.2.17.1

Emergency Human Resource Policy

It is the policy of this health center to alter its normal operating human resource policies to conform to the needs of the emergency as it arises. Changes in human resource policy during emergency must be approved by the Incident Commander and the Director of Human Resources and must be made public to the health center's employees during the activation of the emergency management plan. (Please see examples of altered human resource policies attached to this policy and procedure guidance.

2.2.18 Procedure Policy

It is up to the individual health center to decide how and if they will use their staff during the declaration of an emergency. It is important that staff management policies be scalable and consistent.

2.2.19 Procedure Guidance

- 2.2.19.1 Upon declaration of an emergency by the health center staff, the responsible person will activate the emergency management plan.
- 2.2.19.2 The Planning Section Chief, the Director of Human Resources, and the Incident Commander will come to a consensus that Human Resource policy will be altered to an emergency packet to assist staff during an emergency or an emergency deployment.
- 2.2.19.3 If the emergency is localized and limited to the health center building, consider informing staff to shelter in place or evacuate.
- 2.2.19.4 Communicate to the staff of the emergency on hand and give the staff as much information as possible.
- 2.2.19.5 Begin recall of disaster personnel as needed. Consult the employee demographics sheets for necessary personnel (2.3.8.5.1 – Employee Demographics Sheet Sample). Choose personnel based on skill and their ability to handle a particular emergency.
- 2.2.19.6 If necessary, inform staff to enact their family emergency plan.
- 2.2.19.7 Consider an alteration in hours to better staff the health center's situation.
- 2.2.19.8 Assign an area for rest and recuperation of staff during an emergency.
- 2.2.19.9 Ensure that the health center schedules extra staff and assign a personnel pool area to keep staff that is not yet working so that they may relieve staff or augment staff as needed.

2.2.19.10 Begin staffing by covering critical areas first such as triage, front desk, nursing, medicine, dental, and other critical services.

2.2.19.11 Consider volunteer usage from an external source such as the Medical Reserve Corps or other partner.

2.2.19.12 Keep track of employee hours as needed.

2.2.19.13 Assign junior employees to senior employees and maintain records of work.

2.2.20 Quality Assurance/Quality Improvement Policy during EMP Activation

It is the policy of this organization to continue providing high quality care under all circumstances. To this end, this health center will continue to provide quality review services to all clinical areas and will alter its needs to meet the needs of the situation.

2.2.21 Quality Assurance/Quality Improvement Emergency Procedure

Under the Planning Section Chief, a QA/QI director shall be named and populated. An assistant will also be populated if needed. This individual will be responsible for the inspection of all medical records and clinical areas for quality standards and consistency. It will be the responsibility of the QA/QI director to remediate all staff regarding issues of quality performance.

The QA/QI Director shall be responsible for the collection of data regarding patient care, use of blood products, operative procedures, significant discrepancies between preoperative diagnosis and post operative diagnosis, adverse events regarding anesthesia or deep sedation, transfusion reactions, medication errors, adverse drug reactions, the appropriateness of care, the necessity of medical procedures, and the quality performance of general medical care offered at the health center.

2.4.1 Purpose

The purpose of this policy is to delineate all policy and procedures regarding the patients who seek care at this facility and the management of those patients during an emergency.

2.4.2 Policy

It is the policy of this health center to manage health center patients during an emergency. It is the responsibility of this health center to see to the safety and security of these patients during a crisis. To this end, the health center may impose temporary restrictions to health center patients that are dependent on the conditions faced during an emergency. These restrictions may include but are not limited to routine primary care, access to care based on presenting problems, and other situations that may be necessary in order to

maintain an adequate level of response to an incident. It is also the policy of this health center to ensure that all of its patients are adequately informed of the situation and are given care options if needed during an emergency. Also, this health center, during a surge incident will treat all patients based on the severity of the presenting problem and will manage patients accordingly to ensure that the response to a crisis is efficient, efficacious, and appropriate.

2.4.3 Patient Surge and Triage

In the event that an incident causes an unusual surge in health center patients that is beyond the ability of the health center to reasonably and safely address those patients, the health center will see patients based on the presenting problem utilizing a triage method found in appendix G.

2.4.4 Patient Management

During an event that causes the health center to operate beyond its normal operational capability, the health center will consider canceling services as part of its response. Once a decision has been made to cancel those services, it is the responsibility of the public information officer to ensure that all current health center patients are informed of the status of the health center.

If an incident arises that causes the health center to operate beyond its normal resource components and operations, this health center will consider canceling the following:

- a. Well visits
- b. Follow up visits
- c. Elective procedures
- d. Mental health visits
- e. Social work and case management visits
- f. Any other visit that is not directly related to the emergency

The public information officer will ensure proper notification. The public information officer will also ensure that all privacy regulations are followed with regard to the management of patients.

2.4.4.1 Evacuation of Patients

During an evacuation of the health center, it may be necessary to evacuate patients to other facilities. During these evacuations, the patient's medical information and record is of utmost importance to the continuing care the patient may receive under other providers. It is also important to protect the private medical information and record of each patient regardless of the situation. Therefore the following regulations must be followed regarding the transfer of medical information when a patient is evacuated from this facility.

- a. When a patient is evacuated, only the name, age, date of birth, and medical record number will be offered as identifiers.
- b. If the patient is conscious, alert, and oriented, the patient will be given a paper copy of the medical record to be given to the next provider.
- c. Oral reports either in person or by phone will be given only between licensed independent medical practitioners directly involved in the case.
- d. If a patient is unconscious or disoriented, it will be assumed that the patient's intention is to receive care and all pertinent medical information will be disclosed to the receiving party that fit the criteria.

2.4.4.2 Patient Management

Please include in this section any other patient management strategies that will help the health center respond to an emergency.

2.5.1 Purpose

The purpose of this policy and procedure is to outline the health center policy regarding the need for a mental health response following a disaster.

2.5.2 Policy

It is the policy of this health center to provide mental health services to the community during and following a disaster. Mental health assistance and treatment will be offered to all members of the health center staff and will also be offered to the community. The Department of Mental Health within the health center will formulate a plan describing the type and depth of mental health services that will be offered during an emergency.

2.5.3 Procedure

4. 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 will notify the 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]
5. 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.
6. 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.].

2.5.4 Mental Health Center Activation and Policy

It is the policy of this health center to activate a specialized mental health center within the response of this health center to offer mental health services to the staff and community. This center will operate as both a Call-In Center and a live help center for all who seek mental health services during an emergency. The Incident Commander will make the decision to activate the Call-In Center to ensure communication with the community during a disaster.

2.5.4.1 Procedure

- 8. The CEO/Incident Commander will make the decision to activate the Call-In Center.
- 9. 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.
- 10. The Incident Commander will delegate someone to recruit and assign volunteers to man the center. A total of ____ can be utilized at one time.

11. 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.
12. The Incident Commander or designee will approve a message to be put on this number in the event all of the phones are busy.
13. 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.
14. A member of the crisis team will be assigned to the Center to assist callers as indicated.

2.6.1 Purpose

The purpose of this policy is to assist the health center establish and operate an emergency operations center in the event of a disaster.

2.6.2 Policy

It is the policy of this health center to establish an emergency operations center when threatened by a disaster either internally or externally.

2.6.3 Definitions

The Emergency Operations Center is a place within the health center used as a central location where the incident leadership can accumulate incident related data, coordinate resources, and provide for informed decision-making about the incident and provide incident support to the responders.

The EOC should be compliant with the National Incident Management System in that it allows for interagency, intra facility, and inter facility coordination and communication. NIMS represents a core set of doctrines, concepts, principles, terminology, and provides for a unified organizational process that enables effective, efficient, and collaborative incident management.

The EOC functions as a central location for the collection of information, the evaluation of data, and the coordination of resources. It allows for communication between responders and the incident leadership as well as between differing levels and types of responders. The EOC helps establish a common operating picture of the incident, provides for ready access to accurate information, assists with improving the continuity of the health center, and improves the analysis and verification of information. During long term incidents, it provides for and facilitates long term operations by maintaining all

incident related information in one location and allows for changes in personnel without affecting the institutional knowledge of the incident.

2.6.4 EOC Operations

The EOC establishes what must be done, in what time frame it must be done in, who has the resources or the knowledge to do it, and who has the authority to authorize the operation. It is key for the health center to have a clear order of succession policy in place to ensure continuity of command.

The staff of the EOC should be persons with some institutional knowledge about the operation as well as a location for the ICS Command Staff to meet and analyze information. Within the EOC, staffing should be organized by management activities. Besides the command staff component, the EOC should be organized by task. The following are subdivisions based on management tasks:

- A Policy Section – This section will comprise persons that are familiar with the health center policy and understand the legal environment in which the health center operates.
- A Resource Section – This section will be responsible for the logistical coordination and staffing.
- The Operations Section – This section will manage the response and collect data regarding the response of the health center as well as the community wide response during a larger incident.
- The Coordination Section – This section will be responsible for coordinating assets, analyzing data, and assisting the leadership by making recommendations regarding all aspects of the response.

Some EOCs organize based on essential functions by separating sections that correlate to the different departments located within a health center. Some of these departments are as follows:

- Medical and Dental
- Administrative
- Financial
- Billing
- Mental Health
- Case Management
- Other

2.6.4.1 Communications Needs

EOC communications bundles should reflect the communications used within the health center. The capability to communicate both internally and externally should be the same. Keep in mind that it is also important to be able to communicate with the special needs populations. EOCs must be able to have these capabilities and tools available so that the PIO is able to function adequately when supplying information to both staff and patients.

Keep in mind that EOC communications systems and protocol should contain the same redundancies as daily communications to ensure messaging effectiveness.

2.6.4.2 EOC Location

The EOC should be located in a place within the health center that is accessible, safe, and has the systems capacity to operate the health center. It should be adequate in size for personnel and should be survivable in an event. Most of all, the EOC should be versatile and must be able to manage a number of incidents.

2.6.4.3 EOC Activation

Not all incidents require the activation of the EOC. The EOC should be available for incidents whose size or nature requires a central depository for data and records as well as a central location to manage assets and resources.

This health center will depend upon a decision from the incident commander to activate and populate the EOC. The Incident Commander will determine the circumstances under which the EOC is activated, when the EOC should be activated, and to what level the EOC must be activated.

2.6.4.4 Deactivation of the EOC

As with activation, the decision to deactivate the EOC rests with the incident commander when such a time arrives that maintaining the EOC active may impact the recovery or normal operations. When deactivating the EOC, the incident commander must base his or her decision on the following:

- What remains to be done?
- What resources are required for completing tasks related to the incident?
- How long will it take to reach all incident objectives?
- Can resources be managed during normal operations?

2.6.4.5 Incident Action Plans and Standard Operating Procedures for the EOC

During any incident, an incident action plan should be developed, based on the standard operating procedures located within the emergency management plan. Each IAP is unique to the incident and may require the development of specialized standard operating procedures for that incident. When developing SOPs for a specific incident, make a

decision on whether these SOPs are temporary or permanent, and transfer all to the emergency management plan at the end of the incident.

2.6.4.6 Resource Management within the EOC

As one of the key attributes of the EOC, EOC personnel must be able to manage the limited resources held by the health center. It must be able to identify what resources are needed, where, and why. It must also be able to determine where it can acquire a specific resource if it is unavailable within the health center.

The EOC Resource Team must be able to perform the following tasks:

- Receive requests
- Prioritize requests
- Locate and order the resources requested
- Assign the resources according to priorities
- Track the resources used
- Pay for the resources as needed

While many health centers have a logistical department that handles the ordering of supplies and other resources, when the EOC is activated, all resource ordering should be centralized and streamlined to quickly handle the incident.

2.6.4.7 External Coordination

When an incident occurs, part of a unified response is the ability to communicate and coordinate with exterior resources and partners. It is important to ensure that the EOC has the capability and personnel to maintain communication with exterior partners, knowledge of all memoranda of agreement or understanding, a method of handling mutual aid requests, and the ability to track all coordination efforts.

2.6.4.8 Documentation

One of the key attributes of an EOC is the ability to collect and maintain all documentation related to the incident. One of the key documents the health center produces is the patient record. The patient record should be managed from the EOC during an incident. If the incident has required the use of paper charts, it is best to use the EOC for the storage and maintenance of these records to ensure HIPAA compliance and maintain a central area for the quality review of these records.

All records related to the incident, including but not limited to the following, should be kept in the EOC until they are able to be reviewed and transferred to a permanent location after the incident:

- Medical
- Financial

- Incident Related Communications
- Resource Requests
- Billing

2.6.4.8.1 Intelligence Gathering and Analysis

In every incident, the ability to gather intelligence about the incident and operational information about responders and needs and requests of community partners is paramount. The EOC must have a method of gathering intelligence in an organized manner, analyzing the intelligence, making recommendations to the incident commander, and enacting action based on the orders of the incident commander.

The health center should have a situational reporting mechanism that will quickly allow responders to list the situation, list their needs for resources, and report their capabilities to ensure the situational awareness of the incident commander.

2.6.4.8.1.1 Intelligence Receipt

Upon receiving intelligence from a health center or community responder, document it upon arrival at the EOC, analyze the intelligence based on what is the key factor, who is reporting the intelligence, categorize it as internal or external, and analyze if that intelligence impacts any other capability of the health center.

2.6.4.8.1.2 Intelligence Reporting Procedure

- a. Upon receipt of intelligence, report in the proper format to the EOC supervisor. Include any data to which it relates in the report.
- b. Do not report any intelligence externally without checking with the incident commander. All external reporting must be done by the PIO.

2.6.5 Exercise and Evaluation

Like other sections of the Emergency Management Plan, the EOC function as an essential function of the health center should be exercised and reviewed. Appendix M of this manual contains the HSEEP Exercise and Evaluation Guide for Emergency Operations Center Management. When exercising the capability of the EOC, the exercise and response to the scenario should be evaluated and any lessons learned should be incorporated into this plan.

2.6.6 Incident Evaluation

After a real life incident in which the EOC has been activated, a formal review of the EOC, personnel, and EOC performance should be conducted. An After Action Report regarding the performance of the EOC independently of the incident should be generated and all problems should include solutions in the report.

3.0 HVA Policy and Procedure

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

3.0.1 Policy

It is the policy of this health center to conduct an annual Hazard Vulnerability Analysis to assess the hazards associated with this health center, its location, and its population. It is also the policy of this health center to prioritize and quantify the risks it faces and to plan in accordance to these risks in the order of highest to lowest priority.

3.1 Description

The Hazard Vulnerability Analysis is a tool used to analyze those hazards determined to be a threat to the health center, its staff, its patients, and its community. The Kaiser Permanente tool, included as an attachment to this policy, analyzes those associated hazards by taking into account the threat the hazard imposes and the preparedness the health center possesses and quantifies the hazard as to its risk to the health center as a percentage.

3.1.1 Hazard Identification

Hazards that threaten the health center are determined based on a number of factors. To be considered a hazard to the health center, the hazard must meet the following criteria:

- a. The hazard has historically occurred
- b. The nature of the location makes it vulnerable to the hazard
- c. The hazard carries a potential threat to human life and safety

3.1.2 Risk Prioritization

It is the policy of this health center to prioritize risk from greatest to least and to plan in accordance to these risks. This center shall plan for risks that pose a 10% or greater risk to the health center, its employees, its patients, and its community.

3.2 Review Policy

It is the policy of this health center to review and complete a Hazard Vulnerability Analysis once a year. Any changes to the HVA will be updated to the plans located within this Emergency Management Plan.

3.3 HVA Guidance Procedure

The Keiser Permanente HVA Tool, attached to this policy, is utilized by using the procedure outlined here. The HVA should be completed with a multidisciplinary committee or group that represents all aspects of the health center. The health center will develop the HVA utilizing a multidisciplinary committee. The following are the members of the HVA committee:

1. _____
2. _____
3. _____
4. _____
5. _____

The HVA should be conducted utilizing historical information available to the committee. Health centers are encouraged to participate in community level risk assessment and integrate their Hazard Vulnerability Assessment with the community's assessment.

a. Procedure:

1. Determine the probability and impact of hazards based on historical data, personal experience, consultation with the New York City Hazard Mitigation Plan, and location. The Keiser Permanente tool has a pre-populated group of hazards in the "Event" column; however, these can be changed to meet the health center's unique challenges.
2. Once the hazards have been determined, the next column represents the probability that the hazard will occur or has occurred in the past. Enter a number with "0" for no probability of the hazard occurring to "3" for a high probability of the hazard occurring.
Probability and impact are ranked:

Low – Rare
Moderate – Unusual
High – High Potential or Have Experienced
3. The Severity section [Severity = Magnitude – Mitigation (Preparedness)] determines how severely the hazard may impact the health center. This is achieved by entering a numerical value where "0" represents the least severe impact and "3" represents the most severe impact to your institution.
4. The next section, titled Preparedness, determines how prepared the organization is against the hazard or if mitigation steps have been taken to reduce the risk of

the hazard impacting on the health center. In this section, the preparer will enter “3” for least prepared and “1” for very prepared.

5. Once the values have been entered into the fields, the Keiser Permanente tool will automatically calculate the risk in a percentage. The risk is calculated by the following equation:

$$\text{Risk} = \text{Probability} \times [\text{Magnitude} - \text{Mitigation}] \text{ or}$$
$$\text{Risk} = \text{Probability} \times \text{Severity of impact on life, property and business}$$

Once the percentage risks have been determined, prioritize them from the greatest risk to the lowest risk. Risks that are greater than 5% should be referred to the emergency management committee for review and planning.

6. Address mitigation, preparedness, response, and recovery for these hazards
7. For high risk/high impact hazards, develop individual incident action plans
8. Action Steps:
 - Require the Emergency Management Committee to perform an HVA annually to determine and rank the probability of hazards.
 - Address mitigation, preparedness, response and recovery for the hazards recognized.
 - Educate staff on the plans and policies,
 - Practice plans with drills and exercises,
 - Evaluate competencies,
 - Update emergency management plans and policies, including the health center’s insurance policies, to determine adequate coverage.

3.3.1 The Keiser Permanente Hazard Vulnerability Analysis Tool Attachment*

*The following tool has been included in your EMP Packages and is also available electronically. Figure 3.4.1.a is an example of the tool with its available list of events. These events can be changed to fit the health center’s needs.

HAZARD AND VULNERABILITY ASSESSMENT TOOL																	
NATURALLY OCCURRING EVENTS																	
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK									
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE										
		Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources		Community/Mutual Aid staff and supplies	Relative threat*							
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%									
7	Hurricane							0%									
8	Tornado							0%									
9	Thunderstorm							0%									
10	Snow Fall							0%									
11	Blizzard							0%									
12	Ice Storm							0%									
13	Earthquake							0%									
14	Tidal Wave							0%									
15	Temperature Extremes							0%									
16	Drought							0%									
17	Flood, External							0%									
18	Wild Fire							0%									
19	Landslide							0%									
20	Dam Inundation							0%									
21	Volcano							0%									
22	Epidemic							0%									
23	AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%								
24	*Threat increases with percentage.																
25		RISK = PROBABILITY * SEVERITY															
26		0.00	0.00	0.00													
27																	
28																	
29																	
30																	
31																	
32																	
33																	

Figure 3.4.1.a

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS



EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)			PREPAREDNESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	RISK
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>				Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								
Volcano								0%
Epidemic								0%

AVERAGE SCORE	0.00	0%						
----------------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-----------

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS**



EVENT	PROBAB ILITY	SEVERITY = (MAGNITUDE - MITIGATION)			PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
		HUMAN IMPACT	PROPERT Y IMPACT	BUSINESS IMPACT				
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure								0%
Information Systems Failure								0%
Fire, Internal								0%

Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE	0.00	0%						

**HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS**



EVENT	PROBABILITY <i>Likelihood this will occur</i>	SEVERITY = (MAGNITUDE - MITIGATION)			PREPARED-NESS <i>Preplanning</i>	INTERNAL RESPONSE <i>Time, effectiveness, resources</i>	EXTERNAL RESPONSE <i>Community/ Mutual Aid staff and supplies</i>	RISK
		HUMAN IMPACT <i>Possibility of death or injury</i>	PROPERTY IMPACT <i>Physical losses and damages</i>	BUSINESS IMPACT <i>Interruption of services</i>				Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%
Mass Casualty Incident (medical/infectious)								0%
Terrorism, Biological								0%

VIP Situation								0%
Infant Abduction								0%
Hostage Situation								0%
Civil Disturbance								0%
Labor Action								0%
Forensic Admission								0%
Bomb Threat								0%
AVERAGE	0.00	0%						

HAZARD AND VULNERABILITY ASSESSMENT TOOL



EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)			PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT				
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident <i>(From historic events at your MC with >= 5 victims)</i>								0%
Small Casualty Hazmat Incident <i>(From historic events at your MC with < 5 victims)</i>								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiological Exposure, Internal								0%
Radiological Exposure,								0%

External								
Terrorism, Radiological								0%
AVERAGE	0.00	0%						

5.0.1 Communications

The purpose of this policy and chapter of the emergency management plan is to describe in writing the various communications types, methods, and procedures needed to provide communication within the health center, with the health center's employees, its patients, and the general public.

5.0.2 Policy

It is the policy of this health center to utilize various and redundant communications methods in order to integrate with the community and our staff. It is the policy of this health center to utilize all modern forms of communication that are available and have this technology assist in responding to an emergency either internally or externally. The basic forms available at this health center are as follows:

- Phone
- Fax
- E-mail
- Text
- Cellular
- Word of Mouth
- Media
- Other: _____

It is the policy of this health center to utilize communications tools that are interoperable and reliable so that we may communicate clearly with other agencies and partners both within our community and citywide. During an emergency, each health center should be prepared to address the concerns of both patients and staff.

5.0.2.1 The Public Information Officer

Due to the nature of mass communications, it is important that the health center be clear in its messaging and that the health system ensures that the messages that do go into the public properly reflect the mission and scope of this health system. In addition, health centers may also need to respond to questions from media personnel. In order to effectively address these issues, each health center should have a designated and available spokesperson(s) familiar with risk communication policies and procedures as well as messaging to the public. Health Centers should utilize a PIO (Public Information Officer), whose responsibilities will include the development and transmission of all messages from the health center. To ensure redundancy, each health center should have a minimum of 2 Public Information Officers. The first should be available at the health center site and the second should be available at either a central office, another health center within the system, or within the office if the health system comprises of a singular practice. If the primary PIO is unavailable, an alternate PIO will take his/her place.

PIO Name	Contact Number	Alternate Contact	Training	Level
				Primary
				Secondary

5.0.2.2 Communications Planning

The health center leadership is committed to establishing common communications goals and supports training and exercising as a method to achieve uniformity in communications with external parties.

5.0.2.3 Communications Planning Goals and Objectives

Communications is a complex subject. It needs continual planning, training, and exercising. In fact, according to the Department of Homeland Security, “numerous after-action reports from major incidents throughout the history of emergency management in our Nation have cited communications difficulties among the many responding agencies as a major failing and constitute a challenge to policymakers.”⁵

Emergency communications consists of three primary elements ²:

1. **Operability**—The ability of the health center to establish and sustain communications in support of emergency operations.
2. **Interoperability**—The ability of health centers within a network to communicate among its community partners using a variety of technologies.
3. **Continuity of Communications**—The ability of health centers to maintain communications in the event of damage to or destruction of the primary infrastructure.

The following are the goals for establishing reliable communications among health centers and other partners ³:

- Identify the capabilities needed by health centers within the network to ensure the availability and interoperability of communications during emergencies, and identify obstacles to the deployment of interoperable communications systems;
- Recommend both short- and long-term solutions for ensuring interoperability and continuity of communications for health centers, including recommendations for improving coordination among its local and governmental partners;

^{5,2,3} National Emergency Communications Plan. Department of Homeland Security. Available at http://www.dhs.gov/xlibrary/assets/national_emergency_communications_plan.pdf. July, 2008

- Set goals and timeframes for the deployment of interoperable emergency communications systems, and recommend measures that emergency response providers should employ to ensure the continued operation of communications infrastructure;
- Set dates by which health centers expect to achieve a baseline level of interoperable communications, develop a training and exercise schedule, and establish benchmarks to measure progress if applicable.

5.0.3 Communications Equipment

There are many types of communications equipment available. This health center uses communications systems that are interoperable and compatible with communications equipment available within the community. The following are descriptions of the systems and procedures that may assist this health center communicate in an emergency.

5.0.3.1 Telephone

Telephones are critical to the operations of a medical center. There are three main types used and should be available to communicate in an emergency. As with other technologies, phones are prone to disruptions. Plans should be designed to limit those disruptions and those plans should reflect those procedures that would assist the health center communicate when systems are disrupted.

Phone Types	Location	Carrier

5.0.3.1.1 POTS Lines (Plain Old Telephone Systems)

These systems are hard wired and are the most reliable since they do not require electricity to work and get their power from the low voltage electric lines inherent to the system. Most often, these phones are powered independently from the health center making them useful assets during all types of emergencies. As with all technologies, they can get disrupted. Therefore to mitigate those disruptions, health centers should register them with the Telecommunications Service Priority service (TSP). TSP is a federal government service that maintains a database of phones that are priority lines. These lines include phone lines to police, fire, EMS, as well as the health care industry and

system. By registering the health center's phones with this service, the health center will get first priority for repair during an emergency.

5.0.3.1.1.2 Telecommunications Service Priority Program

The TSP Program's goal is to ensure priority treatment for our nation's most important National Security / Emergency Preparedness NS/EP telecommunications services. The TSP Program is the regulatory, administrative, and operational framework for the priority restoration and provisioning of any qualified NS/EP telecommunications line service. NS/EP services are those services used to maintain a state of readiness or to respond to and manage any event or crisis (local, national, or international) that causes or could cause injury or harm to the population, damage to or loss of property, or degrades or threatens the NS/EP posture of the United States.

5.0.3.1.1.3 TSP Procedure

1. Register your POTS line with the Federal Government's Department of Homeland Security's TSP program at <http://tsp.ncs.gov/register.html>.
2. Once you are registered, TSP will process the request and determine your eligibility for the service.

5.0.3.1.1.4 TSP Eligibility Requirements

There are four broad categories that serve as guidelines for determining whether a circuit or telecommunications service is eligible for priority provisioning or restoration. TSP service user organizations may be in the federal, state, local, or tribal government, critical infrastructure sectors in industry, non-profit organizations that perform critical National Security and Emergency Preparedness (NS/EP) functions, or foreign governments. Typical TSP service users are responsible for the command and control functions critical to management of and response to NS/EP situations, particularly during the first 24 to 72 hours following an event.

ESSENTIAL SERVICE CRITERIA for Categories A thru D and EMERGENCY SERVICE CRITERIA for Category E

A. National Security Leadership (Restoration/Provisioning Levels 1-5)

This category is strictly limited to only those telecommunication services essential to national survival if nuclear attack threatens or occurs, and critical orderwire and control services necessary to ensure the rapid and efficient provisioning or restoration of other NS/EP telecommunication services. Services in this category are those for which a service interruption of even a few minutes would have serious adverse impact on the supported NS/EP function. These user functions may include the following: (more details)

B. National Security Posture & U.S. Population Attack Warning (Levels 2-5)

This category covers those minimum additional telecommunication services essential to maintaining an optimum defense, diplomatic, or continuity-of-government posture before, during, and after crisis situations. Such situations may range from national emergencies to international crises, including nuclear attack. Services in this category are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact on the supported NS/EP function. These user functions may include the following: (more details)

C. Public Health, Safety, & Maintenance of Law & Order (Levels 3-5)

This category covers the minimum number of telecommunication services necessary for giving civil alert to the U.S. population and maintaining law and order and the health and safety of the U.S. population in times of any national, regional, or serious local emergency. These services are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact on the supported NS/EP functions. These user functions may include the following: (more details)

D. Public Welfare & Maintenance of the National Economic Posture (Levels 4-5)

This category covers the minimum number of telecommunication services necessary for maintaining the public welfare and national economic posture during any national or regional emergency. These services are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact on the supported NS/EP function. These user functions may include the following: (more details)

E. Emergency Criteria (EMERGENCY PROVISIONING ONLY - Level E)

This category is limited to those services so critical to the protection of life and property or to NS/EP that they must be provisioned immediately, without regard to cost to the user. These services are those for which any delay immediately has a serious adverse impact on the supported NS/EP function. This category covers those minimum additional telecommunication services essential to maintaining an optimum defense, diplomatic, or continuity-of-government posture before, during, and after crisis situations. Such situations may range from national emergencies to international crises, including nuclear attack. Services in this category are those for which a service interruption ranging from a few minutes to one day would have serious adverse impact on the supported NS/EP function. (more details)

5.0.3.1.1.5 Important TSP Information

TSP documents and service information is available at <http://tsp.ncs.gov/docs.html>

5.0.3.2 Fax and other phone line technologies

Other systems that are dependent on phone lines are the health center's facsimile machines and other devices. With the advent of high speed internet services, most do not have their IT services through their phone lines. However, if they do, consideration should be paid to phone line restoration and the phone line should be registered with TSP.

5.0.3.3 Cellular Telephone

Cell phones are very valuable with regards to communications. However, cell phones use radio frequencies to transmit their signals. These signals can be disrupted by antenna failures, cell tower failures, or destruction. Cell phones also offer text as a means of communication. The benefit is that a message can be transmitted to as many people as necessary.

5.0.3.4 Radio Communications

Some systems utilize low or high band radios to communicate. These radios can have either limited useable distance or may use a repeater to transmit a signal. Radios that do not use a repeater can have line of sight problems as radio waves travel in a straight line and may be disrupted by buildings, landscape, and other fixed features. While reliable, the availability of repeaters for transmitting and receiving is important. It is also important that the receiving radio can access the same radio frequency.

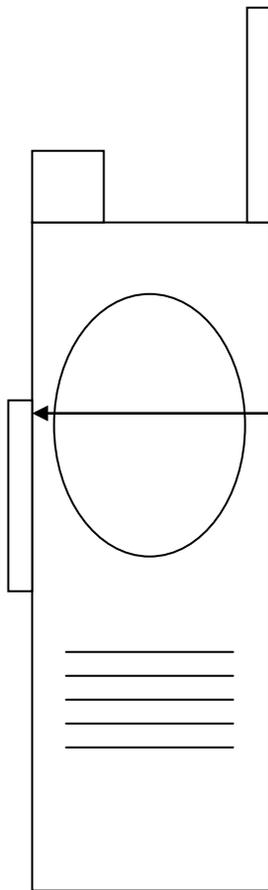
Two-way radio usage is an efficient method of communications provided that the network is supported and there are no transmission issues within the health center. As most portable radios transmit a limited distance, portable radios that are to be used for communications with other agencies should and must be on a repeater.

Procedure For Radio Use

ON/OFF
VOLUME
↓

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**

5.0.3.5 Information Technology

E-mail is an excellent method to use in communication. It allows for a message to reach as many persons as needed and maintains a hard copy of the message for future reference. Most carriers do keep email messages for at least 7 days. Recalling sent messages can be accomplished by contacting your service provider or IT department if on a network.

Most health centers utilize an IT network via a Local Area Network (LAN). These networks consist of a server and many workstations. With the advent of electronic health records, many health centers are paperless offices.

5.0.3.6 Other Internet Based Communication Technologies

Aside from basic communications devices that may be available at most health centers, there are other methods to help the health center either receive information and intelligence to improve situational awareness, improve interoffice and intraoffice communications, or broadcast information the health center needs to convey. The following are a list of these devices, their uses and their issues:

5.0.3.6.1 Social Media

Social media is everywhere and is a very effective way to broadcast messages as well as gather intelligence on the situation outside the health centers. Social media outlets such

as Facebook and Twitter to name a few, have been used in recent times to communicate among those whose basic communications are inadequate or unavailable. These technologies are also available on cell phones as well. Unfortunately, these public broadcast are limited since health centers can not use them to broadcast sensitive information.

Prior to using social media technologies, the emergency preparedness committee must have a discussion on the appropriateness of these technologies and the parameters and limits the health center sets to assure confidentiality for its patients during an emergency.

5.0.3.6.2 The Health Alert Network⁶

The Health Alert Network (HAN), maintained by New York State Department of Health, is a public health information network that contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the Web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers may access the HAN.

5.0.3.6.3 NYC MED³

NYC MED is an information network that is maintained by the New York City Department of Health and Mental Hygiene. NYC MED is the single point of entry for providers to access all New York City (NYC) Department of Health and Mental Hygiene (DOHMH) on-line applications. You can use NYC MED to access the following applications:

- Health Alert Network (HAN)
- City Health Information Continuing Education: The New York City Department of Health and Mental Hygiene is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians.
- Citywide Immunization Registry (CIR): Look up and report online! The Registry is available through our Website! Providers no longer need a modem and dial-up connection to access and report to the Registry online. Plus, the new and improved CIR application offers convenient features, such as a Patient List for easy access to your patients' immunization records and an Add History section for updating immunization events.

^{6,3} NYC Department of Health and Mental Hygiene Website. Available at <http://www.nyc.gov/html/doh/html/hcp/hcp.shtml>. Accessed on April 5, 2011.

- Medical Reserve Corps: The Medical Reserve Corps/New York City is an emergency preparedness structure of specialized health-related expertise/skills volunteers to assist New York City's Department of Health and Mental Hygiene, (DOHMH) during a large-scale local emergency.
- Universal Reporting Form (URF) Online: The URF is used by providers for mandatory reporting of diseases and conditions to the DOHMH.
- Influenza Sentinel Physician Surveillance is a data reporting service that will assist public health with identifying emerging disease clusters. Your data is combined with other influenza surveillance data to provide a national picture of influenza virus and ILI activity in the U.S. Approximately 2200 physicians in 46 states were enrolled in this network during the 2004-2005 influenza season.

5.0.3.6.4 Health Commerce System

The Health Commerce System is an integrated system for public health preparedness, planning, response, communication and recovery. The system is a secure network created by the NYS Department of Health to serve as a platform for routine integrated information interchange and a healthcare and public health emergency communications network that is accurate, comprehensive, integrated, and fulfills the national standards promoted by the Centers for Disease Control. HCS has three major components:

- NYSDOH Communications Directory
- NYSDOH Notification System
- NYSDOH Duty Officer System

It combines health providers, response partners, local health departments, health facilities, and clinical labs with a secure web accessed site that contains communications directories, notification systems, secure discussion forums, and data visualization and analysis as well as GIS for data. It also contains in the secure network integrated data repositories and spatial data warehousing to assist public health officials prepare and respond to incidents and provide medical providers with accurate information in a timely manner. The health commerce system is available to all those who fit the criteria. The basic criteria for the HCS are as follows:

- NYSDOH and other state agencies
- Local Health Departments
- Health Provider Organizations
- Individual prescribing health providers
- Emergency Preparedness Organizations
- Response Organizations

5.0.3.6.5 Amateur Civil Emergency Service (HAM Radio)

Founded in 1952 to provide a reserve communications group within government agencies, the service was designed to be used as back up communications in emergencies when normal communications routes were disrupted. Ham Radio Operators are licensed

by the Federal Communications Commission to operate these radios as amateurs wishing to maintain radio sets for communication. Some of these operators are part of the Amateur Civil Emergency Service and are designated to help critical assets communicate during an emergency.

5.0.4 Communications Redundancies

It is the policy of this health center to deliver verified concise crisis communications to its patients, partners, employees, and colleagues. To ensure that all messages are received in a timely manner, health centers will communicate in a redundant fashion using differing technologies to ensure, to the best of its ability, that the messaging is received.

When communicating with patients or partners, attempts should be made to deliver crisis messages utilizing at least two technologies to better the chances of receipt of the messages.

It is important to have multiple methods of communications. Having multiple systems for communications is the most effective way to ensure communication. The following are other methods that can be used to improve communications.

- 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.

5.0.5 Emergency Messaging

It is important that all messages leaving the health center externally be uniform. The following are procedures to be used during emergency messaging:

Health center employees when sharing emergency messages shall do so in a redundant fashion when communicating among PCEPN Liaisons. The following procedure shall be utilized:

1. When receiving a message from an external source, confirm the name of the person speaking, their organization, phone number where they can be reached, and the body of the message. Keep a log on communications between the health center and external parties.
2. If the message needs to be relayed within the health center, use at least two methods of communication to relay the message.
3. When communicating with other system health centers, use at least three methods of communications to relay the emergency message.

4. When communicating with employees about specific intelligence related to the incident or exercise, use three methods of communications including the center's phone tree, and email all situational reports to the command center.
5. When communicating with primary care centers about specific intelligence related to the incident or exercise, use email blasts. These blasts must go to at least two persons at each health center.
6. When communicating within the EOC, use both verbal and written communication to transmit information to and from the incident commander.
7. Keep a written record of all communications to and from the command center.

