

Medical Clinic Emergency Operations Template

September 2007

**Lane County Medical Society and
Oregon Hospital Preparedness Project Region 3**

This document will help your clinic prepare for emergencies of many different kinds, small and large, local, regional and national, including both medical and natural disaster events.

Emergency Operations Plan Template

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PREFACE

How to Use This Template

The purpose of this template is to assist Lane County outpatient clinics to develop and maintain an emergency management program to guide their response to all emergencies, regardless of cause. Please review, use and modify these for your circumstances.

The template emphasizes coordination with government emergency management agencies. Clinics will need to coordinate their emergency preparedness, response and recovery activities with the Lane County Emergency Response System’s medical and health response; and for coordinating requests of medical resources from outside the local area

Lane County and State Public Health have adopted a standardized **emergency management system** that has helped to create consistency among government agencies in their approach to emergency management.

The template takes an “all-hazards” approach ensuring applicability to plans for both natural and man-made disasters. The organization is around the four phases of emergency management – mitigation, preparedness, response, and recovery – and provides a systematic approach to development and implementation of the clinic’s emergency management program.

The template requires an active implementation effort. We recommend that the leadership of clinics initiating the development of their emergency management program:

1. Read this template.
2. Appoint an emergency preparedness committee (**EPC**) to manage the development and maintenance of an emergency management program.
3. Set priorities and create a work plan for developing plans and preparing staff and organization for emergency response. (All provisions of the template do not have to be implemented simultaneously.)
4. Recognize the importance of training, drills, and keeping plan information up-to-date.

The template is written in black, blue and green font. The green font alerts you to information that needs to be filled in that is specific to your clinic. Blue font alerts you to descriptive information, instructions, or advice. Once you have tailored the template to your clinic’s need, you should not have any blue or green font remaining in your document.

INTRODUCTION

Purpose

The purpose of the *<Name of Clinic>* Emergency Operations Plan (EOP) is to establish a basic emergency program to provide a timely, integrated, and coordinated response to the wide range of natural and man made events that may disrupt normal operations and require preplanned response to internal and external disasters. The Emergency Operations Plan is an “all-hazards” plan that will guide *<Name of Clinic>* response to any type of a disaster or emergency.

The objectives of the emergency management program include:

- protect patients, visitors, and staff safety
- provide prompt and efficient medical care
- establish a clear chain of command
- maintain and restore essential services as quickly as possible
- protect clinic property, facilities, and equipment

Local vs. Widespread Emergencies

- Local emergencies are disasters with effects limited to a relatively small area. In local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients from the disaster area.
- An External Disaster is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials releases or terrorist events. An external disaster may directly impact the clinic facility and its ability to operate.
- In widespread emergencies, nearby medical resources are likely to be impacted and therefore less likely to be able to offer assistance to the clinic. Hospitals may also have a higher response priority than clinics for re-supply and other response assistance.

Policy

- *<Name of Clinic>* will be prepared to respond to a natural or man-made emergency in a manner that protects its patients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale disaster.
- All employees will know and be prepared to be part of a team to provide the best possible emergency care in any situation. Each supervisor at each level of the organization will ensure that employees are aware of their responsibilities.
- The *<Name of Clinic>* will work in close coordination with the Lane County Public Health Emergency Operations and other local emergency officials, agencies and health care providers to ensure a community-wide coordinated response to disasters.

Who's In Charge?

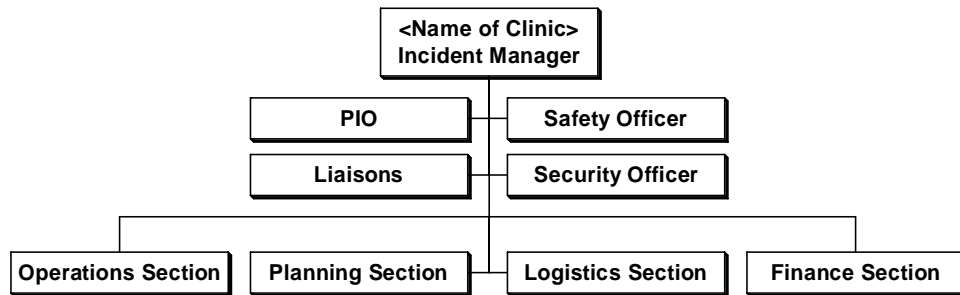
Under a County's Emergency Operations Plan, there will be a Medical Emergency Operations section which will direct the County's Medical Response when needed. In the case of a medical emergency, such as infectious disease pandemic, there may be a stand-alone Medical Command Center, directed by the Director of Health and Human Services in consultation with the County Public Health Officer. In cases of widespread emergency, such as earthquake, or hazardous materials incident, the County Emergency Operations Center, will be directed by an Incident Commander from the County Sheriff's department and

Medical Emergency Operations will be a section of that Command. Public Health’s role is to coordinate, to educate, and to provide timely public and professional education and information.

