Emergency Plan Implementing Procedure
Emergency Classification

1.0 Purpose:
To provide guidance on recognizing emergency conditions and to declare an emergency when predetermined conditions are met.

2.0 Scope/Applicability:
This procedure applies to all Federally Qualified Health Centers (FQHC) and FQHC Look-a-Likes.

3.0 Definitions:

3.1 Emergency Action Levels – Predetermined conditions, that when met require the implementation of the Emergency Plan Implementing Procedures.   Health Centers should modify the EAL's as appropriate to their facility.

3.2 Limited Emergency – A situation wherein a potential or actual hazard has reached a dangerous level and could affect the safety and operation of the health facility. This classification recognizes a potentially serious situation and provides a posture of advanced readiness in place in case the situation escalates to a Full Emergency.

3.4 Full Emergency – A situation where the emergency conditions have increased to the point of threatening public safety/facility safety and a total mobilization of all the resources are required on a 24-hours basis to cope with the emergency.

4.0 Procedure:

Initial	Action Required
	Review the existing or potential conditions against the EAL's in the following table. Determine if any of the EAL's have been exceeded and declare the appropriate level of emergency using the standard message format.
	Standard Message Format Announce or have announced: ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL A _____ **Limited or Full / Circle One** _____ EMERGENCY HAS BEEN DECLARED. ALL MEMBERS OF THE EMERGENCY RESPONSE ORGANIZATION SHOULD REPORT TO THEIR STATIONS. ALL OTHER PERSONNEL SHOULD REMAIN AT THEIR CURRENT LOCATION AND AWAIT FURTHER INSTRUCTIONS. REPEAT MESSAGE
	Ensure the duty Incident Manager is notified and implements the EPIP, Incident Manager Checklist.

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Emergency Classification

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

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Emergency	Emergency Action Level for a **Limited Emergency**	Emergency Action Level for a **Full Emergency**
Epidemic	The state or CDC has determined that medical conditions in the adjacent counties have reached epidemic levels	The state or CDC has determined that medical conditions have reached epidemic levels within your county
Technological Events		
Electrical Failure	Failure requires the facility to shut down operations for greater than 12 hours	As determined by management
Fuel Shortage	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Natural Gas Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Water Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Sewer Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Fire Alarm Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Communications Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Medical Gas Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Medical Vacuum Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
HVAC Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management
Information System Failure	Shortages require the facility to shut down operations for greater than 12 hours	As determined by management

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

Emergency Plan Implementing Procedure
Emergency Classification

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

Emergency Plan Implementing Procedure
Training, Drills and Exercises

1.0 Purpose:
This procedure is intended to ensure that training activities provide the fundamental skills and knowledge allowing emergency responders to fulfill their responsibilities. It is intended to train individuals to work within the National Incident Management System, NIMS by implementation of the Emergency Plan Implementing Procedures.

2.0 Scope/Applicability:
The requirements identified in this program apply to emergency responders within the FQHC of FQHC Look-a-Likes. It includes matters pertaining to initial and refresher training as well as drills and exercises.

3.0 Definitions:

3.1 Drills – The testing of certain portions of the emergency response organization using a mock emergency scenario in order to improve the proficiency of emergency response personnel, shake out the bugs in equipment and facilities.

3.2 Tabletops- A training activity involving the discussion of a mock emergency scenario by emergency response personnel to ensure effective coordination and understanding by all.

3.3 Exercises –Using a mock emergency scenario, the entire emergency response program is tested to include personnel, facilities, equipment and procedures for the purpose of determining the adequacy, operability and accuracy of the program to respond to a real emergency.

3.4 Learning Objectives - Learning objectives consist of a statement of action or knowledge, preceded by a condition under which the action takes place and a standard that identifies satisfactory performance.
Example: Given the Emergency Callout List (*condition*), notify all emergency organization personnel (*action*) in accordance with the Center Communications Procedure (*standard*).

3.5 On the Job Training, OJT – A practical training activity that is conducted for an individual by a Subject Matter Expert involving the "hands on" use of emergency procedures and equipment.

3.6 On the Job Evaluation – A step, separate from OJT that is used to independently evaluate the capability of an individual to perform the tasks assigned to their emergency position.

4.0 Procedure:

4.1 Initial training should be conducted on the National Incident Management System, NIMS in accordance with and PA Department of Health and HRSA expectations. The following identifies specific NIMS training requirements and an introduction to the Emergency Preparedness Manual.

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Course	Personnel		
	Mgmnt/Supervisory Personnel (Assigned to a specific NIMS position)	Responders – Personnel working under direction of Mgmnt/Supervisory personnel	Emergency Planners/Coordinators
Introduction to the Pa Forum Emergency Plan Manual	X	X	X
ICS – 100 Introduction to the Incident Command System	X	X	X
ICS – 200 Basic Incident Command System	X		X
ICS – 700 National Incident Management System	X		X
ICS-800 The National Response Plan: An Introduction	X		X

NIMS courses are available on line at FEMA http://training.fema.gov/VCNew/firstVC.asp or PEMA at http://www.pema.beta.state.pa.us/pema/site/default.asp
PEMA also offers live instruction and schedules may be reviewed on their web site.
Training can also be accessed through the Pa Department of Health Learning Management System, http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=170&Q=237296

4.1.1 Individuals that are assigned emergency management roles, i.e., have a job assignment procedure in the Emergency Preparedness Manual, should have training specific to their responsibilities. Training in this case is best handled through the use of OJT/OJE cards (Sample provided in Attachment A) that identify the learning objectives to be accomplished as related to the expectations of their specific implementing procedure.