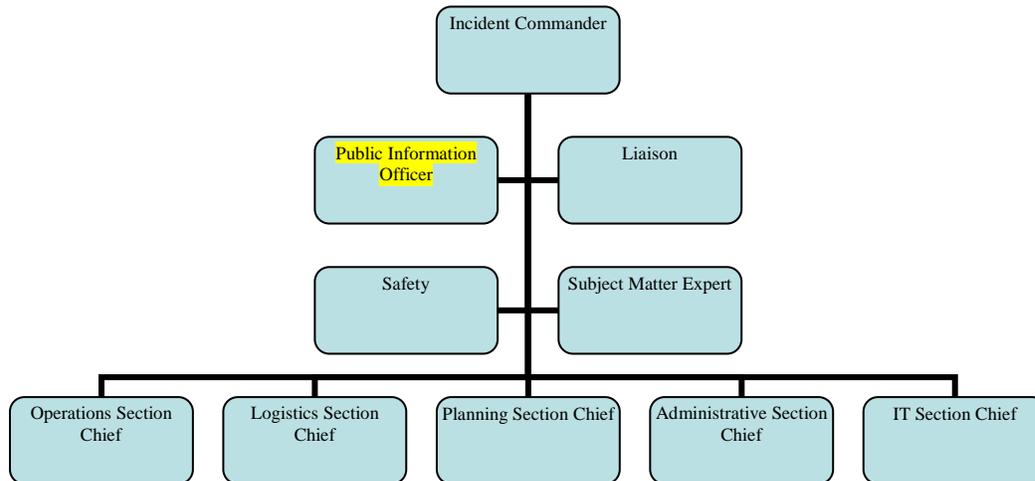
5.1.1 Purpose

The purpose of this policy is to delineate the acceptable communications practice during an emergency including those related to risk communications.

5.1.2 Policy

It is the policy of this health center to utilize the National Incident Management System (NIMS) as a basis for communications procedures during an emergency. NIMS communications travel up the chain of command but the system is flexible enough to travel laterally as needed. During external communications, the system is more rigid, using the Public Information Officer as the only point of contact with outside agencies when dispatching emergency messages to external partners and patients. NIMS also utilizes the Public Information Officer (PIO) as a method of communicating externally. The PIO is a single point of contact with the health center. The health center shall use the PIO when communicating externally during an emergency to ensure the uniformity and veracity of a message. The PIO will also be the sole point of contact when communicating with media outlets about the health center and the emergency. The PIO position in the Incident Command Structure (ICS) is placed as an assistant to the Incident Commander. No message can be relayed during an emergency without the authorization of the incident commander. It is encouraged that each health center have at least one PIO with an alternate if needed.

The PIO and its relation to ICS:



5.1.3 PIO Guidance

The PIO is the single point of contact between the collective health center and the general public or community. All official messages should go through the PIO. Each center should have a designated trained PIO in the event of an emergency. The following are just some of the basic tasks of the PIO during an emergency:

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. The PIO must have resources/technology available at all times in order to remain abreast of any and all changes as they occur. The 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 disseminate from one source.
5. The 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. The PIO should maintain contact information for local media (including night and weekend info).
8. The 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.
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.

5.1.4 Crisis and Risk Communications⁷

During an emergency, communications is the single most important part of any response. There are many parts to effective management of communications during a crisis. The PIO should ensure that their message is authorized and formatted for delivery prior to delivering to an audience. These are some of the techniques to help the PIO with emergency messaging:

1. Anticipate the communications needs of the health center. What do you need to have in place? Who is in charge of the message? What devices might be necessary to communicate with the special needs population? Who will be your audience? How can cultural competencies help you communicate your message? Also, anticipate what typical questions may arise and create messages that will answer those questions for a multitude of scenarios.
2. Prepare to meet these points. Understand that during an emergency the first impression often dictates the tone for future communications. Prepare by understanding body language and cultural competencies. Remember that how you deliver the message is as important as what is in the message you deliver. False or inaccurate information can make a crisis worse and endanger the response. Mistakes can often reduce the credibility of the PIO, crippling the message. Keep it simple, be brief, and do not stray from the question being asked.
3. Practice, practice, practice! Practicing will help the PIO better understand his or her roles and responsibilities during an emergency.

⁷ Consortium for Risk and Crisis Communication. Communicating in a Health Emergency: Crisis Communication Guide. New York City Department of Health and Mental Hygiene. 2006

4. Coordinate the communications with community partners and ensure that the veracity of the message has been verified. Ensure that the message you are delivering is based on fact and has been authorized by the incident commander. Do not withhold information that is not sensitive to the task at hand. If you can not deliver a certain message, state that you cannot deliver the information at that time.
5. When possible, prepare fact sheets in as many languages as possible to address the community. When communicating with special populations, ensure that your method of communication is able to deliver messages to those in your audience that may have problems with mainstream communication. Ensure that your message is delivered to your community as well as to the media.
6. Negative messages should be supported with positive messages. Avoid one word answers, technical talk, and negative phrases if possible. Do not speculate; only deliver information that has been verified. Do not cater to rumors. Do not leave open-ended answers that can be misinterpreted or embellished by your audience. Do not use humor to deliver crisis messaging and do not assess blame for the situation. Do not entertain “what if” scenarios.
7. Debrief in the event hot wash along with the response team. Incorporate any lessons learned into the communications plan and exercise it!

5.2.1 Purpose

The purpose of this policy and procedure is to give guidance on external communications with relation our community and our patients.

5.2.2 Policy

It is the policy of this health center to engage the community and communicate externally all issues related to this health center when possible and its involvement in community responses. It is also the policy of this health center to communicate actively with our patients, their families, and employees on all issues related to their health and safety. We pledge to do so in all circumstances. This health center will ensure that its communications are delivered with interoperable equipment, using clear concise redundant messaging, and will ensure that all communications are as culturally competent as possible. It will also make every attempt to ensure that all messaging is delivered with methods that will ensure that special populations are also represented and able to receive messages when possible.

5.2.3 Patient Communications Plan

When communicating with patients about an incident or other emergency situation, attempts should be made to use a redundant methodology. When communicating with patients attempt to follow the following methods:

Communicating with patients at the health center during an emergency:

- a. If the incident is evolving, communicate with patients directly and inform them of the situation. If services will be cancelled, reschedule them. Determine if patients have any immediate need. Try to triage the patients based on need.
- b. If the patients have not yet arrived, attempt to contact them using multiple methods to relay the message. If the health center will remain open during an incident, inform them of the incident and give them the option of rescheduling. If certain services will be cancelled, inform the patients of the cancellation and reschedule them for a later date.
- c. If the situation evolves into a surge situation, cancel all non critical visits and reschedule them for a later date and communicate the situation to the patients.
- d. Be truthful with your patients about their safety and security.

5.2.3.1 Special Needs Communications

Often overlooked, patients with special needs must also be able to receive emergency messages. Community health centers often have a number of patients with special needs and may need special assistance in delivering the message in order to better understand its content. When delivering emergency messages, the PIO must expect that a certain population of the community which is served may have special needs.

Special needs that are commonly seen at community health centers are:

- Visually Impaired Patients
- Hearing Impaired Patients
- Patients with cognitive deficiencies
- Low functioning patients
- Patients with language barriers

PIOs must ensure that their communications methods engage all audiences, particularly when disseminating emergency communications.

Health Center Emergency Preparedness Committees should assess their health center's ability to broadcast emergency messages that can reach the maximum number of people. Make a list of your communications capabilities to address the above referenced special needs populations.

5.3.1 Purpose:

The purpose of this policy is to outline reporting procedures to public health entities during disasters. It is important to remember that during disasters, public health law must be followed.

The purpose of this policy is to define how, when, and what needs to be reported to public health authorities and other community partners.

5.3.2 Policy:

It is the policy of this health center to comply with all local, state, and federal regulations including the reporting of required medical data regarding our patient population through secure communications networks.

Things to consider when designing policy regarding data reporting:

1. A statement of support for the reporting of patient data to public health authorities (please see planning section for details) from the management.
2. It should state who is responsible for the maintenance of the plan.
3. It should state who is responsible for the review and approval of this plan.
4. It should state what the policy is intended to accomplish.
5. How many times a year would this plan would be reviewed.
6. Final Approval process by the Board of Directors
7. Any reference to public health law regarding the reporting of private medical information to public health authorities.

Example: It is the policy of this organization to comply with all federal, state, and local laws regarding the reporting of medical information as described by public health law...

5.3.3 Procedure Guidance:

1. *Planning:*

In planning for external reporting of information, please plan for the following:

- a. Who is responsible for the reporting of information in the health center?
- b. Is there a procedure to transfer the responsibility of reporting of information if the reporter is no longer with the health center?
- c. Is there a procedure to identify patient records that must be reported to public health authorities?
- d. Does the organization have a reminder on the electronic health record (EHR) that will flag the record for reporting?
- e. Is there a quality improvement process that can be applied to the reporting process?
- f. Has a method been devised for health center employees to apply for access and to remove employees from access to NYSIIS or the CIR?

- a. *Please read the following general information on reporting to public health authorities and review all plans and procedures currently available in your health center.*

5.3.4 General Reporting Regulations

5.3.4.1 General Information on required reporting.

The New York City Health Code requires that health centers report certain diseases or conditions that, either because of their infectivity or novelty, pose a particular public health threat to the community. Reportable cases are either cases in which there has been laboratory confirmation, influenza related pediatric deaths, or novel strains, such as H1N1, with pandemic potential⁸. Reporting to public health officials does not interfere with the regulations set forth by the Health Insurance Portability and Accountability Act (HIPAA). Public health officials are viewed as part of the patient care team and are granted access to personal medical information based on the need to protect the public and to assist the medical provider with the diagnosis and treatment of disease and the ultimate care of the patient.

⁸ Laboratory confirmed influenza reporting does not need to be immediately reported and can be reported through the DOHMH Clinical Electronic Laboratory reporting System. It does not need to be reported by individual providers.

With this in mind, all issues related to influenza as well as any novel outbreak identified are required to be reported to the DOHMH as soon as possible. Section 11.3 of the NYC Health Code requires immediate reporting of a suspected outbreak among three or more persons within the same setting demonstrating signs or symptoms of a particular disease even if it is not on the list of reportable diseases according to the DOHMH. It also requires the reporting of any unusual manifestation of a disease in an individual that is not normally seen.

As of February 1, 2009, the New York City Health Code has been amended to include new reportable diseases such as lymphocytic choriomeningitis virus, drownings, and Ricin poisoning among other changes to classifications. The basic scope of influenza reporting has not changed and remains in effect for all new cases. Please refer to the following webpage for the latest list of conditions and/or situations regarding reporting: www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-reporting.pdf

With the exception of nosocomial infections and outbreaks, the diseases on this list provided by the DOHMH are only reportable to the DOHMH and not the New York State Department of Health (NYSDOH).

5.3.4.2 Reporting Requirements for New York State Providers (Other than the 5 boroughs of New York City)

In New York State, in Article 21, Title 6, of Public Health Law 2168, enacted and signed by the New York State legislature in August of 2006, New York State Department of Health was mandated to create a statewide immunization registry for New York State providers outside of the five boroughs of New York City. On January 1st of 2008, all immunizations given to children less than 19 years of age are required to be reported on NYSIIS within 14 days of administration. For New York City providers, the New York City Department of Health and Mental Hygiene (DOHMH) use the Citywide Immunization Registry (CIR) for reporting data. Both NYSIIS and the CIR are exempt from the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, public health authorities are covered entities and can receive and store private medical information. Although both systems presently operate independently, they can and do share information between them.

- The New York State Immunization Information System (NYSIIS)

NYSIIS is utilized by New York State providers to provide public health authorities with information regarding immunizations. This system shall be utilized by only providers providing services outside of the five boroughs of New York City regardless of where the patient resides.

5.3.4.3 Reporting Requirements for New York City Providers within the 5 boroughs of New York City

In New York City, Section 11 of the New York City Health Code requires that certain influenza conditions as well as other conditions mandated by the law be reported. The following is the reporting requirements for influenza:

- a. Laboratory confirmed influenza results – Not for individual providers, only for laboratories.
- b. Influenza related pediatric deaths
- c. Novel influenza viruses with potential for epidemic or pandemic spread.

The NYC Health Code does not expect that typical seasonal influenza cases be reported by individual providers. The requirement speaks only to novel influenza viruses that have pandemic potential. Only laboratories with positive cases need report these cases to the Electronic Clinical Laboratory Reporting System.

In New York City, during normal working hours, healthcare providers can rapidly report all conditions noted in the reportable diseases list by calling the Provider Access Line at the following numbers. Also, calling these numbers during the hours specified can assist the CHC in gaining access to forms (electronically or by fax), expert advice and consultation as needed, and gaining access to the immunization registry as well as other NYC DOHMH registries.

During working hours:

1-866-NYC-DOH1

Or

1-866-692-3641

During the off hours, the NYC Poison Control Center is ready to assist providers in reporting. The number for reporting in the off hours is as follows:

1-212-POISONS

Or

1-212-764-7667

CHCs can also access reporting documentation by accessing:

<http://www.nyc.gov/html/doh/html/hcp/hcp-reporting.shtml>

It is important to remember that while the NYC Health Code Section 11 stipulates that reportable conditions must be reported by phone, reporting via the Provider Access Line or to a specific DOHMH program is not a substitute for reporting diseases and conditions in writing or online. Submission of the Universal Reporting form (URF), which can assist the provider in reporting all reportable diseases, is required to fulfill the section 11 requirement.

The reporting rules are as follows:

1. For emergent conditions or conditions outlined in the URF, reporting should be done as soon as possible by phone, as time is of the essence. Submission of written reports may follow after initial reporting is complete.
2. If immediate reporting is not required, then cases must be reported within 24 hours or on the next business day, whichever is longer.

5.3.4.4 Citywide Immunization Registry

In New York City, the Citywide Immunization Registry (CIR) is used to report immunization information for individuals less than 19 years of age. It is a repository of immunization information for individuals living within New York City's five boroughs. In order to participate and be designated as a vaccine dispensing entity, the health center had to be registered with the CIR. This is a secure electronic site that was created by the DOHMH Bureau of Immunization to track vaccinations.

The web address for accessing the CIR is as follows:

www.nyc.gov/html/doh/downloads/pdf/cir/cir-ssa103-110608.pdf

Once the pdf file is accessed, it must be printed out and faxed to the CIR so that the CHC can receive a username and password. Only one person per facility can receive the Site Security Administrator (SSA) rights. This person will be in charge of managing the CIR reporting for the CHC. The SSA will then be able to do the following for the CHC:

- a. Create and manage user accounts for staff
- b. Determine security access levels
- c. Delete expired accounts as determined by their HR departments.

Once the CIR has issued access to the CHC, the CHC can log into the CIR by logging on at the following address:

www.nyc.gov/health/cir

While on the CIR, the patient data will be restricted so that immunization providers can access the data they need to vaccinate the individual without have access to demographic information.

New York City Health Code also mandates the following:

1. New patients immunized are reported within 14 days of the immunization.
2. Providers must report immunizations administered to all patients under the age of 19.

3. Providers must report immunizations administered to patients 19 years or older with the patient’s consent documented in the medical record as voluntary.
4. All immunization history for a particular patient must be reported when the patient is initially registered.

For more information on reporting with the CIR, please visit the CIR website mentioned above and review the UPIF provider’s guide for more information.⁹

5.3.4.4.1 CIR Planning:

Reporting is a complex task that is needed in any response plan to a pandemic event. Within any pandemic plan, there must be a method established for reporting data either during the response or soon thereafter. In the case of New York City Health Code law, many items related to novel influenza or immunizations must be reported within 24 hours and no later than 14 days respectively. Therefore, ensuring that your CHC is registered, is able to transmit data, and is able to verify the quality of the data is important with fulfilling the CHC’s responsibility.

Within any plan, there should be delineated the following information. The names of those persons in your CHC that are responsible for providing public health authorities with reporting information as well as those who are responsible for any quality control committee to better plan and execute plans related to pandemic influenza:

Program	Name	Title	Contact	Email
CIR/NYSIIS				
DOHMH /NYSDOH Reporting				
UPIF				
QA/QI Team Leader				
HR Leader				

Web Based Applications Protocol:

The reality of most CHCs or even healthcare institutions for that matter is that there is movement among positions. People are hired, fired, take leave and the like. The reality of life must be factored in when deciding who will be responsible for maintaining sites such as Health Commerce System (HCS), CIR, NYSIIS, and others.

Due to the security level of these sites, the CHC must develop a plan to ensure that the site administrators take whatever information with them if there is no one to fill the void. These web based programs are essential for proper functioning during an emergency and

⁹ NYC DOHMH UPIF Providers Guide. www.nyc.gov/health/cir. Accessed on March 22, 2010

protocols must be in place to ensure that if the person responsible for maintaining the site and granting privileges is not there, then there is a method to replace that person in the emergency response plan.

An emergency is no time to attempt access when the site administrator is not present. Please work with your site administrator to ensure that deputies in fact have access to the site and are trained to follow up in an emergency.

- *New York City Reporting Requirements*

Please visit the following website to read about the general NYC reporting requirements:

<http://www.nyc.gov/html/doh/html/imm/immrepor.shtml>

5.3.5 Response:

Please develop procedures that would assist the health center in responding to large numbers of reportable incidents and unusual occurrences within the community.

Develop procedures for:

- a. Activation due to an incident with large numbers of reportable incidents.
- b. An activation procedure for the development of an unusual biological incident that may be reportable to public health authorities.
- c. The development of an unusual chemical incident that may be reportable to public health authorities.
- d. Assigning responsibility of reporting to a critical business unit within the organization.
- e. Reporting quality review and quality improvement.

5.3.6 Mitigation

Mitigation activities that would help the health center integrate their plans with the community include:

- a. Communicating with the health center's emergency preparedness professionals at CHCANYS.
- b. Ensuring that a training protocol has been developed to train clinical providers on reporting requirements.
- c. Ensuring that the health center is prepared to respond to loss of the electronic health record and develop a physical method on reporting to public health authorities during a power outage or other disaster.
- d. Completing a contact list of important contact numbers regarding reporting requirements to use during a public health emergency.

5.3.7 Recovery:

1. Ensure that business units are able to continue operations including reporting functions.
2. Identify specific procedures needed to ensure the continuity of business functions.
3. Identify a deactivation procedure to signal return to normal operations.

Attachments

For New York City, please visit the following site for all reportable diseases and conditions to the New York City Department of Health and Mental Hygiene:

<http://www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-reporting.pdf>

For New York State, please visit the following site for all reportable diseases and conditions to the New York State Department of Health:

http://www.health.state.ny.us/nysdoh/reportable_conditions/reportable_conditions.htm

5.4.1 Purpose

The purpose of this policy and procedure is to design and enact an internal communications plan that will assist the facility and its employees with communication among the internal framework of the health center.

5.4.2 Policy

It is the policy of this health center to communicate with its employees and contractors when an emergency or disaster occurs to facilitate the response and improve the flow of information. To this end, this health center will utilize a redundant approach to communications by taking advantage of multiple communications technologies. It is also the policy of this health center to communicate to the extent possible in real time and to ensure that all sensitive communications are secure. The communication of patient related information will follow all HIPAA regulations and will be kept confidential by all employees and contractors of the health center.

5.4.3 Internal Communications

All communication among staff during an emergency will be in redundant format utilizing at least two technologies to relay a message. The choice of technologies is as follows:

- Wired Phone
- Radio
- Cellular Phone
- Internal Email
- Commercial Email (provided it is secure)

5.4.3.1 Communicating the Message from the Health Center to the Staff

Official notifications and alert notices will use the phone as the primary communications device followed up by internal email where appropriate. Know that all sensitive

communications sent to employees that do not have access to internal email may have a security issue. Therefore, all emails with sensitive messages will only be sent via internal secure servers to secure email accounts.

5.4.3.2 The Phone Tree

Internal notifications and messaging will primarily use a phone tree to deliver the message. Phone trees are useful because they allow messages to be carried quickly through an organization. No one employee should be required to call more than two to three persons within the tree. This policy will make sure that the integrity of the message remains intact and will quickly travel through the organization.

5.4.3.2.1 Phone Tree Guidance

The Emergency Contact Phone Tree for this health center is designed to provide a chain of contact to be followed in the event of an emergency. In the event that this system needs to be activated, all staff should follow the flow of this chart, from top to bottom. Instructions for utilization of this tool are described below.

In the event that a health center staff member encounters or is notified of an emergency scenario or must disseminate a message that requires filtering information to the entire staff, proceed with the following steps:

- Immediately contact the person at the top of the phone tree to determine the best method of communicating with staff (email, phone, etc.).
- Determine the language of the message you need to share. The message should be in plain language and remain consistent throughout the chain of command.
- Determine if the message needs to be communicated to all staff or to certain sections of the health center.
 - If a message only needs to be filtered to one of the health center offices, the chain of contact should remain the same but only follow the site line in the phone tree.
 - Contact the top tiered person from the other office to inform them that an emergency system has been activated.
 - The notified person from the non-activated office would decide what information, if any, should be communicated to the rest of the staff in the non-activated office.
- If the phone tree is the activated communication method, contact should proceed in lineage of this chart.
 - In the event that the person at the top of the tree is unavailable, the next person down from them on the chart should be used as a back-up, reading by tier (top to bottom and left to right).

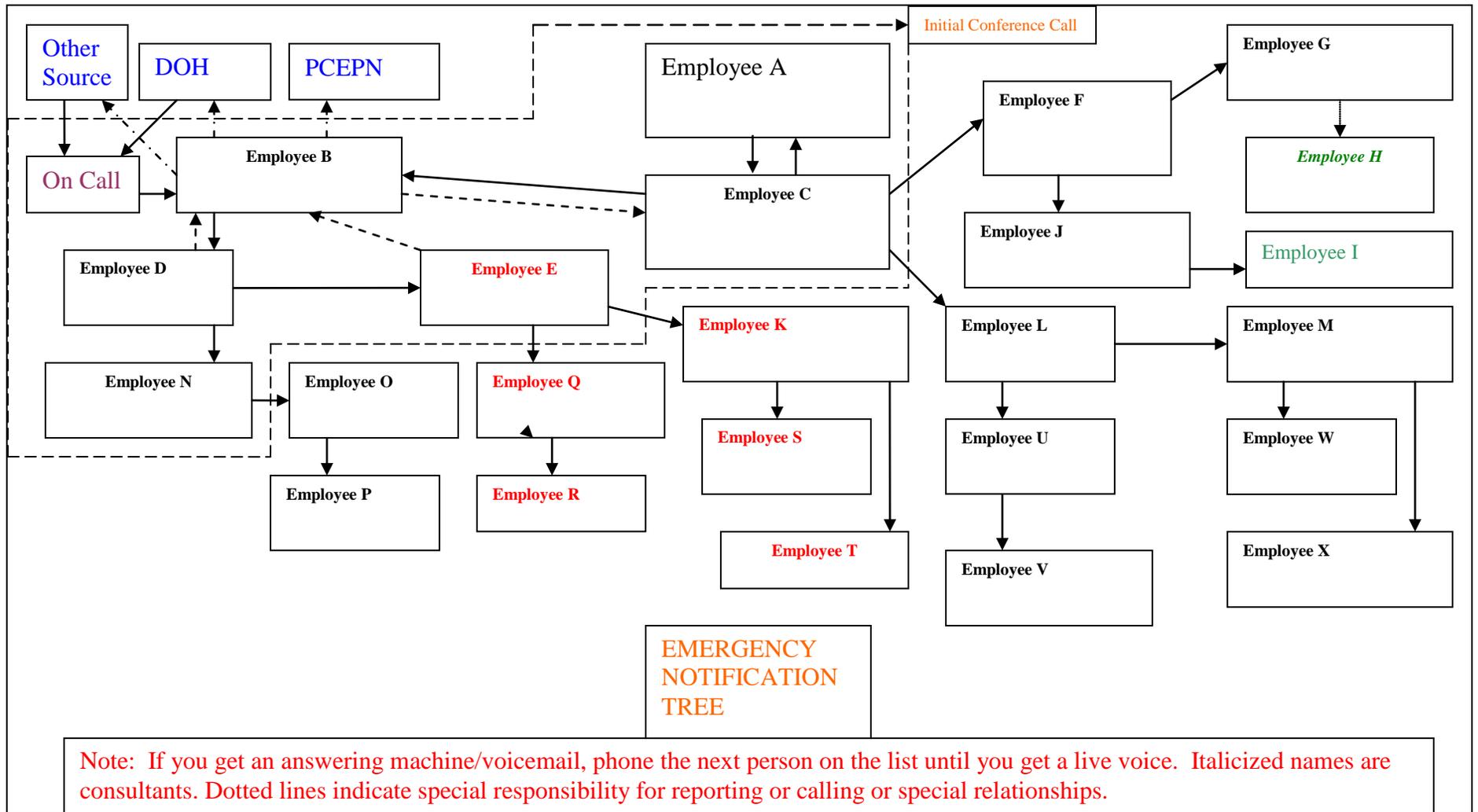
- In the event that you are unable to reach your assigned person to contact or you get an answering system, phone the next person on the list until you get a live voice.
- Continue to contact those that you have not spoken with directly until reached.
- Be sure to keep track of the status of your communication with each staff person.

This phone tree will be updated quarterly to ensure that names, contact information, and flow of communication are up to date and in an appropriate format. Staff is responsible for noting the phone tree point of contact (TBD) should their information change. With the departure and/or addition of new staff members at the health center, this phone tree should be updated immediately. All new staff persons should be provided with phone tree information and guidance during their orientation.

The electronic version of this document is saved in the _____ Common Drive. All staff should maintain a hard copy of this document at their desk and at their home. Staff is encouraged to have the contact information for other staff in their chain of command saved in their outlook, cell phones, and blackberry devices as appropriate.

****** Confidentiality Notice: The phone numbers used in this plan include health center and personal phone numbers. They should only be used in an emergency unless you have prior permission from the person you are calling.***

5.4.3.2.2 Phone Tree Example



5.4.3.3 Message Codes

While the National Incident Management System guidance promotes and utilizes plain language in its communications methods, internal communications often use codes to communicate among the staff. Codes are utilized to keep communications private among staff members and are often used to send messages while not alerting the patient population or the general public as to the content of the message.

5.4.3.3.1 Internal Message Delivery Policy

It is the policy of this health center to utilize a standardized set of codes to deliver specific predetermined messages to the health center staff. The following is a list of codes and their definitions. Message Codes will only be utilized when communicating internally and will not be used with external partners. Also, the definitions of these message codes will be kept confidential among the staff and will not be released.

<i>Intra-facility Code</i>	<i>Code Definition</i>
Code Red	Fire – Staff will immediately follow fire safety procedures found in the fire safety plan or the Fire plan of this document. Staff shall use the acronym R.A.C.E. Please refer to the fire plan for further instructions.
Code Blue	A Medical Emergency – This code will be used by saying the code with a location following. For example: “Code Blue – Waiting Room” This should alert the staff that there is a medical emergency and the response team should be enacted. Please refer to the medical emergency plan for further instructions.
Code Pink	Infant/Child Abduction – Activate a response to protect infants and children from removal by unauthorized adults and identify the physical descriptions and actions of someone attempting to kidnap an infant from the medical center. Institute a lockdown of the facility until issue is resolved or police arrive. Please review lockdown procedures in this manual.
Code Gray	Potentially Combative or Combative Person – Activate Combative Person/EDP response Team and follow the Combative Person Response Plan.
Code Green	Bomb Threat (Either by Phone or in Person) – Follow the bomb threat policy.
Code Gold	Found Device or Suspicious Package – Follow the Bomb Threat Policy section on Suspicious Packages.
Code Bronze	Person with a weapon or a hostage situation – Follow the Hostage Crisis/Active Shooter Plan and call 911. This code is used when a person is brandishing a weapon or is holding someone against his or her will.

Code Silver	A Missing Person – A missing person with special needs.
Code Orange	Activates ICS – Internal Disaster or External Disaster (Announced “Code Orange External or Internal”). The disaster is in progress and requires or may require significant support from several departments in order to continue patient care. This code activates the emergency management plan.
Code Black	Power or Utility Blackout. This can be used for any utility. The code black is stated followed by the utility name. (Code Black Power, Water, or Gas) Outage can include rolling blackouts. Persons should follow all IT continuity plans and business continuity plans.
Code Brown	CBRNE Emergency – A local or citywide disaster involving a chemical release, biological incident or release, radiological release, a nuclear event, or an explosive event. Disaster may involve terrorism and/or weapons of mass destruction. Decontamination procedures should be followed. See the hazardous materials plan for more information.
Code Yellow	Hazardous Materials Spill (Internal or External). Identify unsafe exposure conditions, safely evacuate the location and protect others from exposure due to a spill (accidental). Response Team should follow all Hazardous Materials Guidelines.
Code White	Emergency Evacuation – Evacuation of either part of or the entire facility as necessary. Activates the evacuation procedure. This is also automatically included in the fire protocol.
Code Cindy	This code designates that an unauthorized person(s) is attempting to access confidential information either directly or by use of staff.
Other	

5.4.3.3.2 Internal Reporting Procedure

- a. The person observing the event or the first person notified of the event activates the public address system and announces the CODE.
- b. Clerical personnel begin a communication log to record events.
- c. The response Team follows guidelines set forth in a specific plan.

5.4.4 Internal Communications Chart

Position	Name	Phone	Extension	Cell
CEO				
DFO				
Medical Director				
Mental Health Director				
OB/GYN Director				
Facilities Director				
Health Center Director				
IT Director				
Nursing Director				
Emergency Preparedness Coordinator				
Security Director				
Pharmacy Director				

5.4.5 Facility Directory

Department	Phone	Ext.
Adult Medicine		
Pediatrics		
Mental Health		
Social Work		
Administration		
Front Desk		
Nurses Station		
IT Department		
Triage		
OB/GYN		

5.4.6 Employee Demographics Sheet

Please fill out for all health center employees and store within administration. **DO NOT PLACE BACK IN THE EMERGENCY MANAGEMENT PLAN!**

Employee Demographics Sheet					
Employee Name		Suffix	Department		
Job Title		Health Center Location			
Shift		Other Duties			
Home Address		City	State	Zip	
Home Phone	Personal Cell Phone		Work Cell Phone		
Department Main Phone	Work Phone		Pager		
Emergency Contact Name		Relationship	Home Phone		
Emergency Contact Work Phone			Emergency Contact Cell Phone		
Foreign Language Spoken			Read?	Write?	
Main Licenses/Certifications				Expiration	
Other Licenses/Certifications/Skills					
Ham Radio License	Y/N	Exp.	Fire Fighter	Y/N	Exp.
EMT/Paramedic			Computer/Software		
Electrician			Commitments	Y/N	
Plumber			Military		
Truck Driver			DMAT/SAR		
Law Enforcement			Other		
HazMat Training			HR Signature		

6.0.1 Community Integration

The purpose of this policy is to integrate the plans of the health center with the plans of surrounding medical facilities and community partners including, but not limited to community based organizations, government partners such as the department of health, and surrounding businesses that may assist the health center during an emergency. In order to properly prepare for disasters, the health centers must have a method to communicate their policies and plans to the neighboring community, integrate community plans within their own plan, and communicate with local partners to ensure that the health center maximizes its resources and capabilities.

6.0.2 Policy

It is the policy of this health center to integrate its plans with its community partners. The health center will do this by engaging its community partners in planning and assisting in the response to disasters by communicating its capabilities to its partners and recording its partners' capabilities to maximize the response effort and better manage recovery.

6.0.3 Building Coalitions

Coalitions and task forces based on specific criteria are an excellent way to integrate into the community. This health center supports the building of coalitions for the purpose of integrating the systems and plans of the health center into the community response effort. Coalitions help various health care centers and networks build lasting relationships among local partners by integrating their plans. Planning together helps eliminate duplicity and enhances the resources available for a response. It is recommended, however, that building coalitions be a formal process and that all relationships be well documented.

In designing a policy for the health center, the planning team should take into consideration:

1. Who is responsible for the maintenance of the plan?
2. Who is responsible for the review and approval of this plan?
3. What is the plan intending to accomplish?
4. How many times a year would this plan would be reviewed?
5. Final Approval process by the Board of Directors.
6. The policy should state the health center's support for community integration and its intention to seek out partners in the community.
7. It should state how it will participate in community planning.
8. New York City health centers should consider participation in the Primary Care Emergency Preparedness Network (PCEPN). [For more information, please contact the CHCANYS Emergency Preparedness Team.]

6.0.4 Policy on sharing information:

In this section the health center should decide what information it will share with its partners and what information shall remain proprietary.

6.0.5 Procedure Guidance:

1. Who are our community partners?
2. How can I communicate our plans to our partners?
3. Is the health center part of anyone's plans for response or recovery?
4. Can the health center's capabilities benefit the response efforts of the community?
5. How can the health center participate in the planning efforts of the community partners?
6. Is the health center's communications plan compatible with that of our partners?
7. The health center should seek out its partners and form memoranda of agreement for assistance when possible.
8. Outline procedures for community assistance. Make sure that these procedures also outline the delegation of authority in the event that certain managers are not available.

6.0.5.1 Preparedness

The health center can integrate with each of the following groups and form MOUs or MOAs with these groups for assistance with personnel, supplies, support, volunteers, technical assistance, and medical assistance. Health centers should explore each and in this document list those organizations, the contacts at the organizations, the type of agreement signed, the entity that will be shared or supported, and to ensure how the health care center can assist that entity in return. Groups to explore are:

- a. Hospitals (Shared plans for mutual medical and supply assistance)
- b. EMS (The health center's needs regarding EMS and Transportation)
- c. CHCANYS EP Team (Assists with providing technical operational assistance)
- d. Primary Care Emergency Preparedness Network (NYC Only)
- e. Suppliers
- f. The Medical Reserve Corps. (Volunteer usage)
- g. Local Department of Health (Most have EP coordinators that can assist in planning)
- h. The New York State Department of Health (assistance with clinical and non Clinical issues during an emergency)
- i. County Emergency Management Agencies (Cities may have them also) for information on public sector response.

6.0.5.2 Response

In this section, the health center should outline how it will:

1. Receive assistance from the community.
2. Communicate its needs to its community partners.
3. Respond with assistance to the community.
4. Identify potential partners that can assist the health center in accomplishing the health center's mission.
5. Outline HR policies for specific emergencies that would allow the health center's employees to assist the health center in responding to the community.

6.0.5.3 Mitigation

Mitigation activities that would help the health center integrate their plans with the community include:

1. Communication with the health center's emergency preparedness professionals at CHCANYS.
2. Identify partners and execute MOAs.
3. Ensure the health center is prepared to respond to the community needs by ensuring a robust internal logistical structure, training its personnel, and identifying recovery activities that would assist the health center continue its mission.

6.0.5.4 Recovery

4. Ensure that business units are able to continue operations.
5. Identify specific procedures needed to ensure the continuity of business functions.
6. Identify deactivation procedures to signal return to normal operations.

6.0.6 Memoranda of Understanding

A Memorandum of Understanding is an informal contract between two or more parties that delineates what each party will do for another and for what consideration. These agreements are informal because they are basic agreements that define the mutual aid in general terms and do not necessarily involve the senior leadership of the health center.

6.0.7 Memoranda of Agreement

A Memoranda of Agreement is a formal contract between two or more parties that delineates what each party will do for each other, for what consideration, and under what terms. Memoranda of agreement are enforceable contracts and specifically outline what each entity will do under what conditions.

6.1.1 Purpose

The purpose of this policy is to allow health center staff build relationships and partnerships with external community partners.

6.1.2 Policy

It is the policy of this organization to allow authorized health center staff build coalitions based on specific criteria. The administration understands the benefits of building coalitions with community partners and thus authorizes key staff to assist the health center in exploring community relationships that would be valuable during the emergency planning process. Unless otherwise authorized, the sharing of proprietary information is prohibited.

6.1.3 Coalition Development

The following subject matters are areas where coalitions would be beneficial. Please check those areas in which partnerships would be beneficial to the health center.

- Information and Electronic Health Record Technology
- Evacuation
- Equipment and Supply
- Planning
- Training and Exercising
- Personnel Sharing and Volunteer Management

6.1.4 Community Integration Partner Demographic Sheet

Name of Partner				
Address		City	State	Zip
Main Phone		Fax		
Name of CEO/Director		Phone	Email	
EP Contact		Phone	Email	
Executed Memoranda of Agreement			Date Executed	Date Expires

1.			
2.			
3.			
Key Assets:		Capabilities	
Coalitions		Competencies	
Exercises:		Transportation or Available Equipment/Supplies	
Notes			

6.1.5 Electronic Partners

There are several healthcare partnerships that provide excellent web access to their organizations. Both the New York City Department of Health and Mental Hygiene and the New York State Department of Health have websites full of information and links to other groups and organizations that will assist the health center in forming community partnerships.

Click here to get information from the various department's of health throughout the state. All community health departments have resources that are available to health centers within their regions and districts.

http://www.nyscho.org/i4a/member_directory/feSearchForm.cfm?directory_id=2&pageid=3289&showTitle=1

Follow this link to help the health center establish partnerships with their local departments of health and improve the community integration of the health ce

6.3.1 Purpose

The purpose of this policy is to confirm our participation in the Primary Care Emergency Preparedness Network and our agreement to utilize the PCEPN Liaisons to assist us in our response to a citywide emergency.

6.3.2 Policy

It is the policy of the health center to help support a unified response to citywide emergencies. To this end, we are confirming our participation in the Primary Care Emergency Preparedness Network.

6.3.3 The Primary Care Emergency Preparedness Network

The Primary Care Emergency Preparedness Network is a partnership between the Community Health Care Association of New York State and the Primary Care Development Corporation to supply trained professional emergency management liaisons to the Emergency Operations Center at the New York City Office of Emergency Management to provide access and representation to the New York City Primary Care Sector at the Essential Service Functions Desk #8 – Health and Medical Section. Essentially, it provides the primary care sector access to New York City resources during an emergency to assist it in responding to a focused or citywide emergency. PCEPN is made up of highly trained professionals that will assist all primary care partners in gaining access to resources as well as help New York City coordinate a response to a disaster.

