

# Instructions for Use

This document is to be used as a guide for the development of a health center emergency management (EM) plan, or EMP. Health centers should modify suggested language, policies, and/or protocols to reflect current operations and organizational approaches to the EM program’s structure and ongoing maintenance. It must be reviewed and updated annually, or as needed following exercises, real incidents, or policy and procedure changes to ensure compliance with the November 2016 *Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Final Rule*. Reviews and updates should be clearly documented, as per sections I. and II.

The yellow, highlighted text that appears in brackets provides direction/placeholders for customizing this plan to align with your health center’s policies and procedures. Note that directions are italicized and placeholders/suggested text is not. Please see attachments for additional information and templates that may be incorporated into your health center’s final plan document.

If you are seeking additional information on a specific emergency management topic or planning area, please contact us at [emteam@chcanys.org](mailto:emteam@chcanys.org).

## KEY

[text] = placeholders, parts that need to be substituted, e.g. [Staff Title/Committee]

[*text*] = instructions, additional explanation, e.g. [*Edit as appropriate*.])

***bold italics***= name of a document being referenced to, e.g. ***PIO Contact List***

## Acknowledgements

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# Authorization

The following agree to support and uphold the [Health Center] Emergency Management Plan.

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| **Name** |  |
| **Title** |  |
| **Signature** |  |

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# Interim Plan Revisions

The following are plan updates based on incidents, exercises, and/or policy changes that have been approved by [Staff Title/Committee] at [Health Center]. These edits will be formally incorporated into the document as part of its regular review, which occurs every 12 months.

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Note: Please specify if the materials were distributed electronically (E) or physically (P).

# Section 1 - Program Administration

## 1.1 Executive Summary

This Emergency Management Plan (EMP) has been developed by [Health Center] and is hereby approved for implementation and intended to supersede all previous versions. It was established to promote a system to: save lives; protect the health and ensure the safety of [Health Center] staff, patients, and facilities; alleviate damage and hardship; and reduce future vulnerability to hazards that may disrupt normal health center operations. Furthermore, this document confirms [Health Center]’s commitment to ongoing planning, training, and exercise activities that promote preparedness and build capabilities to respond to internal or external emergencies and disasters.

## **1.2 Purpose**

The purpose of [Health Center]’s Emergency Management Plan is to improve the capacity to plan for, respond to, recover from, and mitigate the adverse outcomes of emergencies and disasters. The plan establishes an all-hazard approach to coordinate timely and integrated actions in response to a wide range of incidents or events that may disrupt normal health center operations.

This Emergency Management Plan outlines actions to support the following objectives:

* Provide a safe environment and protection from injury for patients, visitors, and staff;
* Ensure all individuals requiring medical attention in an emergency situation are attended to promptly and efficiently;
* Outline a logical and flexible chain of command that supports the effective use of resources;
* Restore essential services as quickly as possible following an incident;
* Safeguard facilities, property, and equipment;
* Meet all applicable emergency management related regulatory and accreditation requirements;
* Inform stakeholders of any emergency that directly impacts the organization.

## 1.3 Scope

Within the context of this plan, an emergency is any event that disrupts, or threatens to disrupt, health center operations. A disaster is an event with effects that go beyond the individual health center, and may overwhelm the community’s emergency response capacity. This all-hazards plan covers response actions that will take place in the event of natural or manmade disasters, e.g. technological, hazardous materials, terrorist events, etc. This plan also describes the policies and procedures [Health Center] will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

## 1.4 Emergency Management Committee

The role of the [Health Center] Emergency Management Committee (EMC) is to coordinate the development and maintenance of the Emergency Management Plan, ensure the emergency preparedness program meets relevant standards and requirements, and provide and/or coordinate program activities, including training and exercises.

The committee is multidisciplinary and includes representation from various departments. The committee is chaired by the [Staff Title] or designee.

The Emergency Management Committee meets on a [monthly or quarterly] basis and is composed of the following staff members:

|  |  |
| --- | --- |
| **Name** |  |
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[REMEMBER *to include specific language in your EMP describing your Health Center’s Integrated Healthcare System (IHS) structure if you choose this approach for organizing your emergency management program as described by CMS. For example, you may consider adding the following language*:

### Section 1.1: Executive Summary

This unified Emergency Management Plan has been developed by [Health Center] with the active involvement of each of its facilities or sites and is hereby approved for implementation …

### Section 1.3: Scope

[Health Center] consists of multiple separately certified healthcare facilities or sites, including the following facilities/sites:

1. [List Here]
2. [List Here]
3. [List Here]
4. [List Here], etc.

[LIST *each separately certified healthcare facility/site.* DESCRIBE *how each facility participates in the IHS and if any of the facilities in the network chose not to participate in IHS, and thus, have their own separate EMP. DO NOT FORGET to also include information in Section 9 – Plan Development and Maintenance on how the IHS program is reviewed with all participating facilities.*]

# Section 2 - Situation and Assumptions

## 2.1 Hazard Vulnerability Analysis

[Health Center] has conducted a Hazard Vulnerability Analysis (HVA) to evaluate hazards, their risk of actual occurrence, and the impact on life, property, and business should the hazard occur. The HVA identifies top risks in order to prioritize mitigation and planning efforts.

An HVA is conducted on an annual basis, after an emergency event, and as deemed necessary by the [Staff Title or Committee]. Separate HVAs are conducted for each individual facility within the organization’s network. In addition, community-based risks are assessed and are also considered. The [Staff Title] is responsible for ensuring that the HVA is conducted, for securing approval by the EMC, and for ensuring that all necessary policies and procedures to address hazards identified through the HVA are developed. To complete the HVA, the Emergency Management Committee uses [a modified version of] the *Hazard and Vulnerability Assessment Tool* developed by Kaiser Permanente. [NOTE *Kaiser Permanente’s HVA tool is considered industry-standard for health care entities and is thus recommended for use. However, you may consider using other HVA tools if you find those more applicable / appropriate for your health center. CMS does not require use of any particular HVA tool.*]

The current HVA was last completed on [date]. The top 5 hazards identified are as follows:

1. [List Here]
2. [List Here]
3. [List Here]
4. [List Here]
5. [List Here]

The current HVA may be found in [Appendix A](#_Attachment_A_–). The completed HVA along with an analysis and recommendations for changes are submitted to the EMC for review and approval on an annual basis. Based on the HVA results, hazard-specific plans that address the top 5-10 risks are created (see Annexes [XX]).

## 2.2 Key Plan Assumptions

The following assumptions are reflected in this plan:

* As a Health Resource and Services Administration (HRSA) Grantee; and Centers for Medicare and Medicaid Services (CMS) provider, the health center is required and expected to conduct emergency preparedness activities, including those described in this plan.
* The Health Center will continue to be exposed and subject to hazards and incidents described in the HVA, as well as lesser hazards and others that may develop in the future.
* A major disaster could occur at any time, and at any place. In many cases, dissemination of warning to the public and implementation of increased readiness measures may be possible; however, some emergency situations occur with little or no warning.
* A single site incident (e.g., fire, gas main breakage) could occur at any time without warning and the employees affected cannot, and should not, wait for direction from local response agencies. Action is required immediately to save lives and protect property.
* There may be a number of injuries of varying degrees of seriousness to staff and/or patients; rapid and appropriate response will reduce the number and severity of injuries.
* Outside assistance from local fire, law enforcement, and emergency managers will be available in most serious incidents. Because it takes time to request and dispatch external assistance, it is essential to be prepared to carry out the initial incident response at the health center until responders arrive at the incident scene.
* Proper prevention, protection, and mitigation actions, such as maintaining the environment of care and conducting fire inspections, will prevent or reduce incident-related losses.
* Maintaining this plan and providing frequent opportunities for stakeholders (staff, patients, first responders, and healthcare system partners, etc.) to exercise the plan can improve readiness to respond to incidents.