<Name of Clinic> Incident Command Structure

In order to coordinate with the County Emergency Response system, <Name of Clinic> has adopted the Incident Command Structure as the management structure to be used in an emergency.

<Name of Clinic> Emergency Management Organization Structure



The following roles will be filled by the listed persons:

- Incident Commander: < NAME HERE >
- Incident Commander (backup) : < NAME HERE >

- Liaison: < NAME HERE >
- Liaison (backup) : < NAME HERE >

Under ICS, the clinic’s overall response is directed by an Incident Manager. The Liaison officer is responsible for coordination with other agencies and with County Incident Command

Incident Command System (ICS) is a standardized management system used by government agencies and hospitals in emergencies. There are many resources that describe the Incident Command System (ICS) for Emergency Operations (*Appendix K*)

In order to coordinate with the County Emergency Response system, your clinic needs:

- a definite single person and a back up to be in charge (an Incident Manager)
- someone to be the main outside communicator, and a back up (Liaison)

We recommend if clinic size indicates, the clinic adopt an Emergency Management Operational Structure to clearly define roles and responsibilities and quickly mobilize response resources. **Incident Command System** is a standardized management system used by government agencies and hospitals in emergencies.

Under ICS, the clinic’s overall response is directed by an Incident Manager. A capable senior manager should serve in that role. (Physicians should be reserved as advisors and care delivery clinicians.)

Also important for your clinic’s coordination with the community’s overall response is a **Liaison officer**, who is responsible for communication and coordination with other agencies and with County Incident Command.

See *Appendix D* for an expanded organization chart and example of staff assignment to Emergency Response Team positions.]

MITIGATION

Introduction

The purpose of this section of the *<Name of Clinic>* plan is to address the perceived areas of vulnerability within the organization, to identify important hazards and take steps to lessen those hazards or reduce their potential impact on the clinic.

[If you are doing what OSHA requires, your Safety Committee is well-positioned to enact necessary mitigation steps. (A higher-level Emergency Planning Group will need to energize additional necessary preparedness actions- see Preparedness, next section.)]

Mitigation activities may occur both before and following a disaster.

Hazard Vulnerability Analysis

As part of its risk management program, *<Name of Clinic>* will also conduct a Management of Environment safety survey of its facilities at least quarterly.

[Appendix A provides a tool for conducting that survey, ranking problems and setting priorities for necessary changes- “remediation.”]

Hazard Mitigation

<Name of Clinic> will undertake mitigation or retrofitting measures before disasters to lessen the severity or impact a potential disaster may have on its operation.

[Refer to Appendix B for a checklist of **structural** and **non-structural** hazard mitigation recommendations for specific hazards.]

Risk Assessment

Insurance Coverage

<Name of Clinic> will review insurance coverage for relocation, loss of data, supplies and equipment, and structural and nonstructural damage to the facility, as well as coverage for floods or earthquakes.

[Statement from Northwest Physicians Insurance regarding coverage (Underwriting Supervisor) “Coverage is still in place for professional services, within the insured’s specialty and training, when provided in the coverage territory and between the retroactive date and the termination of the policy. Whether it’s free disaster relief or charged services doesn’t really make a difference to the policy being in place. The difference will be in type of services provided, during a disaster, compared to the usual clinic practice. In an emergency setting you may be providing expanded services not anticipated in your usual rating. If you are charging fees for services it is intended that those services be within the course and scope of your rated specialty. Good Samaritan coverage is intended for services provided without compensation or the expectation of compensation.”]

Liability Cap for Donated Services – Refer to the Board of Medical Examiner’s website <http://oregon.gov/BME/Forms> for information and forms needed for this liability coverage]

Clinic Emergency Response Roles

<Name of Clinic> may play a variety of roles in responding to disasters including providing emergency medical care and expanding primary care services to meet increased community needs. *<Name of Clinic>* will also be asked to distribute important public information.

Clinic roles may be constrained by limited resources and technical capability and by the impact of the disaster on the clinic facility.

[See Appendix C for a list of potential emergency response roles and the planning and preparedness requirements for meeting those roles.]

PREPAREDNESS

Introduction

<Name of Clinic> has established an Emergency Preparedness Committee (EPC) with the authority to energize necessary preparedness action and to develop/update emergency plans and procedures, assure training, and conduct drills (see below for more about this committee.)

Integration with Community-wide Response

<Name of Clinic> will coordinate its response to community-wide disasters with the overall medical and health response directed by the **County Medical Emergency Operations Center**.

[See [Appendix F](#) for list of agencies and individuals who should be contacted in emergencies.]

Response authority - clinic personnel will cooperate fully with Emergency Medical Services and law enforcement personnel when they respond to emergencies at the clinic. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the clinic.

Command post - the <Name of Clinic> will identify a **location** for an emergency responder command & coordinating center.