Emergency Plan Implementing Procedure
Training, Drills and Exercises

4.2 Refresher Training should be conducted annually or more frequent as needed. Training should include industry experiences and changes in emergency preparedness procedures or expectations. Also included is the conduct of drills and exercises. Each Health Care Center should conduct two drills/exercises per year. One of these may be a table top drill, however one should involve coordination with organizations outside of the Health Care Center. Consideration should be given for evening or off-hours drills/exercises to test emergency response capabilities. A guide for conducting drills is identified in Attachment B.

4.2.1 Program Evaluation activities should be conducted to determine the overall effectiveness of the training program. Training critiques should be used for each training event to determine the quality of the conduct of training. Feedback on drills and actual emergencies should be used to determine the effectiveness of the training program.
Actions should be assigned to revise training materials accordingly.

4.3 Hazardous Materials Training Requirements

The clinic must decide what level of training is appropriate for hazardous materials and bioterrorism events, including use of personnel protective equipment. The clinic should identify the types of actions expected of personnel at a scene (especially in bio-hazard and chemical treatment situations). Training decisions should be based on whether Clinic personnel will be in the vicinity of materials that are causing the event.

4.4 Cost Analysis: Time and Budget

The clinic should have a formal method of planning for training costs each year.   There may be changes in the number of staff, the types of training, and the amounts of training each year. The lengths of each course may also change as laws, regulations and lessons learned change.
Most classroom subjects can be presented individually in one hour or less, with the exception of specialized training such as NIMS, CPR and First Aid.
Most drills will last two to three hours. Exercises last from a half-day to a full day, depending on the type of exercise. Remember to consider staff time for preparation and implementation of these activities. Also consider outsourcing costs from outside training organizations and consultants.

4.5 Maintaining Training Records

In all cases, a record must be kept of any training methodology that was performed for the emergency organization, including who received the information and the results of any evaluation. Records of required training elements must be kept with the individual's personnel record and in the Emergency Management files.

Emergency Plan Implementing Procedure
Training, Drills and Exercises

5.0 Responsibilities

5.1 The Clinic Executive Director is responsible to ensure personnel are trained to execute their emergency preparedness assignments.

5.2 Clinic employees are responsible to attend and successfully complete assigned emergency preparedness training.

6.0 References:

6.1 Pa Forum Emergency Preparedness Program Description
6.2 PA Department of Health Training Expectations

7.0 Attachments

7.1 **Attachment A -** Sample Position Specific Qualification Card
7.2 **Attachment B** – Emergency Preparedness Drill/Exercise Guide

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Attachment A
"Position Specific" Qualification Card

Revision: 0   **Date: 9/21/06**

Student Name: _____

Health Care Facility: _____

Prerequisites:
1. Emergency Preparedness Manual Overview
2. ICS 100, Introduction to NIMS
3. ICS 200, Basic Incident Command System
4. ICS 700, National Incident Management System

References:
1. Pa Forum for Primary Health Care Emergency Preparedness Program Description
2. EPIP Emergency Classification
3. EPIP Maintaining Emergency Preparedness
4. EPIP Emergency Preparedness Training, Drills and Exercises
5. "Position Specific" Checklist
6. General Activity Log
7. Message Form

Qualification Objectives:

At the completion of this training, in accordance with the listed references the student should be able to independently:	Student Initial	Evaluator Initial
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Certification:
I certify the student has demonstrated satisfactory performance in accordance with the qualification objectives listed in this card.

Signature of Evaluator: _____ Date: _____

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Attachment B - Emergency Preparedness Drill/Exercise Guide

Drill Type: ☐ Table top (May be used to drill all or part of a facility emergency organization)

☐ Facility Specific (Limited to a specific health care facility)

☐ Integrated with outside agencies

Emergency Response Positions Involved:

☐ Clinic Executive Director ☐ Incident Manager ☐ Communications Coordinator ☐ Legal Counsel ☐ Liaison Officer

☐ Safety Officer ☐ Public Information Officer ☐ Operations Chief ☐ Planning & Intelligence Chief ☐ Logistics Chief

☐ Finance Chief ☐ Security Officer ☐ Mental Health Coordinator Others:

Definitions:

<u>Drills</u> – Activities that are conducted using established procedures for purposes of training and practice of practical activities. Included are table-top drills or activities involving one or more emergency facility or organizations.

<u>Exercises</u> - Activities that are designed to practice with established procedures and are evaluated to determine if personnel responses are acceptable or if procedures are successful in mitigating a postulated emergency.