It is further the policy of this health center to participate in all PCEPN training and exercise programs, inquiries, and any other activity that will assist this health center in responding and increasing its capacity to serve our community. PCEPN will in turn maintain an on call list of professionals ready to respond to the emergency operations center in the event of an emergency.

6.3.3.1 PCEPN Assistance

The following are a list of issues that PCEPN may be able to assist with during an emergency. This list can change frequently. For information on the available resources contact the PCEPN representatives.

- a. Volunteers
- b. Medical Supplies
- c. Utilities

- d. Citywide emergencies
- e. Evacuation
- f. Relocation
- g. Other

PCEPN Liaisons are responsible for the following:

- The on-call Liaison will be available throughout the tenure of his or her on call status to deploy to the EOC within 1 hour of contact or arrange for temporary coverage until his or her arrival.
- Assess and track the primary care sector situational realities, needs, and any performance problems found during activation. PCEPN staff will assess the impact of any problems encountered within the primary care sector to the ability of the sector to respond during an emergency. Include any problems or issues reported by external agencies and participants.
- Gather intelligence on the primary care sector operations by phone, fax, email, internet, news media and any other means available.
- Provide the EOC with situational reports and other data including primary care sector requests for assistance. Provide information that includes key operational timelines, facility locations, building access needs, transportation requests, relocations, logistics, security and recovery priorities and requests.
- Make resource offers as they become available on behalf of the primary care sector to the NYC EOC resource representatives as needed.
- Gather and analyze intelligence from the field.

6.3.4 PCEPN Contact List

This health center is a member of this network and will participate in all activities related to this network. The following is the contact information for PCEPN:

Name	Position	Organization	Phone	Cell	Email
Mario J. Gonzalez	Liaison	PCEPN	212-710-3810	347-221-3237	mgonzalez@CHCANYS.org
Matthew Ziemer	Liaison	PCEPN	212-710-3800	347-558-8400	mziemer@CHCANYS.org
PCEPN Office		PCEPN	646-504-3101		info@pcepn.org
Jean Paul Roggiero	Liaison	PCEPN	212-437-3932		jproggiero@pcdc.org
Madeline Tavarez	Liaison	PCEPN	212-437-3937		mtavarez@pcdc.org

6.3.4 PCEPN Documentation

In appendix O, there are several documents that may be needed by PCEPN Liaisons to effectively represent the health center during an emergency. These reports are transferred to and from the health center and between the health center and the EOC PCEPN Liaison. It is important to remember in order for PCEPN to assist the health center; it must have the required documentation in a timely manner. The documents are as follows:

6.3.4.1 Situational Report – This report is given by health centers to PCEPN Liaisons and describes the situation at the health center.

6.3.4.2 Resource Report – This report is given by the health centers to PCEPN Liaisons and describes the available resources of the health center to be used by the City.

6.3.4.3 Needs Assessment Report – This report is given by health centers to PCEPN Liaisons and requests resources from the city to assist in the response or recovery during or after a disaster.

6.3.4.4 Intelligence Report – This report is given by PCEPN Liaisons to health centers and contains information about the situation of the city and the available resources for health centers.

6.3.4.5 MRC Volunteer Request Form – This form requests medical volunteers through PCEPN.

6.4.1 Purpose

New York State has enlisted the use of Regional Resource Centers as a method of integrating resources across the state. The New York State Department of Health has designated regions of the state for the purposes of domestic preparedness, the training of medical facilities and personnel, and to aid in the coordination of response to disaster. RRCs are used to help health centers collaborate by identifying the resources available and integrating responders.

6.4.2 Policy

It is the policy of this health center to engage the Department of Health's Regional Resource Center in our area to improve our preparedness and integrate with our local partners.

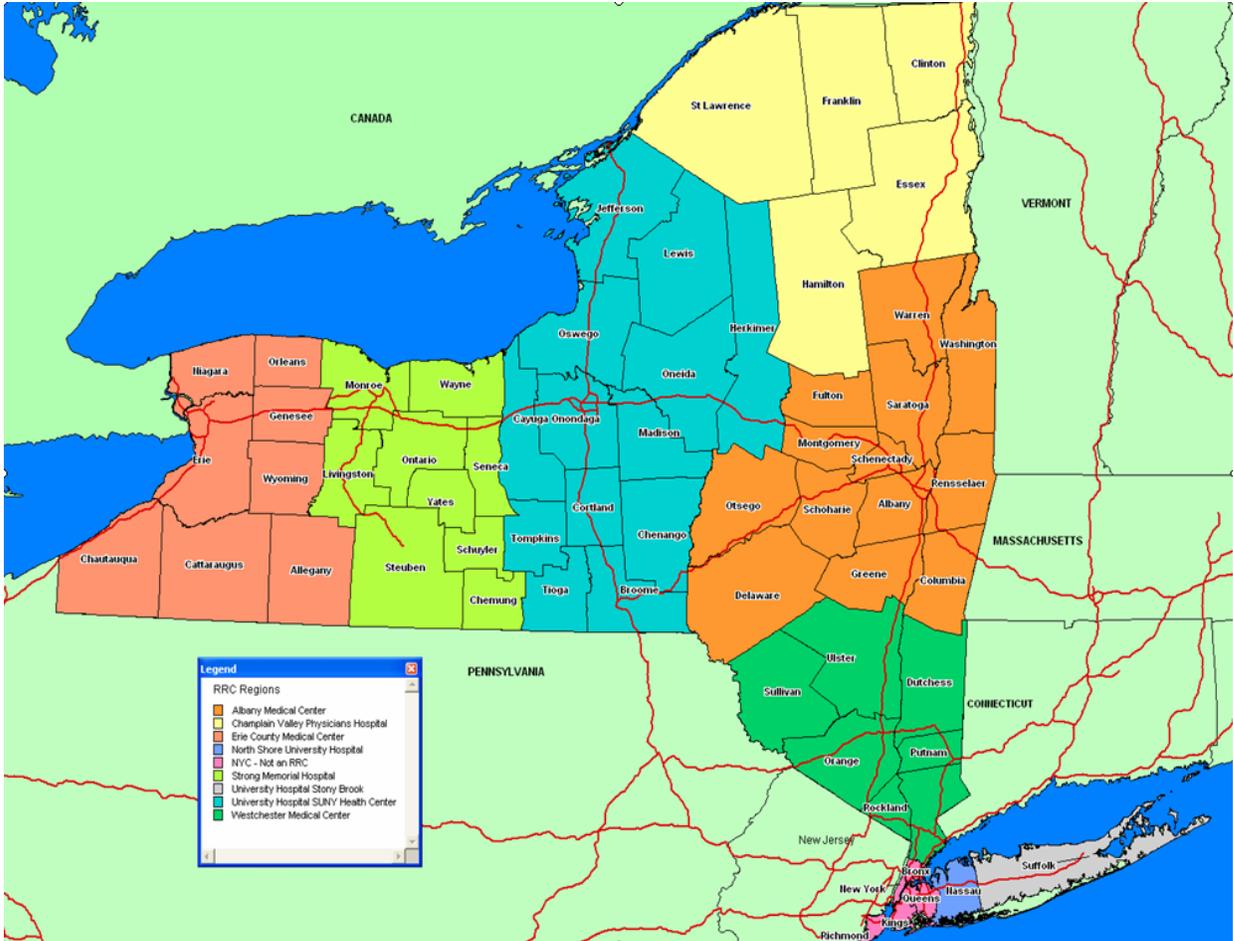
6.4.3 Participation in RRCs

To participate in the local RRC, contact the CHCANYS Emergency Preparedness Coordinator for a listing of a resource center in the area at 212-710-3810. Regional

Resource Center meetings are held at designated facilities and are open to all preparedness partners.

Also, many counties have community integration meetings with their emergency management officials. Contact your local department of health or your local emergency management office for more information regarding meetings in your area.

The following map is a map of the New York State regions:



6.4.4 Regional Resource Contacts:

Name	Department	Phone	Email
	Local Department of Health		
	Local Emergency Management Office		
	Fire Department		
	EMS		

6.5.1 Purpose

The purpose of this policy is to design a procedure for the integration of this health center's school based programs and the emergency management plans for the local school system.

6.5.2 Policy

This health center has a school based site as part of its network. Schools, by their nature, are particularly challenging since the majority of the population within the schools are children or young adults. Since schools operate with a specialized mission, it is the policy of this health center to integrate its emergency management plans, policies, and procedures with those of the local school system for those centers located within schools or school programs. Since this health center has school based programs, it is important to integrate the response plans of this health center with those of the school system.

6.5.3 School Program List

Name of the School Based Program	Type of Program (Educational, Primary Care, Nursing Services)	Health Center Coordinator Name	Health Center Coordinator Phone	Name of School	Name of School Contact Point	School Phone Number

6.5.4 Specialized Issues Unique to Children in Disasters

Children have special needs and respond differently in disasters. This health center provides pediatric services and offers services to the local school system. The school system, by its very nature, provides services and is responsible for those children within its system and may have specialized response responsibilities when a disaster involves the school. While this health center has a specialized program with the aforementioned local schools, it is the responsibility of this health center to plan with the school to affect an appropriate response to any disaster.

The unique needs of children in disasters are as follows:

- Children are not adults and are under the care of school officials when in the classroom. School officials coordinate with their parents for the routine medical needs of the children in their care. During disasters, the school may have plans in

place to either provide for the safety and welfare of the children or to release the children to the parents if able. The direction the school may take during a disaster will depend entirely on the disaster and the direction of the school's administration. Check with your local school superintendent to better understand the health center's responsibility during a disaster.

- If the health center is to become a responder during a school crisis, the health center's emergency management plan must address the unique needs of children and must consider the physical needs, emotional needs, and mental needs of the children. This includes ensuring that the health center is supplied to meet the needs of children. (Supplies in pediatric sizes, pediatric medications, etc.)
- Children have an increased vulnerability to physical harm and injury. Also, do not assume that all injuries sustained by the children seen at this health center are due to a disaster if seen under those circumstances. This health center is a mandated reporter and must report any situation that is unsafe to a child regardless of where the child originated. Although schools are also mandated reporters, do not assume that issues observed have been reported at the school. Potential vulnerabilities include sexual violence and exploitation, injury due to gang initiation, assault, criminal activities, and attacks by animals. Be vigilant during a disaster response to the daily issues of children as they do not stop during a disaster.
- Children also have different responses to medical needs. Ensure that all disaster kits and medical response kits contain children's sizes and are able to be adapted to the smaller sizes of children.
- Children rely on stable routines. Psychologically and emotionally, children can be profoundly affected by a disruption in their daily routines due to a disaster. It is important to build a response plan that allows for the resumption of routines including meals, sleep, and emotional support.

6.5.5 Planning for School Responses

Please write a response protocol for responding to the school based program in coordination with the school administration. Do not forget that often a lock down is the only response schools can make until they are able to release the children to their parents. Check with local administrators for assistance. If the school based program is outside of the health center's base of operations, include how the program will activate the emergency management plan.

6.5.6 Recovery and Children

Aside from the obvious physical injuries that can be sustained as a result of an emergency or disaster, children often need mental health care to assist them in transitioning back to normal routine. It is important for the school based program to have a plan that addresses the reunification of children and their parents following a disaster response and to assure that parents have the tools to help provide for psychological support after an incident or disaster.

Please include in the school based plan any resources needed to transition children under the care of the health center following a disaster. Include the provision of mental health care if appropriate.

6.5.7 Exercising With The School

The majority of school systems exercise their plans with the children. It is important that the school based program also exercise in coordination with the school. While many programs are located outside of the health center, the health center should engage the school and integrate the school’s training and exercise schedule with those of the health center. When engaging in a coordinated exercise with the school, ensure that the school based program is included in the exercise and has the communications and response equipment needed for that program.

Name of School	Exercise Coordinator	Phone	Cell	Other

6.5.8 School Based Program Planning

School based programs located separately from the health center should conduct their own hazard vulnerability analysis (HVA 3.0) and plan for those hazards. Do not forget to examine hazards which traditionally have been a threat to schools such as terrorism, active shooter, abduction, shelter-in-place (lockdown) and others. Upon completing a risk analysis regarding the program at the school, engage the administration to assist in the program planning.

6.5.8.1 Emergency Supply Checklist for Health Care Programs located at schools:

6.7.1 Purpose

The purpose of this section is to engage and integrate the plans of community partners with those of the health center.

6.7.2 Policy

It is the policy of this health center to integrate its plans with those of the community. As such, the emergency preparedness coordinator and the emergency preparedness committee are responsible for engaging community partners, exploring their plans, and integrating the health center plans for specific responses with those of our partners. Please attach all received community response plans involving the health center to this document.

6.7.3 Community Response Plan Inventory

Name of Partner	Date Plan Received	Date Plan Integrated	Date of Last Exercise	Partner Contact and Phone Number

7.0 General Logistics Plan

Managing logistics and resources is a very important aspect of emergency management during a disaster. This policy defines how the center will access supplies, both medical and non-medical and ensures that the center has the necessary means to operate during an emergency.

7.0.1 Resource Management

Resource management objectives should be consistent with the overall program goals and objectives for the hazards identified in the HVA.

7.1.1.1 Medical Supplier Inventory List

7.1.1.2 Non-medical Supplier Inventory List

7.1.1.3 Equipment Inventory List

7.0.2 MOUs MOAs with Suppliers for Emergencies

The formation of agreements with suppliers that outline specific plans and procedures for the procurement of supplies during emergencies is important to all health centers. PCEPN has the capability to assist health centers form these agreements. PCEPN also retains a seat at the New York City Office of Emergency Management’s Emergency Operations Center and can assist health centers procure supplies during citywide emergencies.

For more information regarding PCEPN logistical assistance, please contact them at info@pcepn.org.

Please enter below the suppliers’ names and contact information that have agreements with this health center.

Name of Supplier	MOU/MOA in Place?	Contact Person	Phone/Email

7.0.3 Emergency Contact Info

EMERGENCY MANAGEMENT

Federal

Federal Emergency Management Agency (FEMA)
<http://www.fema.gov>

Public Health Emergency
<http://www.phe.gov/preparedness/pages/default.aspx>

Preparedness Planning and Response Inquiries
Publichealthemergency@hhs.gov

[HRSA Emergency Management PIN](#)
http://asoft364.securesites.net/secure/chcanys/clientuploads/downloads/ep_misc/EM_Expectations_PIN_FINAL.pdf

State

NYS OEM

<http://www.semo.state.ny.us/>

NYS Emergency Management Association

<http://www.nysema.org/>

NYS Division of Homeland Security

<http://www.dhSES.ny.gov/>

NYS DOH Health Emergency Preparedness

<http://www.health.ny.gov/environmental/emergency/>

George Loo, Project Manager Health Emergency Preparedness

gxl11@health.state.ny.us

NYS Office of Fire Prevention and Control

<http://www.dhSES.ny.gov/ofpc/>

NYS Health Commerce System

<https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home>

NYS Division of Homeland Security

<http://www.dhSES.ny.gov/>

NYC

New York City Office of Emergency Management

<http://www.nyc.gov/html/oem/html/home/home.shtml>

New York City Dept of Health and Mental Hygiene

<http://www.nyc.gov/html/doh/html/bt/bt.shtml>

NYC DOHMH Portal Log In

<https://a816-healthpsi.nyc.gov/>

Other

Red Cross

www.redcross.org

The Primary Care Emergency Preparedness Network (PCEPN)

info@pcepn.org

7.0.4 Purpose

The purpose of this plan is to assist the health center in developing a policy and plan for the management of logistics and resources during an emergency. The contents of the logistics and resources section of the emergency management plan should contain all aspects of the health center's logistics including, but not limited to, supply inventories, personnel resources, and resource partners that would help the health center's resiliency during and after a disaster.

7.0.5 Policy

It is the policy of this health center to gain and manage all resources that will help this health center respond to and recover from an emergency or disaster. This health center's leadership supports engaging our community partners that may be of assistance to this health center's resources and will in return ensure that our ability to assist others with our resources is unencumbered. Therefore it is the policy of this health center to engage in the active management of our logistics and resources by ensuring annual inventories are recorded and kept and that the management of our resources ensures the longevity of the products we use.

7.0.6 Medical and Non Medical Supplies

The term medical supplies will capture all physical supplies used to treat patients including but not limited to medical and surgical supplies, small durable goods such as stethoscopes and sphygmomanometers, medications, as well as bracing and splinting supplies. Medical supplies will also encompass disposable laboratory equipment and testing supplies as well. When referring to equipment, this policy and procedure is referring to durable equipment that can be reused and has a service life of more than one day. This will include laboratory instruments, laptops, monitors, defibrillators, gas cascades, and reusable medical/dental instruments.

Non-medical supplies will refer to those supplies not used for direct patient care. This will include paper, pens, seats, and others. Keep in mind that some supplies are time sensitive and logs must be kept to ensure proper maintenance and control.

When possible, distinctions will be made between supplies used regularly and those held in reserve for emergencies and disasters. It is recommended that all disaster supplies be kept separately and ready for deployment.

7.0.7 Emergency Response Policy

It is the policy of this health center to maintain an adequate amount of emergency medical supplies and medications in the event that they are needed by our patients. Supply lists will be separated into one of six categories:

1. Emergency Medical Supplies
2. Disaster Supplies
3. Mass Casualty Supplies
4. Decontamination Supplies
5. Standard Operating Supplies
6. Non-Medical Supplies

All supply categories will have both medical and non-medical needs addressed and will have maintenance procedures attached to ensure proper life. All categories include soft,

disposable, and durable goods in their lists based on the category it is used for and will be kept separately to ensure accountability.

7.0.8 Responsibility of Review

The maintenance of a logistics and resources section is an ongoing process. Logistics management must be maintained throughout the year and must be kept in a manner that will ensure proper maintenance to reduce loss. Perishable goods such as vaccines must be logged appropriately and a proper risk management study of the maintenance of vaccine programs should be performed at least annually.

The following individuals will be responsible for this health center's logistics and resources program and are duly authorized to enter into preliminary agreements with vendors to ensure continuity during a disaster.

Name	Position	Phone	Email	Area of Responsibility

It will be the responsibility of management at this health center to review all logistics procedures, resource management procedures, and supply inventories annually.

7.0.9 Normal Procurement Procedures

Please enter in this section the normal operating procedures for procurement of supplies for the health center. Do not include emergency supply procurement at this juncture. Include in this section all possible forms, requisition forms, and accounting forms. Please also include any binding contracts with vendors for specific types of supplies and logistics.

For Example:

During normal operations, the procurement of supplies at the health center follows this algorithm:

1. A request for supplies is created in writing by a department administrative assistant and sent to the department's supervisor for approval.
2. Once the supervisor has approved the request, the supervisor emails it to account's payable for processing.
3. Accounts payable orders the specific supplies and enters the line item into the requesting department's budget.
4. Upon receipt of the bill for the supplies, accounts payable approves the bill and prepares for the payment to the supplier based on negotiated terms.
5. Upon receiving supplies ordered, the requesting department's supervisor will notify accounts payable that the supplies have been received.
6. Accounts payable releases payment to the supplier.

7.0.10 Emergency Procurement Procedures

Please enter in this section any alternative emergency procurement procedures when the staff is unable to access normal operating procedures. Include who is responsible for ensuring payment and any MOUs or MOAs with vendors. If there is a special procedure for emergency supply, please enter it here.

For Example:

1. A request for emergency supplies by an employee of the health center during an emergency is sent to the Logistics officer.
2. The Logistics officer approves and logs the request into the emergency procurement log.
3. The Logistics officer orders the supplies.
4. The Logistics officer sends the request to the Finance Chief for immediate payment.
5. The logistics officer makes arrangement with the supplier for delivery.

7.0.11 Logistics Personnel

The following are health center personnel that are responsible for procuring supplies and resources for the health center.

Department	Name	Phone	Email	Able to Authorize	Able to Incur Debt	Able to Approve
Leadership						
Medicine/Pediatrics						
OB/GYN						
Dentistry/Podiatry						
Laboratory						
Pharmacy/Vaccines						
Specialties						
Transportation						
Social Services/Mental Health						
Administrative						

7.1.1 Purpose:

The _____ Community Health Center, in order to better serve its community, hereby authorizes the use of medical volunteers in the event of a disaster that hinders the ability of this health center to render care and services to its community. The purpose of this policy is to issue a protocol for the use of volunteers at this health center and give guidance on the requisitioning of external medical volunteers from authorized organizations such as the Medical Reserve Corps and the Disaster Medical Assistance Teams. These protocols and procedures shall cover identification of need, verification of need, assistance in filling out the required request forms, notification to proper authorities, and deployment/need tracking.

7.1.2 Policy:

It is the policy of this health center to utilize medical volunteers when the emergency management plan has been activated and/or when due to a disaster,

assistance is needed to serve the community. It is the policy of this health center to verify the volunteer's identity and utilize the volunteer to the limits of their licensure, certification, and/or registration to the limits of New York State law. It is also the policy of this health center to verify the licensure standing of the volunteer and grant temporary privileges to practice at the health center for an initial period of 72 hours. The verification process must occur within 72 hours of the volunteer's arrival at the health center or as soon as it is possible to do so. The volunteer must be assigned and supervised by a privileged member of the health center staff and must be entered into our quality review process. The volunteer must be reviewed within 24 hours of their arrival or as soon as it is possible to do so in order to be extended a continuation of privileges. The maximum hours granted a licensed medical volunteer must not exceed 140 hours.

7.1.3.1 PCEPN Assistance with Volunteers

PCEPN can assist health centers in acquiring and managing medical volunteers. If the health center needs volunteers for exercising or a response, please contact PCEPN for assistance at info@pcepn.org.

7.1.3.2 General Preparedness Activities:

In order to utilize medical and non-medical volunteers at the health center for operations and serving patients, the health center must prepare for their use. The health center must amend its medical bylaws to include the use of licensed independent medical volunteers for seeing patients, including private patients, of physicians that are normally on staff should a disaster occur. To this end, the health center shall provide for a quick credentialing process as well as limit the time the volunteer may serve while the emergency management plan has been activated. The Emergency Preparedness Committee shall issue an order to the exercise planning committee to develop training and exercise plans for testing this policy and protocol, and evaluate its effectiveness. Once complete, it is the policy of this health center to incorporate the lessons learned from such activities into the emergency management plan under the appropriate headings.

7.1.3.3 Mitigation Activities:

The Emergency Preparedness Committee shall create a section that will be added to the medical bylaws that expresses the intent of the health center to utilize licensed independent medical practitioners, licensed medical practitioners, and non medical volunteers. Any alteration in human resources policy and/or medical bylaw changes must be reflected in this policy and delivered to all interested parties in a timely manner.

7.1.4 General Response Protocols:

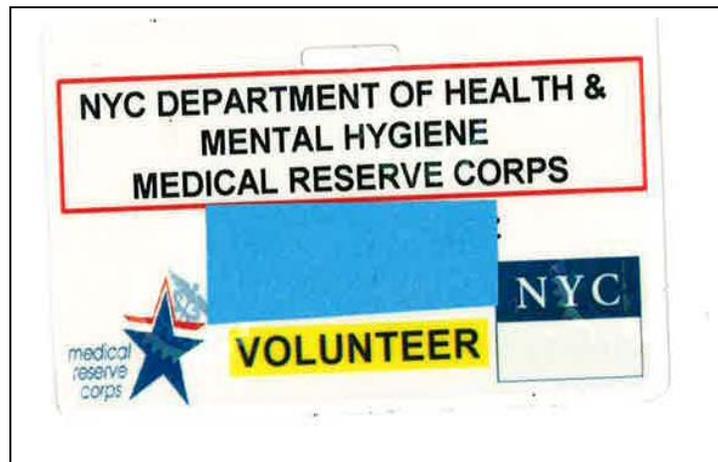
7.1.4.1 Determining the need for Medical Volunteers and Authorizing their Use:

The policy of this health center states that it will utilize medical volunteers when the emergency management plan has been activated and/or when existing conditions create an environment that limits or eliminates the health center's capability to deliver and sustain safe patient care and requires the use of external medical volunteers to stabilize the patient care environment.

1. Determine a protocol to activate this policy and include specific triggers that will determine the minimum conditions needed to begin the process of requesting volunteers. Please insert this protocol into 7.1.4.1.
2. Please include in 7.1.4.1 the necessary authorizations needed to begin requesting external medical volunteers.

7.1.4.2 Acquisition of Medical Volunteers

- 7.1.4.2.1 **NYC Health Centers:** Health centers within the 5 boroughs of New York City may acquire medical volunteers through the New York City Medical Reserve Corps (MRC). The MRC is a government funded volunteer organization established to maintain databases on qualified medical volunteers. Each volunteer in the MRC database is individually vetted and identified* as a licensed medical practitioner and their license, certification, and/or registration is verified through the various New York State licensing offices.



*The MRC Volunteer Identification Card. Health centers must further verify each volunteer for appropriate licensing, certification

and registration.

7.1.4.2.1.1 NYC Health Center Volunteer Acquisition Procedures:

1. Determine the need for volunteers and the areas for which they will be used.
2. Visit the PCEPN website or contact PCEPN at info@pcepn.org and download the Request for Volunteers form.
3. Fill out the form and fax it to 212-279-3581 and email to info@pcepn.org.

7.1.4.2.2 NYS Health Centers (Non-NYC Health Centers)

7.1.4.3 On Scene Operations – Volunteer Registration and Assignments

1. Develop a protocol that upon the arrival of volunteers, the health center can identify volunteers, register the volunteers at the site, and assign them a supervisory employee of equal or greater training within the health center that will guide the work of the volunteer.
2. Upon assigning the volunteer, develop a method for communication between the volunteer and the supervisor.

7.1.4.4 Identification of Licensed Medical Volunteers

When the volunteers arrive at the health center, the health center must document their arrival and verify the identity of each volunteer. The health center must identify each volunteer by requiring that the volunteer show at least two forms of identification and their medical license, certification, and/or registration. The health center must retain a copy of each and begin a record of the volunteer's service along with maintaining records of their assignments. The following forms of identification are acceptable for volunteers:

1. Current license, certification, and/or registration to practice
2. Any two forms of the following identification:
 - a. US passport
 - b. State issued Driver's License
 - c. State issued Identification
 - d. MRC Identification
 - e. Current picture identification from a health care organization/employer that clearly identifies their professional designation.

- f. Identification indicating that the volunteer is a member of a Disaster Medical Assistance Team (DMAT).
- g. Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.

In addition to the above forms of identification, acceptable identification may be provided by a confirmation of a licensed independent practitioner currently privileged by the organization requesting the volunteer or by a staff member with personal knowledge of the volunteer practitioner’s ability to act as a licensed medical practitioner during a disaster.

7.1.4.5 Medical Volunteer License Verification Policy:

Upon arrival and registration of the medical volunteer, the organization requesting the volunteer must verify his or her medical license, certification, and/or registration with the body issuing the licensure, certification, and/or registration. Primary source verification must be completed within 72 hours of the volunteer’s arrival or as soon as events have stabilized enough for primary source verification to occur – whichever comes first. If extraordinary circumstances do not allow for primary source verification of licensure, the following documentation must be kept in the volunteer’s record of work:

- a. The reason that primary source verification could not be achieved within 72 hours of the practitioner’s arrival.
- b. Evidence of the licensed independent practitioner’s demonstrated ability to continue to provide adequate care, treatment, and/or services.
- c. Evidence of the organization’s attempt to perform primary source verification as soon as possible.

7.1.4.6 Health Center Personnel responsible for granting privileges to medical volunteers

The following staff members of _____ Health Center are responsible for the registration and verification of licensed medical volunteers and are thereby required to ensure that each volunteer is supervised and is reviewed for quality.

Name	Position	Department

7.1.4.7 Medical Volunteer supervision and Quality Assurance Review Policy

It is the policy of this health center to ensure the safety and security of all patients seeking medical treatment at this facility. To this end, this health center shall enter all medical volunteers that are present due to the activation of the emergency management plan and secondary to a disaster that has affected the ability of this health center to render care in a safe and efficient manner. All medical volunteers that are granted privileges to practice at this health center and rendering services to patients must be assigned a supervisor of equal or greater certification and/or licensure and supervised while rendering treatment, care, and/or services to our patients. These volunteers will also be adequately reviewed by health center staff members of equal certification or licensure level or greater within 72 hours of their arrival for quality assurance and/or improvement and as needed subsequently. A record of this review must be kept within the volunteer's record and any recommendations for the continuance or termination of services must also be recorded.

7.1.4.8 Termination of Volunteer Privileges Policy

All volunteers are subject to immediate termination upon recommendation of supervisor, quality assurance committee, and/or urgent condition requiring the use of volunteers. Upon termination of privileges, the volunteer must leave the health center immediately.

7.1.5 Recovery

7.1.5.1 Deactivation of Emergency Management Plan Volunteer Management Plan

7.1.5.1.1 Policy

It is the policy of this health center to begin deactivation procedures for the use of medical volunteers as soon as it is safe to do so and the capability of the health center is able to resume medical operations with its own staff.

7.1.5.1.2 Deactivation

Upon review of the situation and the associated intelligence (information or documentation related to the incident such as patient influx numbers or weather report) by senior management, the determination will be made to deactivate the use of medical volunteers by the health center. The health center will deactivate utilizing a stepwise approach by gradually replacing volunteers with medical staff as it is able to do so.

1. Determine a deactivation procedure for the health center by reviewing the above policy and making any changes needed to satisfy the health centers deactivation goals. Specify the triggers for deactivation.
2. Provide a procedure for the gradual replacement of medical volunteers with health center staff.
3. Provide a procedure for the review of the incident and include a hot wash session with involved parties, an after action conference to discuss the incident, and the creation of an after action report to describe all aspects of the incident.
4. Assign the responsibility of the creation and review of an after action report to health center staff as appropriate.

7.1.5.1.3 Termination of Volunteer Use

Upon determining that the use of medical volunteers is no longer needed, the health center shall begin notifying the volunteers of the deactivation plan and begin by terminating volunteers beginning with those in service the longest. As volunteers are removed from duty, they will be replaced by health center staff as they are available.

7.1.5.1.4 Documentation

The health center shall maintain documentation on the use of medical volunteers including the following:

- The level of licensure, certification, and/or registration of the volunteer;
- The areas where the volunteers served;
- A list of the patients seen and treated by the volunteer;
- The record of any quality review of the volunteer's service;
- The record of any disciplinary review/action taken against the volunteer;
- Any interaction between the health center and the volunteer.

7.1.6 Legal Issues

In using medical and or non medical volunteers, there are legal issues that must be known and assumed by the health center while using the volunteer.

- 7.1.6.1 Medical Liability – Medical volunteers from government sponsored programs such as the MRC or from Federal Government volunteer reserves or programs such as DMAT, Public Health Service (PHS), and/or local health departments are indemnified against medical liability as recorded in public health law and federal law.
- 7.1.6.2 Physical Liability – the health center in using medical volunteers can be liable for their safety. Depending on the program the volunteer belongs to, he or she may or may not be covered for workman’s compensation. Federal programs such as the Disaster Medical Assistance Teams are often covered under federal law and would be covered in the event of an accident. However, local programs such as the Medical Reserve Corps *do not* offer such coverage and their use may imply a liability to the health center for their safety, medical care, and potential follow-up. It is the health center’s responsibility to examine this when choosing to use medical volunteers.

Attachment - Definitions

Definitions

Licensed Independent Medical Volunteer (Practitioner) – This is a physician or other licensed medical professional who is able to practice independently, can authorize or prescribe treatment plans under the laws of the State of New York and/or federal law, and is able to practice medicine and/or surgery unhindered. The LIMV can operate independent of other medical professionals and holds valid medical licensure.

Licensed Medical Volunteer (Practitioner) – This is a medical professional that is required under New York State law to possess a license, certification, or registration to practice their medical specialty and can not independently practice without the supervision of an independent medical practitioner.

Medical Reserve Corps – This is a group of medical volunteers that have applied for and have been accepted into the volunteer medical reserve corps to be used as medical volunteers in the event of a disaster. The MRC volunteer is required to maintain their licensure, certification, and/or registration to be eligible for membership. The MRC periodically performs license checks to ensure that all volunteer licenses, certifications, and registrations remain active and in good standing.

The Disaster Medical Assistance Teams (DMAT) – These are medical volunteer teams organized by the federal government to perform medical tasks at disaster sites. These volunteers are licensed in their state of origin and must maintain their licenses in good standing to qualify for deployment. Once deployed, they are indemnified against malpractice under federal law and are federally insured. DMAT volunteers, once federalized during a deployment, may practice medicine and surgery in any state to the

limits of their licensure. They have their own command structure and may be used only if deployed by the federal government as part of a response effort against a disaster.

Community Volunteer – This is a person that is a member of the community in which the health center resides. They may or may not be medically licensed or trained. They are not indemnified by any government body and are not insured by any entity.

Urban Search and Rescue Teams (USAR) – These are federally organized teams that are made up of search and rescue professionals and volunteers. They are organized in the state of their origin and have limited medical capabilities. Many teams do contain medical physicians, nurses, and paramedics specializing in emergency and wilderness medicine.

American Red Cross Disaster Services Volunteers – These volunteers are trained by the American Red Cross as disaster service volunteers whose main objective is to assess the extent of the disaster and refer “victims” for further servicing as needed. The American Red Cross has a number of programs designed to assist communities recover from disasters.

Community Emergency Response Teams (CERT) – Is a group of highly trained volunteers that are organized by community boards and other community based organizations to respond to community disasters. They have little medical training and are not advised to work within health centers. They can provide the health center with assistance in crowd control, and other external functions.

Non-Licensed Medical Volunteer – These volunteers are health center workers that are not licensed to practice medicine at any level and consist of clerks, billers, coders, and other health center professionals.

8.0.1 Buildings and Utilities

The purpose of the Buildings and Utilities Response Policy is to enhance life safety and to maintain the environment of care within the health center. The Buildings and Utilities Section of this Emergency Management Plan must contain building specific emergency information for all occupants.

8.0.2 Policy

It is the policy of this health center to maintain all buildings and properties owned and operated by this health center and to engage in planning activities that will assist the operators and occupants of this building maintain and operate this building, mitigate hazards and respond to emergencies. This health center shall maintain a safe environment of care for its occupants and will ensure the safety and security of all patients and employees. Each health center will separately maintain a fire plan in accordance with local ordinance and will maintain all emergency contact information regarding the safety and security of the properties within this plan.

8.0.3 Review Policy

The buildings and utilities section of this plan will be reviewed annually.

8.0.4 Training

Training on the safety and security procedures for the organization and the physical buildings will occur at each new hire orientation and annually for all employees as part of the health center's competency for all employees. The information contained herein will be required knowledge for all employees of this health center.

8.0.5 Building Mitigation

The Emergency Management Committee will hold a subcommittee dedicated to the mitigation of the environment of care. This subcommittee must have the following members at minimum:

Facilities Director
Administration
IT Director
Health Center Director
Nursing

This committee will meet at least twice a month and will discuss the physical building and the environment of care. All issues pertaining to the building will be assigned to a

team member for mitigation and all reports are due at the next scheduled meeting unless otherwise specified.

8.0.5.1 Facility Mitigation Checklist

The following checklist shall be used in environmental rounds to ensure compliance with all mitigation policies and building policies.

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		
Air Compressor		

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair)
Fire Prevention/Mitigation Components		
Vacuum (for patient use)		
Steam Boiler		
Water Heater and Circulators		
Heating-Air Conditioning		
Pneumatic Tube		
Telephone		
FAX		
Dental Equipment		
Radio Equipment		
Paging – Public Address		
Preparation Equipment Rooms		
Sterilization Service Equipment		

System	Operational Status	Comments (If Non-Operational, Give Reason And Estimate Time/Resources To Necessitate Repair)
Video-Television Cable Non-Structural Components Other		

8.0.6 Emergency Response Teams

The administration of this health center authorizes and establishes the concept of specialized emergency response teams (ERTs) based on the condition called after an emergency or disaster. Each team will be formed based on the condition with a multidisciplinary team that can focus on the disaster at hand.

These response teams will be responsible for the continuity of the health center as noted in The PCEPN Business Continuity Plan. These teams will be responsible for responding to the incidents when activated by the health center's communications system. The teams are as follows:

Team	Positions	Code
Building Mitigation	Center Director	Black
	Administration	
	Facilities Director	
	Nursing	
	IT Director	
Fire Response	Facilities Director	Code Red
	Center Director	
	Fire Warden	
	Searchers	
Medical Response	Medical Director	Code Blue
	Nursing	
	Physicians	
	Laboratory	
	Administrative	
IT Emergency	IT Director	Code Tech
	Administrative	
	Office Manager	
Violent Persons	Social Work	Code Gray
	Psychiatry/Psychology	
	Center Director	
	Facilities Director	
	Medicine	
	Nursing	

8.0.7 Urban Search and Rescue Resources

During a disaster, it may be necessary for health center personnel to perform light search and rescue duties. It is the policy of this health center to engage in actions that will save lives and ensure the safety of the patients and staff. To this end, some light search and rescue may need to be performed following a disaster. This health center's staff will not be responsible for rescue operations that are technical in nature and will only conduct rescue operations that are comparable to their experience and resources.