Acquiring Resources

<Name of Clinic> will develop **procedures for augmenting supplies, equipment and personnel** from a variety of sources. Assistance may be coordinated through the following channels:

- Prior agreements with vendors for emergency re-supply
- Stockpiles of medical supplies and pharmaceuticals anticipated to be required in an emergency response
- From other clinics, hospitals or health care providers
- County Medical Emergency Operations Center

Roles / Responsibilities

The <Name of Clinic> Emergency Preparedness Committee will coordinate the development and maintenance of the Emergency Operations Plan; and provides for ongoing training for clinic staff.

[The **EPC** should include such staff as the safety manager, facility manager and senior representatives from administration and health care staff. Part of the **EPC** role may be assigned to existing committees of the clinic, such as the Infection Control or Safety Committee.

See: [Appendix C](#)]

The Emergency Preparedness Committee will appoint teams and perform the following tasks:

Develop procedures for light search and rescue - Appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the clinic is evacuated. If required and safe, this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures.

- Assign staff emergency management duties and responsibilities
- Activate the clinic's emergency response
- Direct the overall response to the disaster/emergency
- Develop the criteria for and direct the evacuation of staff, patients and visitors when indicated
- Ensure the clinic takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible

- Ensure a hazard vulnerability assessment is performed periodically

All clinic staff have emergency and disaster response responsibilities. In addition, all staff are required to:

- Familiarize themselves with evacuation procedures and routes for their areas [See [Appendix L](#)]
- Become familiar with basic emergency response procedures for fire, HAZMAT and other emergencies [See [Appendix H](#)]
- Understand their roles and responsibilities in *<Name of Clinic>* plans for response to and recovery from disasters
- All staff will also be encouraged to prepare family and home for consequences of disasters [See [Appendix H](#) for guidelines.]

Initial Communications and Notifications

<Name of Clinic> Staff Call List

The clinic will compile and maintain an internal contact list that will include the following information for all staff: name, position title, home phone, cell phone, pager numbers, and preferred method of contact during off hours. [See [Appendix I](#).]

(The Staff Call List will contain sensitive contact information and should be treated confidentially.)

The list of staff phone numbers should be kept offsite as well as onsite by key employees and at key locations, and may be provided to the Clinic’s answering service.

<Name of Clinic> will also develop an email and/or a paging group for employees to facilitate rapid staff contact. The clinic may distribute emergency contact information for key staff to keep information readily accessible. [See [Appendix J](#).]

External Notification

<Name of Clinic> will compile and maintain an external contact list of phone/fax numbers and/or e-contact information of emergency response agencies, key vendors, stakeholders, and resources.

[[Appendix F](#) lists routine and emergency contact numbers for basic support services for clinic operations (e.g., utilities, repair services, etc.)

[[Appendix M](#) lists contact information for use in response to disasters (e.g., government response entities, hospitals and clinics, etc.)]

Primary Communications Methods

The clinic has compiled a list of communication equipment available for use in an emergency.

[Refer to [Appendix P](#) for a list of communication equipment available]

Other alternate communications tools include:

- FAX, Pagers, Cell Phone, Internet/Email, Public Pay Phones, and Voice Messaging.
[Learn to use your cell phones’ text messaging capacity; include instructions in your communications procedures. Also keep compatible cell-phone chargers at clinic and fully charged back up batteries]
- A working television and battery-operated radio in the clinic Emergency operations area in order to remain up-to-date on official government announcements and other information during a disaster. County Sheriff’s contacts: Radio: _____ and Television: _____.
- Internet access: www.oregonhan.org – Oregon Department of Human Services Health Alert Network. Log on and create an account to receive important health alerts via email. (971-673-1319)

Clinic Evacuation Plan

<Name of Clinic> will:

1. Develop an evacuation plan for all staff and clientele in the event of an emergency.
[Confirm your OSHA-required evacuation plan See *Appendix L*]
2. Develop plans to obtain needed medical supplies, equipment and personnel. [*Appendix G.*]
3. Plan for protection of medical records.
To the extent possible, the clinic will protect medical records from fire, damage, theft and public exposure. If the clinic is evacuated, security will be provided to ensure privacy and safety of medical records, and protection of vital records, data and sensitive information.
4. Ensure offsite back-up of financial and other data.
 - The clinic will store copies of critical legal and financial documents in an offsite location
 - Measures will be taken to protect financial records, passwords, credit cards, provider numbers and other sensitive financial information [Write them down, make copies of the information, and store it off-site.]
 - Plans will be developed for addressing interruption of computer processing capability
 - A contact list of vendors who can supply replacement equipment will be maintained [*Appendix F.*]
5. Protect information technology assets from theft, virus attacks and unauthorized intrusion.
Protect medical and business equipment. Necessary steps shall include
 - Compiling a complete list of equipment serial numbers, dates of purchase and costs and storing a copy of this information offsite
 - Protecting computer equipment against theft through use of security devices
 - Using surge protectors to protect equipment against electrical spikes
 - Securing equipment to floors and walls to prevent movement during earthquakes
 - Placing fire extinguishers near critical equipment, training staff in their use, and inspecting according to manufacturer's recommendations
6. Maintain contact list of utility emergency numbers. [*See Appendix F*]
7. Ensure availability of phones and phone lines that do not rely on functioning electricity service.
8. Request priority status for maintenance and restoration of telephone service from local telephone service provider. Contact provider and request priority status for the reason that your clinic will be providing medical care in the event of an emergency.

