



Primary Care Emergency Preparedness Network Coastal Storm Plan

March, 2015

This document was supported by Cooperative Agreement Number 5U90TP000546-3, funded by the Centers for Disease Control and Prevention, Coordinating Office for Terrorism Preparedness and Emergency Response. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Questions regarding the contents of this plan should be directed to the Primary Care Emergency Preparedness Network (PCEPN) at info@pcepn.org.

Table of Contents

1.0 Introduction.....	2
1.1 Purpose.....	2
1.2 Scope.....	2
1.3 Assumptions.....	2
1.4 Instructions for Use.....	3
2.0 Incident Management Actions	3
2.1 Command and Control.....	3
2.2 Communication.....	3
2.3 Facility Preparation.....	4
2.4 Transportation	4
2.5 Resource Management.....	4
2.6 Recovery	4
3.0 Plan Review and Maintenance	5

1.0 Introduction

The Primary Care Emergency Preparedness Network (PCEPN) is a partnership between the Community Health Care Association of New York State (CHCANYS) and the Primary Care Development Corporation (PCDC). PCEPN was formed to better coordinate planning, training, response, and recovery services to its affiliated primary care networks (PCNs). PCEPN is committed to the pursuit of innovative and sustainable ways to address the four phases of emergency management (mitigation, preparedness, response, and recovery) for the primary care sector in New York City (NYC).

Recent years have shown the importance of strong coastal storm planning for the healthcare sector in New York City. Hurricane Irene in 2011 and Superstorm Sandy in 2012 disrupted healthcare through physical impact to healthcare facilities, access to pharmacies, and limited public transportation. Primary care services were disrupted through facility damage, inability of staff to get to work, and disruptions in supply chain. Because of the regional impact of the storms, entire neighborhoods experienced disruption in healthcare services.

1.1 Purpose

The purpose of this coastal storm plan is to outline the essential steps primary care facilities should take to minimize disruption in provision of care during major coastal storms.

1.2 Scope

This facility is located at XXXX. This plan is based on the facility's all-hazards plan and assumes familiarity with that plan. The scope of this plan is limited to coastal storms.

This facility is located in SLOSH Zone XXX

OR

This facility is not located in a SLOSH zone.

1.3 Assumptions

- Coastal storms have the capacity to disrupt utilities and public transportation thereby disrupting healthcare delivery.
- Advance warning for coastal storms can be expected; severity of storm may vary from predictions.
- Numerous healthcare facilities citywide are in coastal storm evacuation zones.
- Healthcare facilities may be required to evacuate and temporarily close.
- Healthcare facilities outside of the evacuation zones may experience a surge in patient volume due to site closures in other locations.
- Major coastal storms require significant coordination across all sectors.
- Coastal storms can cause damage that can impact services for weeks and months.

1.4 Instructions for Use

This plan is to be used in conjunction with the facility's all-hazards plan and notification protocols. Response in a coastal storm will be coordinated with PCEPN, local emergency responders, NYC Department of Health and Mental Hygiene (DOHMH) and New York State (NYS) Department of Health (DOH) as needed.

2.0 Incident Management Actions

2.1 Command and Control

2.1.1 Activation and Deactivation

- The decision to activate Incident Command System (ICS) and open the Emergency Operations Center (EOC) will be made in accordance with institutional policies.
- Deactivation will occur upon completion of recovery operations under the authority of the Incident Commander.

2.1.2 Incident Command System

- The incident will be managed under the organization's incident command procedures.

2.1.3 Continuity of Services

- In absence of an order to evacuate the facility, the decision to maintain or discontinue services will be made by XXX and communicated to all staff, PCEPN, NYC DOHMH, and NYS DOH.

2.2 Communication

2.2.1 During Normal Operations

- The facility will maintain contact with PCEPN as needed and/or requested to provide situational awareness.
 - Essential communications to PCEPN include: activation, deactivation, suspension/resumption of services, critical resource shortages, and hazardous situations.
- The facility will maintain communicate with staff regarding potential closure and/or other changes in services.
- If evacuation/temporary closure is a possibility, patients should be notified.
- All contact information for staff should be made available in hard copy.
- Patient contact information for upcoming visits should be made available in hard copy.
- Phone messaging, signage, website, and social media should be continually updated with current information.

2.2.2 During Off-Hours or Facility Closure

- Patients with existing appointments should be notified individually of any facility closure.
 - Patients should be given 24-hours notice when feasible
 - Patients should be provided with instructions for receiving emergency care.
- Communication with staff should be maintained and updates provided.
- Phone messaging, signage, website, and social media should be continually updated with current information

2.3 Facility Preparation

- If in a vulnerable zone, strengthen all doors and windows during the storm watch phase.
- Prepare the property and remove all loose items that can become projectiles. Be sure to secure all garbage cans, lids, and tools.
- Clear all gutters and drains.
- For health centers with mobile units, consider placing the vehicle in a garage.
- Ensure that important documents are secure and portable in the event of an evacuation order.
- Ensure that the Electronic Health Records for patients can be accessed from an alternate location if needed.
- Test generators and ensure full fuel tanks.

2.4 Transportation

- Make alternate plans for staff transportation in event of a public transit system shutdown.
- Staff should carry workplace identification cards at all times to support passage in restricted areas.
 - Access to restricted areas is not guaranteed.
 - Carrying workplace identification will help identify the worker as essential staff.
- All staff should maintain full gas tanks in personal vehicles.

2.5 Resource Management

- Ensure that all vehicles have a full tank of gas and that the oil is checked and filled to the appropriate level.
- Ensure adequate supplies of emergency materials on-hand in advance of storm.
- Include sufficient emergency medical supplies to treat those impacted by storm.

2.6 Recovery

- Contact PCEPN (email info@pcepn.org or call (914) 227-2376) to update your status.
- Contact appropriate governmental and regulatory agencies with status update.
- 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.
- Conduct debriefing on response and update plans and training accordingly.
- Prepare documentation for insurance claims.

3.0 Plan Maintenance and Review

- Review, test, and update the plan annually
- Maintain electronic and hard copies of plan in areas accessible to all staff

Plan developed: March, 2015
Approved by: XXXX

Updated: XXXX
Approved by: XXXX