It is the policy of this health center to leave the heavy and technical rescue operations to the community's trained professionals.

8.0.7.1 The Health Center Search and Rescue Team

The health center's search and rescue team will be comprised of the following individuals:

Facilities Director
Nursing
Fire Warden (if available)
Trained searchers

It is important to note that rescue is a technical process and may require some risk on the part of the rescuer. This health center will not be responsible for rescue operations that require tools or equipment. Light search and rescue consists of rescue of persons after disasters that need some assistance either evacuating or need assistance due to light entrapment that can be freed with little or no equipment.

8.0.7.2 Community Emergency Response Teams (CERT)

There are some communities that have organized and trained citizens to respond to disasters within their communities. Their training is extensive and are usually organized as part of the local office of emergency management or as part of their community's fire response system. These citizens, while not professionals, have some training regarding search and rescue. CERT teams have also been trained to assist health centers in a variety of functions.

It is the policy of this health center to explore the use of CERT teams as part of this emergency management plan.

Devise a plan to include the use of CERT teams by the health center during an emergency. CERT can assist in areas of maintaining security, traffic control, light search and rescue, and other duties not related to patient care.

8.0.7.3 Disaster Recall List

This health center reserves the right to recall any personnel deemed necessary during a response and thereby canceling any furloughs previously granted. The following list should be completed by all departments on a voluntary basis. Those on this list will be called first, however, if needed, the entire health center staff can be recalled due to an emergency or disaster.

<i>NAME</i>	<i>POSITION</i>	<i>DEPARTMENT</i>

8.1.1 Purpose

The purpose of this policy is to describe the physical building and its relation to the health center system, its usage, and the delivery of its mission.

8.1.2 Policy

It is the policy of this health center organization to assess, mitigate hazards, and respond to incidents within each building owned by the organization. In order to maintain and respond to hazards, a hazard mitigation committee is established containing the facilities manager and the center director. This committee will perform a visual inspection of the building monthly. This health center will maintain at all times a leadership role in the operations of the physical building and will maintain safety personnel to assist the leadership with this task.

8.1.3 Building Description

This facility emergency plan contains building specific emergency information for building occupants.

Enter a building description for all buildings which house a health center operated by the community health center network. Be sure to include a physical diagram of the health center that is populated with all entrances and exits. All areas of egress should be clearly marked in the diagram. Attach the diagram here with the description.

8.1.4 Building Manager/Facilities Manager

The following managers are responsible for the physical building which houses the health center. In the event of an incident related to the building, please contact all in the following table.

Name of Health Center	
Location/Address	
Cross Street	
Neighborhood Description (What other institutions are located in the area).	
Occupant Description (Other building occupants if applicable should be included if they use the same building i.e. “Hair Salon, residential, Bodega etc”.)	
Building Manager/Management Company	
Building Manager/Management Company Contact Information	
Building Manager Alternate Contact	
Facilities Manager	
Facilities Manager Phone	
Facilities Manager Alternate Phone	
System Facilities Manager	
System Facilities Manager Alternate Phone	
Fire Systems Contractor	
Fire Systems Contractor Phone	

8.1.5 Emergency Evacuation Assembly Points

In the event of an evacuation of the health center, the following are the assembly points to be used when the building is vacated. It is the policy of this health center to ensure that all occupants are accounted for during an evacuation. It is required that all building occupants assemble at designated locations for roll call.

Primary Assembly Location	
Secondary Assembly Location	

8.1.6 Designated Emergency Personnel

The following are the designated emergency personnel for the health center.

Fire Warden	
Phone	
Deputy Fire Warden	
Phone	
Male Searcher	
Female Searcher	
Emergency Preparedness Coordinator	
Phone	

8.1.7 Health Center Occupancy

The following is a description of the service lines offered in this health center and the number of employees in each service line.

Department	Number of Employees	Phone
Adult Medicine		
Pediatrics		
Mental Health		
Social Work		
Case Management		
Administrative		
Clerical		
Podiatry		
Dentistry		
Laboratory		
Medical Records		
IT		
Nursing		
Other:		

8.1.8 Hazard Surveillance within the Health Center

The emergency management committee, in conjunction with the facility's building management will ensure that the building and grounds that house the health center are safe for patients and the public. To that end, this health center supports the mitigation committee's work on maintaining the building and grounds free from hazards. It will be the mitigation committee's responsibility to report to the emergency management committee on the conditions of the building and grounds. The mitigation committee shall perform environmental rounds at least monthly and report on the hazard surveillance project every quarter. Section 8.1.8.1 of this policy contains a report to be reviewed monthly by the emergency management committee. The hazard surveillance form shall also be found in appendix Q of this manual.

8.1.8.1 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?						
	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:

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
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 Management	1. Is there an updated disaster plan in the department?						
	2. Has a non-fire related emergency drill been						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	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?						

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. Is 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?						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	2. Does the water/sewage system appear to be working properly and has the water quality been tested within the 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, hand washing, 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						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	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?						
	SUBTOTALS						PROGRAM TOTAL:
Other Key Safety Monitoring Issues	1. Are Utility Rooms locked, clean, and clear of debris?						
	2. Are Storage Rooms secure, clean, and free of flammable?						
	3. Are Emergency Carts present, as appropriate, fully stocked and checked per schedule?						
	4. Are all medications, including samples, secured and accounted for by lot number?						
	SUBTOTALS						PROGRAM TOTAL:
	OVERALL ASSESSMENT TOTALS						TOTAL

SCORING LEGEND:

1 = Outstanding

2 = Good

3 = Satisfactory

4 = Marginal

5 = Unsatisfactory

Inspection Conducted By: _____

Date: _____

8.2.1 Purpose

This policy describes all the building mitigation processes that have been taken to lessen the risk imposed by a disaster that will affect the integrity of our building and to improve the safety of the staff.

8.2.2 Policy

As per local ordinance and policy, this health center will acquire and maintain all necessary hazard mitigation systems that will help the building occupants lessen their risk to hazards and improve the protection of the building and its occupants.

8.2.3 Internal Hazards

It is the policy of this health center to protect its occupants by listing and handling all potential hazardous materials and situations in a manner that will improve the safety and security of the building and its occupants.

8.2.3.1 Material Safety Data Sheets (MSDS)

For all hazardous materials and chemicals stored within this health center, there will be a material safety data sheet available. All MSDS sheets will be kept on file within this manual and in a separate accessible file for all employees.

8.2.3.2 Hazard Locations

In this section, all locations used to store hazardous materials, chemicals, and other hazardous substances must be described. List all equipment, devices, storage areas, chemicals, and other items that may present unusual chemical and/or physical hazards under emergency conditions (i.e. fire conditions and a room housing an oxygen tank). Include all hazardous chemical storage areas as well as areas where they are in use.

Room	Name of Hazard	Type of Hazard (liquid, Compressed Gas)	Location within room	Mitigation Steps (Locked Cabinet, Chain around Cylinder)

8.2.4 System Shut Off Locations

Please enter the shut off locations for all systems including but not limited to alarms, utilities, and other systems.

8.2.4.1 Alarms

Alarm Type	Shut Off Location	Special Needs (Keys or other)	Responsible Party
Fire Panel			
Fire Alarm			
Security Alarm			
Fire Sprinkler System Controls			
Panic Alarm			
Other (Please Describe)			

8.2.4.2 Utilities

Utility	Shut Off Location	Special Needs	Responsible Party
Electrical			
Gas			
Water			
IT			
Heating			
HVAC			
Other			

8.2.4.3 Other Systems

Equipment	Shut Off Location	Special Needs	Responsible Party
Patient Alarm			
Communications			
Public Address			

8.2.5 Emergency Equipment

Please describe the type and location of all emergency equipment located within the health center.

Equipment Type	Location	Use
Stair Chair/Evacuation Device		
Fire Extinguishers		
Crash Cart/Box		
Oxygen/BVM		
Fire Alarm Pull Stations		
Stand Pipe		

8.3.1 Purpose

The purpose of this policy and plan are to describe the basic elements of the fire plan including training elements for employees.

8.3.2 Policy

It is the policy of this health center to maintain a separate fire plan for the documentation of preparedness steps, training, mitigation steps, procedures, and performance, as well as to maintain the documentation for these steps and procedures that are related to the hazard fire. The Fire Department requires the maintenance of separate records with regards to fire mitigation including the installation of fire suppression equipment, fire fighting equipment, and reports related to the performance of evacuation drills, fire alarm tests, and repairs to both the fire alarm and sprinkler system within this building and any other property operated by this health center.

8.3.3 Fire Response Team Responsibilities:

Fire Response Team Title	Responsibilities
Fire Warden	<ol style="list-style-type: none"> 1. Remove Patients from affected area to a safe area. 2. Transmit fire alarm and attempt to extinguish fire with fire suppression equipment (extinguishers) 3. Account for patients that were to be in the area of danger. Account for all persons within the building upon evacuation.
Deputy Fire Warden	<ol style="list-style-type: none"> 1. Perform all Fire Warden tasks as assigned when Fire Warden is absent or unavailable. 2. Assist Fire Warden with all tasks.
Male Searchers	<ol style="list-style-type: none"> 1. Assist Fire Wardens in completing

	<p>their duties.</p> <p>2. Search the building, in particular male bathrooms and locker rooms.</p>
Female Searchers	<p>1. Assist Fire Wardens in completing their duties.</p> <p>2. Search the building, in particular female bathrooms and locker rooms.</p>
Evacuation Safe Area Monitor	Report directly to the safe area with any documentation needed to ensure the accountability of patients and staff.

8.3.4 Procedure:

The employees of this health center must be trained in responding to fires associated with this health center and must understand principles of fire response to ensure, to the best of their ability, the safety of the occupants of this building. Employees must be trained annually on the acronym RACE. The procedure is described in 8.3.4.1.

8.3.4.1 RACE

Race is an acronym used to describe the actions that must be taken by employees when encountered with a fire within the building.

Follow these four steps:

RACE

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

A. RESCUE

Remove all patients and visitors in **IMMEDIATE DANGER**. The danger must be evident and obvious.

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 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 the 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.

8.3.5 Evacuation Policies for Fire Responses

8.3.5.1 Evacuation Policy

The health center is committed to establishing and maintaining an effective response to emergencies requiring full or partial evacuation of the facility. The center may be evacuated due to a fire, gas/chemical release, explosion, electrical outage, bomb threat, or other occurrence by the order of the Executive Director or designee.

Depending upon the nature of the warning and the potential impact of the emergency, the Executive Director and/or Medical Director may decide to evacuate the facility; suspend or curtail clinic operations; take actions to protect equipment, supplies, and records; move equipment and supplies to secondary sites; or implement other measures that will reduce clinic, staff, and patient risk.

Under this policy, all employees will be informed of the:

- Evacuation procedures,
- Emergency escape routes (both the primary route and the secondary routes to utilize if the primary route is compromised),
- Procedures used to account for employees, patients, and visitors following evacuation.

When a condition due to fire, smoke, or fumes is encountered, it is the policy of this health center to evacuate that area that is affected. The level of evacuation will be determined by the Fire Safety Director, the Director of Facilities, the Fire Warden, and/or the Fire Department. Evacuation of the health center will require the assistance of all health center employees in order to move patients in a systematic manner out of the facility. All patients within the health center are the responsibility of all health center employees. The following are the two types of evacuation steps that may be taken depending on the condition:

1. ***Partial Evacuation:*** Evacuation of a section of the building to another section of the building that is deemed safe by the Fire Warden and/or the Fire Department. Partial evacuations are taken in multi-level buildings and will allow time for the Fire Department to arrive and begin rescue operations.
2. ***Total Evacuation*** – Evacuation of all building occupants to a safe area outside of the building. Total Evacuation shall be done in health centers with only one floor of operations.

All employees, including temporary/per diem employees and students, must be trained in the facility's evacuation procedures. The Safety Officer will ensure that employees receive the evacuation training during the employee's initial orientation (i.e., prior to the employee

beginning his/her job duties) and on an annual basis. **Under no circumstances should a new employee be allowed to begin work without safety and evacuation training.** In addition, refresher training is required whenever the employee's responsibilities or designated actions under the plan change, and whenever the plan itself is changed.

The Safety Officer or designee will conduct the training that will include the use of floor plans and workplace maps that clearly depict the emergency evacuation route(s). In addition to reviewing the primary evacuation route, training will also include secondary evacuation routes that will be utilized in the event that the primary route is compromised. Employees must be trained in the evacuation route(s) utilized in the employee's assigned area, in addition to the evacuation routes utilized by other areas of the facilities, as the employee may be situated in another area when the evacuation occurs. The Safety Officer, Facilities Manager, and Unit Supervisors will ensure that floor plans and maps depicting evacuation routes are posted at all times in main areas (i.e., stairwells, lobbies, elevator lobbies, exit corridors, etc.) of the facility, and in the various Departments and/or clinical areas to provide guidance in an emergency.

Once the facility has been evacuated, no employee is permitted to re-enter the building until advised by the Fire Department, who shall communicate via the Safety Officer or designee.

8.3.6 Evacuation Procedure:

In the event of an emergency that requires the facility to be evacuated, the emergency response plan is initiated by activating a “**CODE RED**” response for fire emergencies, and a “**CODE D**” response for other emergencies, including gas/chemical release, explosion, electrical outage, etc. Activation of a “**CODE RED**” alert or sounding of the fire alarm signifies commencement of immediate evacuation. A “**CODE D**” alert will summon the Emergency Incident Management Team who will follow an incident command system to manage the emergency event. The Federal Emergency Management Agency (FEMA) defines an incident command system as “a standardized on-scene emergency management protocol designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of the emergency event

Employees in the vicinity of the emergency event should immediately take action to prevent further injuries or property damage by following the acronym, **RACE**:

Rescue: Personnel in immediate danger must be rescued as long as the person performing the rescue operation is not put in imminent danger. In the event of a fire, small fires should be extinguished **only if the person extinguishing the fire is properly trained to use a fire extinguisher**. Employees must never put themselves at risk in an attempt to extinguish a fire. The individual who discovers a fire must immediately go to the aid of an endangered person, while calling out “**CODE RED**” and the location of the fire. This will alert other staff for assistance. In addition, all doors must be closed and Security must be alerted in order to i) immediately transmit the alarm at the Security Station, and (ii) call 911 to report the fire as a back-up, in case of malfunction of the alarm pull-station.

Alarm: Pull the building alarm. All of the alarm pull stations are labeled. In addition to the alarm, notification of an emergency or of an evacuation is communicated via the facility’s intercom/paging system. The switchboard operator will announce “**CODE RED**” in the event of a fire evacuation, or “**CODE D**” in the event of another emergency event that requires evacuation. If the emergency requires contact with a 911 dispatcher, the employee must inform the dispatcher of his/her name, address, and nature of the problem. The employee must speak slowly and clearly, and must wait for the dispatcher to hang up.

Confine: Close all doors, windows, and other openings that would aid in the spread of fire or toxic fumes.

Evacuate: All employees, patients, and visitors will evacuate immediately to the exterior locations indicated on the evacuation plan. In order to expedite the evacuation process, all evacuees must not attempt to gather supplies or personal belongings, must ensure that all doors are closed, and must never use elevators as an escape route, unless authorized by a fire or police officer, or designee. Stairwells are the primary means for evacuation.

Emergency evacuation plans are posted throughout the facility, including areas where a high number of patients and employees are located. A layout of the facility, clearly marked with escape routes, is posted in each department. If the alarm sounds, or if an evacuation is ordered, all persons evacuating must remain calm, and must evacuate to the closest exterior exit. When the phrase “Code Red” is heard overhead, doors and windows must be closed to confine heat and smoke to the room in which the fire has originated. This must be done promptly, to ensure that other rooms, paths of escape, and the upper floors of the building remain clear.

- a. After leaving the building, evacuees will immediately proceed to the designated assembly areas and remain in an unaffected area in close proximity to the facility. Unless directed, evacuees must never cross the street adjacent to the facility in order to remain clear of emergency vehicles.
- b. If safety permits, all rooms in the facility will be thoroughly searched by the designated employees (see attached staff duties during evacuation). The staff delegated to be “searchers” will report to the floor/area where the emergency event has occurred to assist with the evacuation, and will provide information to the command post. At the time of the evacuation of the floor/area, the searchers will begin to search all offices, restrooms, and other areas normally occupied by patients, staff and visitors and evacuate any persons who may have stayed behind. The searchers will close all doors after exiting offices, restrooms, and corridors, etc., to prevent fire from spreading. The searchers will report their findings to the emergency incident command post immediately upon completing their search.
- c. The Nursing Director or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the clinic Executive Director, Emergency Incident Commander, Safety Officer, or designee.
- d. When patients are removed from the clinic, staff will remain with them until they are able to safely leave or have been transported to appropriate facility for their continued care and safety. If patients evacuated from the clinic are unable to return home without assistance, the relatives of patients evacuated from the clinic will be notified of the patient’s location and general condition by the clinic staff as soon as possible.
- e. Each Department Supervisor or designee will ensure that all patients, staff and visitors are evacuated from their area. If a door to a room being checked is closed, the door must be checked for warmth before opening, as a fire may be on other side. All dressing rooms and public bathrooms must also be checked in an area.
- f. Departmental Unit Supervisors/Managers must assist in accounting for patients/visitors who are present in the center at the time of the evacuation. The appropriate supervisors/managers must utilize the patient roster or show logs or visitor sign-in logs to ensure that every patient and visitor are accounted for following the evacuation of the facility. All supervisors are required to report their head count to the Emergency Incident Commander. The Supervisor or designee must immediately alert fire or police department personnel, or the Emergency Incident

Commander, if any individuals are suspected of remaining in the building.

Emergency Incident Command Center: A temporary Emergency Incident Command Center will be set up in a pre-arranged location that is safe and away from any immediate danger once all staff, patients, and visitors are evacuated. Department Supervisors will report to the Emergency Incident Command Center once personnel accountability has been obtained.

Continuity of Services: It is the goal of the center to restore services as rapidly as possible following an emergency event that disrupted clinical services. As soon as the safety of patients, staff, and visitors has been assured, the Center will give priority to resuming clinical operations.

**DELINEATED DUTIES FOR
FIRE & EMERGENCY/DISASTERS EVACUATION**

FIRE MARSHAL:

(FACILITIES DIRECTOR, SECURITY MANAGER, ASSISTANT FACILITIES
MANAGER)

Name: _____

Telephone #: _____

Location/ Room #: _____

FIRE MARSHAL (ALTERNATE):

Name: _____

Telephone #: _____

Location/ Room #: _____

FIRE MARSHAL DUTIES:

1. Be familiar with the written Fire Safety Plan provided for fire drill and evacuation procedures.
2. Organize, train and supervise the Fire Response Team.
3. Make certain that members of the Fire Response Team are present on a daily basis and are ready to respond in the event of a fire.
4. Conduct fire and evacuation drills.
5. Notify the administration immediately when any designated individual is neglecting his/her responsibilities contained in the Fire Safety Plan.
6. In the event of a fire, the Fire Marshall will:

- (A) Ensure that the Fire Department has been notified.
- (B) Report to and cover the Fire Command post.
- (C) Direct evacuating procedures as provided in the Fire Safety Plan.
- (D) Report on conditions of the fire area to inform the Fire Department upon their arrival.

FIRE WARDEN:
(DEPARTMENT HEADS)

Name: _____

Telephone #: _____

Location/ Room #: _____

FIRE WARDEN (ALTERNATE):

Name: _____

Telephone #: _____

Location/ Room #: _____

DUTIES OF THE FIRE WARDEN

1. Make sure that the fire alarm has been activated.
2. Notify Security and alert the other Fire Marshals.
Inform the Security Officer of the following:
 - (A) Area of fire.
 - (B) Severity of fire.
 - (C) Any employees that require special assistance.
 - (D) The exit being used for evacuation.
 - (E) Any exit that cannot be used.
3. Start the evacuation of the floor/area, if necessary, by having occupants use the closest, safest fire exits.

(IF ALL EXITS ARE CONTAMINATED BY SMOKE OR HEAT, RETURN TO THE OFFICE AND NOTIFY THE FIRE DEPARTMENT)

(Dial 911)

4. After evacuation to another area use the nearest phone to inform the Fire Command station of the following:
 - (A) Floor/area you are using for re-entry.
 - (B) Any employees that require special assistance.
 - (C) Any information you think may be helpful.

FIRST RESPONSE TEAM:

(SUPERVISORS)

Name: _____

Telephone #: _____

Location/ Room #: _____

FIRST RESPONSE TEAM (ADDITIONAL MEMBERS):

Name: _____

Telephone #: _____

Location/ Room #: _____

DUTIES OF THE FIRST RESPONSE TEAM

1. Report to the floor/area where the fire is located to assist in evacuation, and provide information to the Fire Command Post.
2. After evacuation of fire floor/area, attempt to control the spread of the fire by closing doors, windows, etc. until arrival of the fire department.
3. If possible, ensure that one member remains in the area safest and nearest to the fire to direct the Fire Department to the fire location and to inform them of conditions.
4. Upon arrival of the Fire Department, the Fire Response Team shall report to the Fire Command Post for additional instructions.
5. Have a member designated as Alarm Box Runner, who will know the location of the nearest street fire alarm box and be instructed in its use. If necessary, such members, upon being instructed, will immediately go to the nearest manual alarm/street alarm box, transmit the alarm, and await the arrival of the Fire Department.

SEARCHERS TEAM:

(ASSISTANT SUPERVISORS, SECURITY OFFICERS)

Name: _____

Telephone #: _____

Location/ Room #: _____

SEARCHERS TEAM (ADDITIONAL MEMBERS):

Name: _____

Telephone #: _____

Location/ Room #: _____

DUTIES OF SEARCHERS:

1. The searchers will report to the floor/area where the fire is located to assist with the evacuation, and will provide information to the fire command post, **if the immediate area is deemed to be safe**, and will provide information to the fire command post.
2. At the time of the evacuation of the fire floor/area, the searchers will begin to search all offices, restrooms, and other areas normally occupied by patients, staff and visitors and evacuate any persons who may have stayed behind.
3. The searchers will close all doors after exiting offices, restrooms, and corridors, etc., to prevent fire from spreading.
4. The searchers will report their findings to the fire command post immediately upon completing their search.

8.3.5.1 Guidelines for Handling Patients during an Evacuation

During an evacuation, it is the responsibility of all staff to assist patients with the evacuation to a safe area where they can be accounted for. Safeguarding patients and staff is the priority of the health center. The following is the procedure for evacuating patients and staff to the safe area outside of the building:

- a. A nurse or other healthcare person shall instruct all patients to follow the lead of the health center representative to the safe area.
- b. Pre-assign staff to areas of the health center to assist in the evacuation of people from that area. The pre-assigned staff member will be responsible for the following:
 - Assist in removing patients from corridors, waiting rooms, lobbies, exam rooms, procedure rooms, and place them behind fire doors.
 - Close all fire doors.
 - Prepare a list of the patients found in affected areas.
 - Triage all patients within the area. If able to evacuate them safely, evacuate them to the safe area outside of the facility.
 - Search all rooms, rest rooms, bathrooms, and lounges.
 - Assist in patient evacuation and rescue as is appropriate.
 - When possible, safeguard and move all patient's medical records and valuables to a safe area.

8.3.6 Safe Area Triage

Upon arriving in the safe area, the Fire Warden and the Chief Medical Officer will conduct a role call and document all persons within the safe zone. The Chief Medical Officer shall treat and triage all patients as appropriate.

8.3.7 Review Policy

It is the policy of this health center to review its fire plan annually in order to evaluate its effectiveness and identify aspects of the plan that may require exercise or improvement. All aspects of the plan are to be reviewed and documented annually. An evaluation of the fire plan shall include the following:

- a. Staff knowledge of the plan
- b. Evaluation of fire and disaster drills and exercises
- c. Knowledge of fire suppression equipment use

8.3.7.1 Patient Tracking

All health center patients that must be removed by ambulance must be tracked and documented. When communicating with Emergency Medical Service, basic identifier information and known medical information can be transferred to the Emergency Medical Technicians or paramedics when necessary. Do not hold transport for medical records. Do not hand over the patient medical record to EMS. The following tracking sheet should be completed and stored for future review by the Health Center Director and Chief Medical Officer.

8.3.8 Stages of Evacuation for Community Clinics and Health Centers

Stage 1: Alert

- Make certain that everyone in the building has been notified that the decision to evacuate has been made.
- The executive director of the health center, onsite staff, fire department, or other authority may make the decision to evacuate.

Stage 2: Evacuation

- Evacuation may need to proceed in stages. The first steps should focus on evacuating those who are in immediate danger and moving the largest numbers to safety quickly. Then focus on conducting more complex searches and evacuations.
- Move anyone who is in immediate danger to safety.
- Conduct general evacuation of ambulatory patients, using staff to guide patients.
- Conduct evacuation of non-ambulatory patients, using teams of staff who have been trained in evacuation techniques.
- Sweep each area, checking for people who have been trapped, injured, or left behind.

Stage 3: Assemble and Report

- Assemble *all* staff, patients, and visitors in the area designated for this purpose.
- Account for those who are present, missing, or injured in a systematic way.
- Report the evacuation status of each area to the health center's leadership.

Stage 4: Leadership Assessment and Direction

- Based upon reports, leadership will assess the situation and:
- Determine whether to activate additional ICS functions.
- Consider activating teams (such as first aid, light search and rescue, shelter/staff support, communications, etc.).
- Decide on next steps.

Stage 5: Demobilization

- Just as you built your response, systematically demobilize section by section.
- Debrief.
- Before staff disperses, engage them in a nonjudgmental discussion on how they were affected emotionally by the day's events.
- Conduct evaluation. (This process can be done at a later date.)
- Identify lessons learned to improve future responses.

2010, Developed by Barbara Morita, PA Alameda Health Consortium, Alameda, CA

8.4.1 Purpose

The purpose of this policy and procedure is to delineate the protocols for the recovery of service utilities that feed the health center.

8.5.1 Policy

It is the policy of this health center to maintain an environment that is suitable for the medical care of our patients and community. To this end, it is the policy of our health center to have a utility response plan and a disaster recovery plan for the utilities used by this health center. It is the further policy of this health center to attempt to continue services during outages until it is determined that doing so would endanger the lives of our patients and staff.

8.5.1.1 Utility Service Mapping and Inventory

The following is an inventory of the utility service for the health center. This inventory shall include all components of the utility system and shall include power, water, gas, medical gases (if built in), as well as equipment that relies on these utilities to run. The department of Facilities shall be responsible for their inventory, maintenance and repair as needed.

The functioning of this equipment shall be inspected monthly as part of the environment of care rounds. Incidents that cause a disruption in service, for any system or components thereof, shall be reported at every hazard mitigation committee and shall be included in any annual reports to the emergency management committee and the environment of care committee.

Utility and Associated Equipment Inventory

Name of Person Responsible for Inspection		Date		Department
Inventory and Inspection of Utilities and Equipment				
Equipment	Type/Area	Last Maintained	In Working Order?	Comments
Emergency Power Systems	Life Safety			
Sterilizers/Autoclaves	Infection Control			
Ventilation System, Intake and Exhaust/Filtration	Infection Control			
Backflow Prevention Valves	Water/Flood Mitigation			

Water Treatment	Infection Control			
Air Handling/AC Units	Environmental			
Exhaust Fans	Environmental			
Chillers	Environmental			
Refrigeration Equipment	Medical Storage			
Heating Units/Boilers	Environmental			
Plumbing Systems/Gas Lines	Water/Gas			
Bathrooms, Toilet, Drains	Environmental			
Trash system	Environmental			
Pneumatic Tube System	Communications			
Electrical Distribution System/Electrical Panel	Environmental			
Elevators	Environmental			
Sprinkler System	Fire Suppression			
Patient Call Systems	Communication			
Fire Alarm System	Fire Suppression			
Communications Technology	Communication			

8.5.2 Utility Services

Health Center buildings are serviced by various utilities. These are electrical, water, gas, and telecommunications. Each must have mitigation measures in place to protect these services during variations in service. All utility vendor contracts and response plans must be reviewed annually.

It is the responsibility of the Director of Facilities to ensure that all utilities are maintained in proper functioning order. The following responsibilities are addressed by this plan and are the responsibility of the Director of Facilities:

- Maintain the utility system;
- Ensure routine maintenance;

- Ensure a safe, controlled, and comfortable Environment of Care;
- Maintain a reliable life safety system;
- Identify and follow maintenance providers for each area;
- Provide for emergency repair of all systems;
- Assess and report on all utility systems failures.

The following mitigation measures must be addressed by the hazard mitigation committee within the emergency management committee:

8.5.2.1 Electricity

_____ is the company that supplies the power to this health center. There are conditions that can cause outages to the health center, damage equipment, and interrupt services. The health center's electrical lines are supplied at 120 Volts, 60 cycles per second, alternating current. The following conditions must be mitigated to ensure the safety of health center equipment powered by electricity:

- Voltage Sags – This is a temporary reduction in voltage caused by various conditions. These are typically known as “brown outs.” These occur when demand on the system's grid goes beyond the system's ability to supply power when the demand spikes.
- Voltage Surge – This is a temporary over supply of power usually lasting about 2 nanoseconds and is caused by a rapid drop in power demand in the system.
- Electrical Noise – This is a variation in the power supply that is minor but may damage electronics that are not surge protected. Noise can cause computer problems such as freezing, data corruption, and errors.
- Transient Voltage Spikes – These are temporary increases in voltage and are sometimes due to external forces such as lightning strikes on the electrical supply equipment.
- Blackouts – These are total failures of the electrical supply system.

8.5.2.1.1 Electrical Mitigation Steps

- a. All electronic devices used at this health center will be protected by surge protectors with a rating of at least 400 Joules.
- b. All electrical lines that power servers, computers, and other delicate electronics such as CT and MRI scanners, ultrasound machines, and other computerized medical devices must use a line conditioner and Uninterruptible Power Supply

device (UPS Battery Back UP). Some UPS devices also provide line conditioning.

8.5.2.1.2 UPS Load Testing

UPS load tests will be conducted at least twice a year. Tests will follow the following procedure:

- a. Notify all employees that a UPS test will be conducted.
- b. Schedule the test for a date when no patients are being seen.
- c. Shut down the operating system on all electronic devices but keep them running.
- d. Shut off power to the system.
- e. Observe and document what devices are covered and which may need UPS backup devices.

8.5.2.1.3 UPS Needs

Determine the minimum amount of time needed to perform an orderly shutdown of the computer system and the other medical devices within the health center. Ensure that the UPS back ups that are utilized conform to this period of time.

8.5.2.2 Emergency Lighting

New York State requires that all public buildings identify egress with illuminated exit signs and some emergency lighting. Emergency lighting is maintained by the buildings power but when power is lost, will continue operating on a battery system for a specified period of time. It is the policy of this health center to test all emergency lighting at least once per month as per the manufacturer's recommendations and twice per year utilizing a power down test.

8.5.3.2 Power Outage EAP Procedure

- a. Upon witnessing or being notified of a power outage in the building, notify leadership and activate the emergency management plan as per activation procedures.
- b. Notify the Facilities Director and all custodial engineers.
- c. Determine the scope of the outage by determining if it only affects the health center building only or if the outage is throughout the community.

- d. Determine how much time is available for shutting down computers and other sensitive equipment by checking the UPS on the server. Begin power shedding procedures by shutting down critical systems first (HER(spell it out), laboratory equipment, dental x-ray equipment, etc.).
- e. Check on vaccines and other medications. Do not open refrigerator doors. Keep a log of the temperature and remove vaccines and other medications to an ice chest until outage has been resolved. Keep a temperature log at the ice chest. (For more information consult the vaccine management section.)
- f. Check all rooms for ongoing procedures. Assign staff to each room where patients are undergoing procedures and use emergency lighting to finish procedures when possible. (Flashlights and other lighting equipment.)
- g. Temporarily suspend patient visits until scope of outage has been determined. Cancel all elective procedures and well patient visits.
- h. If it is possible using emergency lighting, see all patients that must be seen.
- i. If the outage is expected to last the day, cancel office appointments and stand by for further instructions.
- j. Contact the System's Director and determine the power up procedures. Once power has been returned, notify leadership of recovery and begin power up procedures for the EHR.
- k. Begin power up of all other essential medical equipment.
- l. Determine losses as a result of the outage.

8.5.4 Telecommunications

It is the policy of this health center to utilize multiple redundant systems for telecommunications. Phone systems, email, radio, and other systems will be utilized by staff to communicate with patients. (Please see the 5.0 Communications Plan).

8.5.5 Water

This building is serviced by a water main and/or well. It is the policy of this health center to maintain the water supply even when public systems fail. The health center should store bottled water where possible. Persons within the health center will use about 1 gallon of water per person per day for drinking, medication mixing, and sanitation. In the event of a water main failure, follow the following procedure:

- a. If the health center stores water, break out the supply and assign a staff member the task of handing it out. Do not forget to store water in the bathrooms for sanitation.
- b. Determine if water loss also applies to the sprinkler system. If loss is to sprinkler system, notify the fire warden and maintain fire watch.
- c. Cancel elective medical procedures and visits.
- d. Ensure that there is alcohol based sanitizer in all rooms.
- e. Ensure there is sufficient distilled water in the pharmacy or dispensary if pertinent.
- f. Contact the water company to determine the amount of time needed to repair the issue.
- g. Notify leadership when the issue has been repaired.
- h. Determine monetary losses including the amount of emergency water used for building operations.

8.5.6 Gas/Heating Oil Leak/Failure

Not all health centers are serviced by natural gas. Natural gas or propane is used for some heating systems and can be used for backup generators. Natural gas lines are usually brought to the building and connected to the gas meter outside the building or in an engineering space within the building. Propane is usually stored in tanks outside the building. Oil tanks can be either underground or above ground. Heating oil is used to heat the building and water. Call your local gas utility for information on servicing and or emergency procedures for furnace, HVAC, or heating failure.

Determine what type of system you have and enter a procedure for responding to a failure or loss.

8.5.7 Competency

The Director of Facilities and the Safety Officer shall ensure that all employees are trained in Emergency procedures for fire and utility failure. These offices shall ensure that all contractors utilized by the health center are trained in basic safety and OSHA regulations. Contractors are to be supervised when working in all areas of utility repair.

8.6.1 Purpose

The purpose of this policy and procedure is to ensure the security of our staff, patients, visitors, and assets by developing a plan to provide a safe and secure environment.

8.6.2 Policy

It is the policy of this health center to provide for the security and safety of our patients, staff, visitors, and assets by providing active and passive security systems in order to protect life and property. The building security policy shall encompass all aspects of the physical building, IT infrastructure, and sensitive medical data and equipment.

8.6.3 Risk Assessment

In order to properly protect an asset, a risk assessment must be performed. This assessment shall identify the risks and threats associated with operating a health center. A review of the building, entrances and areas of egress, including the surrounding terrain and structures, should be conducted at least once per year.

Please attach a diagram of the building. Make sure that the map contains all areas of egress, fire escapes, windows, as well as areas containing secure materials. Ensure that building diagram includes:

- Exit Routes
- Interior Walls
- Exterior Doors
- Fire Escapes
- Windows

8.6.3.1 Risk Assessment Questionnaire^{†††}

Health Center Building Risk Assessment											
Date Performed		Building Name			Assessor						
Facility Director		Phone Number			Facility Location						
Operating Days and Hours											
Local Police Department		Precinct	Phone		PD Community Affairs Rep.			Phone			
Is building Leased or Owned?		Type of Construction			Number of Perimeter Entrances						
Number of Windows		Which Entrances are supervised or controlled?			List type and height of any perimeter fencing						
Are there any roof entrances or openings?		Is there adequate perimeter lighting?			Is there a parking lot and where is it located?						
Number of Health Center Occupants?		Is there equipment stored outside of building?			Is parking lot fenced?						
Is there a pharmacy in the building?				Y	N	Is the pharmacy secure?				Y	N
Number of persons with pharmacy access.						Is there a building dispensary?				Y	N
Does the facility have controls and records of all keys?				Y	N	Is there a master key in use?				Y	N
Are extra keys locked?				Y	N	Is there a safe on the property				Y	N
Is the safe's combination recorded in a secure location?				Y	N	Total number of employees with combination?					
Is there a narcotics safe?				Y	N	Number of employees with keys or combination?					
Is there a key inventory taken periodically?				Y	N	Are locks changed when keys are lost?				Y	N
Does the facility use a security alarm?				Y	N	Is the alarm active or passive				A	P
Is there a daily register of visitors?				Y	N	Is the visitor register reviewed?				Y	N
Are there local alarms on locked egress doors?				Y	N	Is there adequate lighting at exits?				Y	N
Is there an emergency lighting system?				Y	N	Is lighting used in off hours?				Y	N
Is there a property pass card system in place?				Y	N	Are patient companion's names recorded?				Y	N
How many dedicated security guards?						Where are they stationed?					
Do guards have written instructions?				Y	N	Are guards certified?				Y	N
Is there a process to report thefts or shortages?				Y	N	Is there a security orientation for new employees?				Y	N
Are computer passwords changed on termination?				Y	N	Are computers reviewed following termination?				Y	N
Are background checks performed on new employees?				Y	N	Do employees carry ID badges?				Y	N
Is there a program to return keys, ID cards, etc?				Y	N	Are exit interviews conducted?				Y	N
Is cash kept in a lock box?				Y	N	Is there a process to account for cash as a function of the business?				Y	N
Comments and Observations											

††† Sennewald, C. *Effective Security Management*. Appendix B – Risk Assessment 371. 2003

Name of Assessor	Signature	Date
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8.6.4 Building Data

Health Center Name			
Building Name			Phone
Address			
Year Built	Last Year Renovated	Contractor/Renovation Contractor	Phone
Building Area (Sq. Ft)	Number of Health Center Occupants (Employees)	Number of Building Occupants	
Gross Area of typical floor	Building height in stories	Number of stories above grade	Number of stories below grade
Location of Electrical Panel	Location of Fire panel	Location of Fire Connection	Location of Boiler
Location of Security Panel	Location of Water Meter	Location of Gas Meter	Location of Propane Tank
Location of Oil Tank	Location of Water Filtration	Location of HVAC	Location of A/C
Location of generator	Location of Mechanical Room	Location of Server	Location of Gas Storage
Location of Biohazard Waste Room	Location of Waste Utility	Location of Tool Storage	Location of Medical Storage
No. of Exam Rooms	No. of Laboratories	No. of Offices	Number of Waiting Areas
Number of Nurse Stations	No. of Vaccine Rooms	No. of Procedure Rooms	No. of Dental Suites

8.6.5 Alarm Systems

This health facility shall maintain a monitored security and fire alarm system. These alarms shall be tested monthly. The fire alarm will be continuous, and the security alarm shall be engaged upon the closure of the building.