# Section 3 - Command and Control

## 3.1 Incident Command System

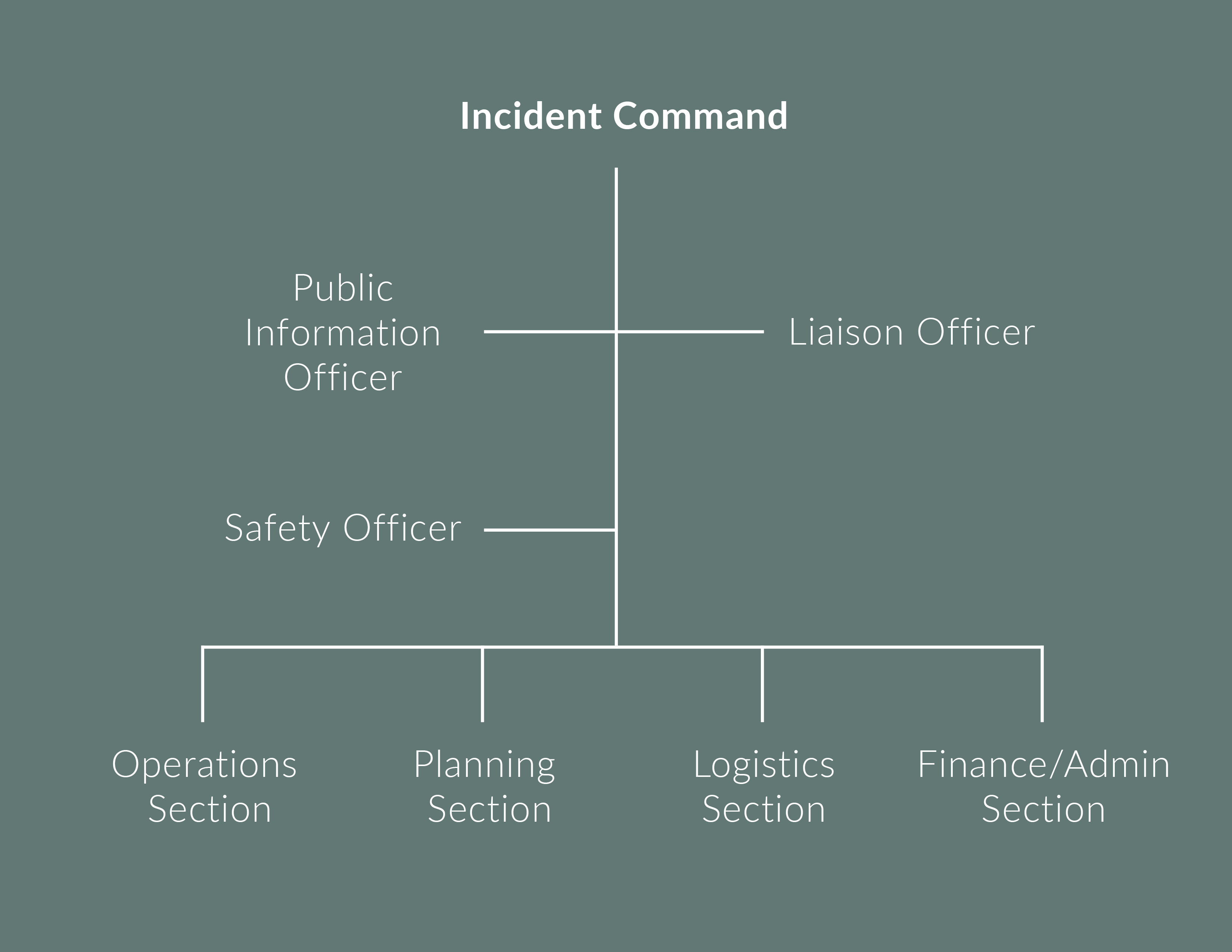
[Health Center]­­ used the Incident Command System (ICS) as identified and described in FEMA’s [National Response Framework](https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf)to manage emergencies that impact normal operations. ICS is a management structure with defined responsibilities, clear reporting channels, and standardized terms. The designated **Incident Commander** (IC) has overall authority and responsibility for conducting and managing incident operations. The Command Staff reports to the IC and consists of the following positions:

* **Public Information Officer** - responsible for interfacing with the public and media or with other agencies with incident-related information requirements.
* **Liaison Officer** - responsible for coordinating with representatives from cooperating and assisting agencies/organizations.
* **Safety Officer** - responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.

The General Staff consists of four Section Chiefs, appointed by the IC. Each Section Chief may designate additional personnel to specialized roles. The four sections include:

* **Logistics** - responsible for providing facilities, services, and materials for the incident.
* **Planning** - responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of Incident Action Plans.
* **Finance/Administration** - responsible for all incident costs and financial considerations.
* **Operations** - responsible for all tactical operations at the incident.

This structure is illustrated in the ICS Organizational Chart shown below.



ICS positions are temporary assignments and only necessary positions will be filled upon activation. It is the responsibility of the IC to determine which positions are required and to whom they are to be assigned. An *ICS Assignment List* may be found in [Attachment A](#_Appendix_B_-).

Each ICS position has a prioritized job description, or Job Action Sheet (JAS), which describes the duties of the person assigned to the role. Following a Job Action Sheet will allow an employee to carry out responsibilities that may not be part of his/her normal duties. The JAS will also define that person’s reporting responsibilities. *Job Action Sheets* for each of the positions are included in [Attachment B](#_Attachment_B_-). Copies are available in the Emergency Operations Center, or EOC.

## 3.2 Authority to Activate

The [Staff Title(s)] or designee have the authority to activate the health center’s ICS and will serve as the health center’s Incident Commander until relieved, or ICS deactivation.

## 3.3 Activation

Upon notification of an incident, the [Staff Title] or designee conducts a rapid assessment of the situation, considering the following decision factors for ICS activation:

* The impact of the incident on operations, patients, staff, and resources.
* The anticipated duration of the incident.

When the ICS is activated, a formal announcement is made via [communication method(s)]. Those assigned to an ICS role are to report to the Command Center, or EOC, located at [building, floor and room number]. See [Attachment A](#_Instructions_for_ICS)for *Instructions for* *ICS Activation*.

## 3.4 Deactivation

Prior to deactivation, the IC will make an assessment of the situation, considering the ongoing impact on operations. Based on the factors considered and ability to return to normal operations, the IC will determine when to formally deactivate ICS. When the decision has been made to deactivate ICS, a formal announcement will be made via [communication channel(s)] to [indicate to whom announcement will be made, including staff and any external partners].

