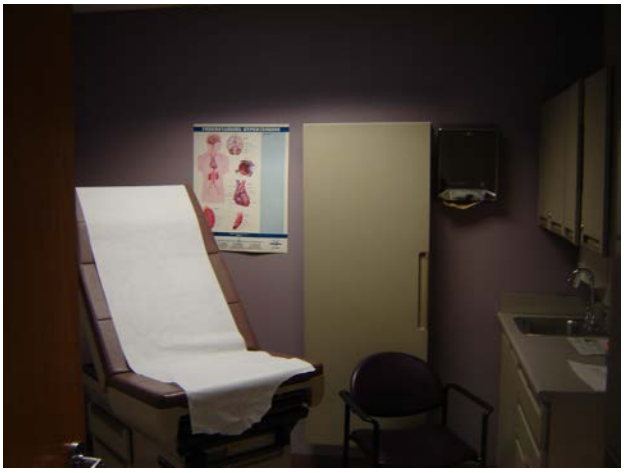
PCEPN

Primary Care Emergency Preparedness Network

Emergency Operations Plan (EOP) Quickguide for Outpatient Centers



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Introduction

Primary Care Centers and other specialty outpatient centers provide a vital service to the community in which they reside. They are often the only primary care our neighbors receive and patients rely on health centers for many medical and treatment needs. This health center is committed to providing state of the art medical care to our patients. This Quickguide has been developed to be a companion to the PCEPN Emergency Management Plan Template for Primary Care Centers. It is designed for the use of health center employees as a procedure guide to responding to emergencies commonly encountered in the outpatient setting. This Quickguide is a reference for health center staff and has been designed to assist them identify emergency procedures that have been adopted by the health center and its emergency management committee.

Instructions for Use

This guide has been established for the use of health center employees. It is designed as a companion to the PCEPN Emergency Management Plan and its use is limited to response by health center employees. For more information about policies and procedures, please see the health center's Emergency Management Plan.

This guide is designed with basic health center information and guidance for the initiation and activation of the facility's emergency management plan. It is meant to be distributed to all health center employees. It is divided into 5 basic sections that describe the health center's primary response to emergencies and assists in the activation of the main health center emergency management plan.

Section 1: Emergency Management Administration – Describes the support of the senior administration for the plan and names the key manager responsible for its maintenance.

Section 2: Command and Control – Describes the basic management structure of the health center during an emergency and delineates basic procedure for the management of the health center during an emergency.

Section 3 – Business Continuity – Describes basic procedures to assist the health center continue operations during an emergency.

Section 4 – Communications – Describes the communications procedures to be enlisted during an emergency.

Section 5 – Community Integration – Describes the health center's partners in response. Specifically, it describes the role that the Primary Care Emergency Management Network has and how it can assist the health center during a community response.

Health Center staff is urged to review this manual and become acquainted with its procedures for an all hazards response mechanism. Specific plans for specific emergencies shall be located in the Annexes of this document. For more information, please contact PCEPN at info@pcepn.org.

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Section 1 – Emergency Management Administration

1.0 Executive Statement and Authorization

The executive leadership of this health center hereby authorizes the establishment of an Emergency Management Program at this health center and has authorized the use of this Quick-Guide to assist employees in their emergency management duties.

Authorized by:

_____ _____

CEO Print Name

_____ _____

Board Chairman Print Name

_____

Date

1.1 Mission and Vision

It is the mission of this health center to establish and maintain an Emergency Management Plan (EMP) based on the 4 phases of emergency management – mitigation, preparedness, response and recovery.

1.1.2 Scope of Guide

This Emergency Operations Guide (EOG) will outline the preparedness, mitigation, response, and recovery guidelines and procedures for health center staff to use during an emergency. The scope of this guide will be limited to operational and tactical plans and procedures. This guide will be activated by leadership when ordinary operations are not sufficient to maintain business practices. This plan should be viewed as an on-going preparation involving a cycle of training, planning, exercising and revising. Each revision will be approved by the Emergency Preparedness Committee (Pol 1.4) headed by the Emergency Preparedness Coordinator (Pol 1.3), the health center's Chief Executive Officer (CEO), and its board of directors when applicable.