8.6.6 Key System

The health center is secured by various locks and keys. Keys are issued based on job title and need. Issued keys will be restricted by the health center director. Master keys will be issued only to the Facilities Director, the Health Center Director, and custodial engineers.

When keys are issued, employees shall sign for them. If keys are lost, employee must notify their supervisor immediately.

8.6.6.1 Facility Closing Procedure:

- a. The facility shall be secured and locked upon the closing of the facility for the day or when the facility is not in operation or is void of employees.
- b. Interior doors shall be closed and locked.
- c. Windows and passageways shall be secured and locked upon closing.
- d. All fire and smoke doors shall be secured.
- e. Building shall be swept for occupants.
- f. Alarm will be armed.
- g. Doors will be locked.

8.6.7 Identification of Personnel Policy

All personnel employed by the health center shall wear health center issued photo identification tags with their name, title, and department. All personnel shall surrender such identification when requested by any member of administration, security, or emergency response authority. Identification shall be issued at hiring and will be permanently surrendered upon separation of employment. Employee identification shall be visible to all while in the health center. Identification tags shall not be transferable.

8.6.8 Controlled Access to building

It is the policy of this health center to control access to the health center building at all times. The health center and its employees have a responsibility to the public to provide for their safety while on the health center property. Therefore, in order to know who is in the building for the purpose of safety and security, the following will be performed by either security or front desk personnel:

- a. Upon entering, all patients shall be registered upon arrival. A physical list shall be kept separately denoting when the patient has entered and when they have left the building. Front desk personnel shall also note the number of patient companions for evacuation purposes.
- b. Upon entering, all visitors to the health center shall, upon providing identification and reason for the visit, sign a visitor's log. This log will be kept at the front desk and if the building is evacuated, the log will be taken with the front desk personnel (including fire and other drills).

- c. The Administration shall distribute magnetic keys to those personnel that are entitled to have them based on their job descriptions. The administration has the right to restrict access to parts of the building not needed by the employee based on their job descriptions. Management reserves the right to confiscate or turn off magnetic keys at any time.

8.6.8.1 Lockdown Policy and Procedures

There are incidents that may require the lockdown of the health center for the safety and security of its occupants. Lockdown, in this manual, will mean the following:

- All entrances and areas of egress shall be closed and locked.
- A staff member (may be from any department) will be posted at each door.
- All fire and smoke doors shall be closed.
- All windows shall be closed and locked.
- There will be no external access to the building.
- All requests for access shall be directed to the front door.
- Security and/or administration shall be posted at the front door.
- All employees, patients, and visitors shall shelter in place and remain where they are.
- Lockdown can only be reversed by the senior administrator.

8.6.8.1.1 Lockdown Policy

It is the policy of this health center to provide for the safety and security of its occupants. Lockdown procedures shall be put into play any time the need to control access and egress is needed. Several security incident codes shall have the lockdown of the facility as part of their procedures.

8.6.8.1.2 Lockdown Procedure

- a. All employees notified either in person or by the code announcement followed by the words LOCKDOWN shall immediately initiate lockdown. Only the senior on site administrator or Nurse Manager can initiate a lockdown.
- b. All employees must remain where they are. If the workstation is in the open, seek a safe room in the very near vicinity. Move all patients and visitors in corridors to rooms and close doors. Close all doors, windows, and blinds.
- c. Turn off all air conditioning, HVAC Systems, and exhaust fans.
- d. All pre-designated employees shall report to their assigned access points to control access and egress. During a lockdown, no one is allowed to leave the building unless authorized by the senior administrator at the front door.
- e. Turn out the lights and computer monitors.

- f. Never open doors during a lockdown unless told to do so by the administrator. Do not leave the room, not even for a fire alarm, unless directed to do so by a law enforcement official or the administrator.
- g. Further directives shall be given via the Public Address System by the administrator.
- h. All should keep quiet until an “all clear” is sounded by the senior administrator.

8.6.9 National and Local Threat Alerts

The federal government has issued a new system of warning against possible terrorist activity. The system calls for warnings only when there is a credible threat or intelligence noting a credible threat. Health Centers are targets for terrorism and vigilance must be maintained. In the event that an alert has been issued, follow the security steps under each threat indicator. The two types of alerts that will be issued are as follows:

Imminent Threat Alert - Warns of a credible, specific, and impending terrorist threat against the United States.

- Remind all employees to report suspicious activity.
- Record all visitors and deliveries.
- Provide additional security personnel at each point of access.
- Identify the owners of all vehicles on the property.
- Limit access to building and grounds to those with legitimate and verifiable need to enter.
- Inspect all baggage entering the facility.
- Implement frequent inspections of exterior.
- Maintain contact with police and response agencies.
- Secure all non-essential rooms.
- Secure all storage rooms.
- Ensure all personnel have ID.

Elevated Threat Alert - Warns of a credible terrorist threat against the United States.

- Report all suspicious packages.
- Record all deliveries.
- Secure storage areas.
- Screen official mail.
- Control access to the building.
- Communicate with community partners.

- Review all MOUs and MOAs.
- Review capabilities.

8.6.10 Specific Security Threats

There are certain security threats that are inherent to health centers. The policy of this health center is to maintain a safe and secure environment for its staff, patients, visitors, and community.

8.6.10.1 Bomb Threat Plan

It is important to remember that a bomb threat is not a found device. While it may or may not be credible, a bomb threat must be taken seriously. The following procedure shall be followed in responding to a threat.

8.6.10.1.1 Procedure: Bomb Threat

The notification of a bomb threat is as important as the threat itself. Employees must be aware of how to handle these threats to ensure the safety and security of the facility. Upon receiving a bomb threat, the employee shall fill out a Bomb Threat Intake Form found in appendix R of this document. Fill out the document and notify your supervisor immediately.

Be sure to note as many details about the call as possible. Call the police immediately.

Police Department	Dial 911	Precinct/Area	Liaison/Community Affairs
Precinct Phone	Other		

Do not dial precincts directly. Assignments are issued based on the closest available unit and may not be the unit within the precinct. Be sure to document all incidences related to the threat and report them to the police when they arrive.

8.6.10.1.1 Bomb Threat Intake Form

Bomb Threat Intake Form			EMP 8.6.8.1.1.1 – Appendix R
<p>Instructions: Remain Calm. The employee is instructed to get as much information as possible and NOT hang up the line used in the threat. Immediately report the threat to your supervisor, local law enforcement, and your security officer.</p>			
Date	Time	Length of Call (In Minutes)	Number Call Was Received On:
Ask the caller the following questions:			
1. When will the bomb explode?			
2. Where is it right now?			
3. What does it look like?			
4. What kind of bomb is it?			
5. Did you place the bomb?			
What will cause it to explode?			
Why did you place the bomb?			
What is your name?			
Where are you now?			
<i>If voice sounded familiar, who does it sound like?</i>		<i>Describe the Callers Voice (Circle)</i> Calm Nasal Angry Stutter Excited Lisp Slow Raspy Rapid Deep Soft Ragged Loud Clearing Throat Laughter Crying Normal Distinct Slurred Accent Disguised Cracking	
<i>If caller has an accent, can you tell from where?</i>			
<i>Background Noise (Circle):</i> Street Factory Machines Cars Animal Other Voices Clear PA System Static Music Office House Please describe other noises:		<i>Caller's Threat Language:</i> Well Spoken Sober Incoherent Drunk Emotional Foul Angry Taped Message or read message Irrational Nervous	
<i>Caller's Sex</i>	<i>Caller's Age</i>	<i>Caller's Race</i>	<i>Notes"</i>

<i>Name of Reporter</i>	<i>Position</i>	<i>Phone Number</i>

8.6.10.1.2 Procedure Post Call:

1. Upon notification of a potential bomb threat by either verbal, written, electronic or telephonic sources, proceed with the following procedure. ***DO NOT ALLOW CELL PHONE USE AT THIS TIME:***
 - a. Notify the health center response team through hard wired communications channels. Initiate a response and open a command center. The response team for this threat consists of the following group:
 - Security Director
 - Emergency Management Director
 - Health Center Director
 - Facilities Director
 - Specific department leadership if threat is targeted.
 - b. ***Do not notify patients or general staff of the threat if threat is not confirmed. Establish a center of operations in a central location. When Police arrive, escort them to the command center.***
 - c. Assemble a response team and establish a command center. Should the incident appear extended, move the command center to the EOC located
_____.
 - d. Meet the police at the command center and establish an internal command post as directed by Police Department.
 - e. Assist in the search as directed by PD officials. Search all areas of the building in a systematic fashion and include all closets, rooms, halls, and spaces. If a door is closed, be sure to open it and search the room.
 - f. Identify the external PD command post and communicate all information pertinent to PD officials.
 - g. Do not speak to the media unless authorized by the incident commander.
 - h. Prepare an occurrence report and make a log entry of the facts as reported and the results of the investigation.
 - i. Health Center Director or Emergency Preparedness Coordinator will prepare an after action report regarding incident and meet with all involved employees regarding response.

- j. Improve and modify policy as needed.

8.6.10.1.3 In the event that a device has been confirmed or found, follow the following procedure:

- d. Notify the local precinct of the Police Department via 911 and their local phone number.
- e. Notify the health center bomb threat response team.
- f. Assure the notification of health center leadership and the Nursing Supervisor on duty.
- g. Notify the security director and supervisors.
- h. **DO NOT ALLOW ANYONE TO UTILIZE CELL PHONES, TWO-WAY RADIOS, OR ANY OTHER COMMUNICATIONS DEVICE. THIS POLICY SHOULD BE STRICTLY ADHERED TO UNLESS DIRECTED BY NYPD OFFICIALS.**
- i. Evacuate the immediate area, the floor above and the floor below. Assure that patients are moved horizontally away from the location. Do not attempt to evacuate vertically unless ordered by the incident commander or the PD and do not initiate building evacuation of patients unless ordered by the PD or the incident commander.
- j. Isolate the area. **DO NOT ATTEMPT TO TOUCH OR MOVE THE DEVICE.**
- k. Move the command center to a safe location and await the PD, who will assume command of the incident.
- l. Request that all patient visitors leave the building immediately.
- m. Meet the police and guide them to the suspected area. Assist in search as directed.
- n. Close all smoke doors on all floors.
- o. Identify the external command post and communicate all information pertinent to PD officials.
- p. If ordered to evacuate the facility, evacuate based on health center protocols. Assign a member of the staff to take any emergency supplies available and prepare to track patients and triage if necessary.

- q. Do not speak to media unless authorized by the incident commander.
- r. Prepare an occurrence report and make a log entry of the facts as reported and the results of the investigation.
- s. The Health Center Director or Emergency Preparedness Coordinator will prepare an after action report regarding incident and will meet with all involved employees regarding response.
- t. Improve and modify policy as needed.

Threat Description	Explosive Mass (TNT Equivalent)	Building Evacuation Distance	Outdoor Evacuation Distance
Pipe Bomb	5 lbs 2.3 kg	70 Ft 21 m	850 ft 259 m
Suicide belt/briefcase	10 lbs 4.5 kg	90 ft 27 m	1,080 ft 330 m
Briefcase/Suitcase	50 lbs 23 kg	150 ft 46 m	1,850 ft 564 m
Suicide Vest	20 lbs 9 kg	110 ft 34 m	1,360 ft 415 m
Small LPG tank	20 lbs/5 gal 9 lg/19 L	40 ft 12 m	160 ft 48 m

8.6.10.2 Hostage Situation

It is the policy of this institution to protect the lives and property of all patients, staff, and visitors. To this end, the following policy will address the procedure to handle persons involved in hostage taking, persons that are armed with a weapon, and persons engaged in robbery with a weapon that are still located in the building or are on health center grounds.

Procedure:

1. As soon as the situation is identified, call a CODE SILVER over the PA system followed by the location. Remove as many persons from the area as possible and evacuate all unaffected areas.
2. In the event that an incident is occurring or has occurred and the staff is directly involved, the staff member is to do the following:
 - a. Remove your identification if it implies a higher rank.
 - b. Interact with the perpetrator only if addressed.
 - c. Be respectful to the hostile person.

- d. Do not try to escape.
 - e. Follow any Police orders exactly.
3. In the event that the staff is located outside of the situation area, the staff is to do the following:
- a. Upon hearing CODE SILVER, do not go to the area specified.
 - b. Notify police and your supervisor.
 - c. Contain the area. Do not allow traffic on any floor.
 - d. Do not allow anyone to enter.
 - e. If you are away from the scene, stay and secure your work area.
 - f. Participate in building lockdown if requested by a member of the security staff.
4. The following is the list of duties required of all health center staff:
- a. Upon being notified of the situation, notify the security supervisor and notify the PD via 911.
 - b. Notify the health center operator and order a CODE SILVER to be dispatched with the location of the incident.
 - c. Gather information and report to the police once they arrive.
 - d. Establish an initial command center at the main security desk and assist the PD as requested.
 - e. Make an assessment of the situation and report it to the supervisor.
 - f. Take control of the scene and the command center until relieved by either the security supervisor or a senior administrator.
 - g. Once police arrive, relinquish incident command to the senior PD officer.
 - h. Initiate building lockdown
 - i. Assist PD as requested.

8.6.10.3 Active Shooter

An active shooter is an intruder with a weapon able to injure at a distance. This includes firearms, cross bows, and other devices. Active shooters should be treated as extremely dangerous and should not be approached. The goal of an active shooter response is to protect life and ensure that the proper assets have been notified and are responding to neutralize the subject and rescue victims and bystanders. Information, shelter in place policies, and evacuation are the best defense and response against an active shooter.

8.6.10.3.1 Procedure

- a. Upon notification of an armed threat within the building, notify 911 immediately. Give the operator as much information as possible and available. Do not try to confirm the existence of the shooter. The information that should be relayed to the 911 operator includes the following:

- Location of the shooter;
 - Actions (if known);
 - Evacuation level if known;
 - How many persons remain in the building;
 - Any other information that may be of assistance.
- b. Over the PA, issue a **CODE SILVER WHITE** followed by the location if known.
 - c. Those persons who are **not** in the location should evacuate immediately and go to the pre-designated safety area.
 - d. Those persons who are in the area should go to a room, lock the door, lie on the floor at the wall where the door is, and shelter in place. Do not open the door. If possible, call 911 and give your location.
 - e. Do not attempt to confront the shooter.
 - f. Once in the safe area outside the facility, a roll call should be taken and a report given to the police incident commander of any missing persons that may remain in the building.
 - g. Only the police will give the “all clear” signal when the building is secure and persons are able to return. Remember that the building is a crime scene and must be processed prior to returning to the building.
 - h. All employees will remain in the safe area until released by their supervisors.

8.6.10.4 Unauthorized Intruder

An unauthorized intruder is a person that has breached entrance controls and is attempting to gain access to secure areas. All employees are responsible for ensuring the security and integrity of the health center. When confronting an unauthorized intruder, follow the following procedure:

- a. Upon approaching an unauthorized person within the health center, walk up to them and ask “Can I help you?”
- b. If during the initial contact, the employee finds that the person is unauthorized, request that they leave the area.
- c. If they refuse, go to the nearest phone and call for a **CODE GRAY** and give the location.

- d. Should intruder become combative or brandish a weapon, attempt to call for a **CODE SILVER WHITE** and give location.
- e. Upon hearing a code silver, front desk personnel shall call 911 and request police.
- f. Do not attempt to physically remove the intruder and wait for police.

8.6.10.5 Combative or Agitated Person

- a. Upon identifying an agitated, potentially combative, or combative person within the health center, notify the nearest supervisor and attempt to escort the person into a private room.
- b. Call for a CODE GREY followed by the location. A code grey signals the response team to respond. The response team shall consist of nursing, social work staff, case management staff, and/or mental health.
- c. Initial contact should be made with the first two individuals that make first contact. Other staff should remain outside the door ready to assist.
- d. The response team should attempt to calm the individual down. Ask them the following:
 - How can we help you?
 - We are here to assist you, how can we do that?
 - Why are you so angry?
 - Other questions and statements that will calm the person down.
- e. Should the perpetrator not calm down or becomes aggressive toward the response team, the team should call out for help. The others waiting in the hallway should come in and assist get control of the person if needed.
- f. Should the violent person not calm, call the police for assistance. A mental health responder shall be incident commander.
- g. If the consolors are able to remove the individual to the outside, do so. If they become aggressive, leave the room but leave the door open.
- h. Do not stand in a position to crowd him or her and do not corner them. Let them know that there is a way out.
- i. Once police arrive, escort them to the area and allow them to take over.

8.6.10.6 Missing Child or Child Abduction Procedure

For the purposes of this policy, a child shall be defined as a person who is less than 18 years of age.

- a. Any employee that is notified that there is a missing child or receives a report of a potential or actual abduction of a child from any area of the health center is to immediately call a **CODE PINK** over the Public Address System.
- b. Upon calling a **CODE PINK**, the building goes into automatic lockdown and all lockdown procedures shall be followed.
- c. The senior administrator shall report to the front door.
- d. Any information related to the abduction or missing child shall be reported to the senior administrator at the front door. The employee to whom the missing child report was given shall attempt to get the following information:
 - Name of the child
 - Age of the child
 - Physical description (hair color, eye color, height, weight, etc)
 - What the child was last wearing
 - Where the child was last seen
 - Any specifics surrounding the disappearance
 - A picture of the child if possible
- e. Notify the police as soon as possible.
- f. Begin a methodical search of the building. Look on every floor and in every room starting on one side of the building to the other. Remember to search closets, machine rooms, and any other closed areas.
- g. Send someone outside to search around the building.
- h. Do not let anyone out of the building until the search has concluded.
- i. Upon arrival of the police, give the police any information obtained in the report and the search.
- j. Assign a mental health professional to accompany the parent or caregiver during the search.
- k. The administrator, once finished, will call for an end to the lockdown.

8.6.10.6.1 Child Found After a CODE PINK Was Called

In the event that the child is found on the premises, the administrator shall remain with the child until all aspects of the investigation have been resolved. The administrator shall conduct an internal investigation and report all findings to the police when they arrive. The police shall have the final decision on the next steps if any are warranted.

8.6.10.7 Missing Adult

There are times when adults go missing either due to mental illness or other issue. Any health center employee that receives a missing adult report shall do the following:

- a. Upon hearing the report, the employee shall get the following information:
 - Name of the missing person
 - Age of the missing person
 - Physical description (Height, weight, eye color, skin color, hair color, etc)
 - Any pertinent medical conditions
 - Area where last seen
 - What the adult was wearing
- b. Call a **CODE PINK ADULT** over the PA system followed by a brief description of the missing person. Include in the description:
 - Age
 - Sex
 - Height
 - Weight
 - Skin color
 - Eye color
 - Clothing Description
 - Last time and area seen.
- c. Call a lockdown over the Public Address System.
- d. The administrator shall conduct a search of the premises including the exterior of the building.
- e. If not found, call the police.
- f. Give the police the description and report of the situation.
- g. The Administrator may release the lockdown.

8.6.10.8 Civil Unrest

Times of civil unrest can appear at any time and for any reason. It is important to understand when to secure the facility during periods of civil unrest. Any form of civil unrest can be dangerous to the health center and its occupants. In order to protect the health center, the following procedure was developed.

- a. At any sign of civil unrest exterior to the health center, institute a lockdown procedure.
- b. The most senior administrator must notify system administrators of the situation.
- c. Notify incoming employees to divert to another pre-determined location.
- d. Call police and follow their instructions.
- e. Once the incident has terminated, the administrator may lift lockdown.

8.6.10.9 Workplace Violence

Workplace violence can occur anywhere. Violence or threatening language can occur between a patient and his or her companions, between a patient and another patient, between a staff member and a patient, between a staff member and a member of the public, and even between staff members. It is important to realize that this is a security issue that threatens the health and safety of all health center occupants. For those health centers with school based programs, it is important to understand that verbal or physical altercations between school children is as much a threat to those involved as it is to those surrounding the incident. It is likely that the health center will have a need to handle workplace violence and must address it to protect the health and welfare of all building occupants.

8.6.10.9.1 Workplace Violence Procedure

- a. Upon witnessing an act of workplace violence, immediately call a CODE GREY on the public address system.
- b. Notify administration about the situation.
- c. Have nursing and mental health (or social work) respond to the incident. No more than two persons per perpetrator should be assigned.
- d. They should separate each individual into private rooms. Do not corner the individual. Leave the door open so that other responders can assist if needed.
- e. For each occupied room, two extra responders should stand outside the door out of sight of the perpetrator.

- f. Attempt to calm the individual. If he or she does not calm down, have another responder call police and gather more responders for safety.
- g. Once police arrive, hand over the incident to them and stand by for further instructions.
- h. If the perpetrator is a staff member, refer them to the administration for further action.

8.7.1 Purpose

The purpose of this policy is to describe the policy and steps to be taken to provide a secure Information Technology (IT) environment and to provide the maximum security to our patients and their electronic health records.

8.7.2 Policy

It is the policy of this health center to provide security for its IT environment. Since the Electronic Health Record (EHR) is the primary venue this health center uses to maintain its patients' records, it is imperative that this health center adapt an IT security policy and procedure that is robust and able to protect the various IT infrastructures needed to conduct business and maintain patient privacy.

Section 1.6.3.1, Healthcare Insurance Portability and Accountability Act (HIPAA), describes the needs of health centers to maintain the privacy of patient records. This health center will abide by HIPAA and will ensure the safety and security of patient records. To this end, the health center will assure its IT security and train all employees on how to maintain IT security.

8.7.3 Security Policy Violation

Violating security policy is a serious breach in the secure fabric of our health center. Any violation of security policy will subject the violator to repercussions in accordance to the procedures outlined in the health center employee manual. Any violation that exposes patient private medical information will result in censure and consequences up to and including termination.

8.7.4 Desktop and Workstation Preparedness and Security^{###}

^{###} Danchev, Dancho. *Building and Implementing a Successful Information Security Policy*. Windowsecurity.com. Accessed on May 1st, 2011.

Each employee in this health center is assigned access to the health center's computer system and server. The following describes preparedness steps that can be taken to better ensure the security of our system. While no system is entirely secure, common sense steps will better protect our system and avoid unauthorized access to the health center's proprietary and patient data.

8.7.4.1 System Access (Passwords)

When creating passwords, ensure that the passwords contain multiple characters and are at least 6 characters in length. Change passwords frequently, and do not write them down. Memorize them and do not share passwords with anyone.

Please describe here the password requirements for the health center's computer system. Ensure that all employees are trained on the importance of maintaining the access portals from intrusion.

8.7.4.2 Virus Protection

Computer viruses and other malicious code (worms, Trojans, etc.) can both expose our data and damage our hardware. The IT Department of this health center requires that the system be scanned for viruses at least monthly if not on an automatic schedule. If you suspect that your workstation or desktop has been infected, contact the IT administrator immediately.

8.7.4.2.1 Virus Protection Procedures for Employees

- a. Do not run any external files without scanning for viruses.
- b. Do not open attachments from unknown sources.
- c. Do not run any programs found on loose diskettes, memory sticks, or any other external device.
- d. If downloading is authorized, limit downloading to the minimum.
- e. Update the virus protection software frequently to include the latest information on computer viruses, worms, and Trojans.

8.7.4.3 Software Installation

Under no circumstances will employees install any software without the expressed permission of the IT administrator. The installation of freeware, games, and entertainment software is forbidden.

8.7.4.4 Removable Media

Removable Media such as CDs and other floppy and external drives, must comply with the acceptable use policy in the employee manual. The IT administrator reserves the right to restrict any media that it believes may pose a threat.

8.7.4.5 Encryption

It is the responsibility of the IT department to ensure that all data is encrypted in a manner as to protect it from possible intrusion.

8.7.4.6 System Backup and Maintenance

It is the responsibility of the IT department to ensure that the health center's computer system and environment is maintained and that back-ups are both sufficient and executed regularly as outlined in the IT manual. The IT department will also assist employees who wish to further back up their data. Patient data will only be backed up by the IT department and will not be allowed to be carried in removable or portable drives.

8.7.4.7 Incident Handling

The IT department will ensure that a proper procedure is maintained on the handling of IT security breaches and will define a "breach" or a "suspicious event" in detail within its IT manual. It is the responsibility of the IT department to train staff on the need for IT security, and it will describe a procedure for the reporting of incidents.

The IT department and its administrator will form an IT response team to respond to incidents regarding the penetration, breach, or violation of the health center system.

8.7.4.8 IT Security Reporting

It is the policy of this institution to report all IT incidents as soon as they are found or occur to the IT Administrator. The following procedure should be followed in the event of an incident:

- a. As soon as an incident is recognized, call the IT Administrator at

IT Reporting Contact Information		
IT Position	Name	Number
IT Administrator		
IT Consulting		
IT Technician		

- b. Give the IT Administrator or his/her designee the details of the incident. Include the following information:

- What occurred?
- How is your access or desktop affected?
- When was the last time the system was running efficiently?
- Other information

8.7.5 EHR Downtime Procedure

This health center is dedicated to the safety and security of its patients and their protected healthcare data and records. It is the policy of this health center to continue operations and create a downtime procedure plan in the event that the EHR is rendered either compromised or inoperable. Should the staff or management identify an incident where the EHR can not be used, please follow these guidelines to continue operations until the EHR is able to be brought back online.

1. Upon recognizing a problem with the EHR system, notify the health center leader and its Information Technology manager.
2. Communicate to all staff that the EHR is inoperable and downtime procedures are to be followed.
3. Downtime procedures are as follows:
 - a. Cancel all non essential visits.
 - b. Utilize the health center paper charts by creating an individual chart for each patient that is present.
 - c. Use the paper charts as the principle documentation tool.
 - d. At the close of the business, collect all paper charts and secure charts until the EHR s functioning.
 - e. Once EHR is functioning, enter all the data from the paper charts into the proper electronic chart for each patient.. Make a note in the electronic chart that the late posting of the information was due to a malfunction of the EHR.
4. Upon restoring the EHR, notify all parties that the EHR is functional.
5. Reschedule all cancelled patients

8.8.1 Purpose

The purpose of this policy and procedure is to describe the conditions and actions to be taken when the building must be partially or fully evacuated.

8.8.2 Policy

It is the policy of this health center to evacuate this center when the environment poses a risk to the safety and health of our patients and staff. The Emergency Preparedness

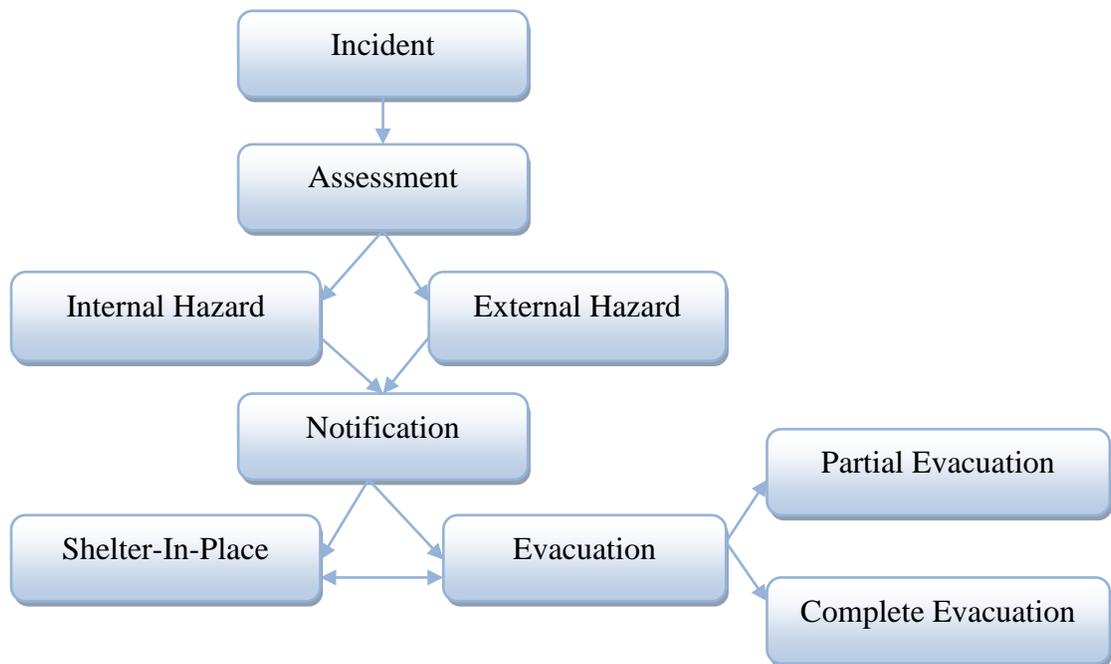
Coordinator and Committee will be responsible for the design of the evacuation plan and the selection of safe areas external to the health center. However, there are conditions that require building occupants to remain within the building when the building offers the best possible shelter. If these conditions exist, the building management will require that all staff shelter in place until such conditions exist that it becomes safe for occupants to emerge.

8.8.2.1 Evacuation Decision Making

8.8.2.2.1 Decision to Shelter-in-Place versus Evacuation

- a. The staff person, who identifies an internal hazard or who is notified of an external hazard, is responsible to notify his or her supervisor immediately and activate any alarms as necessary. This includes calling a CODE WHITE if needed.
- b. Shelter-in-place is the preferred option, unless the decision is made by the house supervisor, usually in coordination with response agencies, to evacuate, considering the circumstances of the incident.
 1. The healthcare facility is to initiate its Emergency Management Plan and operate under the Incident Command System (ICS).^{§§§}
 2. The appropriate referral facilities/agencies are to be notified that admissions are to be canceled. The Liaison Officer is also to notify the EOC, if activated.

^{§§§} The Wisconsin Hospital Emergency Preparedness Plan recommends that the top 8 positions of the Incident Command System be adopted and used by all healthcare facilities: Incident Commander, Safety Officer, Public Information Officer, Liaison Officer, Operations Chief, Planning Chief, and Finance Chief. These positions are functions and not necessarily individual persons. One person can fulfill more than one function if necessary.



Note: A healthcare facility may decide to both evacuate parts of the facility and shelter-in-place in another part of the facility until an evacuation can be conducted.

8.8.3 Shelter In Place

During conditions that do not require the full evacuation of the health center and the health center is the safest location, the call to shelter in place will be announced depending on the conditions faced. Often, a well controlled environment and the nature of the health center architecture may be the best protection available against certain incidents. In some cases, it may be beneficial for the staff and community to remain in the health center and continue operations after the event.

Depending on the incident, each plan in this manual will have a preferable evacuation method. Whether to shelter in place or perform a partial or total evacuation will be the decision of the health center director and/or the emergency preparedness coordinator.

The following may be reasons when choosing to shelter in place may be beneficial to the staff and patients:

- Chemical spill or attack external to the health center;
- Radiological incident external to the health center

- Civil disturbance
- Weather
- Active Shooter/violence either inside or outside the health center (see security plan – 8.6)
- Other incident external to the health center.

8.8.3.1 Shelter in Place Procedure

Upon identifying an incident that may require the health center occupants to shelter in place, the following procedure should be followed:

- a. Close the business and forward phones to an alternate location or answering service.
- b. Make appropriate notifications if able.
- c. Perform lock down procedures and secure the doors, windows, vents, HVAC, and close or lock any other external vents.
- d. Close all window shades.
- e. Gather essential supplies such as food, water, and medical supplies, and seek an interior room above the ground floor if possible. Do not select mechanical rooms with equipment such as boilers. Prepare to shelter low against a wall.
- f. Ensure that the rooms you select for shelter in place have a landline phone that is accessible.
- g. Seal the door jambs with plastic bags if possible and place a wet towel at the crack below the door.
- h. Identify all persons within the room and make notifications as required. Inform them of who is in the room, their age, sex, and location of the room.
- i. Listen to an emergency radio and determine the conditions outside of the health center.
- j. Once all is clear and it is safe to do so, the health center management or emergency preparedness coordinator should first go outside and assess the condition or damage. If it is safe, direct all persons sheltering in place to return to business.
- k. Give all within the health center a report of occurrences and frequent updates.

For more information regarding shelter in place activities, visit the American Red Cross' Shelter In Place Fact Sheet at <http://www.redcross.org/www-files/Documents/pdf/Preparedness/shelterinplace.pdf>

8.8.4 Evacuation

1. In the event of a hazard which requires a complete or partial evacuation of the facility, if necessary to protect the life and safety of patients, staff and visitors, the healthcare facility Incident Command is to give the order to evacuate, or if response agencies are present in collaboration with Unified Command, a decision is to be made.
2. If the circumstances are such so that there is no immediate danger to the life and safety of patients, staff, and visitors, the healthcare facility Incident Command is the first to determine the availability of transportation resources and destination sites (internal and external) before giving the order to evacuate. Until the time that these resources are determined, healthcare facility Incident Command shall give the order to shelter-in-place or if response agencies are present this decision should be made by Unified Command.
3. Once transportation resources and destination sites (internal and external) are identified, healthcare facility Incident Command or Unified Command shall give the order to activate the procedures to initiate an orderly and timely transfer of residents to the pre-designated destination site(s).
4. The following are the procedures to be followed to evacuate the building or a portion of the building when it has been determined that the healthcare facility is unsafe or unable to deliver adequate resident care ****.
5. When it is determined that evacuation is necessary, the healthcare facility Incident Command will provide directives according to its communications policy, will call the appropriate code, and make notifications as needed. [Fire Alarms should not be used to evacuate during a bomb threat or suspicious package evacuation unless fire or smoke is present.] The specific directive will depend upon the type of evacuation required (Incident Site, Horizontal, Vertical, or Complete). Healthcare facility Incident Command or Unified Command will determine to which area(s) (internal or external) the residents are to be moved.
 - a. If an Incident Site Evacuation is necessary, the directive will state "Incident Site Evacuation": evacuate from (room number or name of area) to (room number or name of area)

**** Examples of possible incidents that require evacuation include: fire, bomb threat, major structural damage, threat of explosion, major power loss, flood, major gas leak, or exposure to a hazardous material.

- b. If a Horizontal Evacuation is necessary, the directive will state “Horizontal Evacuation”: evacuate from (area) to (area).
 - c. If a Vertical Evacuation is necessary, the directive will state “Vertical Evacuation”: evacuate from (floor) to (floor).
 - d. If a Complete Evacuation is necessary, healthcare facility Incident Command or Unified Command will define the sequence of evacuation and when to begin the movement of residents to the Assembly Area(s) and/or to the Patient Transport Area(s).
6. The following procedures apply to Incident Site, Horizontal, and Vertical Evacuation.
- a. After the directive of the evacuation, all available staff is to report to the Personnel Staging Area or a designated area. Staff will be assigned to departments needing additional help at the direction of the Operations Chief.
 - b. All residents, not in their respective units, are to be returned to their respective units, if possible. If this is not possible, ancillary staff (e.g. Dietary Department, Physical Therapy, etc.) are to maintain the census of all patients and their room numbers and report this census to the Planning Chief. Ancillary staff. Residents are to remain in place until further directives are received.
 - c. Staff are to be prepared to evacuate all patients, visitors, and staff from the area, according to the level of acuity:
 - 1) **Evacuee Acuity Level 4^{††††}**: self-sufficient patients and staff, who are ambulatory, require minimal nursing care, and are candidates for rapid discharge to home or to a temporary shelter(s).
 - 2) **Evacuee Acuity Level 3**: Ambulatory patients, who require moderate assistance in evacuation.
 - 3) **Evacuee Acuity Level 2**: Patients, who are non-ambulatory and require frequent supportive care and observation.
 - 4) **Evacuee Acuity Level 1**: Patients, who are non-ambulatory and require continuous observation and support.
 - d. When possible, patients’ charts, medications and patient IDs are to accompany the patients as they are evacuated. However, if a non-emergent evacuation is

^{††††} This “numbering system” is used to be in compliance with the National Incident Management System (NIMS) where a higher number indicates a lesser degree of intensity and a lower number indicates a higher degree of intensity.

being performed, ensure that the patient record is backed up to alternate locations and print a face sheet to accompany patients.