## 3.5 Information Collection, Documentation, Analysis, and Dissemination

A record of actions taken to manage an incident from initial notification or detection of the incident, staff notification, implementation of ICS and of the incident-specific protocols that may have been activated, is critical for performance improvement, regulatory scrutiny, and possible insurance reimbursement for damages and expenses.

When an incident extends beyond one operational period (generally 12 hours), an Incident Action Plan (IAP) containing general objectives reflecting the overall strategy for managing an incident is developed by the IC and/or the Planning Section Chief. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident. See [Attachment C](#_Attachment_C_–) for *Incident Action Plan Template*. A *Communications Log* is included in [Annex B](#_Annex_B_–), *Communications Plan*.

## 3.6 Roles and Responsibilities

There are four phases of emergency management, as defined below:

**Mitigation:** Actions taken to lessen the severity and impact a potential disaster or emergency might have on a health center's operation.

**Preparedness:** Preparedness activities are undertaken to build capacity and identify resources that may be used should a disaster or emergency occur.

**Response:** Refers to the actual emergency and controls the negative effects of emergency situations.

**Recovery:** Comprises those actions that are directed at restoring essential services and resuming normal operations. Recovery planning should occur almost concurrently with response activities.]

[NOTE *that not all partners listed below will apply to your health center. Utilize only the ones that apply.*]

Organizational roles and responsibilities under each phase of emergency management are listed below. The partners noted are not signatories to this facility-specific plan, and their actual roles and responsibilities may change under the law, or at their own discretion (as applicable).

**[Health Center]**

* **Mitigation** - [LIST HERE, e.g., ensure that facility insurance policies are up to date and know what they cover and what documentation will be needed for reimbursement; identify sources and enter into contracts for emergency supplies; develop back-up plans and secure any needed contracts/MOUs for records management, refrigeration, etc.].
* **Preparedness** - [LIST HERE, e.g., meet all state and federal regulatory requirements for emergency planning, training, and exercising; test communication protocols and equipment for staff, patients, and partners; participate in local/regional/state coalitions to build partnerships for preparedness and response, etc. ].
* **Response** - [LIST HERE, e.g., report any incidents to state and federal regulatory bodies within specified timeframes; maintain situational awareness through communication and collaboration with partners, etc.].
* **Recovery** - [LIST HERE, e.g., document all expenses for potential reimbursement; notify patients and staff of resumption of normal operations and hours; ensure that any information collected outside of the electronic medical records system during a disaster or emergency is incorporated into the system, etc.].

**State Primary Care Association**

[NOTE *that this list should be adjusted as necessary.]*

* **Mitigation** - Share resource information and help identify potential collaborations to support or enhance mitigation efforts.
* **Preparedness** - Provide tools and templates to assist in health center planning, training, exercising, and community integration.
* **Response** -Maintain situational awareness among health centers through notifications and information sharing. As appropriate, communicate resource needs to local, state and federal partners and advocate for such resources where necessary.[NOTE *that your resource needs should always be communicated at the lowest level possible first, usually to the local Emergency Management Agency/ESF #8 desk. In this sense, your primary care association may assist with the resources needed, but not be the primary entity to address those needs*].
* **Recovery** – Continue to provide support with resource requests, and collect information to assess financial and operational impacts on health centers

**Local/Regional Coalitions** [LIST EACH SEPARATELY] *(Confirm/develop roles and responsibilities with coalition(s) your health center is a part of.)*

* **Mitigation** - [LIST HERE, *e.g., assist with hazard vulnerability and risk analysis; support identification of partnerships for resource-sharing and development of pre-event agreements, investigate organizations for ability to support the surge capacity of the health center leading up to and during an emergency response, etc.*].
* **Preparedness** - [LIST HERE, *e.g., facilitate participation in local, borough-wide, city/ statewide, and regional trainings and exercises; facilitate sharing of subject matter expertise and best practices among members; share expenses for training and exercises; support development of community-wide preparedness plans, etc.*].
* **Response** - [LIST HERE, *e.g., facilitate sharing of subject matter expertise and best practices; facilitate communication and information sharing among members to support situational awareness, etc.*].
* **Recovery** - [LIST HERE, *e.g., facilitate communication with local, state, and federal partners for after action reporting and/or reimbursement; coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts, etc.*].

**HRSA** *(Confirm roles and responsibilities with HRSA Project Officer)*

* **Mitigation** – [LIST HERE, *e.g., assist health centers with annual verification of coverage under the Federal Tort Claims Act (FTCA), etc.*].
* **Preparedness** – [LIST HERE, *e.g., provide guidance to ensure compliance with federal emergency preparedness regulations; share planning, exercise, and training resources available from federal partners; provide technical assistance in support of planning, training, and exercising, etc.*].
* **Response** – [LIST HERE, *e.g., provide guidance on, and ensure facilitation of modifications to federal scope of project, as needed; provide guidance and technical assistance to ensure compliance with federal emergency response regulations and requirements, etc.*].
* **Recovery** – [LIST HERE, *e.g., administer funding for recovery as authorized and appropriated, etc.*].

State Partners [LIST EACH SEPARATELY] *[Develop with State Partners based on state-specific policies and plans.] (e.g., Health Department, Office of Emergency Management)*

* **Mitigation** - [LIST HERE, *e.g., provide technical assistance and funding to support mitigation activities, etc.*]
* **Preparedness** - [LIST HERE, *e.g., provide technical assistance and funding to support planning activities, etc.*]
* **Response** - [LIST HERE, *facilitate statewide situational awareness among partners; suspend/modify regulatory requirements, as appropriate, to support health center response; provide resources to health centers, as necessary and is possible, etc.*]
* **Recovery** - [LIST HERE, *e.g., coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts among health centers across the state; provide guidance and/or facilitate reimbursement, etc.*]

**Local Partners** [LIST EACH SEPARATELY] *[Develop with local partners based on local policies and plans.]. (e.g., Health Department, Office of Emergency Management, Law Enforcement, other Health Centers, Hospitals, etc.*]

* **Mitigation** - [LIST HERE]
* **Preparedness** - [LIST HERE]
* **Response** - [LIST HERE]
* **Recovery** - [LIST HERE]

# Section 4 - Continuity of Operations

## 4.1 Essential Functions

The health center has identified and prioritized the following [5-10] essential functions (i.e., those that must continue during an emergency or disaster) and supporting processes, as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Priority Number | **Essential Function/ Brief Description** | **Supporting Processes** | **Recovery Time Objective** |
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A complete *Business Continuity Plan (BCP)* may be found in [Annex A](#_Annex_A_–_1). Insurance information is found in that plan [INSERT instructions where insurance information may be found if not in the *BCP*].

# Section 5 - Communications

## 5.1 Risk Communications

Information shared during an emergency must be timely, accurate, comprehensive, authoritative, and relevant. Upon notification of an event that will impact the Health Center operations, the assigned Public Information Officer (PIO) is the conduit of information for internal and external stakeholders, including patients, staff, and partner organizations, as approved by the Incident Commander.

The PIO leverages available sources of information such as federal, State, and local agencies, coalitions/associations, and verified news reports to gather vital information and ensure accuracy. The PIO and/or designee(s) uses the information gathered to develop messaging to communicate with patients, staff, regulatory agencies, and partners in the local community via various channels of communication including [List Here]. The PIO also considers the language and literacy level of the intended audience for messaging.