<u>Drill Controller</u> – Person(s) designated to provide information to drill participants, which facilitates the implementation of the drill/exercise scenario.

<u>Drill Observer</u> – Person(s) assigned to observe designated emergency responders and evaluate their performance.

PACHC

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Drill Objectives:

When presented with simulated emergency conditions, members of the emergency organization should be able to:

1. Recognize and declare an emergency in accordance with the Emergency Classification Procedure.
2. Mobilize the emergency response organization.
3. Demonstrate the use of the Emergency Plan Implementing Procedures and position specific checklists.
4. Demonstrate the use of emergency equipment to include communications and Personal Protective Equipment, PPE.

Others:

Ground Rules:

1. **Nothing should be performed that will compromise the safety of employees or patients.**
2. All communication that can be heard by personnel other than drill participants should begin and end with "This is a Drill."
3. All procedures and equipment should be used, marked up or demonstrated unless drill controllers provide simulation guidance.

Drill Controller and Observer Assignments:

Controllers	Assigned Area	Observers	Assigned Area

PACHC

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Initial Conditions:

Time of day	
Patient loading.	
Any equipment out of service	
Weather conditions	
Others	

Closing Activities:

Location and time of drill critique	
Persons required to attend critique	
Person responsible for drill report	
Person(s) responsible for corrective actions	
Person responsible to replace used procedures/equipment	

Date of Drill:		Time Period of Drill:		
Scenario Time (Minutes)	**Event Condition**	**Expected Response**	**Controller Input**	**Observer Comments** SAT UNSAT NO-Not Observed (Other noteworthy comments)
T=0000	Initial Conditions	None	Controller reviews initial conditions	SAT

Emergency Plan Implementing Procedure
Training, Drills and Exercises

Date of Drill:			Time Period of Drill:	
Scenario Time (Minutes)	**Event Condition**	**Expected Response**	**Controller Input**	**Observer Comments** SAT UNSAT NO-Not Observed (Other noteworthy comments)

PACHC

Emergency Plan Implementing Procedure
Maintaining Emergency Preparedness

Purpose:
To ensure that programs/procedures, equipment and facilities are maintained in a state of readiness to support emergency needs.

Scope/Applicability:
This procedure applies to all FQHC's that provide services during a declared emergency. Requirements for drills and exercises are identified it the EPIP Training and Drills.

Definitions:
None

Procedure:
Activities necessary to maintain response capabilities current are identified in the following table:

Activity	Frequency				
	Monthly	Quarterly	Semi-annually	Annually	Other
Review the Emergency Preparedness Program Description				X By PA Forum	As determined from actions assigned after drills or emergencies
Review the Emergency Plan Implementing Procedures				X	As determined from actions assigned after drills or emergencies
Maintain the Emergency Response Duty Roster	X				
Inventory Emergency Communication Equipment			X		
Test Emergency Communication Equipment		X			
Inventory Emergency Medical Supplies including pharmaceuticals		X			
Inventory Personal Protective Equipment			X		
Test/Verify currency of Emergency Breathing Apparatus					IAW Manufacturer Specifications
Inventory emergency status boards and markers			X		
Inventory forms in the EPIP Books				X	After each drill or emergency
Confirm Mutual Aid Agreements				X	

Emergency Plan Implementing Procedure
Maintaining Emergency Preparedness

Activity	Frequency				
	Monthly	Quarterly	Semi-annually	Annually	Other
Review habitability of EOC and other Emergency Response Facilities			X		
Budget for Emergency Response Activities					Clinic Fiscal Year
Test Fire/Evacuation Alarms		X			
Verify Information on the Offsite Agency Notification List				X	
Verify Information on the Support Services Contact List				X	

1.0   Purpose:

This program description establishes the activities necessary to ensure measures are taken during emergencies to protect the health and safety of the patients, public and staff of Federally Qualified Heath Centers, (FQHC's) and FQHC Look-a-Likes.

2.0   Scope/Applicability:

2.1   This program applies to all FQHC's and FQHC Look-a-Likes. It is designed to address response to emergency situations that arise from natural events, human events, or technological events that have an adverse impact on the daily operation of the health care facility. Items included are listed in Attachment A. It does not include medical emergencies for a patient that does not have a potential impact on others within the facility or the public.

2.2   Specifically included are matters pertaining to the recognition and declaration of emergencies, response by a dedicated emergency organization, emergency communications, recovery operations, staff training and maintenance of the emergency preparedness program.

3.0   Definitions:

3.1   **Alternate Emergency Facility** – A facility other than the health care center's daily facility that is used for emergency purposes. Generally, these are secured by mutual aid agreements.

3.2   **Bioterrorism** – The planned, unlawful use or threat of use, of biological weapons made from living organisms with the intent of causing death or disease in humans, plants or animals.   The goal of bioterrorism is usually to create fear or intimidate governments or societies for gaining political, religious or ideological goals.

3.3   **DHS** – Department of Homeland Security

3.4   **Emergency** – An event whether natural or man-made that significantly disrupts the environment of the health care facility's operation.