- e. The charge nurse or designee is to compile a list of all patients in the area(s) that is being evacuated.
- f. If time permits and there is no threat to the safety of the staff, the staff are to return to obtain any devices necessary for daily living (glasses, dentures, prosthesis) and any other valuables and belongings. Staff may also want to collect their own personal belongings.
- g. Healthcare facility Incident Command or Unified Command, if responders are present, is to make the necessary arrangements to secure the evacuated area, primarily to keep people from entering the evacuated area.
- h. Staff should remain with patients in the relocated area until the patient(s) has been reassigned/handed off/evacuated from the area.
- i. Upon completion of evacuation of each area, staff through their chain of command is to report to healthcare facility Incident Command or Unified Command that the evacuation of the area has been completed.

7. The following procedures apply to Complete Evacuation

- a. All the procedures identified in Section 5 are also to be followed for a Complete Evacuation.
- b. The following additional procedures are also to be implemented:
 - 1. Sequence of Evacuation: Healthcare facility Incident Command or Unified Command, if response agencies are present, will determine which floors and/or smoke zones are evacuated first and in which order. Those floors that are most in danger or the floors of the incident are to be evacuated first. Then adjacent floors are to be evacuated. Otherwise, evacuation is to start at the top floor and work downward. In all incidents, residents are to be evacuated according their Evacuee Acuity Level.
 - 2. Healthcare facility Incident Command or Unified Command are to identify area(s) for both Assembly and Resident Transport.
- c. Assembly Area(s): The following activities will take place in the Assembly Area(s):
 - 1. Patients are to be assessed for rapid discharge, if appropriate. Triage should also be conducted upon residents' arrival.

2. Staff is to maintain care of the patient in the evacuation area and continue to assess acuity.
 3. Healthcare facility Incident Command or Unified Command is responsible for accounting for all staff. Healthcare facility Incident Command or Unified Command is also to maintain a log of staff, who accompanies residents to destination sites with consideration, to the extent possible, for their lodging, food, and other needs.
- d. The Triage, Treatment, Transport, and Discharge Area is the designated area for patients, visitors, and staff.
1. A triage tag^{††††} is to be applied by the Medical Group Supervisor to all residents who are being transported to destination sites. The resident is also to be triaged according to the START triage protocols, that is, a color code is to be assigned to the patient based on the patient's acuity. The triage tag number is the number that will be used to track the patient after leaving the evacuated healthcare facility to destination sites.
- e. All health center patients that must be removed by ambulance must be tracked and documented. When communicating with EMS, basic identifier information and known medical information can be transferred to the EMTs or paramedics when necessary. Do not hold transport for medical records. Do not hand over the patient medical record to EMS. The following tracking sheet should be completed and stored for future review by the Health Center Director and Chief Medical Officer.

Evacuation Destinations:

Evacuation Location	Staff In Charge	Cross Street

^{††††} Hospitals and EMS have triage tags. Healthcare facilities may purchase triage tags for this purpose or, in an emergency, request these tags from the hospital or EMS. If purchasing triage tags facilities should coordinate with the local EMS Director to ensure consistency with existing triage systems.

Please insert all health center floor plans with areas of egress clearly marked here:

8.8.5 START Triage: Simple Triage and Rapid Treatment Quick Reference

GREEN	Ambulatory stable patients with minor injuries.
YELLOW	Assigned to patients that are not ambulatory but stable
RED	Assigned to patients in need of immediate care
BLACK	Assigned to patients that are deceased or expectant

Note: The triage tag should be put on the patient's chart if there is concern that the resident may lose the tag or tear it off.

- a) A staff person is to be assigned to match the triage tag number to the list of patients being transported. The list was generated by the Charge Nurse or Planning Section.
- b) This same staff person must also match any patients being discharged or being sent to a temporary shelter to the same list that was generated by the Charge Nurse or Planning Section.
- c) Demographic information for all patients, both those, who were discharged and those who are being evacuated along with the triage tag number, are to be entered into the electronic, centralized database within one hour or, as soon as possible, of the resident leaving the healthcare facility according to the "Policy on Patient Tracking".

2) The on-site healthcare facility Transportation/Discharge Task Force Leader shall assure that:

- a) Each patient being transported to a destination site must be logged on the Transportation Log for Evacuated patients.
- b) Each patient being transported by private vehicle must be logged.

f. Transportation Vehicle Staging Area

- 1) To maintain open access to the healthcare facility patient Transport Area(s)^{§§§§}, the healthcare facility Incident Command or Unified Command will activate the Transportation Vehicle Staging Area. (This area(s) is to be pre-identified).

Designate a Transport Staging Area for waiting vehicles. Make sure you notify the Fire Department of your decisions for staging.

- 2) The Transportation Vehicle Staging Area Manager or Transportation Vehicle Assistant Staging Area Manager, if Unified Command has assigned a Staging Area Manager to manage all staging activities, is responsible for sending vehicles to the healthcare facility patient Transport Area(s) as requested by the Transportation Task Force Leader.
- 3) The healthcare facility is to make every effort to pre-identify and use only authorized vehicles for patient transport. However, it is recognized that circumstances may be such that authorized vehicles may not be available and the healthcare facility may need to resort to the use of private vehicles. The use of private vehicles poses risks to the healthcare facility and those being transported.

g. Alternate Care Sites

^{§§§§} The healthcare facility is to have a policy for internal and external traffic control, which should be implemented, when the decision to shelter in place or evacuate is give by healthcare facility Incident Command or Unified Command. These plans should be coordinated with local response agencies prior to the incident

- 1) The healthcare facility is to identify two sets of Alternate Care Sites:
 - a) The first set is to include facilities that are geographically close to the healthcare facility in those cases where the hazard has affected only the healthcare facility.
 - b) The second set is to include facilities that are geographically distant from the healthcare facility in those cases where the hazard has affected the entire area around the healthcare facility.

- 2) The healthcare facility on-site Transportation Task Force Leader is to consider the triage priorities and Evacuee Acuity Level assigned to the residents as they are being transported to the various Alternate Care Sites. Evacuee Acuity Level 3 and 4 patients are to have priority for transport.

- 3) The healthcare facility is to identify facilities^{*****} in the sequential order that it will use these facilities to shelter evacuated patients if they can not be discharged, based on the acuity level of the patients that the facility can manage. The following is a list of facilities, to be used in sequential order, for exemplary purposes only:
 - a) Hospitals (for Evacuee Acuity Levels 1, 2, 3, 4)
 - b) Skilled nursing facilities (for Evacuee Acuity Levels 1, 2, 3)
 - c) Clinic buildings (for Evacuee Acuity Levels 1, 2)
 - d) Pre-designated Offsite Areas (for Evacuee Acuity Levels 1, 2)

- 4) The healthcare facility is to pre-identify Alternate Care Sites and have Memoranda of Understanding^{†††††} with these facilities in case the healthcare facility needs to utilize these facilities in an evacuation.

- 5) Supplies and equipment for the Alternate Care Sites
 - a) For each Alternate Care Site, the healthcare facility is to pre-identify what equipment and supplies are already available on-site and at what quantity.

***** The Alternate Care Site should be a building that is already being used for medical purposes, e.g. clinics and nursing homes or building that are set up to shelter people and take care of their needs such as hotels versus schools or community centers which will create serious logistical issues in regard to patient care.

††††† A template for state wide use is being developed.

- b) For each Alternate Care Site, the healthcare facility is to pre-identify what equipment and supplies will need to be delivered to the site and at what quantity. The Municipal or County Emergency Operations Center (EOC), if activated may be able to assist with the procurement of these supplies and equipment.

6) Staffing for the Alternate Care Site

- a) The healthcare facility is to assign one of its staff as Site Supervisor of the alternate Care Site.
- b) The staffing plan for the Alternate Care Site will need to take into consideration the acuity of the patients at each site.
- c) There is to be an agreement with the Alternate Care Site to pre-identify any of its staff who can be retained for patient care or other services
- d) If possible, a healthcare facility staff person is to accompany the patient to the Alternate Care Site and hand over the patient to the staff there with a briefing on the care and treatment of patients.
- e) It is important to keep in mind that staff from the evacuated healthcare facility will be tired and stressed and may not be able to provide care at the Alternate Care Site, until they get the necessary rest and recuperation.

- 7) The Site Supervisor at each Alternate Care Site is responsible for re-triaging patients, based on changes in patient acuity, and moving them to a more appropriate facility.

Alternate Care Sites

Alternate Care Site	Contact Information

8.8.6 Health Center with Leased Space Evacuation Integration with Building and Other Occupants

In the event that the health center is leasing space in a larger building, the health center must integrate their evacuation plans with those of the building manager and other residents. All buildings in New York State must have an Emergency Action

Plan on evacuation and must test this plan regularly. The health center must coordinate its special needs for evacuation with those of the building. Please insert the buildings plans if they differ from the plans of the health center.

Please insert a copy of building evacuation plans here if applicable:

Attachment: Evacuation Lexicon

- a. **Alternate Care Site:** a building or facility to which staff and patients from the evacuated healthcare facility can be taken to for continued care and treatment and shelter.
- b. **Horizontal Evacuation:** evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor.
- c. **Incident Site Evacuation:** evacuation of persons from the room or area of the incident.
- d. **Partial Evacuation:** an evacuation of certain groups of residents or of areas within the facility.
- e. **Transportation Vehicle Staging Area:** In a complete evacuation, this is an area(s) at which vehicles that will transport residents from the evacuated facility will wait until summoned by the Transportation Task Force Leader. ****

**** “Healthcare Facility Incident Command” is responsible for command of internal facility operations, but must collaborate with the Response Agency; a Unified Command should be established if response agencies are present.

f. **Shelter-in-Place:** a protective action strategy taken to maintain resident care within the facility and to limit the movement of residents, staff and visitors to protect people and property from a hazard

g. **START:** a rapid assessment of every patient, determining which of four categories residents should be in and visibly identifying these categories for rescuers, who will treat the residents.

h. **Triage Tag:** this is “slip of paper” that is attached to a resident, usually by Emergency Medical Services (EMS) in the field, to provide key information about the patient. The “tag” includes an identification number and a color-coded system to document the acuity level of the resident.

i. **Vertical Evacuation:** evacuation from one floor(s) to the floor(s) below or above.

Attachment 2: Stages of Evacuation for Community Clinics and Health Centers

Stage 1: Alert

- Make certain that everyone in the building has been notified that the decision to evacuate has been made.
- The executive director of the health center, onsite staff, fire department, or other authority may make the decision to evacuate.

Stage 2: Evacuation

- Evacuation may need to proceed in stages. The first steps should focus on evacuating those who are in immediate danger and moving the largest numbers to safety quickly. Then focus on conducting more complex searches and evacuations.
- Move anyone who is in immediate danger to safety.
- Conduct general evacuation of ambulatory patients, using staff to guide patients.
- Conduct evacuation of non-ambulatory patients, using teams of staff who have been trained in evacuation techniques.
- Sweep each area, checking for people who have been trapped, injured, or left behind.

Stage 3: Assemble and Report

- Assemble *all* staff, patients, and visitors in the area designated for this purpose.
- Account for those who are present, missing, or injured in a systematic way.
- Report the evacuation status of each area to the health center’s leadership.

Stage 4: Leadership Assessment and Direction

- Based upon reports, leadership will assess the situation and:
- Determine whether to activate additional ICS functions.
- Consider activating teams (such as first aid, light search and rescue, shelter/staff support, communications, etc.).
- Decide on next steps.

Stage 5: Demobilization

- Just as you built your response, systematically demobilize section by section.
- Debrief.
- Before staff disperses, engage them in a nonjudgmental discussion on how they were affected emotionally by the day's events.
- Conduct evaluation. (This process can be done at a later date.)
- Identify lessons learned to improve future responses.

2010, Developed by Barbara Morita, PA Alameda Health Consortium, Alameda, CA

8.9.1 Purpose

The purpose of this policy is to design a protocol for acquiring and maintaining a generator.

8.9.2 Policy

It is the policy of this institution, due to the community's infrastructure and ability to maintain power during emergencies, to acquire and maintain a generator to continue operations when electrical power is unreliable or when atmospheric conditions are such that running a generator will ease the power load on the community while maintaining operations.

8.9.3 Generators

There are many generator manufactures, brands, and models on the market. This facility has acquired a generator and has based its decision on the size and complexity of the health center. It is the policy of this institution to maintain operations during power outages. The generator has been installed in such a manner that it will automatically turn on when there is a drop in voltage through the health center's power grid. Upon installation, the health center has identified equipment that must continue to function during a power outage in order to serve the community. Upon installation, contractors have identified and installed power outlets that will be connected directly to the generator. Therefore, it is the policy of this health center to maintain and test the generator regularly as well as those outlets or power panels attached to it to ensure its usability during an emergency.

8.9.4 Maintenance

It is the responsibility of the Department of Facilities to maintain the generator and ensure enough fuel is available to last at least 24-48 hours.

8.9.5 Generator Testing

Once per month, the generator will be tested for a minimum of four hours. Once per year, the generator will be tested in such a manner to be able to test the system and ensure that all identified outlets and connections are functioning properly. During testing, monitor the fuel consumption and keep a log to develop an average as consumption can be increased and decreased by several factors such as temperature and other conditions. Also, plan exercises for the persons responsible for supporting the functioning of the generator to ensure everyone is trained on its operations, repair, and support.

8.9.6 Fuel

The generator operated by the health center runs on Diesel/Oil/Natural Gas/Propane. This health center must ensure that an adequate supply of fuel is available and will schedule regular fuel deliveries. Since much of the community relies on a limited number of contractors to deliver fuel, it is policy to enter into a memorandum of agreement with fuel vendors to ensure priority delivery of fuel. The health center must also seek out alternative vendors in the event that a specific vendor is affected by a disaster.

8.9.7 Vendors

The following is a list of vendors that deliver fuel to the health center. In the event of an emergency, the health center shall activate and enforce all agreements and will maintain the environment of care by ensuring the energy needed to operate the health center is available.

Name of Fuel Company	Company Phone	Sales Contact	Contact Phone	MOA Executed?

The following are a list of vendors for the repair of the generator. It is the policy of the health center to keep on site several generator parts for the maintenance of the generator and parts that are critical to the functioning of the generator.

Name of Repair Vendor	Company Phone	Sales Contact	Contact Phone	MOA Executed?
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Training and Exercises

The purpose of this policy is to outline the health center's commitment to the training of the health center staff and to the exercising of all the plans contained herein.

9.0.1 Policy

It is the policy of the health center to establish an employee training and competency program for the training of health center staff on all emergency management policies and procedures contained herein. The training program will be based on established procedure as well as data collected from the frequent exercising of the plans contained in this manual.

The exercise program of this health center will be based on the Homeland Security Exercise and Evaluation Program (HSEEP). It is recommended that all health center leadership and emergency preparedness coordinators take HSEEP training to better understand the process of exercising and to establish a multi-year training and exercise program that will adequately test our capabilities, plans, and procedures. Other options to enrolling in an HSEEP course are taking the various self directed on-line training courses offered by FEMA. Specifically, IS-120a and IS 130 are excellent alternatives that can offer the planner a great perspective into the exercise process. These courses can be found on the Federal Emergency Management Agency's website at www.FEMA.gov.

This health center will test its capabilities by exercising regularly and creating a cyclical process that includes identifying threats, establishing capabilities to deal with those threats, designing an exercise to test these capabilities, conducting an exercise, evaluating the exercise, and establishing an improvement plan to improve the health center's response to those threats based on the exercise evaluation.

9.0.1.1 Capabilities Based Planning and Exercising

This health center shall plan its response to potential threats by establishing its capabilities to respond to those threats and exercising these capabilities regularly. This strategic emergency management plan is founded on planning around those capabilities and exercising based on these capabilities.

FEMA, in accordance with Presidential Policy Directive 8 (PPD8)^{§§§§§}, designed a planning methodology that is outlined in the FEMA document: *Developing and Maintaining*

§§§§§ Presidential Policy Directive 8.

www.dhs.gov/xabout/laws/gc_1215444247124.shtm. Accessed on February 22, 2012.

*Emergency Operations Plans. A Comprehensive Preparedness Guide******. This guide is a planning model based on certain specific capabilities that health systems should develop to help identify planning gaps and perform the needed healthcare functions in response to a disaster. The following are the principle general capabilities that the Assistant Secretary of Preparedness and Response (ASPR) has outlined as required capabilities of healthcare systems to achieve national preparedness goals:

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
4. Mass Fatality Management
5. Information Sharing
6. Medical Surge
7. Responder Safety and Health
8. Volunteer Management

In order to achieve proficiency in these capabilities, health centers must identify basic health center critical functions, policy, and planning methods that will support the development of these core common capabilities needed to achieve the national preparedness goal. There are 9 basic areas which must be planned for in order to achieve the ability to perform these capabilities and formulate hazard specific plans that would address these capabilities. These 9 areas of planning have been outlined in this emergency management plan and are listed as follows:

- a. Administrative Policy regarding Emergency Management Planning and Program Establishment.
- b. Command and Control Policies and Procedures regarding the management of human resources during emergencies.
- c. Hazard Vulnerability Analysis and Risk Management Policies and Procedures for assessing potential threats to the health center.

**** Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, November 2010;
http://www.fema.gov/pdf/about/divisions/ndp/CPG_101-V2.pdf

- d. Community Integration Policies, Procedures, and Practice for integrating the capabilities of your health center with other health center partners and coalitions.
- e. Communications Policy and Procedures that would outline the health center's communications policies and plans as well as define how the health center will communicate during emergencies with itself, its partners, and the community at large.
- f. Logistical Policies and Procurement Procedures that will outline how the health center will handle basic logistical issues including how to stock for surge incidents.
- g. Basic Building and Utility Policy and Procedures that will outline how the health center will mitigate hazards related to its building and its community as well as how the health center will maintain its utilities during incidents.
- h. Business Continuity Policy and Procedure is designed on maintaining the health center's operations and recovery during and after an incident. This section covers financial issues in depth and assists in the planning of responses to internal incidents as well as helping the planner understand the financial aspects of recovery.
- i. Training and Exercise policy and procedure to test hazard specific plans that include these core planning elements, establish a multi-year planning cycle to address the testing of these specific plans and to establish an adequate training program for staff related to these core capabilities.

In creating a plan to address these capabilities, the health center's planning team must address the previous 9 areas of planning in order to create a plan to address the specific capabilities required of the health system. Once these plans have been created, they must be exercised regularly as addressed in this section. Exercises should be created to test all 9 areas of planning as well as those hazard specific plans that address the common core capabilities listed by ASPR as necessary to the nation's healthcare response.

9.0.2 Multi-Year Training and Exercise Plan

This health center will enter into a multi-year training and exercise program. This program will begin by testing plans related to the specific capabilities of the health center rather than testing general plans based on threats. The training and exercise cycle emphasizes training staff on the capabilities of the health center, the ability of the health center to perform critical functions as well as respond to both internal and external disasters and prepare the health center to perform the common core critical capabilities needed by the health system at large. Testing these capabilities, evaluating the test, improving the shortfalls, and re-training the staff on any changes that occur as a result of the test is a key feature of the multi-year training and exercising cycle. Each exercise should build upon the results of the last and planning future exercises should be included with a preparedness goal in mind.

Upon completion of the cycle, the health center will repeat the test to continually improve its ability to respond to a disaster.

The HSEEP cycle is a continuous cycle of training, exercising, and development that will strengthen the health center's plans and improve the quality and performance of health center capabilities and services as well as the quality of its response to community wide emergencies and disasters.



HSEEP Exercise Planning Cycle

This health center is committed to maintaining the highest quality care and services it can offer to its community. In order to accomplish this, it will exercise its plans, exercise its plans with its community partners, integrate its capabilities with those of its partners, and exercise together to establish relationships, improve resource and intelligence sharing such as in sharing information about a specific disease or updates by the NYC DOHMH, and ultimately improve its response to the community.

9.0.2.1 Tier System Exercising Expectations

The following are the expectations of the various tiers for exercising. Please keep in mind that HRSA, the Joint Commission, and the American Association of Ambulatory Health Centers (AAAHC), among others, require that health centers exercise their plans at least twice a year with at a minimum of one exercise concentrating on patient influx. The following table describes what each tier expectation is, however, the goal of every health center should be to enter a multi year exercise planning and execution cycle to best perform their specific capabilities.

Tier 1 sites – Are actively performing exercises annually and engage in a multi-year exercise planning cycle.

Tier 2 sites – Have been identified as exercising occasionally, but must plan for exercising annually.

Tier 3 sites – Have been identified as sites that rarely exercise. PCEPN will work with these sites to engage them in a regular exercise planning cycle.

9.0.3 Annual Exercise Policy

It is the policy of this health center to perform an exercise at least once per year. According to the Joint Commission (JC), all ambulatory health centers should perform at least one exercise annually. However, the JC guidelines stipulate that if health centers are designated emergency receiving facilities or are designated by any city, state, or federal agency as a disaster receiving facility, they must design and perform at least one exercise with patient influx. Although this regulation is open to interpretation based on the capabilities and functions of health centers in general, and although this health center is NEITHER a designated emergency 911 receiving facility, NOR a disaster receiving facility, it will perform patient influx exercises. Since this health center does receive patients with emergent conditions from time to time, it is in the best interest of this facility to exercise these cases and its capabilities with regards to treating these patients.

This health center will therefore perform multiple escalating exercises annually culminating into an influx exercise that takes into account the lessons learned during the exercise process. It will coordinate and integrate with its community partners to perform exercises that will benefit the health center’s response to the community and strengthen community response plans. It will integrate all lessons learned into its own plan as well as share them with community partners to improve the community’s overall response to emergencies and disasters.

9.0.4 Exercise Program Development

It is the policy of the health center to establish an exercise program to test all capabilities, response, and recovery activities. Furthermore, it is the policy of this health center to learn from these exercises to improve its plans, capabilities, and ultimately better serve its patients and community.

To begin, establish a basic program by outlining the list of capabilities that pertain to the health center. A capability is a function of the health center and what a health center can do or accomplish during an emergency. The following is a list of the Target Capabilities that have been developed by the HSEEP Program compared to health center functions. These Target Capabilities have been outlined by HSEEP to assist planners identify planning areas as well as potential gaps in their planning. :

HSEEP Target Capability	National Preparedness Health System	Capabilities	Health Center Capabilities	Example of the Health Center Capabilities
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Area	Capabilities			
Common Target Capabilities				
	Health Care System Preparedness, Health Care System Recovery, Emergency Operations Coordination, Information Sharing, Medical Surge, Volunteer Management	Planning	Planning for Preparedness, Mitigation, Response, and Recovery	The ability of the health center to create a plan to mitigate a hazard.
	Information Sharing, Emergency Operations Coordination	Communications	The ability of the health center to communicate with self and other responders.	Testing the ability of the health center to communicate effectively with partners.
	Health Care system Preparedness	Citizen Preparedness and Participation	Using community resources during an emergency.	Testing the use of Community Emergency Response Teams (CERT) to assist the health center operate during an emergency.
	Health Care System Recovery	Risk Management	Mitigating Hazards	The ability of the mitigation committee to identify and address hazards to improve response. An example is to maintain the generator.
Preventative Mission Area Target Capabilities				
	Information Sharing	Information Gathering and Recognition of Indicators and Warnings	The use of the Health Alert Network or the Health Commerce System.	The Sentinel Program detects clusters of emerging disease in a community.
	Information	Intelligence	The ability of the	The ability to process,

	Sharing, Emergency Operations Coordination	Analysis and Production	health center to gather information and maintain a situational awareness.	plan and respond to information presented about a disaster that affects the health center.
	Information Sharing and Emergency Operations Coordination	Intelligence and Information Sharing and Dissemination	The ability of the health center to gather information and share best practices to deal with an issue.	The dissemination of information about a particular public health issue.
	Emergency Operations Coordination	Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives Detection.	The ability of a health center to identify an incident and respond to that incident.	The ability of a health center to identify potentially contaminated patients and exercise an isolation protocol.
Protection Mission Area Target Capabilities				
	Healthcare System Preparedness and Response	Epidemiological Surveillance and Investigation.	The ability of a health center to conduct an investigation on a new pathogen.	The investigation into tracing back to an index case and sharing that with public health.
	Healthcare System Preparedness and Response	Public Health Laboratory Testing	The ability of a health center to conduct investigations into a new pathogen by offering testing to the community.	H1N1 testing at health centers.
Response Mission Area Target Capabilities				
	Healthcare System Preparedness	Citizen Protection: Evacuation and Shelter in Place	The ability of a health center to assist public officials in protecting patients by assisting in an evacuation or assisting in sheltering patients	The health center helping public officials and hospitals by assisting in an area evacuation during a coastal storm.

			in place.	
	Healthcare System Preparedness, Medical Surge, Responder Safety and Health	Critical Resource Logistics and Distribution	The ability of a health center to quickly receive a supply and distribute that among the community.	The ability of a health center to give out emergency supplies to the public quickly or to distribute it among its partners.
	Information Sharing, Healthcare system Preparedness	Emergency Public Information and Warning	The ability of a health center to communicate with its community	Issuing public statements and communicating with patients about an emerging pathogen.
	Responder Safety and Health, Healthcare System Preparedness	Environmental Health	The ability of the health center to conduct environmental health services during a disaster.	Assisting 9/11 responders with breathing problems.
	Emergency Operations Coordination	Emergency Operations Center Management	The ability of a health center to establish and manage an EOC.	Operating an EOC to manage an emergency.
	Fatality Management and Healthcare system Preparedness. Health Care system Recovery	Fatality Management	The ability of the health center to manage mass fatalities.	The ability of the health center to operate a temporary morgue and communicate with the medical examiner to manage fatalities.(This is not a required capability for health centers)
	Healthcare system Preparedness	Isolation and Quarantine	The ability of the health center to perform isolation and quarantine services.	The ability of the health center to isolate patients and maintain them apart from a healthy population.
	Medical Surge	Mass Prophylaxis	The ability of a health center to issue prophylaxis to the public.	The ability of a health center to establish a Point of Dispensing and vaccinate the community.
	Medical Surge, Healthcare System Preparedness	Medical Supplies Management and Distribution	The ability of the health center to receive supplies and distribute	The health center receives Potassium Chloride to give to its patients.

			them to the community	
	Medical Surge	Medical Surge	The ability of the health center to receive large numbers of patients and increase its ability to treat them.	The ability of the health center to activate its staff and increase the ability to absorb and treat large numbers of patients.

9.0.5 Exercise Program Management

It will be the responsibility of the Emergency Management Committee, headed by the Emergency Preparedness Coordinator, to manage the training and exercise program and plan. It will also be the responsibility of the Emergency Management Committee to evaluate all exercises, develop all emergency management training curricula, and to provide training to all health center employees.

According to HSEEP, the following steps should be followed with regards to developing an exercise program:

1. Define and assess the capabilities of the health center. Make sure that the health center provides for capabilities that can handle a wide range of threats.
2. Begin planning based on the health center's capabilities.
3. Produce an emergency management plan that addresses all areas of the health center's functions.
4. Train employees on the plan.
5. Test those plans by developing exercises.
6. Evaluate performance.
7. Incorporate lessons learned into the program.
8. Retrain staff on the changes to the plan.
9. Re-evaluate those plans.

9.2.1 Purpose

The purpose of this policy is to define the training requirements of staff with regards to the health center’s emergency management program.

9.2.2 Policy

It is the policy of this health center to train its employees on competencies that relate to the delivery of health care to the community. For all new hires, a basic training program has been developed to assist new hires become acquainted with the various safety and emergency management policies.

It is the policy of this health center to train its new hires and employees annually on the following topics:

- a. The Emergency Management Plan – How to find it and use it.
- b. The Fire Plan
- c. Infection Control Practices and Personal Protective Equipment
- d. Any specialized functions and programs employed by the health center.

In addition to these topics, certain staff members will be required to train sporadically on emergency management issues including lessons learned from exercises performed. All employees will be trained on certain levels of the National Incident Management System^{†††††} and the Incident Command Structure^{‡‡‡‡‡} of this health center.

For Upper Management (CEO, Executive Directors, Emergency Management Coordinator, Directors, Nursing Managers, and VPs), the following online FEMA courses are required:

IS 100.HC	ICS 100.HC, Introduction to the Incident Command System for Healthcare/Hospitals, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course uses the same objectives and content as other ICS courses with healthcare/hospital examples and exercises.
IS 200.HCa	IS-200.HCa is designed to provide training on the Incident Command System (ICS) to healthcare professionals whose primary responsibility is emergency management, to include middle

††††† National Incident Management System is a management system developed to integrate various responders into one cohesive system that is both expandable and manageable.

‡‡‡‡‡ Incident Command System (Structure) -

	management within a hospital or healthcare system. Such professionals may include physicians, department managers, unit leaders, charge nurses, and hospital administrators that would have a leadership role during an incident..
IS 700	This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.
IS 800	The course introduces participants to the concepts and principles of the National Response Framework.
IS 120a	IS 120.a introduces the basics of emergency management exercises. It also builds a foundation for subsequent exercise courses, which provide the specifics of the Homeland Security Exercise and Evaluation Program (HSEEP) and the National Standard Exercise Curriculum (NSEC).
IS 130	IS 130 introduces the basics of emergency management exercise evaluation and improvement planning. It also builds a foundation for exercise evaluation concepts as identified in the Homeland Security Exercise and Evaluation Program (HSEEP).

For all employees, the following courses are required:

IS 100
 IS 200
 IS 800

It is the recommendation of the emergency management committee that all employees be trained on their potential roles during an emergency and should be familiar with their job titles during an emergency by reviewing their job action sheets that correspond to their titles.

All courses can be found at <http://training.fema.gov/EMI/>

The health center is committed to training staff on the appropriate actions to take during an emergency. The health center will incorporate disaster preparedness into its

communication and education plans for staff and clearly identify the training needs of the health center and how these needs will be met.

1. Procedure Guidelines:

The health center will develop training needs based on assessments and plans developed in previous steps of the preparedness cycle. Information channels to distribute this information may include newsletters, in-service education classes, internet postings and internet classes.

The center will:

- Include disaster preparedness training in new employee orientation,
- Establish schedules for training updates,
- Identify relevant courses based on roles and responsibilities,
- Create methods to evaluate training needs, verify course completion, track and record training courses.
- Mandate staff participation with drills and exercises,
- After drills and exercises, evaluate competencies, and pass updated information to staff.

9.3 The Citywide Incident Management System^{§§§§§§}

New York City uses a modified version of the National Incident Management System (NIMS) called the Citywide Incident Management System (CIMS). While it is very similar to NIMS, there are some differences that health center planners should know. The main difference is how the city designates which of its departments are in charge of certain incident. The following table is a basic list of the CIMS incident command planning.

CIMS establishes roles and responsibilities and designates authority for City, state, and other government entities, and non-profit and private sector organizations performing and supporting emergency response.

The CIMS Protocol is New York City's implementation of the [National Incident Management System \(NIMS\)](#). NIMS compliance is a requirement for future federal domestic preparedness funding for local governments. While CIMS has been developed to address New York City's unique incident management requirements, its full compliance with NIMS ensures compatibility with incident command systems in use in

§§§§§§The Citywide Incident Management System;
http://www.nyc.gov/html/oem/html/about/about_cims.shtml

other states and federal agencies. CIMS is also designed to be scalable, facilitating the integration of additional organizations, such as private sector and non-profit entities.

CIMS KEY COMPONENTS:

- Defines how citywide emergencies or multiple large-scale incidents will be managed
- Defines agency roles and responsibilities at emergency incidents
- Establishes the NIMS Incident Command System (ICS) standard as NYC's incident management system
- Defines the ICS organizational structure
- Establishing means of integrating regional, state, and federal agencies into a NYC response
- Describes the operational implementation of CIMS
- Defines how incident operations, including Life Safety, Investigation, Site Management and Recovery / Restoration, are prioritized, and when they can be implemented concurrently
- Establishes a process for after-action review and critique of emergency responses and implementing lessons learned
- Defines ICS implementation and training requirements for NYC agencies participating in citywide response

Unified Command Incidents

INCIDENT TYPE	PRIMARY AGENCIES	POTENTIAL PRIMARY AGENCIES/SUBJECT MATTER EXPERTS * *
Aviation Incident	FDNY, NYPD	PANYNJ, USCG, NTSB
Chemical, Biological, Radiological or Nuclear (CBRN)/HazMat Incident *	NYPD, FDNY	USCG, DEP, DOHMH
Citywide Public Health Emergency	DOHMH, NYPD, FDNY	HHC, GNYHA
Explosion	FDNY, NYPD	DDC, DOB, HPD
Natural Disaster/Weather Emergency	OEM, NYPD, FDNY, DOT, DSNY	DDC, DEP, DOB, DOHMH, Con Ed, Keyspan/LIPA
Rail Incident	FDNY, NYPD	MTA, PANYNJ, NJT, Amtrak
Utility Incident: Electric	NYPD, FDNY	Con Ed, National Grid/LIPA
Utility Incident: Gas	NYPD, FDNY	Con Ed, National Grid/LIPA
Utility Incident: Steam	NYPD, FDNY	Con Ed
Utility Incident: Water/Wastewater	DEP, FDNY, NYPD	Con Ed, National Grid/LIPA
Utility Incident: Telecommunications	DOITT, NYPD,	Verizon

	FDNY	
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* CBRN/HazMat Incident - NYPD will be the Primary Agency (Incident Commander) at CBRN/MazMat incidents. If NYPD determines there is no actual or suspected criminal activity or terrorism, a Unified Command will be implemented (See Figure 1).

Figure 1 - CBRN/Haz-Mat Incident

Actual or Suspected Crime or Terrorism <i>(NYPD to Determine)</i>	No Actual or Suspected Crime or Terrorism <i>(NYPD to Determine)</i>
NYPD Single Command ----- Unified Operations Section	Unified Command ----- Unified Operations Section

The [General Incident Command System \(ICS\) Section](#) will be a Unified Operations Section based on agency [Core Competencies](#) in all circumstances, with NYPD responsible for overall site management, and assessment and investigations for criminal activity or terrorism, and with FDNY responsible for Life Safety Operations and mass decontamination. For chemical incidents, DEP will make a final assessment of the hazard, adjust or set "hot," "warm" and "cold" zones, and direct all mitigation efforts. For biological or radiological incidents, DOHMH will make a final assessment of the hazard, adjust or set "hot," "warm" and "cold" zones, and direct all mitigation efforts.

* * Designation of Potential Primary Agencies/Subject Matter Experts in this matrix does not exclude other agencies from being designated Primary Agencies depending on the jurisdictional issues of a specific incident.

9.3.1 Purpose

The purpose of this policy is to describe the exercise evaluation criteria and describe how exercise and real life incident evaluation data will be analyzed and incorporated into the health center emergency management plan.

9.3.2 Policy

It is the policy of this health center to evaluate all exercises and real life disasters. Since most quality assurance organizations also accept the evaluation of performance after a real life incident, it is the policy of this health center to immediately evaluate and examine the response and recovery following a real life disaster. This health center will also ensure that all exercises performed including workshops, drills, table tops, functional, and full-scale exercises are evaluated by trained external evaluators by working with PCEPN to provide trained personnel for this function.

9.3.3 Exercise Evaluation

When developing an evaluation tool, it should cover all critical aspects of plans and procedures. There are 8 steps to exercise evaluation and improvement process implementation ***** :

- a. Plan and organize the evaluation
- b. Observe the exercise and collect data
- c. Analyze the data
- d. Develop a draft After Action Report (AAR)
- e. Conduct an after action conference
- f. Identify improvements needed
- g. Finalize AAR and Improvement Plan
- h. Track implementation

9.3.4 Exercise Evaluators

Exercise evaluators should be familiar with the area being tested and should be trained on the plans to be tested prior to evaluating the exercise. Once the exercise is performed, the evaluators should be part of the hot wash and should have some input at the after action conference to determine potential improvements.

Addendum – Types of Exercises

Policy

It is the policy of this health center to utilize all types of exercises to ultimately test its plans, procedures, and ability to respond and recover. All exercises will be based on the health center's capabilities and the exercise planning team shall plan exercises that test these capabilities through a series of objectives associated with each capability. The design team shall use the SMART objectives in designing an exercise regardless of type. The SMART acronym is a method of designing objectives that are:

- S – Simple
- M – Measurable
- A – Achievable
- R – Realistic
- T – Task Oriented

Types of Exercises

There are many types of exercises a health center can use to test their plans and procedures. Not all are acceptable as per quality assurance organizations such as the Joint Commission.

***** The US Department of Homeland Security Exercise and Evaluation Training Course Participant Manual. Module 6.

However, all can provide much information about the health center's plans and can help understand the health center's response as well as its role in a disaster.

Seminar

A seminar is a training session that would discuss the various plans that an exercise may utilize.

Workshop

A workshop, while not an exercise, is a method to discuss and develop plans related to a specific hazard or issue. Workshops are collaborative in nature and will use subject matter experts to develop plans that can be tested.

Drill

A drill is a supervised and evaluated activity that is designed with a very limited focus in order to test a procedure that is a component of an overall response plan. Examples of drills are fire drills, cardiac arrest drills, etc. Drills should be conducted frequently and must be evaluated. After each drill, a hotwash meeting should be conducted to improve response to that activity or to improve a specific procedure. Communications drills are a popular method to test communications because the players utilize the equipment and perform the task as in a real life scenario.