Clinic Patient Surge Preparedness

Surge capacity requires clinic resources to deliver medical care under situations which exceed normal capacity.

Surge Functions may require areas in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment.

Normal clinic capacity could be exceeded during any type of emergency for reasons that include the following:

- Random spikes in numbers of presenting patients
- Seasonal or other cyclical spikes (e.g., school required immunizations, flu epidemics, etc..)
- Convergence of ill, injured, or worried well resulting from disasters

Events that create patient surge may also reduce clinic resources through exhaustion of supplies and pharmaceuticals and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach the clinic or required to meet commitments at other health facilities.

Basic Office Medical Surge Strategies

<Name of Clinic> will consider the following medical office surge strategies and, if feasible, develop specific implementing response plans.

Modification of routine operations:

- Delay and/or deferral of routine office visits (e.g., cancel annual physical)
- Extension of office hours (opening earlier, remaining open later)
- Modification of office hours to segregate and concentrate influenza-related (or other highly infectious respiratory illness) patients to defined time slots in order to minimize secondary disease spread
- Implement more flexible human resources strategies to accommodate needs of staff
- Implement mutual aid agreements/understandings with other medical offices, including cross-staffing arrangements, designating one clinic as the “flu” clinic, the availability of non-primary care physicians and staff to assist, etc
- Identify methods to frequently update the command center regarding the status of the clinic and the ability to receive new patients
- Plan for managing a staffing shortage within the organization due to illness in personnel or their family members

Patient flow and site planning

<Name of Clinic> clinical staff will:

- Periodically review patient flow and identify areas on clinic grounds that can be converted to triage sites, patient isolation areas, decontamination or treatment areas.
 - Sites should be selected based on patterns of access, airflow and ventilation, availability of adequate plumbing and waste disposal, and patient holding capacity
 - Triage and isolation areas will be accessible to emergency vehicles and to patients
 - Triage, decontamination and isolation sites should have controlled access
- Plan for the following surge strategies for an infectious disease emergency (Pandemic Illness) triage:
 - Identify persons who might have communicable illness
 - Separate them from others to reduce the risk of disease transmission, and
 - Identify the type of care they require (i.e., home care or hospitalization)
- Develop a strategy for triage, diagnosis, and isolation of possible infectious patients. The following triage mechanisms may be considered:
 - Using phone triage to identify patients who need emergency care vs. those who can be seen in your medical office or other non-urgent facility
 - Assigning separate waiting areas and a separate triage evaluation area for persons with infectious symptoms
 - Assigning a “triage coordinator” to manage patient flow, including deferring or referring patients who do not require emergency care
 - Reviewing procedures for the clinical evaluation of patients to facilitate efficient and appropriate disposition of patients

- Reviewing admission procedures and streamline them as needed to limit the number of patient encounters in the office (e.g., direct admission to an examination room for infectious patients)

Disaster Medical Resources

Personnel

<Name of Clinic> will rely primarily on its existing staff for response to emergencies and will, therefore, take the following measures to estimate staff availability for emergency response:

- Identify clinical staff with conflicting practice commitments
- Identify staff with distance and other barriers that limit their ability to report to the clinic
- Identify staff that are likely to be able to respond rapidly to the clinic

<Name of Clinic> will take steps to facilitate response by its staff when their homes and families may be impacted by an emergency. These steps will include:

- Incorporating disaster preparedness information into the clinic’s normal communications and education programs for staff and patients, including home and family preparedness [See Appendix H for guidelines.]
- Identifying childcare resources that are likely to remain available following a disaster, including possible on-site child care

Pharmaceuticals / Medical Supplies / Medical Equipment

- <Name of Clinic> will determine the level of medical supplies and pharmaceuticals it is prudent and possible to stockpile. Given limited resources, the clinic will stockpile only those items it is highly likely to need immediately in a response or in its day-to-day operations. All stored items should be rotated to the extent possible.
- The <Name of Clinic> will identify primary and secondary sources of essential medical supplies and pharmaceuticals and develop estimates of the expected time required for re-supply in a disaster environment.