1.2 Establishment of an Emergency Preparedness Coordinator

The executive leadership has established an emergency preparedness coordinator to be responsible for all emergency preparedness activities at the health center.

The Emergency Preparedness Coordinator for this center is:

EPC Name	Phone	24/7 Phone	Email

The Deputy Emergency Preparedness Coordinator is:

Deputy EPC Name	Phone	24/7 Phone	Email

Section 2 – Command and Control

2.0 Plan Activation

It is the policy of this health center to authorize all employees with knowledge of an impending or actual emergency to activate this emergency management plan following the procedures delineated in Plan 2.1 Section 2.1.3 based on the nature of the incident.

2.0.1 Triggers:

a. Any incident that may impact health center operations;

b. Any incident that may impact any operational site or department of this health center;

c. Any incident that may require higher than normal staff complements;

d. Any incident that may require communication with external first responders, volunteers, and/or health department;

e. Any incident that impacts the ability of the health center to fulfill its primary duties;

f. Any incident that may require closure of any part of the operations of the health center;

g. Any incident that may pose a risk to the health and safety of the staff and patients;

h. Any incident that may impact on the ability of the health center to see patients safely;

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

j. Total destruction of the health center site due to any emergency (i.e. Fire);

k. Incoming coastal storm where severe flooding is predicted;

l. An evacuation order by a city/county/or state official body such as the Office of Emergency Management (OEM), the local police, the local fire department;

m. A biological/chemical/nuclear contamination of the site;

n. Total loss of utilities for more than one week (7 days);

o. Any building violation that causes the city/county/or state authorities to shut down the work site for safety reasons. (Reasons should concern only the physical building).

2.0.2 Plan Activation Procedure

1. Identify incident.

2. Notify supervisor/designee of incident.

3. Inform supervisor/designee of the type of incident, size of the incident, scope of the incident, the departments affected, and steps taken to secure the safety and security of the staff and patients.

4. The supervisor/designee will activate the internal notification plan and inform senior staff of the incident.

5. The supervisor/designee will contact PCEPN at info@pcepn.org to provide a situational briefing.

6. The supervisor/designee will convene a meeting of the command staff to discuss options including activation of the emergency management plan.

7. The supervisor/designee will authorize opening of the Emergency Operations Center, if available.

8. The supervisor/designee will authorize the assumption of National Incident Management System (NIMS) Positions.

9. The supervisor/designee will review the hazard specific plan(s) that coincides with the evolving emergency.

Please see Annex 1- Hazard Specific Response Procedures for a full description of the activation procedures located at http://www.pcepn.org.

2.1 Mental Health Team Activation

1. In the event of an incident that requires the mental health team's activation, the Incident Commander may elect to activate the Mental Health Team. An activation list will be available including telephone numbers, pagers and email for all clinical staff

within the Center who have volunteered and have been trained for crisis intervention and debriefing. The chain of communication will be as follows:

a) The CEO/Incident Commander [name and position] will notify Public Information Officer [name & position] and Liaison [name and position] who will publicize the availability of the team.

b) The CEO/Incident Commander will notify supervisors who will each ensure that all mental health clinical staff has been notified.

c) If the incident occurs during non-business hours, the telephone chain will be activated and the mental health team will be told where and when to report.

2. As determined by the CEO/Incident Commander:

An Emergency Drop-In/Call Center will be manned by the mental health staff in [location] to provide for immediate support and de-briefing for individuals requiring these services. The people utilizing this service may include patients, patients' family members, emergency personnel, center employees and members of the community.

3. The Public Information Officer [name & position], Director of Nursing [name & position], [or other], will reach out to the local pastoral care as needed [name & contact info.].

Mental Health Recall List (provide the names of individuals who will provide mental health support)

Name	Position	Phone	24/7 Phone	Email

2.1.1 Mental Health Call-In Center Activation Procedure

1. The CEO/Incident Commander will make the decision to activate the Call-In Center.

2. The [location] is the room of choice to be used for the Call-In Center. This room has [number] telephone jacks and can accommodate [number] people to man the phones.

3. The Incident Commander will delegate someone to recruit and assign volunteers to staff the center. A total of ____ can be utilized at one time.