3.5   **Emergency Action Levels** – Predetermined conditions, when met that require the implementation of the established emergency plan.

3.6   **Emergency Duty Roster** – An organized list of individuals assigned the responsibility to execute emergency duties during a declared emergency.

3.7 **EOC** – Emergency Operations Center, a facility that contains the emergency command organization responding to an emergency.

3.8 **EPIP** – Emergency Plan Implementing Procedure, a procedure separate from this document designed to implement the requirements of this plan.

3.9 **Evacuation** – The act of leaving the health care facility and proceeding to a predetermined location.

3.10 **FEMA** – Federal Emergency Management Agency

3.11 **Hazard and vulnerability analysis** – The process of identifying hazards, the potential for occurrence, warning time, severity of impact and assigning a risk priority.

3.12 **Mutual Aid Agreement** – A written document stipulating the services that will be provided during emergency conditions and if there are cost considerations (retainer fee) associated with the services.

3.13 **NIMS** – National Incident Management System – An organizational structure identified by FEMA as a standard for all federal, state, municipal and public response organizations.

3.14 **PEMA** – Pennsylvania Emergency Management Agency

3.15 **PPE** – Personal protective equipment designed to shield personnel from environmental or biological hazards.

3.16 **Regional Counter- terrorism Task Force** – **(RCTTF)** – In Pennsylvania there are 9 regions with each having a RCTTF. Each RCTTF has responsibility under PA Act 227 to assist the region in preparing, responding and recovering from terrorist or criminal acts as well as man made or natural disasters. Some of these RCTTF's have standing committees for business, industry and infrastructure as well as medical response entities.

3.17 **Shelter** – The act of ensuring personnel remain inside buildings or temporary structures for purposes of reducing their exposure to external hazards.

4.0   Program Requirements:

4.1   Mitigation

4.1.1   Each FQHC's and FQHC Look-a-Like should develop and maintain an Emergency Preparedness program which meets the requirements of HRSA. Compliance can be achieved through the implementation of this program. Centers may elect to adopt the procedures provided in this program or they may elect to validate, in writing their program against the requirements of this program. It is also recognized that the procedures in this manual can serve as stand alone documents or may be modified to meet the needs of the individual health care center.

4.1.2   Part of all Emergency Preparedness Programs is the need to identify the types of hazards/emergencies that are likely to have an impact on daily operations. A hazard and vulnerability analysis should be conducted for each facility, which analyzes at a minimum the emergencies identified in Attachment A. Each municipality has developed emergency plans from a hazard and vulnerability analysis performed for the community. Centers should contact their municipality to review the hazard and vulnerability analysis and to establish a working relationship with the local emergency organization. The format for the analysis is identified in Attachment B and may be implemented using the Excel spreadsheet provided through the PACHC. The results of the analysis should be used to implement the EPIP's listed in Attachment C. Additional implementing procedures may be identified as part of the analysis and should be developed for the specific needs of the center.

4.1.3   Unmet needs are personnel, equipment, facilities or other items needed to respond to emergency situations identified as part of the hazard and vulnerability analysis but not available to the facility. Meeting these needs should be included in site specific EPIP's developed for the health care facility.   Part of meeting unmet needs are predetermined mutual aid agreements with other organizations, e.g., hospitals, food suppliers, security forces, evacuation areas, governmental agencies etc. The format for listing unmet needs is identified in Attachment D.

4.2   Preparedness

4.2.1   Each facility should establish an emergency organization, which is consistent with the NIMS, National Incident Management System identified in Attachment E. This ensures the organizational structure is consistent with federal, state and local agencies as identified in the National Disaster Plan adopted by FEMA. It is recognized that smaller organizations do not have the resources to assign personnel to each position identified by NIMS. In these instances the center should provide for overlapping responsibilities of responders within their capabilities.

4.2.2   Dedicated emergency equipment is an integral part of all effective emergency plans. Equipment should be identified, procured or arrangements made for availability (mutual aid agreement) and a system to maintain inventory and testing the equipment should be implemented. Back up capability for internal communication, external communication and information technology systems should be identified.

4.2.3   Each center should have as part of its emergency plan, identified a governmental agency point of contact. This is to ensure that the emergency response organization knows who to communicate with during emergencies. Additionally, the center may receive direction from the identified agency. These points of contact could be through other organizations i.e., hospitals, or could be different depending on the emergency. In one case the center might establish communications with the municipal emergency organization, in the next case it may be more appropriate to communicate to the county emergency organization. In any event, the government response organizations should know ahead of time that the center is a resource for public response and that the center may contact them during an emergency.

4.2.4   In order to provide for an integrated response with regional emergency plans, establish lines of communication with governmental response organizations, other centers, hospitals and infrastructure entities, the center should contact and become an active subcommittee member of their Regional Counter-terrorism Task Force. Each region has a medical subcommittee of the task force, which is an appropriate avenue to maintain liaison with other health care and government organizations. The contacts for each subcommittee are available from the Associate Director, PACHC. As an alternative, health care centers may elect to organize a subcommittee of their own to address their specific needs. Also included should be the establishment of where staff would be sent to assist/augment emergency responders in another location.