Strategic National Stockpile (SNS)

- In an infectious disease emergency event, if mass quantities of pharmaceuticals are needed then the county will request mobilization and delivery of the Strategic National Stockpile (SNS) through the County Medical Emergency Operations Center and the State of Oregon. The CDC has established the Strategic National Stockpile program as a repository of antibiotics, chemical antidotes, life support medications, IV administration sets, airway maintenance supplies including ventilators, and other medical/surgical supplies. The SNS is designed to supplement and re-supply state and local public health and medical response teams in the event of a biological and/or chemical terrorism incident anywhere in the U.S. If required and delivered, the Lane Emergency Medical Operations Center will administer and distribute the stockpile.

Personal Protective Equipment (PPE):

- <Name of Clinic> will take measures to protect its staff from exposure to infectious agents and hazardous materials. Clinic health care workers will have access to and be trained on the use of personal protective equipment. <Name of Clinic> will obtain and maintain a minimum of <insert number> complete sets of PPE.
- The recommended PPE for clinic personnel is at a minimum, well-fitted N95 HEPA masks, and covering gowns, gloves and booties. (TYVEK Coverall with hood and booties, with TYVEK booties, face shield, and Nitrile Gloves.)

- The Emergency Planning Committee will designate clinical staff that are to receive PPE when a patient with a suspected infectious agent is present.
- Protective equipment is located in *<location in clinic>*, and will be accessed by *<position of person>* or *<position of person>* when a patient with a suspected infectious disease presents.

Training

All employees should attend periodic training and updates on emergency preparedness, including elements of this plan. Employee essential knowledge and skills include:

- The location and operation of fire extinguishers
- The location of fire alarm stations and how to shut off fire alarms
- How to notify clinic staff regarding an emergency
- How to dial 911 (access the Emergency Response System) in the event of any emergency
- How to assist patients and staff in the evacuation of the premises
- Location and use of oxygen (licensed staff)
- Location and use of medical emergency equipment (medical staff and staff trained on AED)
- How emergency codes are called in the clinic and appropriate initial actions
- Actions to be taken during fire and other emergency drills
- Employment expectations regarding attending work during in emergency

Clinician Infectious Disease Emergency Training

- All physician and nursing staff will receive documented training on procedures to treat and respond to patients infected with an infectious disease. (Such training is easily appended to required OSHA training in Blood Borne Pathogens and infectious disease. Possible training available thru CDC website: <http://www.cdc.gov/ncidod/dhqp/bp.html>.) Training should include:
 1. Information about most likely agents
 2. Possible behavioral responses of patients
 3. Infection control practices, including:
 - a. Use of and location of Personal Protective Equipment
 - b. Reporting requirements
 - c. Patient management
 - d. Behavioral responses of patients to biological and chemical agents and to medical emergencies
 - e. Roles and responsibilities in an infectious disease emergency

Drills and Exercises

<Name of Clinic> will rehearse this disaster plan periodically. All drills shall include an after-action debriefing and report evaluating the drill or exercise. Effective Exercises may include one or more of the following response issues in their scenarios:

- Clinic evacuation
- Infectious Disease Emergencies
- Mental Health response

- Coordination with government emergency responders
- Continuity of operations
- Expanding clinic surge capacity

Evaluation

The effectiveness of the administration of this plan can be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities may be critiqued by the Emergency Preparedness Committee (**EPC**) and reported to the clinic Executive Director.

Based on the after-action evaluation, the clinic Emergency Preparedness Committee could develop recommendations for:

- Additional training and exercises
- Changes in disaster policies and procedures/Plan updates and revisions
- Acquisition of additional resources
- Enhanced coordination with response agencies

Plan Development and Maintenance

The Emergency Preparedness Committee (**EPC**) will review and update this plan at least annually and following any emergency or drills, or following changes such as remodeling, construction, installation of new equipment, and changes in key personnel. When these events occur, the Emergency Preparedness Committee could review and update the **Plan** to ensure:

- Evacuation routes are reviewed and updated
- Emergency response duties are assigned to new personnel, if needed
- The locations of key supplies, hazardous materials, etc. are updated
- Vendors, repair services and other key information for newly installed equipment are incorporated into the plan

RESPONSE

Response Priorities

<Name of Clinic> has established the following disaster response priorities:

- Ensure life safety – protect life and provide care for injured patients, staff, and visitors
- Contain hazards to facilitate the protection of life
- Protect critical infrastructure, facilities, vital records and other data
- Resume the delivery of patient care
- Support the overall community response
- Restore essential services/utilities
- Provide crisis public information

Medical Care

It is the policy of <Name of Clinic> that the following will be maintained as far as possible given the nature of the emergency:

- confidentiality of patient information
- transportation restraints due to legal liabilities
- documentation of patient discharges AMA
- custody of children