4. The phone number to be used is _____. When calls are received at the main switchboard they will be switched to this number. This number can also be given to the public for information updates if indicated.

5. The Incident Commander or designee will approve a message to be put on this number in the event all of the phones are busy.

6. The Incident Commander or designee will approve the script to be used by the volunteers as to what an appropriate response to the callers would be.

7. A member of the crisis team will be assigned to the Center to assist callers as indicated.

8. Mental Health Staff shall maintain a record of callers for follow up.

2.2 Deactivation

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

2.2.1 Circumstances that could prompt a deactivation:

a. The event has stopped evolving and has stopped causing a situation that initially caused the health center to operate beyond its ability to apply its resources.

b. Recovery has advanced to a point where all staff has returned to normal operations.

c. The number of patients encountered at the health center after an initial emergency surge have returned to normal levels.

d. The availability of resources has surpassed the health center's use of those resources to a point where normal operations can begin.

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

2.2.2 Deactivation Procedure

a. Upon receiving a situational report that an above noted circumstance or a combination of those circumstances exist, the incident commander will assess the situation and report to stakeholders that conditions exist to allow for normal operations.

b. Upon reporting the situation, the incident commander will order and receive situational reports from the physical plant, logistics, building authorities, and other physical assets and managers reporting a return to average operating levels.

c. The incident commander will then begin ordering the deactivation of the emergency management plan and will begin with services that affect patients. These services will return to normal operations first.

d. Once the emergency management plan has been ordered deactivated, the incident commander will then address the normal operations of staff and ensure that it is safe for the staff to return to normal operations.

e. Once the incident commander has established that the health center's services, patient volume and category, and staff have safely returned to normal, he or she will address the financial condition of the health center by ordering a situational report that includes accounts payable, accounts receivable, future accounts receivable, and payroll.

f. The incident commander will order an audit of patients seen during the activation and it will be reviewed by the safety officer, quality control and risk officer, and clinical officer for completeness. If medical records could not be kept electronically, the incident commander will order the transfer of records to an electronic format as soon as it is possible.

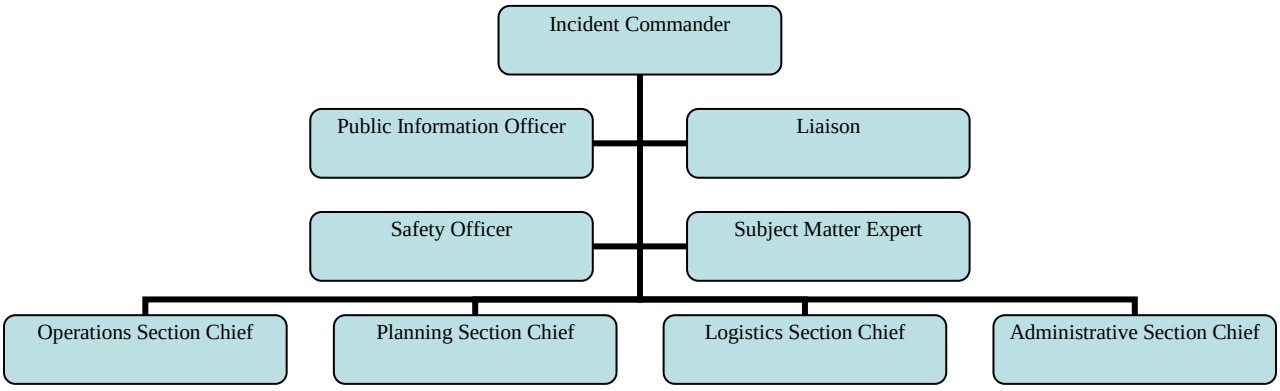
g. The incident commander will hold a "hot wash" meeting with staff to discuss the event, the response to the event, and assess the health center resources. This meeting will be recorded, and an after action report will be generated and presented to stakeholders.

h. Finally, the incident commander, using internal and external protocols, will communicate the deactivation of the emergency management plan and will order the return to normal operations.