4.2.5   Each center should have a predetermined location to evacuate staff and patients. Places such as schools, recreation centers etc. can serve as appropriate facilities. County/Municipal emergency management officials can assist with identifying these facilities. Mutual aid agreements should be developed to ensure the availability of the facility. Consideration should also be given to preparing a written information document that can be given to all routine patients so that in the event of an emergency family members will know how to contact each other. An area suitable for EOC operations must be established. Considerations for EOC habitability and operations are located in Attachment F. An alternate EOC location should also be determined. Additionally, procedures should be established as to where patients should be directed in the event the health care facility is closed.

4.2.6   Effective emergency preparedness programs use a process to keep the program current. Procedures should be put in place to assess the program annually and to capture actions as a result of the assessment as well as drills, exercises, training and real

emergencies. The procedures should identify the necessary actions, the responsible person and a target date for inclusion in the program. Additionally, inventory (including shelf life) and testing of emergency equipment should be conducted on a frequency that ensures availability of working equipment. Implementation guidance is identified in the EPIP, Maintaining Emergency Preparedness.

4.2.7 Training is key to ensuring that organizations are prepared to deal with emergencies. Training for new employees and continuing training should be developed and implemented.

4.2.8 Drills and exercises should be conducted to practice emergency procedures, readiness and interface within the emergency organization(s). Drills/Exercises can be from tabletop drills talking through necessary actions to full-scale exercises that include mobilization of the emergency response organization, use of emergency equipment and liaison with other organizations. In all cases, lessons learned should be captured and necessary actions tracked to completion. Each center should conduct two drills/exercises per year. One of these may be a tabletop drill, however one should involve coordination with organizations outside of the Health Care Center. Training must be competency based and the implementation requirements are identified in EPIP, Emergency Preparedness Training, Drills and Exercises.

4.3   Response

4.3.1 As a result of the hazard and vulnerability analysis methods to recognize and declare emergencies within the facilities should be developed. Predetermined Emergency Action Levels provide the thresholds to determine when an emergency should be declared. Declaration of an emergency is divided into two categories, **Limited Emergency or Full Emergency,** which allows for a graded approach. Mobilization of the Emergency Response Team (ERT) and communication to the necessary organizations are implemented according to the severity of emergency.

4.3.2 Each organization should be able to respond to medical emergencies identified as part of the facility hazard and vulnerability analysis. These responses are measures taken to address the specific medical needs that are not part of the emergency response strategies identified in other sections of this program. Standard approaches should be considered and developed, as part of the EPIP's associated with this program. Specifically included are procedures to serve as a point of distribution for mass immunization/prophylaxis and medical supplies.

4.3.3   In the event that biological or chemical contaminants are present during an emergency, procedures should be established to ensure decontamination activities can be implemented. This could be by relying on local fire or HAZMAT personnel or by stocking and implementing internal supplies and procedures.

4.4   **Recovery**

4.4.1   Recovery operations should be executed in accordance with an established plan. Consideration should be given to ensuring that necessary documentation is collected to facilitate financial reimbursement.   Assessment of facility damage to include inventories, structural integrity, decontamination, restoration of utility services and occupancy permitting by the local authorities should be considered.

4.4.2   The systematic debriefing of personnel, identification of lessons learned and the establishment of action plans to include an after action report should be conducted. Mental health needs for workers and patients with special needs should be identified and addressed accordingly.

5.0   **Responsibilities:**

5.1   The President & CEO of the Pennsylvania Association of Community Health Centers (PACHC) is responsible to:

5.1.1   Distribute this program to all FQHC's and FQHC Look-a-Likes.
5.1.2   Review and approve this Emergency Preparedness Program.
5.1.3   Review this program annually and determine if changes are necessary.

5.2   The CEO/Director of each FQHC's and FQHC Look-a-Like is responsible to:

5.2.1   Adopt this program or validate their program against these requirements to ensure that HRSA expectations are met.
5.2.2   Develop and maintain site specific Emergency Plan Implementing Procedures.
5.2.3   Ensure that the conduct of training, drills and exercises.
5.2.4   Establish and maintain an emergency organization capable of implementing the requirements of this program.

5.3   FQHC's and FQHC Look-a-Like Employees are responsible to:

5.3.1   Participate in training, drills and exercises.
5.3.2   Serve as members of the emergency organization and fulfill their assigned duties.