Medical Management

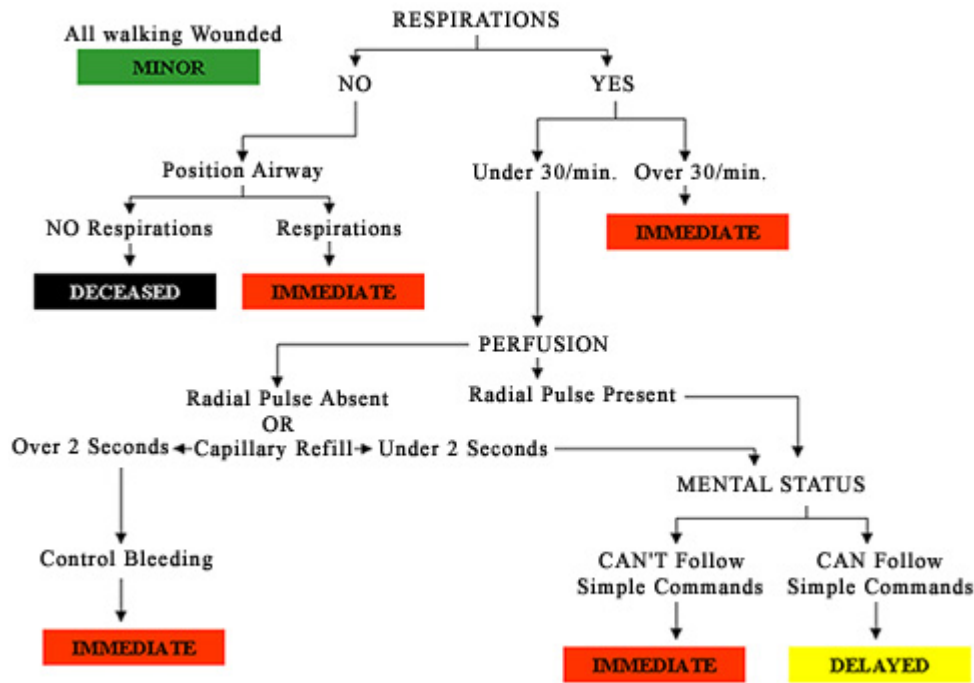
- To the extent possible, patients injured during an internal disaster will be given first aid and treatment by the clinic staff unless their injuries require more acute immediate attention.
- Visitors or other non-established patients who require medical evaluation or minor treatment will be treated and referred to their own physician.
- As directed by the Incident Commander (Person in Charge), clinic staff will take the following actions:
 - a. **Triage/First Aid:** The Incident Commander will establish a site for triage and first aid under the direction of a medical provider. Triage decisions will be based on the patient condition, clinic status, availability of staff and supplies and the availability of community resources.
 - b. **Assessing and administering medical attention:** A clinician will assess victims for the need for medical treatment. The medical care team will provide medical services within the clinic's capabilities and resources.

Increase Surge Capacity

- The Incident Commander of the clinic will activate the clinic's procedures for increasing surge capacity when (1) civil authorities declare an emergency that affects the community or (2) clinic utilization or anticipated utilization substantially exceeds clinic day-to-day capacity with or without the occurrence of a formally declared disaster.

<Name of Clinic> will take the following actions to increase clinic surge capacity:

- Via the identified clinic Liaison, establish a communication link with **County Medical Emergency Operations Center**. Be prepared to report clinic status, numbers of ill/injured, types of presenting conditions and resource needs and other information requested
- Reduce patient demand by modifying scheduling to cancel or postpone appointments
- Triage procedures
 - a. The <Name of Clinic> will establish a triage area in the <location of triage area> of the clinic that is clearly delineated, secured and with controlled access and exit.
 - b. The START flowchart is a quick way to learn the system, in this case for multiple traumatic injuries. As you move through the patient assessment, *sequentially* evaluate the current status for RESPIRATIONS, PERFUSION, and MENTAL STATUS (RPM). You either assign the victim a classification or you move to the next level of the flowchart.



- c. All patients entering the triage area should be registered. If a large number of patients is expected, use of a triage tag is encouraged.
- d. *START Triage Tag*, [Appendix Q]
- e. Triage converging patients to immediate and delayed treatment categories.
- f. Consider use of PPE, and isolation of patients if indicated. Implement decontamination procedures as appropriate.
- g. Arrange for transport of patients requiring higher levels of care as rapidly as possible through 9-1-1 or the **County Medical Emergency Operations Center**.
- h. Direct uninjured yet anxious patients to an area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.
- i. Provide written instructions as possible for patients seen and discharged. In the case of an infectious disease emergency, such patient information will be available from the County Medical EOC.

Acquiring Response Resources

EOC Request Process

- In the response to a disaster, additional personnel, supplies, or equipment may be required. Existing resources for supplies should be used as possible (neighboring pharmacies, usual suppliers.)
- If additional resources are unavailable, there may be assistance from the County EOC. Requests should be made by an identified and designated staff person (Liaison) to the County EOC.
- Vendors - as information develops about current and future resource needs, clinics should contact vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs.