2.3 Staff Management[1]

To manage staff, the center will use the National Incident Management System Incident Command Structure (Diagram 2.3.1 below). Please see policy number 2.3.1 of the Emergency Management Plan (at http://www.pcepn.org) for staff management information.

2.3.1 Incident Command Structure[2]



2.4 Service Management

[1] National Incident Management System (NIMS). Federal Emergency Management Agency Independent Study Program IS 100. www.fema.gov Accessed on January 2012.
[2] Incident Command System. Federal Emergency Management Agency. http://www.fema.gov/emergency/nims/IncidentCommandSystem.shtm. Accessed May 2012.

During an emergency, this health center will suspend all non-necessary services. The following services shall be suspended during plan activation:

Non Essential Service	Department	Supervisor	Number of Staff
I.E.: Health Education	Medicine	Jane Doe, RN	4 [Sample]

2.5 Patient Management

During an event that causes the health center to operate beyond its normal operational capability, the health center will consider canceling non-essential services as part of its response. Please check your mutual aid agreements with hospitals and other urgent care facilities to assist in eliminating services that are non-essential to both. Once a decision has been made to cancel those services, it is the responsibility of the Public Information Officer (PIO) to ensure that all current health center patients are informed of the status of the health center. It is the safety officer's responsibility to ensure patient safety.

If an incident arises that causes the health center to operate beyond is normal resource component and operations, this health center will consider the canceling of the following [if there are any critical/essential services that must be maintained during the incident – the health center will activate its Business Continuity Plan (BCP) or Continuity of Operations Plan (COOP)]:

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

The Public Information Officer (PIO) will ensure proper notification. The PIO will also ensure that all privacy regulations are followed with regard to the management of patients.

Section 3 - Business Continuity

3.1 Delegation of Authority Job Description with rules, procedures, and limitations

Complete this worksheet for each position identified with responsibilities to be delegated. This worksheet should be completed during the planning stages. Each authority that is delegated to another position must have a separate completed worksheet.

Position Presently Holding the Authority: _____
Position to Which the Authority is delegated: _____
Date of the Delegation: _____

Conditions: _____
Reason for the Delegation: _____

Delegated Authority	Rules for Delegation	Procedures	Limitations and Expirations

3.2 The Emergency Response Team

The Emergency Response Team (ERT) shall be made up of a multidisciplinary group of professionals that includes a member from each service line and has the ability to enact change and make recommendations. They must have the authority to perform all recovery activities. The ERT will activate upon activation of this plan. The following grid contains the names and contact information for the emergency response team.

Department	Name	Position	Contact Number
Administration			
Facilities			
Information Technology			
Medicine			
Nursing			
Clerical			
Billing			
Security			

3.3 Electronic Back Up Instructions

a. This health center will have formal documented procedures for creating and maintaining exact retrievable copies of their electronic health system. The procedures must identify the system that needs to be backed up, the backup schedule, and where (geographically) the media is to be stored once a backup has been initiated.

b. The criticality of the data will determine the frequency of the backups and the order for restoration should an outage occurs. Patient data and records will remain the priority followed by business records and followed by everything else.

c. Backup copies of the electronic health record as well as the critical business documents will be stored at a secure location and must be accessible to this health center's authorized disaster recovery team members for immediate restoration.

d. The recovery plan must be implemented to meet the recovery time objectives for the electronic environment. Should the environment be lost, the health center staff will be notified to ensure the reversion to downtime procedures including paper charts as necessary.

e. There must be a quality review of all paper charts when generated and a schedule of uploading the chart into the Electronic Health Record (EHR) must begin immediately or as soon as it is possible.

3.4 Procedure Guidance for financial loss and recovery:

a. Planning:

During the planning phase, the organization should identify which financial instruments are available to help bridge the organizations operations to normalcy.