6.0   References:

6.1   HRSA Emergency Preparedness Expectations
6.2   HRSA Resource Document Outline on Emergency Preparedness
6.3   FEMA, Emergency Management Guide for Business and Industry
6.4   PEMA, Disaster Preparedness Guide for Facilities
6.5   JCAHO, Standing Together, An Emergency Planning Guide for American Communities
6.6   Homeland Security Presidential Directive – HSPD-8

7.0   Attachments:

7.1   Attachment A – Types of Emergencies
7.2   Attachment B – Hazard and vulnerability analysis Format
7.3   Attachment C – List of Emergency Plan Implementing Procedures, EPIP's
7.4   Attachment D – Unmet Needs Determination
7.5   Attachment E – National Incident Management System, NIMS Organization
7.6   Attachment F – Emergency Operations Center Habitability and Operations Determination

Pennsylvania Association of Community Health Centers
Emergency Preparedness Program Description

Attachment A
Types of Emergencies

Natural Events	Human Events
Hurricane	Mass Casualty Hazmat Incident (>= 5 victims)
Tornado	
Severe Thunderstorm	Small Casualty Hazmat Incident (< 5 victims)
Blizzard	
Ice Storm	Chemical Exposure, External
Earthquake	Internal Spill
Temperature Extremes	Chemical Terrorism
Flood, External	Radiological Exposure, Internal
Fire, External Causes	Radiological Exposure, External
Epidemic	Radiological Terrorism
	Mass Casualty Incident (trauma)
	Mass Casualty Incident (medical/infectious)
	Biological Terrorism
	Hostage Situation
	Civil Disturbance
	Labor Action
	Bomb Threat
Technological Events	**Others identified by Geographic Location**
Electrical Failure	Waterborne Threat (Lake Erie)
Fuel Shortage	
Natural Gas Failure	
Water Failure	
Water Failure	
Sewer Failure	
Fire Alarm Failure	
Communications Failure	
Medical Gas Failure	
Medical Vacuum Failure	
HVAC Failure	
Information Systems Failure	

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Attachment B
Hazard and Vulnerability Analysis Format

Naturally Occurring Events

	Probability	Impact			Mitigation			Risk
		Human Impact	Physical Losses	Business Impact	Internal Response	External Response	Warning Time	
	Likelihood	Possibility of Death/Injury	Physical Loses	Interruption of Services	Ability to Respond with no Outside Assistance	Ability to Respond with Outside Assistance	Likelihood	Relative Threat
	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = 24+ Hours 1 = 12-24 Hours 2 = 6-12 Hours 3 = Minimal	0 = Low Risk 100 = High Risk
Event	Score							
Hurricane	2	2	3	3	2	3	0	69
Tornado	2	3	3	3	1	2	3	75
Severe Thunderstorm	3	1	2	2	2	1	3	81
Blizzard	2	1	2	3	1	0	0	53
Ice Storm	2	1	2	2	1	1	0	53
Average Score	2.20	1.60	2.40	2.40	1.40	1.40	1.20	66.20

Ave of Impact and Mitigation = Severity **Ave of Severity and Probability divided by 3 times 100 = Relative Risk**

Attachment C
Emergency Plan Implementing Procedures

- Emergency Preparedness Training Drills and Exercises

- Maintaining Emergency Preparedness

- Emergency Classification

- NIMS Position Specific Procedures

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Attachment D
Unmet Needs Determination

Emergency	Resource Consideration (Do you need?)									
	Additional Staff	Communication and Warning system upgrades	Firefighting needs – Internal/External personnel	Evacuation & Sheltering Capabilities	Search and Rescue Capabilities	HAZMAT Response Internal/External	Food and Water	Law Enforcement	Public Information Dissemination Capabilities	Backup Utilities Power, Heat, Water
Natural Events										
Hurricane										
Tornado										
Severe Thunderstorm										
Blizzard										
Ice Storm										
Earthquake										
Temperature Extremes										
Flood, External										
Fire, External Causes										
Epidemic										
Technological Events										
Electrical Failure										
Fuel Shortage										
Natural Gas Failure										
Water Failure										
Sewer Failure										

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Emergency	Resource Consideration (Do you need?)									
	Additional Staff	Communication and Warning system upgrades	Firefighting needs – Internal/External personnel	Evacuation & Sheltering Capabilities	Search and Rescue Capabilities	HAZMAT Response Internal/External	Food and Water	Law Enforcement	Public Information Dissemination Capabilities	Backup Utilities Power, Heat, Water
Fire Alarm Failure										
Communications Failure										
Medical Gas Failure										
Medical Vacuum Failure										
HVAC Failure										
Information System Failure										
Human Events										
Mass Casualty HAZMAT Incident >== 5 victims										
Small Casualty HAZMAT Incident < 5 victims										
Chemical exposure, External										
Internal Spill										

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Emergency	Resource Consideration (Do you need?)									
	Additional Staff	Communication and Warning system upgrades	Firefighting needs – Internal/External personnel	Evacuation & Sheltering Capabilities	Search and Rescue Capabilities	HAZMAT Response Internal/External	Food and Water	Law Enforcement	Public Information Dissemination Capabilities	Backup Utilities Power, Heat, Water
Chemical Terrorism										
Radiological Exposure, External										
Radiological Exposure, Internal										
Radiological Terrorism										
Mass Casualty Incident, trauma										
Mass Casualty Incident, infectious										
Biological Terrorism										
Hostage Situation										
Civil Disturbance										
Labor Action										
Bomb Threat										