All external inquiries are referred to the PIO. Staff are instructed to respond to such inquiries with the following statement: “[Health Center] policy is to refer all external inquiries to our Public Information Officer or Spokesperson [INSERT PIO first and last name]. You can reach them at [telephone number/email].” Staff is instructed to contact the PIO whenever they have been approached by the media.

## 5.2 Staff and Patient Notifications

In the event of an emergency, [Health Center] notifies staff via [communication channel(s)]. Patients are notified via [communication channel(s)]. The Public Information Officer or designee develops the message to be relayed to staff and patients. *Instructions for Using the Communication Systems* may be found in [Attachment X.0](#_Attachment_X.0_–). *Emergency Codes* may be found in [Attachment X.2](#_Attachment_X.2_–). *Draft Emergency Notification and Activation Messages* may be found in [Attachment X.3](#_Attachment_X.3_–).

A *Staff Contact List* (found in [Attachment X.4](#_Attachment_X.4_–)) is available and contains current primary and secondary mobile telephone numbers and, if available, personal email addresses. This contact list is utilized to inform, update and/or recall staff as needed in the event of an emergency. [Health Center] keeps this contact list readily available (hard copy and electronically) at all times. [INSERT here where hard copies and electronic copies are located.] A copy is also kept in the Command Center. The Staff Contact List and/or Phone Tree will be updated by [Staff Title] on a [quarterly] basis or whenever informed of a change by a staff member. The updated information is submitted to [Department or Title] to update the master list.

A staff communication drill is conducted at least [quarterly or annually] by the [Staff Title].

## 5.3 Communications with Partners

[DESCRIBE *communications policies and protocols as they relate to external partners, including coalitions, associations, local & state departments of health, HRSA, etc*. *Include what circumstances/scenarios require communication with external partners, as well as how often communications will occur during an emergency or disaster, and who will be responsible for preparing, approving, and sending/receiving communications at your health center. Note any regulatory reporting requirements.*]

As a HRSA funded health center, [Health Center] must notify its HRSA Project Officer in accordance with Program Assistance Letter 2014-05 should a change in federal project scope be needed to add temporary locations during emergencies. Also, in accordance with Policy Information Notice 2007-15, [Health Center] must respond to requests from HRSA for information such as the status of health center operations, patient capacity, and/or staffing/resource/infrastructure needs. *(*NOTE *that HRSA recognizes that PCAs serve as essential statewide coordinators of information, data, and resources in support of health centers during response and recovery efforts and may ask health centers to submit their status information to the PCA as well as or instead of to HRSA .)*

[Health Center] will share patient information during disasters as necessary to provide continuity of care, or to identify, locate and notify family members, guardians, or anyone else responsible for the individual’s care of the individual’s location, general condition, or death, in accordance with the September 2005 *Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations* issued by the U.S. Department of Health and Human Services (DHHS).

An external *Partner Contact List* may be found in [Attachment X.1](#_Attachment_X.1_–). [Health Center]’s communications plan complies with all federal, state, and local laws.

[ALTERNATE OPTION *if you have a standalone Communications Plan document at your health center, consider replacing sections 5.1, 5.2 and 5.3 with the alternate text below.* REPLACE *section title from* *5.1 Risk Communications to 5.1 Communications Planning Overview*]

Information shared during an emergency must be timely, accurate, comprehensive, authoritative and relevant. Coordination of messaging among all partners is critical to ensuring that staff, patients, and partners all receive the information they need to take the appropriate steps in response to an emergency or disaster. [Health Center’s] *Communications Plan* includes the following:

* Protocols for communicating with organization staff (including senior leadership and network-level management);
* Protocols for communicating with patients;
* Protocols for communicating and coordinating with partners;
* Identification of primary and back-up communication methods;
* Draft messages based on current response plans;
* Procedures for the collection, maintenance, and testing of data, equipment/software, as well as all communication protocols; and
* Designation of a Public Information Officer (PIO)/Spokesperson.

[Health Center’s] *Communications Plan* complies with all federal, state, and local laws and/or licensing requirements. See [Annex B](#_Annex_B_–) for a detailed *Communications Plan*.

# Section 6 - Buildings, Utilities, Safety and Security

## 6.1 Facilities Management

[Health Center] maintains all facilities [owned and/or occupied] by the health center in accordance with activities that mitigate hazards and facilitate emergency response. As part of normal operations, [Health Center] maintains a safe environment of care for its staff, patients, and visitors. In doing so, [Health Center] conducts [monthly or quarterly] inspections at each health center location to monitor compliance with all mitigation efforts. [DESCRIBE *any additional considerations if renting or sharing space with another agency / organization.*]

## 6.2 Evacuation Planning /Shelter-in-Place Plans

Depending on the type of emergency, and whether it is internal or external to the facility, it may be necessary to evacuate the facility, or to shelter-in-place. [Staff Title] is authorized to issue evacuation, and shelter-in-place orders for [Health Center]. The decision to evacuate or shelter-in-place will be made based on pre-determined scenarios, and the best available information, at the time of an incident. Directions from law enforcement, emergency management, and public health authorities will also impact the decision to evacuate or shelter in place. All [Health Center] locations have posted evacuation plans indicating evacuation routes, and the location of emergency exits and emergency equipment. Health center staff are required to participate in evacuation drills on a [monthly or quarterly]basis. Each health center location maintains a Fire Plan in accordance with local ordinances including emergency procedures and contact information. *Evacuation/Shelter-in-Place Plan(s)* may be found in [Annex C](#_Annex_C_–_1). The *Fire Safety Plan* may be found in [Annex D](#_Annex_C_–). *(*NOTE *that your Evacuation and Shelter-in-Place plans should contain accountability procedures, which will identify how the health center will account for all staff and patients that were in the facility that day ensuring no one is left behind in the event of evacuation.)*

## 6.3 Utility Mapping

On-site personnel have access to utility maps, which specify the locations and instructions for accessing/shutting down building systems including [alarms, electrical, gas, water, and HVAC]. These maps are located [INSERT location here]. *Instructions for Responding to Utility Disruption* or system failures may be found in [Attachment D](#_Attachment_I_–).

## 6.4 Safety and Security

[Health Center]’s current safety and security protocols for staff and patients are described in [LIST applicable plans/policies]; [staff title(s)] [is/are] responsible for implementing the plan(s). [DESCRIBE *how these policies would be applied in an emergency situation; consider staff identification, security/access control, lock-down, workplace violence, etc. as needed and add them to the annex list.*]

# Section 7 – Finance, Logistics, and Staff Care

## 7.1 EOC Set-up

[Health Center] has designated the [location - building, floor and room number] as the organization’s Command Center or EOC. This is the location where situational assessments are conducted and decisions are made; it also serves as the hub for internal and external communications. The EOC will be set up by [Staff Title or assigned ICS role] with supplies available at [list locations]. Set up of the EOC should take approximately [#] hours. Should the primary Command Center be compromised, the alternate location will be [building, floor and room number]. A *Supply List for the EOC* may be found in [Attachment E](#_Attachment_J_–).