1. Business continuity insurance is available to health centers through banks and insurance groups such as Nationwide and Allianz, and such policies increase cash-flow to disaster-struck businesses. Be aware of your deductible and how you will pay it should a disaster arise. (PCEPN is not endorsing or advising the use of any specific business entity)
2. A Community Health Center (CHC) may also obtain a pre-approved loan from a bank, so that in the event of a disaster, the money can be distributed immediately and the health clinic can begin reconstructing damaged buildings and purchasing necessary supplies and services.
3. The organization should identify a cash source and a minimum to keep on hand in the event of an emergency. Petty cash can be used to fund operations, supply, food and water provisions, and even pay for insurance deductibles.
4. Maintain current accounts receivable reports, payable reports, and any financial report that may assist the health center in identifying funding that may be due in the short term (i.e. Up to 3 months).
5. Separately maintain the records of patients seen during the disaster. At times, there may be separate funding available for these activities. Most disaster funding sources require meticulous records to release disaster relief grants.
6. Assure that the delegation of authority has been clearly outlined and include all those that will have the authority to spend during a disaster as well as who will have the authority to handle the finances if normal operations are affected.

b. Mitigation

1. Maintain an adequate amount of cash on hand to pay for at least 3 days of payroll, food, water, fuel, medical supplies, and insurance deductibles if needed.
2. Run regular financial reports (monthly is adequate) on how much has been billed, how much is due to the health center (an estimate), and what its financial obligations are if a disaster affects the operations of the health center longer than three days.

3. For those health centers that are paperless, ensure that the health center has a number of blank paper records to receive patients during a disaster.

c. Response

1. Identify the procedures needed to access petty cash accounts.
2. Identify the procedures needed to file a claim with insurers on behalf of the health center.
3. Identify the procedures needed to hand write a claim for a medical payer for patients if needed.
4. Identify record keeping needs.
5. Identify procedures to perform a quality review of the financial operations as soon as possible after a disaster has occurred.

4.0 Communications Plan

4.1 Patient Communications Plan

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

Communicating with patients at the health center during an emergency:

a. If the incident is evolving, communicate with patients directly and inform them of the situation. If services will be cancelled, reschedule them. Determine if patients have any immediate need. Try to triage the patients based on need.

If the patients have not yet arrived, attempt to contact them using multiple methods to relay the message. If the health center will remain open during an incident, inform them of the incident and give them the option of rescheduling. If certain services will be cancelled, inform the patients of the cancellation and reschedule them for a later date. If the situation evolves into a surge situation, cancel all non-critical visits and reschedule them for a later date and communicate the situation to the patients.

b. Be truthful with your patients about their safety and security.

4.2 Internal Communications

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

- Wired Phone
- Radio
- Cellular

- Internal Email
- Commercial Email (provided it is secure)

4.2.1 Communicating the Message from the Health Center to the Staff

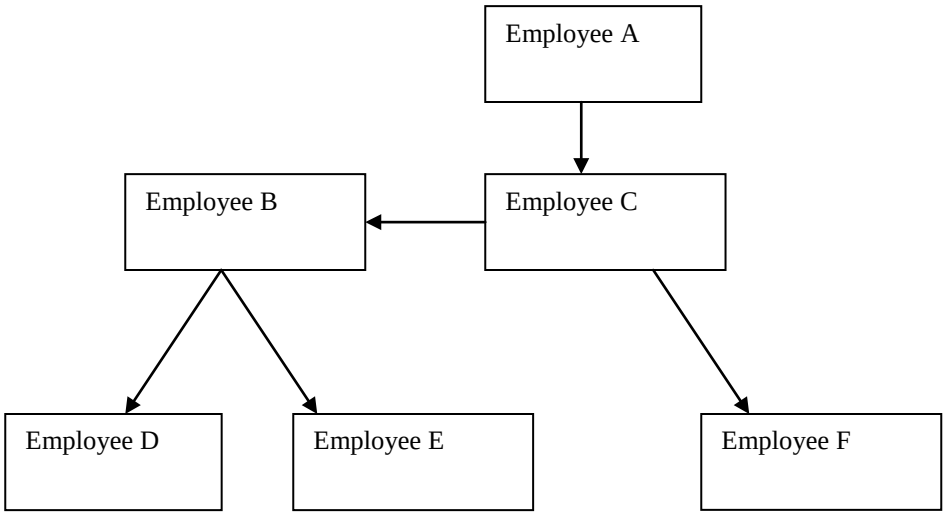
Official notifications and alert notices will use the phone as the primary communications device followed up by internal email where appropriate. Know that all sensitive communications sent to employees that do not have access to internal email may have a security issue. Therefore, all emails with sensitive messages will only be sent via internal secure servers to secure email accounts.