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Attachment E

National Incident Management System
NIMS

```
                        ┌──────────────────┐
                        │ Incident Manager │
                        └──────────────────┘
                                 │
     ┌───────────────────┬───────┴────────┬────────────────────┐
┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌────────────────────┐
│Operations    │ │Logistics     │ │Planning Chief│ │Admin/Finance Chief │
│Chief         │ │Chief         │ │              │ │                    │
└──────────────┘ └──────────────┘ └──────────────┘ └────────────────────┘
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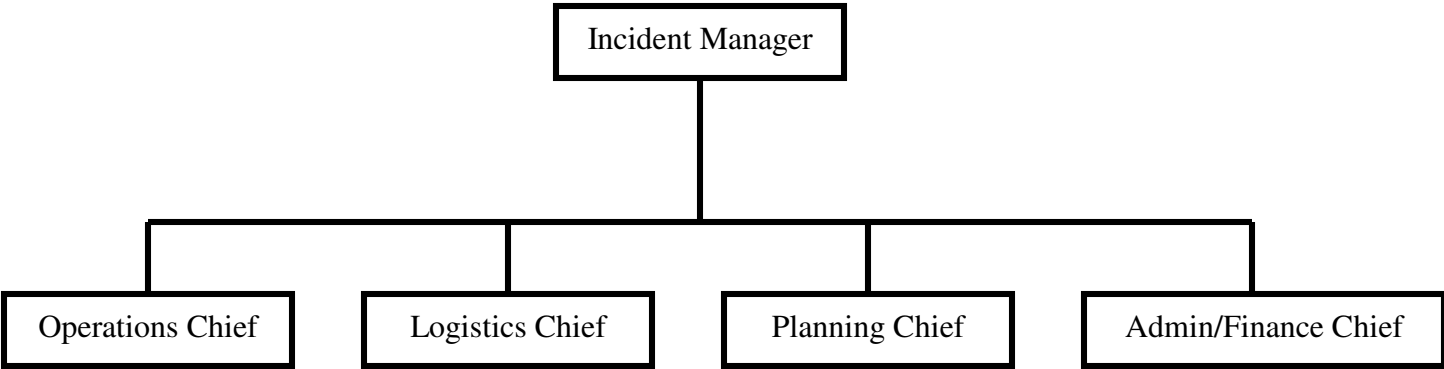
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NIMS Expanded Emergency Organization
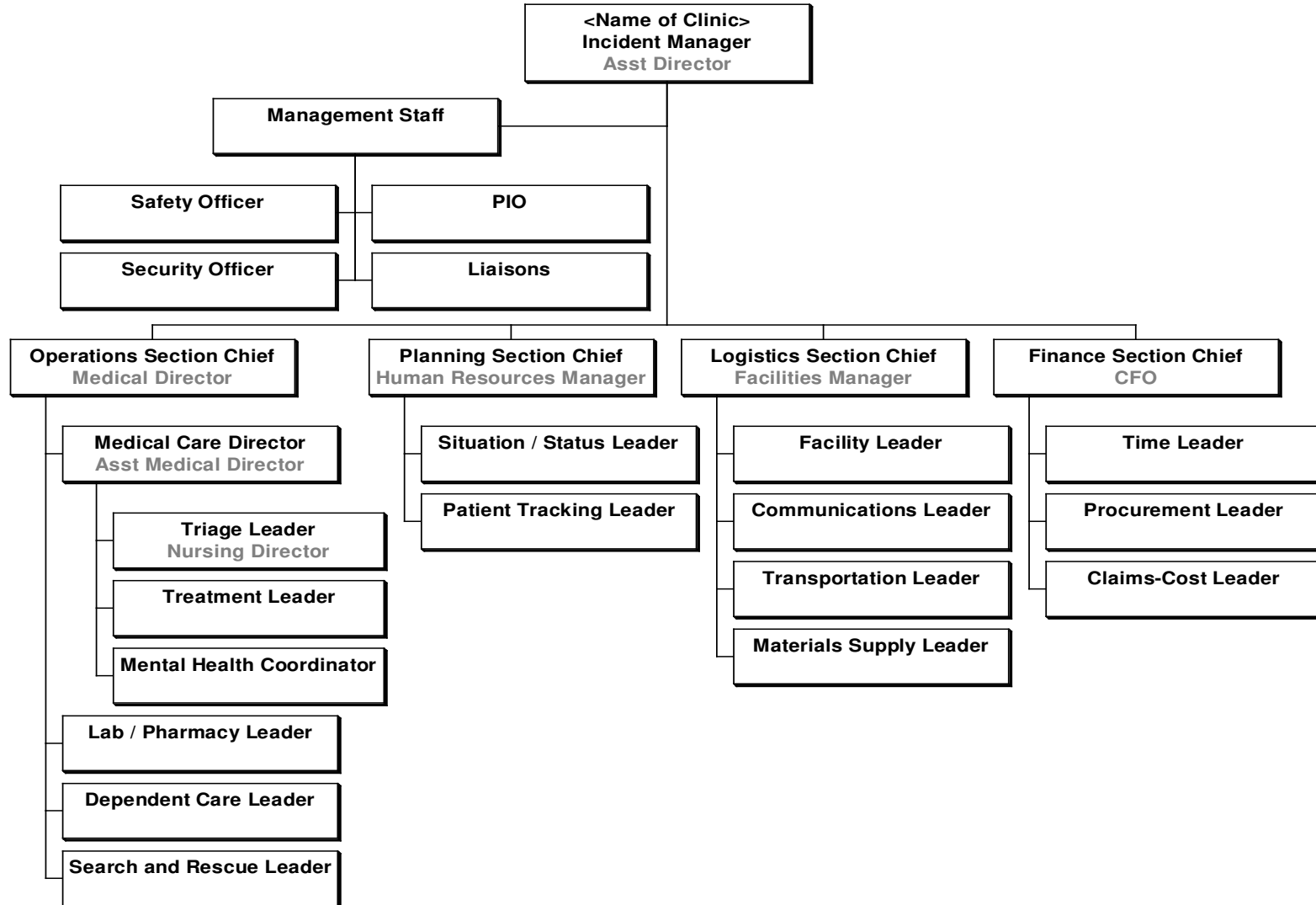
```
                          ┌────────────────────────┐
                          │   <Name of Clinic>     │
                          │   Incident Manager     │
                          │     Asst Director      │
                          └────────────────────────┘
        ┌────────────────────────┐
        │   Management Staff     │
        └────────────────────────┘