## 7.2 Emergency Supplies and Equipment

[Health Center] engages in planning efforts to effectively manage resources available for emergency response and recovery. This includes engaging partners and vendors, and proactively monitoring logistics and resources to ensure critical supply and equipment inventories are documented and current. Emergency supplies and equipment are located [INSERT location here]. *(Whenever possible, distinctions between supplies (medical and non-medical) used for normal operations and those held in reserve for emergency response should be made.)*

[Health Center] may receive aid through non-governmental organizations or governmental channels and has implemented processes to ensure resources associated with response/recovery are documented and tracked. As part of ongoing planning, [Health Center] has identified potential logistical partners and critical suppliers in an effort to promote cooperation and expedite response for the allocation of supplies, and/or delivery of services during an emergency situation. *(*NOTE *that the suppliers utilized should not be local as much as possible in the event that the emergency effects the city, county, or state the local supplier may also be impacted or overwhelmed by orders from other facilities in the local community and unable to meet demands.)*

Emergency supplies and equipment are tracked and paid for according to [Health Center]’s finance policies. [DESCRIBE *or refer to* *finance protocols, as needed. If there is a specific supply tracking form that will be used, attach it to this plan (with finance protocols.*]

A *Vendor Contact List* may be found in [Attachment F](#_Attachment_K_–).

## 7.3 Volunteer Management

[Health Center] may utilize volunteers in the event of a disaster that hinders the ability of this health center to render care and services to its community. Due to regulations and/or restrictions, the health center has developed specific protocols for the use of volunteers, as follows:

[DESCRIBE *process for requesting volunteers from organizations such as the Medical Reserve Corps (MRC), including: identification of need; verification of need; required request forms; internal/external notifications; and on-site identification/tracking and evaluation procedures.*]

The *Volunteer Management Plan* may be found in [Annex E](#_Annex_E_–).

## 7.4 Staff Scheduling and Care

During an emergency, [Health Center]’s hours of operation may need to be reduced or extended based on the status of the facility or needs of the community. Staff schedules may also be subject to change. Scheduling will be determined by [Staff Title] according to [DESCRIBE *or refer to policies covering how schedules may be modified (shifts/breaks, assigned locations), how staff will be fed (as applicable); other staff support available (e.g., childcare services, transportation).]*

## 7.5 Timekeeping, Payroll, and Human Resource Considerations

Human Resource management is a critical component of emergency management planning. Similar to equipment and supplies, [Health Center] has implemented processes to ensure staff time and effort associated with response/recovery is documented and tracked. [DESCRIBE *or refer to any protocols and/or tracking codes for use during emergency response/recovery, as well as any HR policies covering payroll changes or contingency plans*. *Attach them to this plan.*]

*Emergency Management Related Human Resource Policies* may be found in [Attachment G](#_Attachment_L_–).

# Section 8 - Community Integration

## 8.1 Identification of Planning and Response Partners

[Health Center] has identified and engaged key planning partners including [hospitals or other medical facilities, public health/ response agencies community-based organizations, and/or local businesses] that may assist the health center during an emergency, or that the health center may be called upon to assist during a disaster. In order to effectively plan for and respond to a disaster, the health center has established protocols to integrate the health center’s plan with the plans of its partner organizations/agencies via [regular meetings/calls and/or joint exercises]. [Health Center] communicates information regarding its emergency management plans to members of the community via [online postings, newsletters, signage, and/or recorded messages]. All publicly-shared information is approved by [the PIO] before it is distributed.

## 8.2 Coalitions

To support community integration, [Health Center] participates in [local, regional, other—LIST] coalitions, which includes [LIST activities - e.g., meetings, trainings, exercise, sending/receiving information]. Prior to participation in a coalition or community-wide activity, [Health Center] decides what information will be shared with its partners and what information is proprietary.

## 8.3 Agreements

To establish a formal partnership, [Health Center] utilizes a formal agreement, such as a Memorandum of Understanding (MOU). [Health Center] [has considered the following planning partners for establishing formal agreements/has entered into agreements with the following partners]:

[REPLACE *bullet points below with descriptions of any agreements in place or in progress, and add or delete items, as necessary*].

* Healthcare System Partners (Hospitals, Nursing Homes, Dialysis Centers, etc.)
* Emergency Medical Services
* State Primary Care Association
* Local/Regional Coalitions
* Disaster Relief Organizations
* Vendors/Suppliers
* The Medical Reserve Corps
* Local Department of Health
* State Department of Health
* County Emergency Management Agencies

See [Attachment H](#_Attachment_H_-) *- MOU Template*for additional guidance.

## 8.4 Emergency Mental Health

[Health Center] recognizes that psychological reactions to disasters are common, and while most people do not require long-term mental health treatment following a disaster, crisis intervention to alleviate acute psychological stress may be necessary. [Health Center] addresses the mental health needs of staff and patients related to emergency response and/or post-disaster situations. The [Staff Title or Department] is responsible for ensuring the availability of timely and appropriate screening and treatment for emergency mental health services and maintaining available materials including a Psychological First Aid (PFA) screening tool, brochures on trauma/PTSD, and a current list of mental health resources in the community. Preparedness activities include [internal trainings, partnerships with local service providers].

The [Staff Title(s) or Department] have been designated as Emergency Mental Health Coordinator(s). Coordinators are trained in PFA, and responsible for providing assistance and materials to staff/patients. Whenever possible, written materials are made available in multiple languages. In the event of an emergency, additional staff members may be trained and designated as coordinators.

See [Attachment I](#_Attachment_I_–_1) for *Emergency Mental Health Protocols for Staff and Patients*.

# Section 9 - Plan Development and Maintenance

## 9.1 Plan Development, Review, and Storage

The [Staff Title or Committee] is responsible for developing, maintaining, and distributing this plan. The plan will be reviewed annually, and as required to incorporate lessons learned from events/incidents, exercises, or trainings; new state, federal, and regional guidelines or directives; and/or to address significant operational gaps. Changes may include additions of new or supplementary material and/or deletions of outdated information. No proposed change should contradict or override authorities or other plans contained in statute or regulation. All changes will be approved by the [Staff Title/ Committee] prior to incorporation and distribution. The final plan is submitted to the Health Center’s Board of Directors for annual approval. The master copy of this plan is stored electronically [location] and a hard copy is available [location].

## 9.2 Training, Exercises, and Evaluation

[Health Center] has established an employee training and exercise program based on the health center’s Emergency Management Plan, risk assessment, policies and procedures, and *Communication Plan*. The Health Center’s EM Committee reviews the number of trainings, exercises conducted and results of training/exercise activity on an annualbasis to ensure the frequency and content are appropriate for maintaining preparedness among health center staff.

[Health Center] provides staff training on emergency preparedness as part of the employee orientation and annual training programs. At a minimum, topics will include:

* Overview of the Health Center’s Emergency Management Plan, and all related policies and procedures, as well as how to access it;
* Fire response and evacuation plans;
* Communications plans;
* Infectious disease preparedness and Personal Protective Equipment (PPE);
* Psychological First Aid; and
* Incident Command Structure (ICS).