Communications

- The Clinic should identify a single person (Liaison) responsible for Communications with:
 - The **County Medical Emergency Operations Center**, if operational
 - Emergency response agencies
 - Outside agencies and other clinics

[see *Appendix G*]

Communication Procedures

- Outgoing and incoming messages should be documented, either on specific forms or in an easily retrievable format

Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations.

The Incident Manager may appoint a Security staff person who will be responsible for ensuring the following security measures are implemented:

- Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations
- Supervisors will ensure that all clinic staff wears their ID badges at all times. Security will issue temporary badges if needed
- Security staff may use yellow tape to assist in crowd control, if needed
- The Security staff will ensure that the clinic site is and remains secured following an evacuation

Response to Internal Emergencies

An Internal Emergency is an event that causes or threatens to cause physical damage and injury to the clinic, personnel or patients. Examples are fire, explosion, hazardous materials releases, violence or bomb threat. External events may also create internal disasters. *Appendix L*.

- The following procedures provide guidance for initial actions for internal emergencies (refer to *<Name of Clinic> Fire Emergency Plan* for complete information):
 1. If the event is a fire within the clinic, institute **RACE**:
 - R** = **Remove patients** and others from fire or smoke areas.
 - A** = **Announce <CODE RED (clinic's fire code)>** (3 times) and **Call 9-1-1**
 - C** = **Contain** the smoke/fire by closing all doors to rooms and corridors.
 - E** = **Extinguish** the fire if it is safe to do so.

Evacuate the facility if the fire cannot be extinguished

2. If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 911
3. Notify on-duty employees of an emergency event, telling them of the situation or calling for help, as appropriate. During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the clinic, it is important to communicate with staff as soon as possible.

Hazardous Materials Management – (Your clinic should already be compliant with these requirements)

- **<Name of Clinic>** will maintain a list of all hazardous materials and their MSDSs, locations, and procedures for safe handling, containing and neutralizing them. This list should be kept with the clinic's Policies and Procedures or other central and accessible location. The list should also be kept in an offsite location
- All materials will have their contents clearly marked on the outside of their containers. The location of the storage areas will be indicated on the facility floor plan
- In the event of a hazardous material release inside the clinic, clinic staff should:
 - a. Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment [as shown in Appendix H] and can safely and completely respond. **NOTE: Level C protection, or below, is not acceptable for chemical emergency response.**
 - b. Immediately report all spills or leaks to the Safety Officer or designee.
 - c. Isolate area of spill and deny entry to building or area. Initiate fire or hazmat cleanup notifications, as appropriate.
 - d. Obtain further instructions from the clinic Executive Director or Safety Officer or refer to management guidance maintained at **<location within clinic>**.

Evacuation Procedures

The clinic may be evacuated due to a fire or other occurrence, threat, or order of the clinic Executive Director or designee. Refer to **<Name of Clinic>** Facility Evacuation Plan for complete information.

<Name of Clinic> will ensure the following instructions are communicated to staff:

- a. All available staff members and other able-bodied persons should do everything possible to assist personnel at the location of the fire or emergency in the removal of patients.
- b. Close all doors and windows.
- c. Turn off all unnecessary electrical equipment, but leave the lights on.
- d. Evacuate the area/building and congregate at the predetermined site. Evacuation routes are posted throughout the clinic.
- e. Patients, staff, and visitors should not be readmitted to the clinic until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Manager.

Procedures for evacuation of patients

- a. Patients will be evacuated according to the following priority order:
 1. Persons in imminent danger.
 2. Wheelchair patients.
 3. Walking patients.
- b. Staff should escort ambulatory patients to the nearest exit and direct them to the congregation point. Wheelchairs will be utilized to relocate wheelchair-bound patients to a safe place.

- c. During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.
- d. If safety permits, all rooms will be thoroughly searched by the Search and Rescue Team upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.
- e. Lists of patients evacuated will be prepared by the Nursing Director or designee and compared to the patient sign-in log. This list, including the names and disposition of patients, will be sent to the Medical Director, Incident Manager and Executive Director.
- f. The Nursing Director or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the clinic director, Incident Commander, Safety Officer or designee.
- g. When patients are removed from the clinic, staff should remain with them or designate another person to remain with them until they are able to safely leave or have been transported to appropriate facility for their continued care and safety.

Evacuation information

In case a partial or full facility evacuation is required, the following information should be used to facilitate the evacuation:

- Floor plan and map of exits with the building, location of emergency equipment including fire extinguishers, phones, and fire route out of the building and first aid supplies
- Where and how to shut-off the utilities, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones.