4.2.2 The Phone Tree

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

4.2.3 Phone Tree Guidance

The Emergency Contact Phone Tree for this health center is designed to provide a chain of contact to be followed in the event of an emergency. Phone trees should be charted for ease of use. In the event that this system needs to be activated, all staff should follow the flow of this chart (Example found below in Diagram 1), from top to bottom. Boxes should contain employee 24/7 contact phone numbers. Instructions for utilization of this tool are described



below.

Diagram 1

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

- Immediately contact the person at the top of the phone tree to determine the best method of communicating with staff (email, phone, etc.).
- Determine the language of the message you need to share. The message being shared should be in plain language and remain consistent throughout the chain of command.
- Determine if the message needs to be communicated to all staff or to certain sections of the health center.

    - If message only needs to be filtered to one of the health center offices, the chain of contact should remain the same but only follow the site line in the phone tree.
    - Contact the top tiered person from the other office to inform them that an emergency system has been activated.
    - The notified person from the non-activated office would decide what information, if any, should be communicated to the rest of the staff in the non-activated office.

- If the phone tree is the activated communication method, contact should proceed in lineage of this chart (Diagram 1).

    - In the event that the person at the top of the tree is unavailable, the next person down from them on the chart should be used as a back-up, reading by tier (top to bottom and left to right).
    - In the event that you are unable to reach your assigned person to contact or you get an answering system, phone the next person on the list until you get a live voice.
    - Continue to contact those that you have not spoken with directly until reached.
    - Be sure to keep track of the status of your communication with each staff person.

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

For information on this version of the phone tree, please contact the following staff member:

Name	Phone

The electronic version of this document is saved in the _____ Common Drive. All staff should maintain a hard copy of this document at their desk and at their home. Staff is encouraged to

have the contact information for other staff in their chain of command saved in their outlook, cell phones, and blackberry devices as appropriate.

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

4.3 Message Codes

Please refer to http://www.pcepn.org for a list of these codes and alter them for use at your center.

4.3.1 Internal Message Delivery Policy

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

4.3.2 Internal Communications Chart *(lists the names and phone numbers for the positions below)*

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

4.3.3 Facility Directory (*provide phone numbers for each department listed below*)

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

Section 5 – Community Integration

5.0 Primary Care Emergency Preparedness Network

The Primary Care Emergency Preparedness Network (PCEPN) has been formed as a partnership between the Primary Care Development Corporation (PCDC) and the Community Health Care Association of New York State (CHCANYS). This organization has been formed to assist ambulatory care centers with emergency preparedness planning, education and training. PCEPN assist health centers with integrating into their communities by providing representation at New York City government agencies, as well as assist with identifying and brokering agreements between facilities. Additionally, PCEPN assist health centers with identifying potential external partners within their communities. For more information regarding PCEPN, please visit www.pcepn.org.

5.1 PCEPN Contact List

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

Name	Position	Organization	Phone	Cell	Email
Mario J. Gonzalez	Liaison	CHCANYS	212-710-3810	347-558-8401	mgonzalez@CHCANYS.org
Matthew Ziemer	Liaison	CHCANYS	212-710-3800	347-558-8400	mziemer@CHCANYS.org
Jean Paul Roggiero	Liaison	PCDC	212-437-3932	646-765-3281	jroggiero@pcdc.org
Madeline Tavarez	Liaison	PCDC	212-437-3937	347-386-8762	mtavarez@pcdc.org
PCEPN Office		PCEPN	914-22-PCEPN		info@pcepn.org

5.2 PCEPN Documentation

There are several documents that may be needed by PCEPN Liaisons to effectively represent the health center during an emergency. These reports are transferred to and from the health center and between the health center and the EOC PCEPN Liaison. It is important to remember in order for PCEPN to assist the health center; it must have the required documentation in a timely manner. The required forms are (***please refer to http://www.pcepn.org for required forms***):

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

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

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

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

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

This health center has bound agreements with partners in the community. For a list of these partners or to review the agreements, please see your site administration.