Table Top Exercise

Table top exercises, as the name implies, are exercises that are conducted in a meeting room. Table tops do not physically simulate specific events or use equipment. No equipment is used, and no actions are completed; however, the group discusses a scenario and uses the established plans and procedures to talk through the resolution of the problem presented. These are useful when planning an exercise to review the plan that will be used in larger exercises. It is important to note that the Joint Commission does not consider this exercise in its regulations and it is not considered an influx exercise.

Functional Exercise

A functional exercise simulates an emergency or disaster. However, it does not actually move people or equipment. It is a focused exercise on an aspect of the emergency management plan where people perform some tasks based on the scenario but do not use actors to simulate the actual function. It is used to make sure plans and equipment work as specified, and it should be used prior to a full scale exercise.

Full Scale Exercises

Full scale exercises are usually a culmination of all other types of exercises performed on a list of capabilities. A full scale exercise tests the effectiveness of the plan by mobilizing all

persons related to a response. It actually moves, uses equipment, and carries out a response as in real life. Actors use real equipment and go through the motions as needed. Often, patient volunteers are used to simulate patients and they are treated and moved as in a true scenario. Full scale exercises use all components of the emergency management response including the opening and use of the EOC, use of communications, logistics, and command and control procedures. All health centers must conduct at least one full scale exercise per year.

The Joint Commission as well as other clinical quality organizations have recently required that health centers perform exercises that include managing an influx of patients during a disaster and/or managing them during an incident. Please refer to the 2010 Joint Commission Manual for Ambulatory Health Centers for more information.

10.0.1 Hazard Specific Planning

The purpose of this policy is to declare the health center's commitment to responding to emergencies. Each policy and procedure in the Hazard Specific Plans section of this manual will be in response to planning based on the Hazard Vulnerability Analysis (Section 3.0) located in this manual.

10.0.2 Policy

It is the policy of this health center to create and execute plans in response to hazards found from the performance of the health center HVA. Each plan is designed to give employees and management guidelines for response procedures. While these guidelines are as complete as possible, the health center supports the creation of an Incident Action Plan for each incident. Each incident or activation of the Emergency Management Plan shall be documented and accompanied by the creation of an After Action Report so that best practices can be identified, poor practices eliminated, and training practices and curricula can be developed.

It is the policy of this health center that employees be trained annually on changes to the plan as a result of lessons learned from response and recovery efforts.

10.2.1 Coastal Storm Plan Definitions

A hurricane is a type of low pressure storm that is made up of winds, thunderstorms, and tornados. These storms can be very unstable and unpredictable. Northern hemisphere hurricanes form in the tropics, usually off the coast of the Africa, in the southern Atlantic Ocean, and they have been known to form in the Caribbean Sea and the Gulf of Mexico. They exhibit a counterclockwise rotation of winds and thunderstorms and contain high energy. Hurricanes usually travel from east to west and are fed by warm water temperatures and humidity found in tropical areas and waters. As warm waters evaporate into the atmosphere, the hurricane traps that moisture and spins it in its characteristic circle where the winds travel at high speeds. Depending on its size, time over tropical water, and distance traveled, these storms can be large with winds that are sustained at greater than 100 miles per hour. As the storm spins, it raises the water causing a storm surge to travel with it. When these storms approach land or make landfall, the wind and storm surge, which can be much higher than the surrounding sea level, can cause severe flooding and great damage to structures and the surrounding topography.



Figure 1

10.2.2 Hurricane Classifications, Seasonality, and Statistics

Tropical cyclones are classified as follows:

- **A tropical depression** is an organized system of clouds and thunderstorms, with a defined surface circulation, and maximum sustained winds of 38 miles per hour or less.
- **A tropical storm** is an organized system of strong thunderstorms, with a defined surface circulation, and maximum sustained winds of 39 to 73 miles per hour.
- **A hurricane** is an intense tropical weather system of strong thunderstorms, with a well-defined surface circulation, and maximum sustained winds of 74 miles per hour or higher.

Atlantic hurricane season lasts from June to November, averaging 11 tropical storms each year, six of which turn into hurricanes. New York City is at highest risk between August

and October because water temperatures in the Northern Atlantic are most likely to reach a temperature warm enough to develop and sustain a hurricane. According to the National Hurricane Center, the Atlantic hurricane season is currently in a period of heightened activity that started around 1995 and could last at least another decade.

Heavy rain, coastal flooding, and powerful winds are commonly associated with hurricanes. Storm surge is often the greatest hurricane-related hazard. Storm surge is water that is pushed toward the shore by the force of the winds swirling around the storm as well as the pressure associated with the storm. This advancing surge combines with the normal tides to create the hurricane storm tide, which can increase the mean water level 15 feet or more. In addition, wind driven waves are superimposed on the storm tide. This rise in water level can cause severe inundation in coastal areas, particularly when the storm tide coincides with the normal high tides.

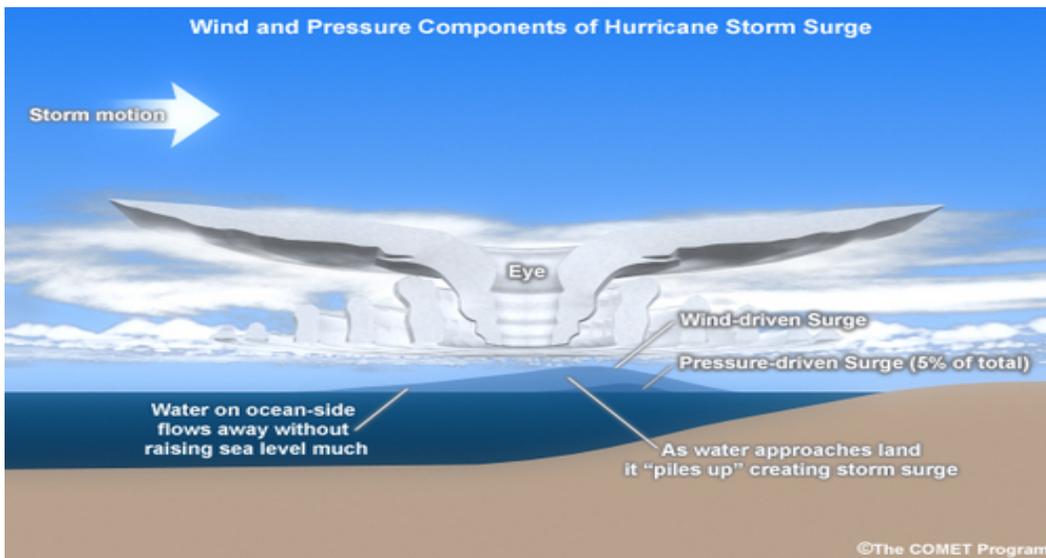


Figure 2

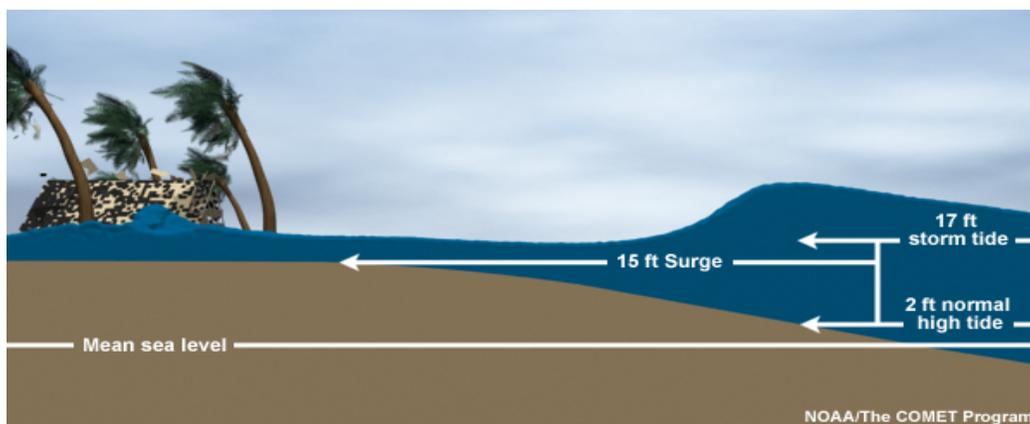


Figure 3

10.2.3 New York Vulnerability

New York City is particularly vulnerable to storm surge because of a geographic characteristic called the New York Bight. A bight is a curve in the shoreline of an open coast that funnels and increases the speed and intensity of storm surge. The New York Bight is located at the point where New York and New Jersey meet, creating a right angle in the coastline.



Figure 4

10.2.4 Severity

The National Weather Service uses the Saffir-Simpson Scale to classify hurricane severity. The scale categorizes a hurricane's present intensity on a one to five rating and provides an estimate of property damage and coastal flooding upon landfall. Wind speed determines a hurricane's Saffir-Simpson Scale rating since storm surge is greatly dependent on the coastline shape and slope of the continental shelf.

Saffir-Simpson Hurricane Scale				
Category	Storm Surge (ft)	Winds (mph)	Damage	Damage Description
1	6.1–10.5	74–95	Moderate	<p>Damage primarily to trees and unanchored homes</p> <p>Some damage to poorly constructed signs</p> <p>Coastal road flooding</p>
2	13.0–16.6	96–110	Moderate-Severe	<p>Some roofing material, door, and window damage to buildings</p> <p>Considerable damage to shrubbery and trees</p> <p>Flooding of low-lying areas</p>
3	14.8–25	111–130	Extensive	<p>Some structural damage to residences and utility buildings</p> <p>Foliage blown off trees and large trees blown down</p> <p>Structures close to the coast will have structural damage by floating debris</p>
4	24.6–31.3	131–155	Extreme	<p>Curtain wall failures with utilities and roof structures on residential buildings</p> <p>Shrubs, trees, and signs all blown down</p> <p>Extensive damage to doors and windows</p> <p>Major damage to lower</p>

				floors of structures near the shore
5	Not predicted	>155	Catastrophic	Complete roof failure on many residences and industrial buildings Some complete building and utility failures Severe, extensive window and door damage Major damage to lower floors of all structures close to shore

10.2.5 Probability

According to hurricane probability models, there is a 2.6% chance a hurricane will impact the New York City area (New York City, Westchester, and Long Island) during any given hurricane season. During a 50-year period there is a 13.6% chance a hurricane will impact the New York City area and a 3.3% chance an intense hurricane (Category 3 or higher) will affect the City.

10.2.6 Location

Hurricanes can strike and make landfall anywhere along the eastern seaboard. In New York, areas that are most susceptible to these storms are in the New York Bight and Long Island areas. While storms can travel north and west, these are the areas most susceptible and can thus receive a lot of damage as a result.

New York City is in a particularly difficult location and historically has received numerous hurricanes as a result of its location. NYC Office of Emergency Management uses a computer model called SLOSH (Sea, Lake, and Overland Surges from Hurricanes) to predict the effects of storm surge and help guide the City’s planning efforts for coastal storms. The SLOSH model calculates surge based on storms moving in different directions and with varying strengths. The SLOSH model analyzes storms moving northeast, northwest (the direction that will have the greatest impact), and varying in strength from Category 1 to Category 4.

A Category 2 storm would completely inundate the Rockaway Peninsula and a Category 3 storm could put Coney Island under 21 feet of water. With more than 21

square miles of land within a Category 4 surge zone, a significant hurricane would affect millions of New Yorkers and compromise the City's aging infrastructure.

NYC OEM has created a SLOSH zone map that is color coded. These colors correspond to areas that are likely to be hardest hit by a hurricane and also correspond to which zones would likely need to be evacuated prior to the storm. Figure 2 is a NYC OEM SLOSH zone map. This map can also be accessed on the NYC OEM website at <http://www.nyc.gov/html/oem/html/hazards/storms.shtml>

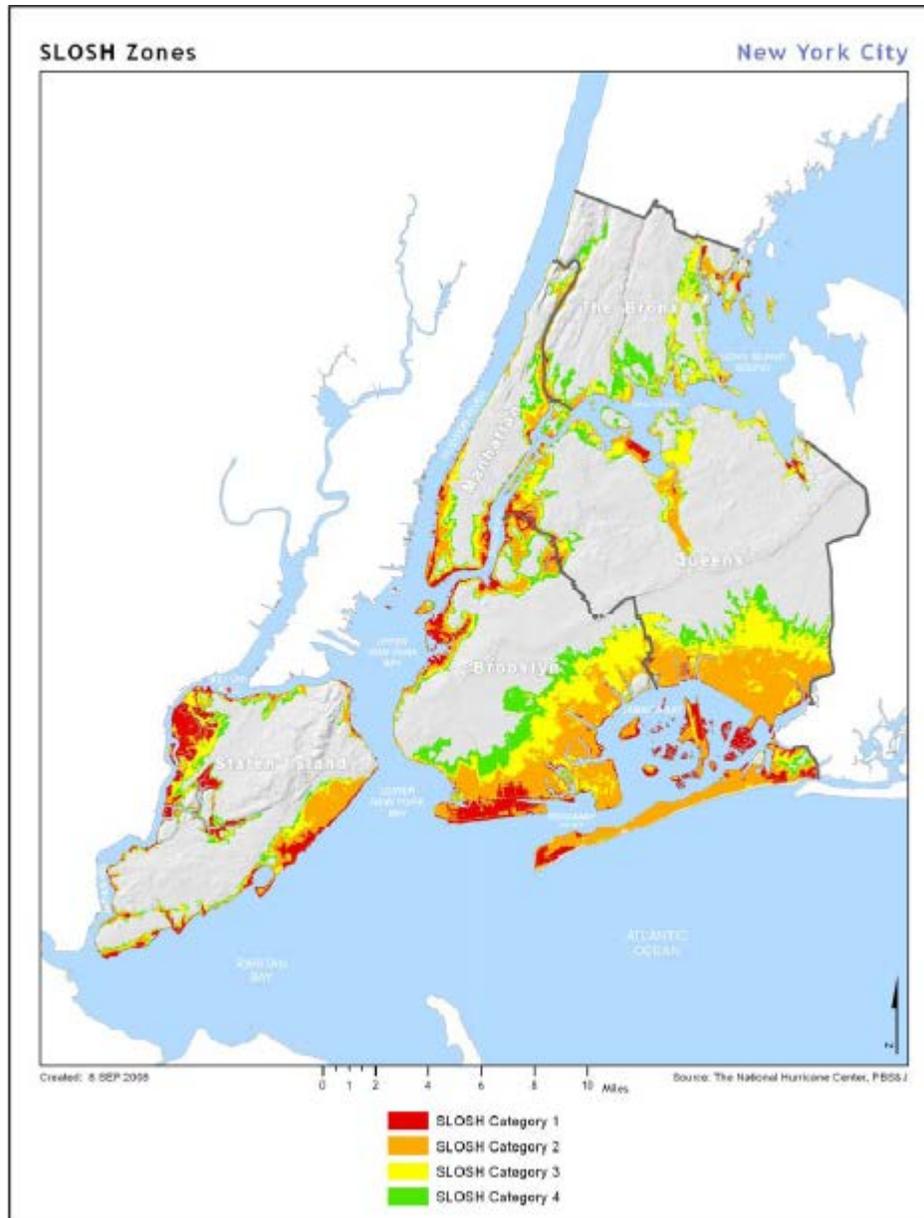


Figure 5

10.2.7 Meteorological Communications and Predictions

The science of meteorology certainly has numerous tools at their disposal to help them predict the presence of a threatening hurricane. While it is still difficult to predict exactly what path a storm may take, it is likely that storm models will determine within a day or two who will be impacted by a coastal storm or hurricane. Hurricanes have been named since 1953 and alternate between female names and male names based on a list of names finalized in 2009. The number of hurricanes spawned in the Atlantic varies from year to year and is based on the atmospheric temperatures and conditions. While forecasters have established an average hurricane return period for storms of certain intensity, the intensity of any given storm is solely based on conditions. When storms are identified, they are tracked by a coordinating partnership between the National Hurricane Center and the National Weather Service and together create warning messages for the general public through local weather forecasters and the National Oceanographic and Atmospheric Administration.

The National Oceanographic and Atmospheric Administration (NOAA) is the public voice of these two agencies and can assist the health center in preparing for the arrival of a storm. NOAA continually updates its forecast and Meteorologists use certain terms that can often get confused. The following are the basic definitions and the difference between a storm watch and a storm warning:

- ***Tropical Storm Watch*** – This is an announcement that a tropical storm (a tropical cyclone with sustained winds of 39-73 mph) are may approach your area and has the possibility to arrive in your area within 48 hours. (The storm may come)
- ***Tropical Storm Warning*** – This is an announcement that tropical storm conditions are expected to arrive in the area within 36 hours. (The storm will come).
- ***Hurricane Watch*** – An announcement that hurricane conditions (sustained winds of 74 mph or higher) are possible within the specified costal area within the next 48 hours. (The storm might come).
- ***Hurricane Warning*** – An announcement that hurricane conditions are expected to arrive in the specified area within the next 36 hours. (The storm will come)

Sometimes, wind information is given in knots. A knot is a nautical measurement indicating 1 nautical mile per hour. Its conversion is 1 knot = 1 nautical mile per hour = 1.15 standard land miles per hour. Hurricane information and communications usually begin at least 36 to 48 hours ahead of an impending or potential storm.

The NOAA Weather radio is a radio station tasked with providing up to date communications about impending weather events. There are specialized radios (some call them weather radios) that specifically receive this frequency and provide National Weather Service broadcasts. These broadcasts are continual in nature and occur 24 hours per day. Some of these radios contain a feature called Specific Area Message Encoder

(SAME) that allows you to specifically set the area or region for the messaging. In this manner, you would only receive broadcasts for the set region that the radio is programmed.

10.2.8 Evacuation Zones (for New York City)

The New York City Office of Emergency Management has devised an evacuation plan based on the potential for flooding by hurricanes. The evacuation procedures follow the GIS mapping of the New York City area which helped planners analyze the potential for damage by a hurricane and its associated flooding. New York City's hurricane contingency plans are based on three evacuation zones.⁺⁺⁺⁺⁺ These zones represent varying threat levels of significant coastal flooding resulting from storm surge. Storm surge refers to the "dome" of ocean water propelled by the winds and low barometric pressure of a hurricane. Storm surge from hurricanes has been known to destroy large buildings and communities close to the coastline. New York City health centers should find out if their health center, office, or school falls within the boundaries of a City evacuation zone.

To find out where the health center lies within the NYC Hurricane Evacuation Zone map, click here: <http://gis.nyc.gov/oem/he/index.htm>. Once the health center knows its location on the map, the health center should plan for the evacuation by searching out partners and an appropriate evacuation rally point where all health center personnel can meet. Contracting with an alternate site may or may not be feasible; however, this type of planning should be done in advance.

⁺⁺⁺⁺⁺ **Source-**

http://www.nyc.gov/html/oem/html/hazards/storms_evaczones.shtml

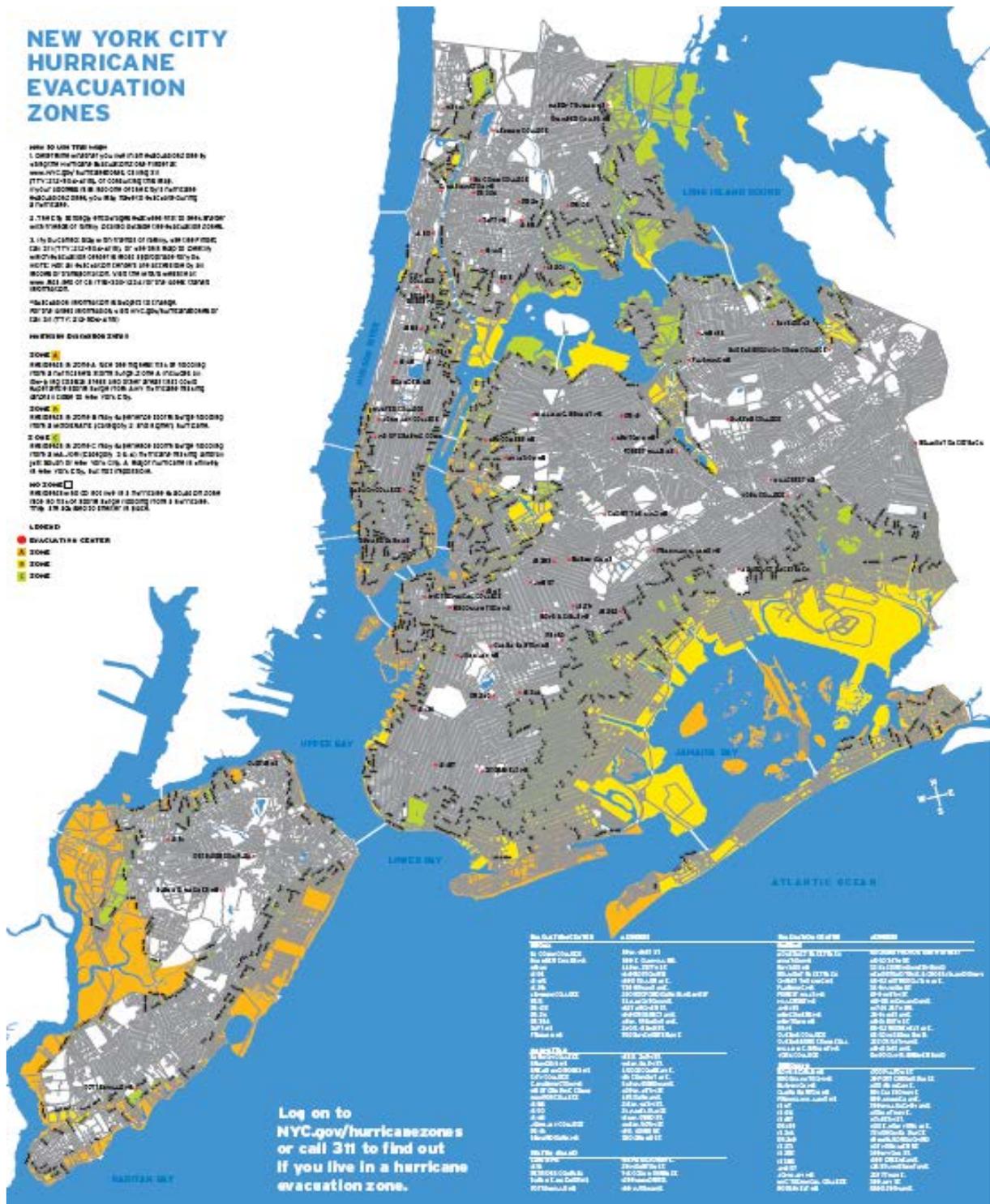


Figure 6

Health Centers in Zone A, represented by the following color , face the highest risk of flooding from a hurricane's storm surge. Zone A includes all low-lying coastal areas and other areas that could experience storm surge in ANY hurricane that makes landfall close to New York City.

Health Centers in Zone B, represented by the following color , may experience storm surge flooding from a MODERATE (Category 2 or higher) hurricane.

Health Centers in Zone C, represented by the following color , may experience storm surge flooding from a MAJOR hurricane (Category 3 & 4) making landfall just south of New York City. A major hurricane is unlikely in New York City, but not impossible.

Null, refers to those areas not in a hurricane evacuation zone and do not face a risk of storm surge flooding from a hurricane. These are the areas of the map that are colored white and gray. In the event of a hurricane, you will NOT need to evacuate from this address. Be prepared to weather a storm by sheltering in place. Even though this is outside an evacuation zone, you may still face hurricane-related hazards including wind, flooding and power outages. If this is a high-rise building, take shelter below the 10th floor to avoid dangerous winds. These areas may be the sites that can be used for intra-agency relocation.

Health Centers that are located on a border between flood zones, prepare for the contingency that requires evacuation at the higher level.

10.2.8.1 Evacuation Safety^{#####}

While many health centers prepare to support the evacuation efforts of their communities, it is wise to ensure the safety of the health center personnel during an evacuation. Here are a few safety tips to keep in mind when evacuating prior to during a storm:

- Hurricane force winds (winds > 73 mph) can cause loose debris to fly through the air becoming projectiles.
- Hurricane winds greater than 125 mph can carry objects with mass including people. If caught by a hurricane, shelter in place and do not attempt to go outdoors during the storm.
- When evacuating on a road, if you cant see the road or its line markings, do not drive through the water! Standing water either during or after a hurricane can be much deeper than your vehicle can handle and can either cause your vehicle to stall or sweep you away.
- As little as one foot of water can move most cars.
- Six inches of fast moving flood water can sweep a person off his or her feet.
- Most flood related deaths occur at night and are vehicular in nature.
- Hurricanes pose a significant risk, not only to coastal areas but far inland as water gets pushed by winds up the tributaries and cause inland flooding. These flash floods catch people off guard and can kill.

State of Alabama Hurricane Preparedness 2009 Document.

During an evacuation, the health center leadership as well as its staff should follow these recommendations:

1. Stay abreast of the situation and communicate regularly with your colleagues.
2. Do not evacuate without planning out your route.
3. Use only evacuation routes that have been designated. Follow all Police and CERT recommendations.
4. Contact PCEPN and deliver any pertinent information.
5. If the plan is to evacuate, leave as early as possible. If the health center is participating in the support of the evacuation, have an exit plan and communicate this to PCEPN.

10.2.9 Preparedness and Mitigation

The first step to surviving a hurricane is preparedness. The following activities should be completed by the health center as soon as possible to ensure a basic level of preparedness for the health center. These steps should be taken either before a storm is announced or before a storm arrives.

- a. If possible and practical, all health centers along coastal areas should install permanent fasteners to their windows and portals so that protective panels, such as ply wood panels, can be attached quickly to protect windows and occupants. The installation of permanent storm shutters is the best option and best practice. This step should be done before the arrival of a storm.
- b. Strengthen all architectural features such as entry doors, gables, and other aspects of the physical building's design during the storm watch phase.
- c. Brace all large delivery doors with temporary wood bracing during the storm watch phase.
- d. Prepare the property and remove all loose items that can become projectiles. Be sure to secure all garbage cans, lids, and tools.
- e. Clear all gutters and drains.
- f. For health centers with mobile units, consider tying down the vehicle or placing the vehicle in a garage or other shelter.
- g. Map out a safe room within the health center for sheltering in place. Stock the room with basic supplies.
- h. Train all employees in hurricane preparedness and personal preparedness.
- i. Ensure that all vehicles have a full tank of gas and that the oil is checked and replaced to the appropriate level.

- j. Ensure that all important documents are secure and portable in the event of an evacuation order.
- k. Ensure that the Electronic Health Record for your patients is able to be accessed from an alternate location if needed.
- l. Keep an adequate amount of medical supplies including supplies to assist during the post storm period.

10.2.10 Response

If the health center has not decided to close prior to or during a hurricane warning, the health center must have a basic supply of living essentials to ensure that the staff is able to assist in the evacuation of the community or shelter in place. Inform the community of your status including whether or not the center will remain open or close during the emergency

. If the health center is coordinating a response for during or after the storm, please enter the response plan here.

10.2.11 Recovery

When entering the recovery phase, begin by following these steps:

- a. Contact PCEPN to update your status.
- b. If the center has evacuated, do not return to the health center until the area has been declared safe by the authorities. Contact PCEPN for further information.
- c. Review your business continuity plan and create an IAP designed to assist you in recovering. Assure that all your business documents are in order and the health center is aware of the monetary losses that may be associated with the storm. Read your insurance policy and contact any insurance adjuster that may be needed to file a claim. Design a plan around the use of the critical business units and open those units first.
- d. Test the ability of the health center to access their EHR. If you can not access the EHR, begin recovery procedures found in the IT section of the business continuity section of this manual.
- e. Upon arrival at the health center, do not enter if you smell gas or find utility supply delivery systems damage.

- f. Do not check the electrical system if you are wet.
- g. Check with PCEPN before using the water for drinking or healthcare purposes.
- h. If resources, including the response of medical volunteers, are needed, contact PCEPN.



Pandemic Influenza Plan and Guidance for Community Health Centers

ACKNOWLEDGMENTS

Thanks to the concerted efforts of the emergency management professionals at the New York City Department of Health and Mental Hygiene, the Community Health Care Association of New York State, and the Pandemic Influenza Working Group, this plan has been developed as a guidance document to help Community Health Centers plan for pandemic flu events and improve the Community Health Center response for all New Yorkers.

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Introduction

Due to the responsibility that health centers have to their community, one basic role is to be vigilant for new and emerging health threats and to provide medical care to their community when these threats arise. It is the centers' responsibility to protect the health and welfare of their employees, staff and patients. In accordance with this mission, this plan is designed as a tool to assist health centers in preparing for and responding to one of these threats; pandemic influenza.

During a pandemic event it is likely that all systems – supply chain, human resources, revenue stream, etc. - will be taxed, leading to shortages in space, personnel, and supplies. This plan is designed to simplify procedures during such an event and to assist in the preparation of Community Health Centers (CHCs).

This document is intended to assist CHCs by providing information and guidance regarding the critical issues related to a surge in the healthcare community and, in particular, to assist centers in creating comprehensive plans to address these needs including:

- Clinical evaluation and treatment of patients
- Protection of patients through the creation of a safe environment
- Reassurance to the worried well in the community
- Surge planning
- Anti-viral and vaccine management
- Logistics and supply chain management
- Creation of memoranda of understanding for forming community partnerships with suppliers and others that may assist your health center during an emergency.
- Reimbursement to CHCs for uncompensated activities conducted during a public health response

Goals of the Pandemic Planning Tool

1. Provide guidance for CHCs to create a pandemic plan
2. Delineate planning considerations for health centers
3. Describe mitigation strategies
4. Provide response guidelines
5. Assist centers in recovering losses
6. Provide a step by step event response guide

Disclaimer

This guidance and reference document is meant to be a service to the membership of CHCANYS as well as other partners. The materials in this document are provided “As Is” and without warranties of any kind, express or implied. CHCANYS is not liable for damages of any kind whether special, indirect, or consequential arising from the use of information supplied herein. Nothing in this manual is intended to be construed, or constitute medical or legal advice. As with any informational or advisory document, it is strongly recommended that any medical or legal information be appropriately vetted with the CHC’s leadership and/ or the legal counsel.

This guidance was developed based on currently available information from the Centers for Disease Control and Prevention, the New York City Department of Health and Mental Hygiene, the New York State Department of Health, the U.S. Department of Health and Human Services, and the United Nations World Health Organization as well as other available academic research papers and sources. Ongoing situational developments and research may frequently change these recommendations.

This guidance document is intended as a guide for developing a CHC pandemic response plan. It is to be used as a fluid and flexible guideline for planning, mitigation, response and recovery activities associated with a pandemic outbreak and not as a strict policy and procedure. It is recommended that the end user apply the reference material found in this document to their planning efforts. Finally, the information in this guidance is intended to be updated frequently by both the authors and the end users.

Chapter 1 – Plan Principles

1.1 Populations Served by Community Health Centers

Community Health Centers (CHCs) routinely treat all segments of the population, and these centers are often the only treatment sites many patients will seek. The following statistics as taken from CHCANYS' Federally Qualified Health Center (FQHC) Uniform Data Set (UDS) reports (Table 1) indicate CHC patient populations.

Table 1

	NYS Health Center Patients	New York State Population
Percent Covered by Medicaid	41%	19%
Percent that are Uninsured	28%	14%
Percent at or Under 100% of Poverty Level*	69%	20%
Percent Hispanic/Latino*	30%	17%
Percent African American*	42%	17%
Percent Asian/Pacific Islander*	6%	7%
Percent American Indian/Alaska Native*	1%	1%
Percent White (including Hispanic/Latino)*	40%	73%

* Percent of known/reported. Does not include persons identifying for two or more races, so totals may not sum to 100%. Percents may not total 100% due to rounding. Sources: 2008 FQHC UDS Reports and NACHC's 2008 NYS Health Center Fact Sheet. Source: CHCANYS

As noted in Table 1, for the state population living below the poverty level, a disproportionate number seek care at CHCs. CHCs provide primary and specialized care services for much of the disadvantaged populations within the state and often must provide care for this population during emergencies and catastrophic events.

Infectious diseases present many challenges to CHCs. They are a part of the daily patient presentations at any healthcare clinic; patients with infectious diseases present in many ways. During the 2009 pandemic influenza (H1N1) response, many CHCs were utilized by the general public for evaluation of influenza like illness and vaccine administration, increasing the average daily patient load. While medical surge has been in the forefront of hospital emergency planning and management, CHCs also have issues with medical surge due to limited resources such as space, equipment, or staff.

1.2 Plan Expectations

The information contained herein is designed to specifically target CHCs and is only meant to be used as a part of a larger CHC Emergency Operations Plan (EOP). This plan should not be used on its own, although every effort has been made to make it useable for CHC employees of all levels and experience.

Most CHCs operate on very tight budgets; events that call upon them to serve the general public as part of a public health response can be especially challenging. While all facilities face staffing and funding challenges, the unique challenges facing CHCs should be explored and addressed. It is important to know the potential funding resources that exist to help bridge the financial gap during a response to an event. It is also important to remember that billing and recovery laws and regulations change frequently and are often different from area to area and CHC to CHC. Regardless of reimbursement policy and practice included in this plan, a plan review is required at least annually to ensure that the most current laws and regulations are included to help your CHC be as efficient and effective as possible. CHCs are urged to review business continuity plans together with pandemic influenza plans.

1.3 Plan Assumptions

According to the Advanced Practice Center (APC) Hospital Surge Capacity Toolkit^{vi}, planning assumptions are statements of conditions accepted as true and that have influence over the development of a system. In emergency management, assumptions provide context, requirements, and situational realities that must be addressed in system planning and development and/or system operations. When these assumptions are extended to specific operations, they may require re-validation for the specific incident.^{vii} The following were identified by the authors as pandemic planning assumptions:

- a. A pandemic incident is a public health emergency. An infectious event can often take on serious collateral dimensions and can have political, social, religious and economic consequences.

- b. A pandemic can affect a community's critical infrastructure such as government operations, transportation, security, and healthcare.
- c. Pandemic diseases usually occur in multiple waves. These waves are periods during which a disease causing agent presents with periods of high infectivity and periods of dormancy. Each wave can last from days to multiple months or even years. Although past history has allowed for some predictability, there is no way to predict fully the characteristics of a pandemic. A pandemic incident may be a protracted response. Pandemic activities are closely linked to the phase of the pandemic wave. However, activities that are begun during a period may last well into the next period.
- d. The healthcare system will be affected and could be overwhelmed. During a pandemic response, it is important to remember that patients with the pandemic disease will add to the normal patient volume that most healthcare systems contend with on a daily basis. Therefore, proper medical surging will be necessary for daily operations.
- e. There are no jurisdictional issues related to the catchment zone of a CHC with the exception of state borders. Advanced planning and agreements between healthcare systems can be used to meet medical surge needs (e.g. for sharing of resources such as medical professionals or personal protective equipment).
- f. Public health officials may use non-medical and non-pharmaceutical methods for controlling the spread of a pandemic disease.
- g. Because public health planners may establish/change requirements and regulations regarding many aspects of the public health response, procedures must be designed by the health center to enable communication with public health planners and allow for flexibility.
- h. It is possible that about 30% of the population will become ill; the CHC workforce could be decreased by 30%..^{viii} In the CHC system, this number may be higher depending on a number of factors such as the dual responsibilities of staff, nurses, and physicians at other health centers, the availability of support by the local government, and the integrity of the transportation infrastructure.

- i. The need to self-sustain care within the CHC for a minimum of 96 hours or longer without re-supply of equipment, supplies, and staff is an assumption that must be planned for.
- j. The effective use of an Incident Command System is required by the Homeland Security Presidential Directive 5 and may be necessary for command and control activities. It is also important for CHCs to learn, understand, and use elements of the Citywide Incident Management System (CIMS) system in New York City and the National Incident Management System (NIMS) system for involvement in statewide incidents.

1.4 Plan Use

This plan was developed for CHCs in NYC. However, it is intended to be adapted for use by any CHCs, ambulatory health centers and clinics, and outpatient primary care or specialty practices. It is designed to give the emergency managers at each center the tools needed to incorporate the principles and practices of the plan into their own Emergency Operations Plan.

It is important to remember that while the body of this plan can be utilized as a reference for basic and advanced information regarding pandemic response, nothing can take the place of a site specific document complete with job descriptions and responsibilities.

Any questions about this document may be referred to the PCEPN Emergency Preparedness Team at info@pcepn.org. This document is designed for use at CHC and is not for sale to any public venue. All CHCs utilizing this document are responsible for its content should it be used to prepare for, mitigate against, respond to, or recover from any incident.

1.5 The Health Insurance Portability and Accountability Act (HIPAA)

As with any infectious disease outbreak, during a pandemic, public health officials may require surveillance data derived from a CHC. While some of this information includes personal health information such as name, address, past medical history, and treatment plans, much of this information may be shared legally with public health to assist with the public health investigation or response. In New York City, as specified by Section 11.03 (a) and (b) of the New York City Health Code, the Department of Health and Mental Hygiene (DOHMH) is mandated to investigate reports of notifiable infectious diseases or syndromes, unusual manifestations of

disease in an individual and outbreaks [see also State Sanitary Code – 10 NYCRR Sections 2.1, 2.6 and 2.16]. (See 45 CFR 164.512)

The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. In enacting HIPAA, Congress was very clear in its intent that this legislation not impede public health practice [42 USCA Section 1320d-7(b)]. The federal regulations authorize “covered entities” (e.g., hospitals, physicians) to disclose health information without an individual’s authorization or the opportunity for the individual to agree or object, to a public health authority “....authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions....” [45 CFR Section 164.512(b) (1) (i)]. Furthermore, the privacy regulations authorize providers to disclose protected health information without an individual’s authorization or the opportunity for the individual to agree or object when disclosure is required by law [45 CFR Section 164.512 (a)].