All staff will receive annual emergency preparedness training in accordance with their anticipated emergency response roles and responsibilities. Trainings are planned by [Staff Title] and members of the EM Committee. [INCLUDE *details here of how training will be delivered at your health center, e.g., online vs. in-person; by job titles or scheduling convenience; during or after business hours, etc. NOTE how staff knowledge will be assessed.*] Participation in trainings is documented by [Staff Title]. Documentation is located [INSERT HERE]. The Command and General ICS staff must complete FEMA Independent Study courses IS 100.HCb, IS 200.HCa, IS 700, and IS 800. [NOTE *that these ICS training requirements should be decided by the health center. They are not mandated by CMS, however, the knowledge of the role and functions of each of the ICS command staff positions will be necessary for interaction with entities outside of the health center during an emergency response and thus, these are highly recommended*]. These courses may be found online at (<http://www.training.fema.gov/EMICourses/>). Upon successful completion of these courses, staff submits certificates to the [Staff Title or Department].

[Health Center] conducts exercises to assess emergency management protocols and identify gaps for plan refinement and additional staff training. Observations of staff response during scheduled events is used to identify strengths, challenges, and potential improvements. The scenarios for the exercises are based on the top risks identified by the HVA. A minimum of 2 exercises will be conducted at each health center annually to meet CMS EP Rule requirements, and ensure that the health center is prepared to respond to emergencies or disasters.The 2 exercises will consist of a tabletop exercise, and a full-scale exercise (FSE). The FSE may either be planned by the health center and focus solely on health center operations (“facility-based”), or the health center may participate in an FSE planned and conducted by one of its partners (“community-based”). Every effort will be made by the health center to identify a community-based exercise, and all contacts with partners to try to find a community-based exercise to participate in, will be documented by [Staff Title]. Exercises are based on the *Homeland Security Exercise and Evaluation Program (HSEEP)*[[1]](#footnote-1).Organization-specific exercises will be planned by [Staff Title] and members of the EM Committee and participation in exercises will be documented. Following each exercise, the EM Committee will conduct a “hotwash” to discuss player experiences, and strengths and weaknesses of the exercise. This information will be compiled in an After Action Report (AAR) and Improvement Plan (IP) in accordance with HSEEP templates. Findings and recommendations will be reported to the EM Committee and senior leadership.

See [Attachment J](#_Attachment_J_-) for the *Multi-year Training and Exercise Plan Template.*

# Section 10 - Hazard Specific Plans

This section of [Health Center’s] Emergency Management Plan briefly describes the hazard-specific protocols developed based on the top risks identified from the HVA completed by the EM Committee. [LIST *each hazard-specific plan and attach them as an Annex to this plan.*]

# Section 11 - Standards, Regulations, and Guidelines

* Health Resources & Services Administration (HRSA) Policy Information Notice 2007-15 - Health Center Emergency Management Program Expectations. <http://bphc.hrsa.gov/about/pdf/pin200715.pdf>
* Full text - Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (2016) <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>
* Guidance and Tools—Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
* HRSA Federal Tort Claims Act Policies for Health Centers<https://bphc.hrsa.gov/ftca/health-center-policies>
* HRSA Program Assistance Letter 2014-05 - Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events. <http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf>
* Health Center Volunteer Health Professionals (VHP) Deeming Application Process <https://bphc.hrsa.gov/ftca/about/health-center-volunteers.html>.
* HRSA Program Assistance Letter 2017-07 - Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations. <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf>
* Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations (September 2005). <https://www.hhs.gov/sites/default/files/katrinanhipaa.pdf>
* The Joint Commission Emergency Management, and Environment of Care Standards for Ambulatory Programs. (*Available for purchase*) <http://www.jointcommission.org/standards_information/edition.aspx>
* NFPA 1600 Standard on Continuity, Emergency, and Crisis Management. <http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1600>
* The ANSI/EMAP 4-2016 Emergency Management Standard. <https://emap.org/index.php/what-is-emap/the-emergency-management-standard>

# Plan Appendices, Attachments, and Annexes

Appendices

[Appendix A](#_Attachment_A_–) - Hazard Vulnerability Analysis (HVA)

[*Tool available online* <http://www.calhospitalprepare.org/hazard-vulnerability-analysis>]

Attachments

[Attachment A](#_Appendix_B_-) - ICS Assignment List and Instructions for ICS Activation

[Attachment B](#_Attachment_B_-) - Job Action Sheets

[Attachment C](#_Attachment_C_–) - Incident Action Plan Template

[NOTE *that if you choose to integrate communication policies into your EMP, Attachments X.0 through X.4 will need to carry their own letters in the sequence of attachments. Alternatively, if you have a standalone Communications Plan document (recommended), you will attach it as Annex B and you will NOT need to include attachments X.0 through X.4 since your Communications Plan will address these.*]

[Attachment X.0](#_Attachment_D_–) - Instructions for Using Communication Systems

[Attachment X.1](#_Attachment_E_–) - Partner Contact List

[Attachment X.2](#_Attachment_F_–) - Emergency Codes

[Attachment X.3](#_Attachment_G_–) - Draft Emergency Notification and Activation Messages

[Attachment X.4](#_Attachment_H_–) - Staff Contact List

[Attachment D](#_Attachment_I_–) - Instructions for Responding to Utility Disruptions and Utility Maps

[Attachment E](#_Attachment_J_–) - Sample Supply list for Health Center EOC

[Attachment F](#_Attachment_K_–) - Vendor Contact List

[Attachment G](#_Attachment_L_–) - Emergency Management Related Human Resource Policies

[Attachment H](#_Attachment_M_-) - MOU Template

[Attachment I](#_Attachment_I_–_1) - Emergency Mental Health Protocols for Staff and Patients

[Attachment J](#_Attachment_O_-) - Multi-Year Training and Exercise Plan

[Attachment K](#_Attachment_K_-) - Emergency Management Acronyms

Annexes

[Annex A](#_Annex_A_–_1) - Business Continuity Plan [VISIT www.pcaemac.org *for Business Continuity Planning Toolkit*]

[Annex B](#_Annex_B_–) – Communications Plan

[Annex C](#_Annex_C_–_1) – Evacuation/Shelter-in-Place Plans

[Annex D](#_Annex_C_–) - Fire Safety Plan

[Annex E](#_Annex_D_–) - Volunteer Management Plan

[Additional Annexes](#_Additional_Resources) - Hazard-Specific Plans [VISIT[**nurseledcare.org**](https://nurseledcare.org/) *for plan templates*]

[ADD *plans as developed. Update plan text to refer to them. Update list of plan attachments.*]

# Appendix A – Hazard Vulnerability Analysis

*[INSERT most recent HVA here.]*

# Attachment A – ICS Assignment List and Instructions for ICS Activation

|  |  |  |  |
| --- | --- | --- | --- |
| ICS Role | Description | Primary Staff Assigned | Secondary Staff Assigned |
| Incident Commander |  |  |  |
| Public Information Officer |  |  |  |
| Liaison Officer |  |  |  |
| Safety Officer |  |  |  |
| Operations Section Chief |  |  |  |
| Planning Section Chief |  |  |  |
| Logistics Section Chief |  |  |  |
| Finance and Administration Section Chief |  |  |  |
| Other |  |  |  |

## Instructions for ICS Activation

[INSERT *necessary information here*]

[CONSIDER *inserting the following text if you are using a standalone Communications Plan -* See Annex B, Communications Plan, for details on staff notification and emergency communications protocols].