Decision on clinic operational status

The decision on the operational status of a clinic will be based on the results of the damage assessment, the nature and severity of the disaster and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the clinic, return to the facility and/or re-open the facility depends on:

- Extent of facility damage / operational status
- Status of utilities (e.g. water, sewer lines, gas and electricity)
- Presence and status of hazardous materials
- Condition of equipment and other resources
- Environmental hazards near the clinic

Extended clinic closure

If the *<Name of Clinic>* experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, clinic operations may be suspended until conditions change. If that decision is made, the clinic staff will:

- If possible, ensure clinic site is secure
- Notify staff of clinic status and require that they remain available to return to work unless permission is provided
- Notify the **County Medical Emergency Operations Center** of its change in status
- Implement business recovery operations
- Allow clinic to remain fully or partially operational
- Review plans and procedures

- Update contact information
- Check inventory of supplies and pharmaceuticals, augment as needed
- Reduce clinic operations to essential services
- Cancel non-essential appointments
- Ensure safety of patients and staff
- Communicate status to **County Medical Emergency Operations Center** as requested

Response to External Emergencies

Weapons of Mass Destruction (WMD)

- Preparations for an event involving weapons of mass destruction - chemical, biological, nuclear, radiological, or explosives (CBRNE) - should be based on existing programs for handling hazardous materials. [See [Appendix S](#) for a matrix of biological weapons agent characteristics.]

If staff suspects an event involving CBRNE weapons has occurred, they should:

- Remain calm and isolate victims to prevent further contamination within the facility
- Contact appropriate clinician
- Secure personal protective equipment and wait for instructions
- Comfort the victims
- Contact 911 or appropriate Operational Area authorities [[Appendix G](#)]

Determining *<Name of Clinic>* Response Role

If *<Name of Clinic>* remains fully or partially operational following a disaster, the Incident Commander (person in Charge) and other members of the **Emergency Response Team** will define the response role the clinic will play, depending on:

- The physical impact of the disaster on *<Name of Clinic>*
- Staff and other resources available for response

The clinic may be requested by the County Medical Emergency Operations Center to assume specific treatment, triage and transportation roles depending on the nature of the disaster.

Extended clinic closure

- If the *<Name of Clinic>* experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs clinic operations may be suspended until conditions change (see Extended Clinic Exposure above)

Infection Control Practices for Patient Management

- *<Name of Clinic>* will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses or other infectious disease.
- In general, the transport and movement of patients with any epidemiologically important infections should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within healthcare facilities.
 - *<Name of Clinic>* has in place adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment, and ensures that these procedures are being followed.

- Facility-approved germicidal cleaning agents are available in patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.
 - Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.
 - <Name of Clinic> has policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.
 - Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.
 - Contaminated waste is sorted and discarded in accordance with federal, state and local regulations.
 - Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.
- If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the clinic's capability, call 911. Local government, fire departments and hospitals are able to decontaminate patients and facilities exposed to chemical agents.

Mass prophylaxis

<Name of Clinic> encourages its clinicians to participate in a mass prophylaxis program; if the disruption to clinic operations would not negatively affect the health of the community the clinic serves.

Health care providers from clinics throughout the county could be called to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, **County Medical Emergency Operations Center** may establish mass prophylaxis sites that can accommodate large groups of people. These sites would require a large number of healthcare providers to administer medications. Lane County Medical Emergency Operations Center will look to the private sector, including clinics, to adequately staff mass prophylaxis sites.

RECOVERY

Production

Recovery actions to assess, manage and coordinate the recovery may take place concurrently with response activities and are directed at restoring essential services and resuming normal operations. Post-event assessment of the emergency response should be conducted to determine the need for improvements.

These activities include:

- a. Deactivation of emergency response and return to normal clinic operations
- b. Establishment of employee support as needed
- c. Accounting for disaster-related expenses to include: direct operating cost; costs from increased use; damage or destruction; replacement of capital equipment; and construction related expenses

Documentation

<Name of Clinic> will immediately begin gathering complete documentation including photographs and detailed financial information.

Inventory Damage and Loss

Damage and losses of equipment may be easily tracked using preexisting current and complete list of equipment serial numbers, costs, and dates of inventory.

Lost Revenue through Disruption of Services

All expenses incurred from the disaster should be documented to assist in application Federal disaster reimbursement assistance, if available.

Insurance Carriers

<Name of Clinic> will file claims with its insurance companies for damage to the clinic. (The clinic will not receive federal reimbursement for costs or losses reimbursed by the insurance carrier.)

Restoration of Services

If necessary, repair, decontaminate or relocate clinic services

- a. Replace or repair damaged medical equipment.
- b. Facilitate the return of clinic staff to work.
- c. Replenish expended supplies and pharmaceuticals.
- d. Follow-up on rescheduled appointments.

After-Action Report

<Name of Clinic> will conduct an after-action evaluation of the adequacy of the clinic's plans, preparation and mitigation efforts.

Staff Support

The clinic recognizes that clinic staff and their families are impacted by community-wide disasters. The clinic will assist staff in their recovery efforts to the extent possible.