1.6 The Emergency Medical Treatment and Active Labor Act (EMTALA)

Known as the antidumping law, EMTALA applies to healthcare facilities that operate an emergency department. Community Health Centers are not included in the covered entities under the EMTALA law. EMTALA was enacted in 1985 as part of the Consolidated Omnibus Reconciliation Act. The law was intended to prevent patient dumping by medical facilities to other facilities based on the patient’s inability to pay or other inconvenience. The law states that upon a patient presenting in the Emergency Department, the patient has a right to a medical screening/examination, the patient has a right to medical stabilization of their condition, and has the right to treatment if the treatment is available at that facility or has the right to be transferred to a facility where the required treatment is available. Again, Community Health Centers are exempt from this rule based on scope of services; however, EMTALA does apply to hospital based ambulatory care centers.

Of note, if EMTALA were to be suspended during a public health emergency, health centers might consider working with hospitals to divert ambulatory patients away from emergency departments and to health centers. This would allow hospitals to treat a surge of sick individuals who require acute care.

1.7 Planning Needs

Planning for events is a multidisciplinary process that should take place in a collaborative environment with full use of all the expertise available to the planners. This document is a guide as to what should be included in the plan and how it is best tailored to the CHC by the Emergency Preparedness Coordinator or Manager. The following paragraphs describe some of the basic needs as they relate to CHC emergency planning and the deployment of those plans.

- 1) **Education** - A plan is a written document that describes the procedures for preparing for and responding to scenarios that a CHC may face. This pandemic plan needs to be presented to staff through regular trainings regarding the plan, its updates, and its role in an emergency. It must also be updated regularly to avoid contradictions with current best practices.
- 2) **Communication** – The reason most plans fail in an operations test is lack of communication between the parties. This is true for exercises as well as for actual events. Communication in the form of the spoken word, including transmission by radio or phone, and the written word, including by email or note, will allow players to follow the plan and to adopt changes to the plan to better match the incident development. Therefore, the use of a clear communication system is necessary for the successful implementation of this plan.
- 3) **Logistics** –Logistics is the management of resources. Resources come in many forms and include people, supplies, requisitions, vehicles, materials, and office supplies. The success of a pandemic response can be linked to a solid logistics and distribution system.
- 4) **Collaborative Environments** – No responder can respond to an incident alone. It is important to have a multidisciplinary team that can offer content and experience and can share the responsibility of a plan deployment. A good workable plan is created as a collaborative effort between the planners and the response team.

1.8 Frequency of Review

CHCs should review their Emergency Operations Plan at least once per year. Plans that relate to epidemics and pandemics should be reviewed at least twice a year due to the various cycles of pandemic disease. The influenza season is typically in the fall and winter; however, in the southern hemisphere the influenza season is in the northern hemisphere's spring and summer.

Chapter 2 - The Pandemic Plan

The topics covered by this plan include preparedness and planning, mitigation strategies, response, and recovery. The attempt has been made to assure that this plan is as complete as possible and will give each health center the opportunity to customize this plan to fit their needs.

Developing Your Center's Plan

It is advised that the end user of this plan develop and convene an Emergency Preparedness Committee tasked to review this plan and to determine how to integrate this plan into their overall Emergency Operations Plan. . The planning for a pandemic incident can be complex and requires a multidisciplinary approach in order to best serve all areas of the health center. Also, when planning for pandemic events, it is important to include local hospitals and other health care facilities as well as local private practitioners to coordinate plans, improve communication, eliminate redundancies, improve logistical issues, and form MOUs for the shared use of resources.

The Pandemic Influenza Plan

Place your logo here		
Policy. No.	Effective Date	Name Pandemic Influenza Plan
Type Infectious Disease/Pandemic	Approval	Medical Officer Approval
Revised Date:	Section Infection Control	

Policy Statement:

_____ (your health center name) _____, in order to better care for our patients and staff as well as assist public health officials and organizations during a pandemic influenza emergency, institutes this policy and protocol for managing pandemic influenza events. These protocols shall cover planning and preparedness, mitigation, response, and recovery from pandemic influenza events that may occur in our community. This plan will include procedures that will assist staff in the identification of potentially infected patients, mitigation strategies that will assist in protecting other patients and staff from potential infection, communication plans for both internal and external notification and participation in public health measures, and the patient tracking needed to assist in the recovery of this center and the community.

Responsibility and Review:

It is the responsibility of _____ (your health center name) _____ to review this policy and protocol semiannually. It is the obligation of _____, Chief Executive Officer and _____, Chief Medical Officer to approve this policy and procedure for inclusion in _____ (your health center name) _____, Emergency Operations Plan.

Purpose:

The protocol in this document is intended to create procedures for _____ (your health center name) _____ to coordinate between itself, local public health

officials, and the community for the purpose of responding to a public health emergency presented by a pandemic influenza event.

I. Protocols:

A. Preparedness

1. Command and Control:

- a. **NIMS**– This CHC will participate in the National Incident Management System. The following table will be assigned and scheduled for the length of the pandemic period or until such a time that it is determined that operations have returned to normal. The following will be staffed positions in the event of a pandemic event by the following individuals initially. These positions will be assigned to different persons as needed throughout the activation.

Incident Command	
Position	Individual
Incident Commander	
Liaison Officer	
Public Information Officer (PIO)	
Safety	
Subject Matter Expert	
Operations	
Logistics	
Planning	
Administration/Finance	
IT	
Alternates	
Alternate Incident Commander	
Alternate Liaison	
Alternate PIO	
Alternate Safety	
Alternate Subject Matter Expert	
Alternate Operations	
Alternate Logistics	
Alternate Planning	
Alternate Administration and Finance	
Alternate IT	

The positions above must be appropriately rotated should the incident become extended.

b. Continuity of Operations:

i. Delegation of Authority:

In the event that _____, CEO of the _____ (your health center name) _____, is incapacitated, becomes ill, or is unable to fulfill his/her duty temporarily, _____ will succeed and will be granted the authority to continue operations.

ii. Succession of Authority:

In the event that _____ (CEO Name) _____, CEO of _____ (your health center name) _____, is permanently incapacitated, _____ (Successor Name) _____ will succeed in his or her place and will be granted the authority to continue operations.

2. Communications

a. Internal Communications:

Please identify the internal communications policy for notification of incidents and affix in this section of the plan. Be sure to include phone numbers, cell numbers, and other communication devices in this section.

In the following grid, enter all important phone numbers for internal notifications within the CHC:

Program	Contact	Business Hours Number	Off Hours Number	Email
CEO				
CFO				
COO				
Nursing Manager Administrator				
Chief Medical Officer				
CIR/NYSIIS Reporting				
HERDS Reporting				
QA/QI Team Leader				
HR Leader				
Logistics				
Infection Control				

b. External Communications:

i. Important Numbers

The following are important reporting numbers and websites to external agencies that may be needed during an influenza response (The numbers listed are for New York City):

Agency	Contact	Business Hours Number	Off Hours Number	Email/Website
DOHMH	On Call	212-788-9830	212-POISONS 212-764-7667	http://www.nyc.gov/html/doh/html/hcp/hcp.shtml#report
CHCANYS	On Call	212-710-3800	646-504-3101	epteam@chcanys.org
Fire Dept./Police	On Call	911	911	N/A
Office of Emergency Management	N/A	718-422-8700	311	http://www.nyc.gov/html/odem/html/home/home.shtml
NYC Information	N/A	311	311	N/A
Office of the Chief Medical Examiner	N/A	212-447-2030	311	http://www.nyc.gov/html/ocme/html/home/home.shtml
FDNY Emergency Medical Services Operations	On Duty	911 718-422-7397\$\$\$\$\$\$	911	N/A
Terrorism Hotline	N/A	888-NYCSAFE 888-692-7233	311	N/A
Department of Environmental Protection (DEP)	N/A	311	311	http://www.nyc.gov/html/dep/html/home/home.shtml

* This is FDNY EMS Operations. They can reach the EMS Ops Supervisor to report to EMS any information that does not need an ambulance to respond or if the CHC has situational information to relay to the Fire Department EMS. They can also report or request assistance for an evacuation as an example.

ii. The Health Alert Network

The Health Alert Network (HAN) provides up-to-date information on urgent and emergent public health situations and maintains a document library of ongoing public health information and provides interactive facilities for providers to communicate with public health officials and one another^{ix}. Each state in the union has a HAN system which includes all 50 states, 3 large City Health Departments, 3 County Health Departments, 8 Territories, and the District of Columbia as well as

b. Medical Supplies Needed for Mass Vaccination or for use in a POD

The following is a sample list of supplies that may be needed on hand to effectively respond to an influenza pandemic. The CHC should customize its list. Ensure that the customized supply list includes vaccinations, ancillary supplies for vaccinations as well as an adequate amount of PPE supplies for both patients and staff that are needed to evaluate and treat potentially infected patients:

Description	Manufacturer	Supplier	Item No	Size	Other Supplier	Max. Qty. On Hand	Initial
Tubex Pre-filled syringe holders							
3cc syringe							
5/8 inch 23 gauge needles							
Adhesive Strips							
Isopropyl Swabs							
Surgical Gowns							
Patient Gowns							
Surgical bonnets							
Shoe Covers							
Surgical Masks							
N-95 Particulate Respirators							
Latex Gloves							
Neoprene Gloves							
Goggles							
Non Rebreather Oxygen Masks Adult and Pediatric							
Splash resistant aprons							
Disposable Scrubs							

c. Vaccine Ordering

During a pandemic, vaccine against the pandemic strain may become available. If it does become available, distribution will likely depend on, and perhaps be limited by, the manufacturing and payment processes. In NYC, CHCs should work closely with CHCANYS and DOHMH to ensure access to vaccine. In other localities, CHCs should work with their Primary Care Associations and local and state health departments to ensure access to the vaccine. Messaging from these entities as well as the Health Alert Networks should be followed closely.

Additionally, health providers should ensure they are registered with local and/or state immunization registries. In NYC, this is the Citywide Immunization Registry.

- i) The DOHMH CIR is located at <http://www.nyc.gov/html/doh/html/cir/>
- ii) For information call the CIR at: 212-676-2323 or call CHCANYS EP at 646-504-3101

d. Storage

Vaccines have specific storage requirements. These requirements have been set by their manufacturers and need to be followed meticulously. Upon receiving a shipment of vaccine, the shipment must be noted in a log and tracked so that if problems do arise, the problematic shipment can be tracked. A tracking form has been provided in Appendix B.

Upon arrival at the CHC, vaccine shipments must be immediately unpacked and stored in the appropriate manner to prevent vaccine loss. This is especially important during a pandemic, as vaccine supply may be limited. In Appendix A, there are general rules about the storage of various vaccines. Any changes to these temperatures for greater than an hour can cause deterioration in the vaccine and render it exposed.

According to the CDC, immediately upon arrival of the vaccine transport cooler in a health care provider or clinical setting, vaccine (both inactivated and LAIV) should be removed from the transport cooler, inventoried, and stored inside a refrigerator (which does not share a door with a freezer, i.e. “non-dorm style”) in the center of the unit, away from the walls and the doors of the refrigerator.

Inactivated vaccines are sensitive to excessive heat, freezing and light. They should be protected from light at all times by being stored in their original packaging with the tops on until they are needed. Inactivated vaccines should be stored in a refrigerator at 35° to 46°F (2° to 8°C), with a desired average temperature of 40°F

(5°C). Exposure to temperatures outside this range results in decreased vaccine potency and increased risk of vaccine-preventable diseases. Inactivated vaccines may tolerate limited exposure to elevated temperatures, but they are cold sensitive and are damaged rapidly by freezing temperatures.

To be sure that your storage methods are optimum:

1. Do not use Ground Fault Outlets (GFI) to plug in your medication refrigerator and don't plug into outlets controlled by wall switches.
2. Assure that proper signage indicates that the temperature in that unit should not be adjusted without notification.
3. Assure that signage identifies the person responsible for maintaining the storage unit.
4. Do not keep food in the unit.
5. Assure daily checks are completed and logged.
6. ***Live Attenuated Influenza Vaccine (LAIV) should not be stored in the freezer***

Storage containers for vaccine during transportation and temporary vaccination clinics must be insulated, and kept with sufficient ice/dry ice to maintain optimum temperatures. Appendix G demonstrates the type of storage unit that must be utilized and how to pack it appropriately. Please refer to the CDC's Vaccine Storage Toolkit for more assistance on the proper storage of vaccines. The Toolkit can be accessed at:

http://www2a.cdc.gov/vaccines/ed/shtoolkit/pages/storage_practices.htm

4. Vaccination of Employees:

During a pandemic, it is essential to vaccinate healthcare workers. To improve compliance, vaccination should be offered to healthcare personnel free of charge and during working hours. Vaccination campaigns with incentives such as lotteries with prizes may be considered. Healthcare facilities should require personnel who refuse vaccination to complete a declination form. The Veterans Health Administration Influenza Manual is a useful source of information on [best practices and strategies for increasing immunization rates](#).

During a pandemic, both seasonal and pandemic strain influenza vaccination should be offered to all healthcare workers if both are available. In addition, providers should be aware of any changes in recommendations for vaccinating healthcare workers as well as any influenza immunization mandates that are put in place before or during a pandemic event. Some staff and patients may have some questions about the safety of vaccines, especially newly released pandemic strain vaccines. In Appendix D, there are handouts that should be provided to patients and staff that receive either vaccine. Please refer to these documents for assistance in teaching about vaccination.

The following are 11 tips, as printed in the Veterans Administration Manual on Flu Vaccination^x:

1. Encourage top management to be vaccinated and to be active members of the vaccination program.
2. Enlist peer champions to be vaccinated and to encourage the staff to get vaccinated.
3. Sponsor a kick off event.
4. Set vaccination rate goals and set up a competition between departments (e.g. clerical vs. nursing).
5. Make the vaccine accessible by increasing occupational health clinic hours, increasing the locations where employees can get vaccinated, and taking the vaccine to employees where they work!
6. Advertise the dates, times, and locations of the vaccination locations in multiple message formats.
7. Provide training on why getting vaccinated is important to all employees and volunteers.
8. Keep track of who is vaccinated so that targeted reminders can be sent out to those who do not get vaccinated.
9. Identify individuals who do not wish to get vaccinated and why they do not want to get vaccinated and develop targeted messages to address those concerns.
10. Send emails asking staff to inform occupational health or management if they were vaccinated somewhere else.
11. Track and report on a daily basis the number of employees vaccinated.

Getting employees vaccinated is one of the best methods of preventing the spread of influenza in the workplace. Education is the best method of ensuring high vaccination rates at your facility.

B. Mitigation

Mitigation for a pandemic influenza response is designed to assist the CHC staff with identifying, isolating, and cohorting patients as well as protecting other patients and staff from possible infection. The following are mitigation steps that should be taken in the event of an influenza event:

1. Human Resource Policy

- a. Develop a flexible human resource policy for sick employees affected by influenza.

A human resources sick leave policy for pandemic emergencies should follow the guidelines for symptomatic employees on how long they should remain home after being sick. Also, the policy should have allowances for employees taking care of sick family members.

Person responsible: _____

Completed: _____

Location of Policy: _____

- b. Develop a flexible policy on work arrangements where non-essential personnel can continue to work from home or from an alternate location if the CHC is surging with sick patients.

Person Responsible: _____

Completed: _____

Location of Policy: _____

- c. Develop a PPE training schedule for employees. Employees should be trained on PPE use at least once a year. There are various websites that train on proper PPE use. The CDC has training materials available on their website. Please click on the following link for more information:
<http://www.cdc.gov/ncidod/dhqp/ppe.html>

Person Responsible: _____

Completed: _____

Location of Policy: _____

- d. Develop a policy for monitoring employees for symptoms of influenza like illness and include triggers for when to send employees home if they develop symptoms when working at the health center.

Person Responsible: _____

Completed: _____

Location of Policy: _____

List other human resource policies that would allow for a better response to a pandemic influenza crisis:

2. Infection Control Policy*****

Prevent influenza transmission by enacting a hierarchy of controls that will limit or prevent the spread of influenza. Should a pandemic influenza incident occur, the following controls should be in place in order to mitigate the potential for transmission of the disease in the CHC setting:

a. Elimination of Infectious Sources

- Postpone elective procedures and well visits for uninfected patients
- Postpone elective procedures for infected patients until they are no longer infectious
- Monitor symptomatic employees and send them home if influenza is suspected
- Develop a policy to communicate when and how to use medical resources for the community. Patients at low risk for developing complications secondary to influenza should be encouraged to remain home unless complications related to infection have arisen
- Develop a policy for ensuring that sick employees or unvaccinated employees caring for sick family members remain home
- Explore telework strategies to ensure that non-essential employees that are well limit their exposure to infectious patients

b. Engineering Controls

- Install artificial or permanent partitions in triage areas as physical barriers to reduce staff contact with infected patients and their respiratory droplets
- Increase ventilation in triage areas when possible

***** Please review the NYC DOHMH Screening and Isolation Protocol available in Appendix E

- Use exhaust ventilation for aerosol generating procedures
- Install hands free soap dispensers, alcohol sanitizers, and garbage receptacles throughout facility
- Install and use closed suctioning systems throughout facility
- Identify isolation rooms with doors for examining or cohorting infectious patients
- Check and test negative pressure and airborne infectious isolation rooms (AIIR) to assure air exchanges are as per manufacturer's recommendations and the recommendations of the CDC
- Ensure environmental hygiene policy is conducive to the elimination of the infectious agent
- Use particulate filters on bag ventilators
- Ensure that particulate filters are replaced for HVAC ventilation system

c. Administrative Controls

- Implement an employee vaccination program through the CHC's employee health program
- Implement a respiratory hygiene and cough etiquette policy
- Implement a hand hygiene policy
- Set up stations that improve patient flow by separating triage stations based on symptoms with stations dedicated to patients with influenza like symptoms
- Screen all patients, visitors, and employees for influenza like symptoms at all points of entry and refer those persons exhibiting symptoms to triage stations
- Limit number of persons allowed in patient rooms where aerosol generating procedures are being performed
- Arrange seating in waiting areas so that persons with ILI are cohorted and social distancing protocols are followed in other areas
- Make tissues, masks, and alcohol based sanitizers available for patients and visitors
- Create and post signage in multiple languages to alert patients of what to do if they have ILI symptoms
- Place facemasks on patients with ILI when transported throughout facility
- Develop protocol for communicating the presence of patients with ILI to clinicians
- Establish protocol for cleaning frequently touched surfaces such as door handles, desks, phones, and elevator buttons

d. Personal Protective Equipment

- Continually review updates to personal protective equipment recommendations made by CDC and OSHA
- Ensure that maximum levels of PPE are maintained throughout facility
- Train all employees on the donning, doffing, and use of PPE
- Make available respiratory masks at all points of entry and at triage stations

3. Volunteer and Supply Management

Ensure proper memoranda of understanding and agreements are engaged with surrounding facilities on the use of volunteers from other agencies. The NYC Medical Reserve Corps can be engaged to ensure an appropriate response from pre-vetted medical volunteers based on the needs of the CHC. In the case of medical supplies, engage community partners on the potential for sharing or borrowing of supplies if needed. A sample MOA is available in the appendix of the Reference and Guidance document that accompanies this plan. Have the following in place:

- MOU/MOA with critical suppliers including those companies that deliver supplies, food, and water. When possible, arrange for priority delivery in the MOU/MOA.
- MOAs in place with medical transport companies to assist with transporting patients to other medical facilities. Be sure to coordinate with neighboring facilities to ensure that all facilities are not trying to use the same companies.
- MOAs with local hospitals for patient referrals or agreements to receive patients from their ED if needed.
- To request licensed medical volunteers from the NYC Medical Corps, contact CHCANYS EP Program at epteam@CHCANYS.org. Fill out a volunteer request form found in Appendix C or at www.chcanys.org and email or fax over to CHCANYS at 212-279-3581. CHCANYS will review your request with DOHMH, which will assign and manage the volunteers. In other locations, contact Primary Care Association or local and state health departments to gain information about local medical volunteer programs.

C. Operations

1. CHC Activation

Pandemic Influenza operations should generally be based on many factors as pandemics can occur either without warning or slowly as they evolve and spread. The World Health Organization has a system of phases that describe levels of increasing alert when a pandemic event may be occurring around the world. To find out more of this system, please refer to appendix E.

NYC DOHMH and NYC have pandemic flu plans; they may activate their plans based on the WHO's Pandemic Alert System depending on the level of alert and the local activity. It is important to remember that the WHO's phases of pandemic alert are dependent on the information issued by local jurisdictions around the world. It may or may not be accurate; accuracy will depend on the quality of the information, the veracity of the information, and the timeliness of the information. The following chart is useful to determine planning activities when pandemic events occur and where to get information to corroborate and reconcile WHO alerts and information so that the CHC can decide the best course of action for their location and operation. Activation of this plan based on information obtained solely from the WHO should include at a minimum a review of this plan and a review of information obtained from other sources. It is the responsibility of the CHC to determine the information's weight with regards to their operation and its impact.

a. Activation of the Pandemic Influenza Plan

Activation of the pandemic influenza plan at the CHC should consider information from multiple sources. When activating, the health center should consider regional and local activity as well as information national and global sources of information. Remain abreast of information about the region coming from your state and local health departments. Consider the following sources of information and potential triggers for activation of the plan:

- The first source is to review the reported cases within the health center or the reports from neighboring health centers of potential patients with ILI. Activation of the CHC should be based on whether or not the CHC is equipped to handle the number of cases presenting.
- Review the information on the HAN and find out if there are other activations in your area. Follow the activation guidelines set by DOHMH recommendations, state recommendations, and CDC recommendations.
- Follow the WHO pandemic alert guide. Each level requires different actions to mitigate potential operational issues that can affect the operation of the Community Health Center. Cross reference this information for the best information when deciding to activate the plan.
- The activation of the plan at the CHC level depends on the CHC. Specific triggers may include the presentation of an infected patient at the site or a surge of patients with influenza like illness. The site may also consider triggers such as a declaration of a phase 5 or 6 pandemic by WHO, or a declaration of a public health emergency by Health and Human Services or a citywide activation by NYC and DOHMH.

b. PCEPN Activation

The *Primary Care Emergency Preparedness Network* is a combination of resources and emergency management professionals from the Primary Care Development Corporation (PCDC) and CHCANYS. During a citywide activation in NYC, these professionals, as part of an emergency response team, would respond to the NYC EOC at the Office of Emergency Management to provide support and provide guidance to the primary care community. It is important to note that, unless specified by NYC officials, Primary Care Centers (PCCs) are under no requirement to follow the PCEPN recommendations. PCEPN is an organization that supports the PCC community at the NYC OEM EOC as part of the Essential Support Functions Desk #8; Medical Services (ESF 8). When NYC's EOC is open, ESF-8 is a resource that is available to the PCC community to help them achieve their missions, providing a venue for PCCs to offer their services to the city during a response, and to assist them in obtaining and managing resources.

2. CHC Response

In the event that a symptomatic patient presents to the CHC, the following recommendations should be considered (please also see the NYC DOHMH Screening and Isolation Protocol available in Appendix E).

- a. The infection control policy on the presentation of respiratory symptoms should be reviewed. Specific infection control recommendations from the CDC and local public health officials should be reviewed. If multiple cases are arriving exhibiting ILI, the cancelling of non essential procedures and well visits should be considered depending on the number of cases that present to the CHC. Please refer to the NYC DOHMH Screening and Isolation protocol located in Appendix E for more information
- b. Signage should be posted before or at the entrance to the facility, providing instructions on how to cover a cough and on proper use of a face mask. Any special instructions on where the patient should go within the facility should also be posted. The facility may also want to assign a staff person to screen patients for respiratory symptoms at the entrance.
- c. Patients who have respiratory symptoms should be given a face mask and complete a quick triage. These patients should be placed in an area to limit contact with patients without respiratory symptoms. Patients should not be allowed to return to the waiting room unless there is a dedicated space for ILI patients. Of note, families should be kept together under most circumstances.

- d. Upon completing the quick triage, the patient should be walked to an isolation room. In certain circumstances, AIIR rooms will be preferable; however, any room with a closing door can be appropriate.
- e. Clinicians should be alerted of the presence of a patient with ILI. PPE should be made available outside of the isolation room and a sign affixed to the door that identifies the room as an isolation room and indicates what PPE is necessary.
- f. Ensure that all appropriate medications are available if the CHC has a dispensary. If specific medication is needed for a citywide response, contact CHCANYS EP Team at epteam@chcanys.org for information on obtaining resources.
- g. DOHMH and CDC recommendations on the use of antivirals or vaccines and all high risk categories for the disease should be reviewed. The CHC should be sure to continually check for updates on recommendations. If providers note that their patients are having difficulty obtaining medications, public health officials should be notified. In NYC, providers can contact CHCANYS.
- h. Follow the DOHMH guidance on testing for influenza. If testing is done, results need to be reported to the DOHMH at the following numbers:

Business Hours: 866-NYC-DOH1 (866-692-3641 or 212-788-9830)
 Off Hours: 212-POISONS (212-764-7667)

Reporting forms on the NYC DOHMH website should be completed and information.

- i. Based on your center’s procedure and the number of cases being seen at your center, it may be necessary to alert necessary personnel to the presence of an infectious case. Populate the following table with the necessary contact information for clinicians and ancillary services:

Important Phone Numbers for Notification Protocols

Department	Name	Phone	Cell	Email
------------	------	-------	------	-------

Medical Director				
Administrator				
Infection Control				
Emergency Mgr				
Environmental				
Nursing				

3. Points of Dispensing/Distribution (PODs)

When vaccinating large numbers of people whether they are employees or patients, the use of a Point of Dispensing (POD) program should be considered. Please review the NYC DOHMH POD guidance available in Appendix F of this document. A CHC POD is an efficient method to administer a large amount of vaccine in a short period of time. CHCs should use the POD guidance document to develop their own POD plan and exercise this plan when administering seasonal influenza vaccine.

4. The Worried Well

During a response, much of your patient volume may be worried-well patients that may or may not be asymptomatic. Many times, these patients are concerned about the incident and may want to be seen to rule out flu or any other ailment. Patient's fears should be addressed. However, depending on the volume of patients, they can impede the operational flow of sick patients. Therefore, a plan for addressing the needs of worried well should be included in your to assure that they do not add to your patient volume. The following are suggestions for your "worried-well" plan:

- Provide a dedicated phone line to address the needs of asymptomatic patients so that they may obtain information on the pandemic event.
- Mail printed information on the pandemic event to the patient population that includes illness criteria and what to do if they meet that criteria.
- Provide information during regular visits so that patients are informed on the illness in advance of contracting the disease and know how to identify when they should see a doctor.

D. Recovery

1. Finance

Pandemics can continue for a long period of time. Participation in the public health response by a health center can cost large sums of money for equipment and supplies, personnel, and other costs related to the response.

In the past, funding has been made available by City, State and Federal sources. Historically, in NYC, the costs covered have been directly related to the administration of vaccines received from the federal government. Unfortunately, it is difficult to predict what reimbursements a CHC may become eligible for and what the process for reimbursement will be. In order to increase the likelihood that the center will be eligible for funds should such funds become available, the CHC can take the following steps:

- a. Assure that all records related to the response are kept separate. If the records are kept electronically, partition your server to store emergency response patient records on that drive until they have been reported to the DOHMH. Accurate records will help the reimbursement process as certain identifiers will be needed to claim emergency funding.
- b. If patients receive medication or vaccines or have made a visit to the health center separate from a public distribution, be sure to collect insurance information and bill accordingly.

Maintain records of all costs incurred by the center throughout the duration of the event.

2. Deactivation

The deactivation of a CHC pandemic influenza plan and EMP depends upon the CHC as well. In large scale activations, EMPs are deactivated based on the need of the service and the information obtained from the incident. EMP deactivation during a pandemic period is usually best done when the need for services drops and the CHC can manage cases with normal operations. The deactivation of an EMP should be modular and should begin with the planning and administrative sections and end with operations. However, it is up to each CHC to determine the best approach based on personnel, the level of the threat, and the local response to the event.

When deactivating the pandemic influenza plan, consider the following:

- a. A CHC may choose to deactivate the pandemic influenza plan even though patients with pandemic influenza continue to present to the center. The CHC must decide what is manageable under normal operations.
- b. Check the supplies of medications and vaccines once deactivation begins. Take an inventory and check for expiration dates on all medications and vaccines. Vaccines in particular may have a short lifespan due to the absence of preservatives in some.
- c. Should a CHC have excess vaccine, the CHC should check with CHCANYS, DOHMH, or the CDC guidelines for further instructions on managing your stock.
- d. Perform a quality review on all flu cases and present cases to the emergency planning committee or other planning body within your organization.
- e. Assure accurate vaccine reporting to public health authorities. For more information on reporting in NYC please visit the website: <http://www.nyc.gov/html/doh/downloads/pdf/cir/healthcode2005.pdf>
- f. Reorder all ancillary supplies for normal operations.
- g. Reorder all PPE needed for normal operations.
- h. Keep a stock of respiratory PPE available and accessible to triage and registration staff as well as for newly presenting patients.
- i. Return all human resource policies to normal operating standards.
- j. Return to reviewing or reporting on syndromic surveillance.
- k. Conduct an after action conference and develop an after action report. Utilize the after action report to present an improvement plan.

Appendices

Appendix A

CDC Recommended Emergency Procedures for Protecting Vaccine Inventories

Emergency procedures should address the protection and/or retrieval of vaccines at both the depot and provider level. Projects should have the ability to routinely communicate during normal operations and quickly communicate action plans during emergencies or anticipated emergencies with all providers receiving public purchased vaccines.

When states, local officials, or providers have reasonable cause to believe that emerging conditions will disrupt vaccine operations, emergency procedures should be implemented **IN ADVANCE OF THE EVENT**.

In advance of the emergency, all providers should:

- A. Identify an alternative storage facility (hospital, packing plant, state depot, etc.) with back-up power (generator) where the vaccine can be properly stored and monitored for the interim, Insure the availability of staff to pack and move the vaccine, Maintain the appropriate packing materials (insulated containers, ice packs, dry ice for Varicella/MMR vaccine, etc.) and,
- B. Insure a means of transport for the vaccine to the secure storage facility.

NOTE: Whenever possible, facilities should suspend vaccination activities **BEFORE** the onset of emergency conditions to allow sufficient time for packing and transporting vaccine. The information below is provided as a guideline for developing facility-specific Standard Operating Procedures for the protection of vaccine inventories before and during emergency conditions.

Emergency Procedures

A. List emergency phone numbers, companies, and points of contact for:

- 1. Electrical power company
- 2. Refrigeration repair company
- 3. Temperature alarm monitoring company
- 4. Perimeter alarm repair company
- 5. Perimeter alarm monitoring company
- 6. Backup storage facility
- 7. Transportation to backup storage
- 8. Dry ice vendor
- 9. Emergency generator repair company
- 10. National weather service
- 11. Manufacturers
 - a. Merck Sharpe & Dohme: 800-672-6372
 - b. Aventis Pasteur: 800-VACCINE (800-822-2463)
 - c. GlaxoSmith Kline: 888-825-5249
 - d. Wyeth Lederle Labs: 800-666-7248

B. State/project assistance to providers in possession of vaccine:

1. Establish working agreements with hospitals, health departments or other facilities to serve as emergency vaccine storage facilities and communicate these agreements with your providers. (This might also be done at the regional or county level and/or with the assistance of Bioterrorism or Emergency Preparedness Units.)
2. Prioritize assistance and communication to those providers in areas at highest risk from the emergency.

C. Entering vaccine storage facilities:

Describe how to enter the building and vaccine storage spaces in an emergency if closed or after hours. Include a floor diagram and the locations of:

1. Doors
2. Flash lights
3. Spare batteries
4. Light switches
5. Keys
6. Locks
7. Alarms
8. Circuit breakers
9. Packing materials

D. Identify who to call for the following assistance:

1. Equipment problems
2. Packing containers, cold packs, (and dry ice, if necessary)
3. Backup storage
4. Backup transportation
5. Security

E. Identify what vaccines to pack first in an emergency and while the power is still working:

1. Pack the refrigerated vaccines first with an adequate supply of cold packs.
2. Remove and pack the Varicella vaccine, using dry ice, immediately before it is to be transported.

F. Pack and transport all vaccine or if that is not possible, determine the types and amounts to save:

e.g., save only the most expensive vaccines to minimize dollar loss or save some portion of all vaccines to ensure a short term, complete supply for resuming the vaccination schedule. We would suggest the first priority be given to those vaccines which would be the most expensive to replace.

G. Follow vaccine packing procedures for transport to backup storage facilities:

1. Have vaccine packing instructions readily available for staff unfamiliar with packing procedures.

2. Open refrigerated units only when absolutely necessary and only after you have made all preparations for packing and moving the vaccine to alternative storage sites.
3. Use properly insulated containers.
4. Use a properly placed temperature monitoring device in each container.
5. Record vaccine type(s), quantity, date, time, and originating facility on the container.
6. Document the storage container temperatures at the time the vaccine is removed for storage at the alternate site.

H. Move vaccine to backup storage according to pre-arranged plans.

1. How to load transportation vehicle
2. Routes to take (alternate routes if necessary)
3. Time en route
4. Ensure vaccine containers are stored properly in the emergency storage facility. (Varicella in freezer; refrigerated vaccines in refrigerator; adequate circulation; functioning temperature monitoring devices, etc.)

Appendix C – Volunteer Request Form

NYC Medical Reserve Corps (MRC) Volunteer Request Form

Name of Requestor _____ Date of Request _____

Organization and location requesting MRC volunteers: _____

Contact Phone _____ Contact e-mail _____

What is the assignment for which volunteers are needed? Please be as specific as possible.
Include description of duties and if duties are primarily clinical, clerical, or other.

What type(s) of volunteers are needed? Physicians Physician Assistants
 Nurse Practitioners RNs LPNs Respiratory Therapists Social Workers
 Psychologists Laboratory Technicians/Technologists Clerical Other _____

How many volunteers are needed for each assignment or shift? _____

Are volunteers required to have hospital privileges or will you accept volunteers in active private clinical practice?

Hospital-privileged only Hospital-privileged and active clinical practice acceptable

Are retired providers acceptable for this assignment? Yes No

If yes, what is the maximum amount of elapsed time since they retired that is acceptable?

What is the location for this assignment? _____

What is the start date and time for this assignment? _____

What are the hours for this assignment? _____

What is the expected length of service/end date for this assignment? _____

Name of the contact person/supervisor at the work site _____

Work site contact phone and e-mail _____

What identification should volunteers bring with them when reporting to the work site?

Priority Level of Request (1=High; 2=Medium; 3=Low) _____

Signature of individual authorizing request _____

Title of individual authorizing request _____

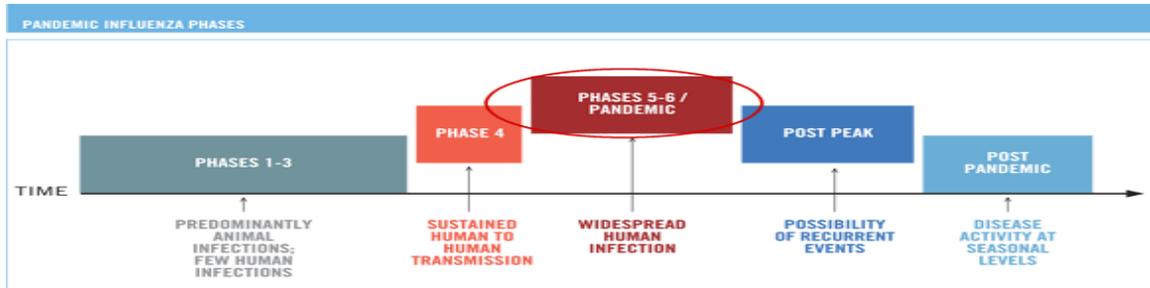
For Staffing Manager Use Only

Disposition of Request _____



Appendix D – Vaccine Information for Patients

The current WHO phase of pandemic alert is 6 as of March 31, 2010.



Source: The World Health Organization

In nature, viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans. The only viruses circulating are viruses that humans already have experience with and do not pose a novel threat to humans.

In **Phase 2** an animal virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or animal to human recombinant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza re-assortment virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in the risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

Barring the lack of local experience or alerts with regards to the presence of a pandemic virus, CHCs should consider activating their plans when the WHO phase is either a 5 or 6. In phase 5 there is human to human spread. This spread may or may not be occurring in the CHC's jurisdiction. In phase 6, there is spread throughout at least two countries and again may or may not be in the jurisdiction of the CHC.

ⁱ 42 U.S.C. § 254b(k)(3)(H); 42 C.F.R. § 51c.304

ⁱⁱ Feldesman, Tucker, Leifer, Fidell LLP; Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community Based System of Care. National Association of Community Health Centers. October 2010.

ⁱⁱⁱ US Department of Health and Human Services. HIPAA Assumptions and Regulations as it pertains to public health officials. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html> Accessed on February 8th, 2010.

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