# Attachment B - Job Action Sheets

Sample Job Action Sheets in Word and PDF formats can be found online at: <http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx>

# Attachment C – Incident Action Plan Template

ICS Forms can be found online at:

<https://training.fema.gov/emiweb/is/icsresource/icsforms.htm>

A PDF fillable IAP can be found online at:

<http://hicscenter.org/SitePages/HICS%20Forms.aspx>

# Attachment X.0 – Instructions for Using Communication Systems

[INSERT *necessary information here, including systems for internal and external communications. Include screen shots, photos, and/or diagrams, as appropriate.*]

# Attachment X.1 – Partner Contact List

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Partner Name | Description Of Organization/Relationship | Contact Person | Email (Business and Personal) | Phone (Business and Emergency) | Authority To Call / When To Call | MOU / Agreement In Place  (Y/N) |
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# Attachment X.2 – Emergency Codes

*[The number and types of codes should be limited and it is strongly suggested for staff to have them readily available (e.g., on reverse side of (or attached to) the staff identification cards). The emergency code definitions should be consistent, clear, and brief. There are currently no national standards for internal emergency code terminology within the healthcare setting. See below for a sample table of emergency codes that you may edit. Change the color designations, as needed, and consider including other events based on the results of your HVA and hazard-specific plans in your final plan document.]*

|  |  |
| --- | --- |
| **Codes** | **Emergency Code Definitions** |
| **RED** | **Fire** -Communicate and mobilize a response to protect patients, families, visitors, staff, physicians, and property in the event of smoke and/or fire. |
| **BLUE** | **Medical Emergency** - Facilitate the arrival of equipment and specialized personnel to the location of a medical emergency. Provide life support and emergency care. |
| **PINK** | **Missing Child/Infant** - Activate response to locate a missing infant/child. |
| **GRAY** | **Workplace Violence** - Activate when staff/patients are confronted by an abusive/assaultive person. |
| **GREEN** | **Bomb Threat** - Activate response to a bomb threat or the discovery of a suspicious package. |
| **YELLOW** | **Hazardous Material Spill** -Identify conditions, safely isolate and/or evacuate the area and protect others from exposure. Perform procedures to be taken in response to a minor or major spill. |

# Attachment X.3 – Draft Emergency Notifications and Activation Messaging

[INSERT *necessary information here. Include messages for ICS and leadership staff, general staff, patients, and partners. Create and include as many scenario-specific messages as possible. Refer to your HVA to determine what scenarios your health center should draft messages for.*]

# Attachment X.4 – Staff Contact List

[*If health center uses a phone tree, include it here, as well and modify title of attachment.*]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Staff Name | Department / Title | Email (Business and Personal) | Phone (Business and Personal) | Text Preferred?  (Y/N) | Emergency Contact | Additional Notes (including nearest health center delivery site) |
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# Attachment D – Instructions for Responding to Utility Disruptions and Utility Maps

[INSERT *necessary information here*]

# Attachment E – Sample Supply List for Health Center EOC Below is a sample list of items to consider including in your Command Center/EOC location(s):

### Communication Equipment

* Cellular phone
* Analog phone
* Telephones: handsets, lines, switchboard
* Governmental Emergency Telecommunications System (GETS) card
* Public address system
* Two-way radio network (stationary & portable/handheld) with the ability to communicate with security, safety staff, public safety, other sites in network, etc.
* Bullhorn

### Electronic Equipment

* Weather radio – hand cranked or battery operated
* Fax machine
* Copy machine
* Television/Cable/Satellite Service
* Laptops/computer terminals
* Printer/scanner
* Overhead projector with screen
* Surge protectors
* Digital camera

### Food and Water

* Bottled water and shelf-stable food

### Reference and Resource Materials

* Vendor contact list
* Staff contact list
* Insurance Information
* External Partner contact list
* Emergency management plan
* ICS Forms/Notebooks to record EOC activities
* Business Continuity Plan
* Reference materials (blueprints, maps, facility policy and procedure manuals)

### Furniture

* Tables and chairs
* Flip chart, easel & pad
* White boards and markers
* Bulletin board

### Office Supplies

* Miscellaneous office supplies (i.e., staplers, staples, staple removers, envelopes of various sizes, paper clips, push pins, masking/scotch tape, pencils, pens in assorted colors, assorted rubber bands, binders, writing pads, note pads, name tags, markers)
* Batteries for equipment

### Safety Equipment and Supplies

* Flashlights, headlamps & batteries
* Light sticks
* First aid kit
* Cleaning wipes
* Hand sanitizer
* Duct tape

### Personal Protective Equipment (PPE)

* Face shields
* N95 respirators
* Disinfecting wipes
* Surgical masks
* Nitrile glove

# Attachment F – Vendor Contact List

[*This list may be developed in Excel, and then copied into the Communications Plan. Data points may be split, as necessary, for communication system formatting purposes, or personal preference. Add data points, as necessary*.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor Name | Description | Contact Person | Phone/ Email | Contract/  Account # |
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# Attachment G – Emergency Management Related Human Resource Policies

[INSERT *necessary information here.*]

# Attachment H - MOU Template

## Emergency Management Memorandum of Understanding Template[[2]](#footnote-2)

Emergency Management Memorandum of Understanding (MOU) between \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ which calls for both authorities to establish and maintain a coordinated program for enhancing Emergency Management

***WHEREAS,*** \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ are subject to danger and damage anytime from flooding, tornadoes, high winds, lightning, hazardous material incidents and other acts of nature or terrorism; and

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ propose this Emergency Management Memorandum of Understanding (MOU) to establish a formal working Mutual-Aid relationship between (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ and the \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) in support of Emergency Management planning, response and recovery programs; and

WHEREAS, (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) have established emergency response plans to reduce the loss of life and property and protect citizens from all types of hazards through a comprehensive, risk-based, all-hazards emergency management program of mitigation, preparedness, response and recovery; and

WHEREAS, in light of their respective common goals to reduce the loss of life and property from natural or man-made emergencies or disasters, \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ recognize the need to maintain a strong coordination at a level that ensures efficient use of all available resources, consistent with the principles of each entity; and

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ agree to encourage, coordinate, promote, and support an ongoing relationship between both entities and to hold periodic partnership meetings to focus on, but not limited to, identifying and assessing an all hazards approach and associated risks, particularly as they relate to \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ and

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) and (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ would benefit from the development and adoption of this MOU; and

**WHEREAS, both parties agree, but not limited to the following:**

* *Cooperate in all areas of mutual interest as it relates to Emergency Management: sharing data, information, planning, response, recovery, and other operational support programs;*
* *Enhance and maximize both Emergency Management program capabilities of both participants for the purpose of protecting the public health and safety, the (Health Center) environment, and to preserve and safeguard property;*
* *In the event of an emergency or disaster declared by the jurisdiction, provide a rapid coordinated and effective response with full utilization of all resources of both participant jurisdictions, including any resources on hand or available that are essential to the safety, care and welfare of those impacted.*
* *Each jurisdiction shall appoint an individual representative to serve as a point of contact for matters relevant to this MOU.*
* *This MOU becomes effective on the date of execution and shall remain in effect unless terminated, by written notification, by either jurisdiction to the other.*
* *This MOU may be amended by written mutual agreement.*

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) has considered this Multi-Jurisdictional MOU and has determined that it is in the best interest of the (Health Center) to approve such an MOU,

NOW, THEREFORE, BY THESE PRESENTS BE IT HEREBY CONFIRMED BY THE \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) IN THAT (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ and the \_\_\_\_\_\_\_\_\_\_\_\_ (Health Center) Memorandum of Understanding (herein referred to as the “Emergency Management MOU”) therein is hereby approved and that upon adoption of the MOU by (Partner) \_\_\_\_\_\_\_\_\_\_\_\_ and all previous versions are hereby abrogated.