  ┌──────────────────┐   ┌──────────────────┐
  │  Safety Officer  │   │       PIO        │
  └──────────────────┘   └──────────────────┘

  ┌──────────────────┐   ┌──────────────────┐
  │ Security Officer │   │    Liaisons      │
  └──────────────────┘   └──────────────────┘
```

Operations Section Chief — Medical Director	Planning Section Chief — Human Resources Manager	Logistics Section Chief — Facilities Manager	Finance Section Chief — CFO
Medical Care Director — Asst Medical Director	Situation / Status Leader	Facility Leader	Time Leader
Triage Leader — Nursing Director	Patient Tracking Leader	Communications Leader	Procurement Leader
Treatment Leader		Transportation Leader	Claims-Cost Leader
Mental Health Coordinator		Materials Supply Leader	
Lab / Pharmacy Leader			
Dependent Care Leader			
Search and Rescue Leader			

Attachment F
Emergency Operations Center
Habitability and Operations Determination

The size, location and resources / amenities of a clinic EOC will vary considerably among clinics. An EOC can operate successfully for short-term responses in a relatively small space. Telephone service and electricity are critical and Internet access highly desirable. An EOC meeting the attributes in the follow table can be set up in a conference room as small as 150 square feet, especially if nearby offices can be converted for use by EOC personnel.

The Emergency Operations Center (EOC) is responsible for the centralized management of information, decision-making, resource support and resource application during an emergency. The purpose of the EOC is to provide a safe and secure facility from which the clinic can provide coordination, direction and control of resources in response and initial recovery from events that overwhelm the regular operations of the clinic. Emergency operations could be on for 12 – 24 hours initially depending on the severity of the event and the nature of the clinic's response.

Facility Location: _____

Attribute Assessed (Initial)	Attribute	Available Yes or No	Intend to Upgrade Yes or No	Comments
	Seismic and Natural Considerations			
	Seismic Classified			
	Located away from hazards, trees, poles etc.			
	Out of flood plain			
	Environmental Controls			
	HVAC provide to ensure comfort of responders			
	HVAC has recirculation capability			

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Attribute Assessed (Initial)	Attribute	Available Yes or No	Intend to Upgrade Yes or No	Comments
	Working Space			
	Large conference room with center table able to allow 5 people to work comfortably			
	Adjacent office or meeting room for executive sessions			
	Wall space for large maps and status boards Flip charts to clip maps is an alternative			
	Restrooms			
	Direct or immediate access to restrooms.			
	Access			
	Access should be ADA accessible			
	Ingress and Egress should be able to be controlled through a single entrance			
	Computing and Communications			
	Status board for each section chief			
	2 computer workstations with internet access			
	2 telephone connections one of which should be capable of use with a telephone that does not require electricity and that bypasses the clinic switchboard			
	1 fax connection			
	Television at the end of the room to monitor news reports			
	Radio monitoring capability including HAM radio operations (may want to locate in adjacent room)			
	Projection screen at one end of the room			

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Attribute Assessed (Initial)	Attribute	Available Yes or No	Intend to Upgrade Yes or No	Comments
	Electric Service			
	Adequate for 2 computers, printer, fax, copier and audio equipment			
	Uninterruptible power supply for critical equipment – backup generator			
	Food Service			
	Access to kitchen with storage			
	Nonperishable foods			
	Place to receive food from outside source			
	Lighting			
	Overhead Acceptable			
	Flashlights or lanterns			
	Security			
	Secure storage for EOC emergency supplies			
	Identification badges			
	Area to control access through entrance			
	Support			
	Emergency Plan implementing Procedures			
	Drawings/Maps			
	Clipboards			
	Office Supplies			
	Parking for 10 vehicles nearby			
	Adequate space for computing and technical support in adjacent rooms or buildings			