EXECUTED THIS \_\_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, (Executive Director/Owner/Responsible Party)

\_\_\_\_\_\_\_\_\_\_\_\_ (Health Center)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, (Executive Director/Owner/Responsible Party)

\_\_\_\_\_\_\_\_\_\_\_\_ (Partner)

# Attachment I – Emergency Mental Health Protocol for Staff and Patients

[INCLUDE *Psychological First Aid (PFA) screening tool, brochures on trauma/PTSD, and a current list of mental health resources in the community.*

*Visit* [*www.samhsa.gov*](http://www.samhsa.gov/) *for available resources.*]

# Attachment J - Multi-year Training and Exercise Plan

The purpose of this plan (sample below) is to document the health center’s overall training and exercise program priorities for a specific time period. Instructions for use:

1. Enter all the participating sites/departments, coalitions, or community partners on the left side of the schedule.
2. Enter trainings and exercises by month indicating the title and type of training or exercise and intended audience.

YEAR - \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| *Coalition* |  | *Tabletop Exercise* |  |  |  |  |  |  |  |  |  |  |
| *Hospital 2* |  |  |  |  | *Surge Exercise* |  |  |  |  |  |  |  |
| *North Site 3* |  |  |  |  |  |  |  | *Code Pink Drill* |  |  |  |  |
| *South Site 4* |  |  | *Code Pink Drill* |  |  |  |  |  |  |  |  |  |
| *Fire Drills 5* | *All Sites* |  |  |  |  |  | *All Sites* |  |  | *All Sites* |  |  |

# Attachment K - Emergency Management Acronyms

**A**

**AAR** After Action Report

**C**

**CEM** Comprehensive Emergency Management

**CEMP** Comprehensive Emergency Management Plan

**CEO** Chief Executive Officer (also known as Agency Executive)

**CHCANYS** Community Health Care Association of New York State

**CMS** Centers for Medicare and Medicaid Services

**COOP** Continuity of Operations

**D**

**DHS** Department of Homeland Security (Federal)

**DHHS** Department of Health and Human Services (Federal)

**E**

**EMAC** Emergency Management Assistance Compact

**EMC** Emergency Management Committee

**EMI** Emergency Management Institute

**EMS** Emergency Medical Services

**EMP** Emergency Management Program

**EOC** Emergency Operations Center

**EOP** Emergency Operations Plan

**EP** Emergency Preparedness

**F**

**FEMA** Federal Emergency Management Agency

**Form 201:** Incident Briefing

**Form 202:** Incident Objectives

**Form 203:** Organization Assignment List

**FY** Fiscal Year

**H**

**HCC** Hospital Command Center

**HCC** Health Care Coalition

**HEICS** Hospital Emergency Incident Command System

**HICS** Hospital Incident Command System

**HRSA** Health Resources and Services Administration

**HVA** Hazard Vulnerability Analysis/Assessment

**I**

**IAP** Incident Action Plan

**IC** Incident Commander

**ICP** Incident Command Post

**ICS** Incident Command System

**IEMS** Integrated Emergency Management System

**IMT** Incident Management Team

**IS** Independent Study

**IT/IS** Information Technology/Information Services

**J**

**JAS** Job Action Sheet

**JC** Joint Commission on Accreditation of Healthcare Organizations

**JIC** Joint Information Center

**JIS** Joint Information System

**M**

**MAC** Multi-Agency Coordination (Centers)

**MOA** Memorandum of Agreement

**MOU** Memorandum of Understanding

**MRC** Medical Reserve Corps

**N**

**NIC** National Incident Management System (NIMS) Integration Center

**NIMS** National Incident Management System

**NIMSCAST** NIMS Capability Assessment Support Tool

**NNCC** National Nurse-Led Care Consortium

**NRP** National Response Plan

**P**

**PCEPN** Primary Care Emergency Preparedness Network (CHCANYS initiative)

**PFA** Psychological First Aid

**PHMC** Public Health Management Corporation

**PIO** Public Information Officer

**PPE** Personal Protective Equipment

**PTSD** Post Traumatic Stress Disorder

**R**

**R&D** Research and Development

**RHCC** Regional Hospital Coordination Center

**S**

**SARS** Severe Acute Respiratory Syndrome

**SEOC** State Emergency Operations Center

# Annex A – Business Continuity Plan

VISIT www.pcaemac.org for *Business Continuity Planning Toolkit*

[INSERT *necessary information here*]

# Annex B – Communications Plan

[INSERT *the plan here*]

# Annex C – Evacuation/Shelter-in-Place Plans

[INSERT *policies and procedures here*]

# Annex D – Fire Safety Plan

[INSERT *plan here*]

# Annex E – Volunteer Management Plan

[INSERT *plan here, as applicable*]

# Additional Resources

## Planning Tools, Templates, and Information

* Developing and Maintaining Emergency Operations Plans. (FEMA) <https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf>
* Emergency Preparedness Toolkit for Primary Care Providers. (John Hopkins National Center for the Study of Preparedness and Catastrophic Event Response) <http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf>
* Kaiser Permanente Hazards Vulnerability Analysis Tool. (Link to Download) <http://www.calhospitalprepare.org/hazard-vulnerability-analysis>
* ICS Resource Center. (FEMA) <https://training.fema.gov/emiweb/is/icsresource/>
* Hospital Incident Command System - Job Action Sheets. <http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx>
* Business Impact Analysis (ISACA). <http://www.isaca.org/groups/professional-english/business-continuity-disaster-recovery-planning/groupdocuments/business_impact_analysis_blank.doc>
* Crisis & Emergency Risk Communication. (Centers for Disease Control and Prevention) <http://emergency.cdc.gov/cerc/>
* GETS/WPS Documents. (Department of Homeland Security) <https://www.dhs.gov/publication/getswps-documents>
* Vaccine Storage and Handling Toolkit. (Centers for Disease Control and Prevention) <http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
* Homeland Security Exercise and Evaluation Program. (Department of Homeland Security) <https://www.fema.gov/media-library/assets/documents/32326>
* Mental Health Preparedness Online Trainings. (Johns Hopkins Center for Public Health Preparedness) <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/mental-health-trainings.html>
* Office of the Assistant Secretary for Preparedness & Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) <https://asprtracie.hhs.gov/>
* Business Continuity Planning Toolkit. (Community Health Care Association of New York State, Primary Care Emergency Preparedness Network) <http://www1.nyc.gov/assets/doh/downloads/pdf/em/participants-materials.pdf>
* Emergency Management/Continuity of Operations (National Association of Community Health Centers) <http://www.nachc.org/health-center-issues/emergency-management/>

1. The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. For More information visit: <http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf> [↑](#footnote-ref-1)
2. Adapted from National Center for the Study of Preparedness and Catastrophic Event Response (PACER) Toolkit-Emergency Management Memorandum of Understanding Template (Section 7-5, page 146)

   <http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf> [↑](#footnote-ref-2)