Health Center
Communications Plan Template

NATIONAL NURSE-LED CARE CONSORTIUM
a **PHMC** affiliate

COMMUNITY HEALTH CARE ASSOCIATION
of New York State

Instructions for Use

This document is to be used as a guide for the development of a health center Communications Plan. Its components should be maintained together as a complete functional annex to your organization's Emergency Operations Plan (EOP). It must be reviewed and updated at least every 2 years, or as needed following exercises, real incidents, or policy and procedure changes. Reviews and updates should be clearly documented. A separate *Communications Plan* may need to be written for each facility with a unique CMS Certification Number (CCN), even if it is part of a larger network/integrated healthcare system, to ensure compliance with the 2016 Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Rule, as each facility may have individual hazards and communications needs.

The [yellow, highlighted and bracketed text] provides placeholders/suggested text for customizing this plan to align with your health center's policies and procedures. [*Directions and guidance are italicized, highlighted, and bracketed*]. Please see attachments for additional information and templates that may be adapted and incorporated into your health center's final plan document. If you are seeking additional information related to this plan, please contact CHCANYS at emteam@chcanys.org or Jillian Bird at jbird@phmc.org.

KEY

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

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

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

Acknowledgements

Thank you to Anne Hasselmann, MPH, Principal, ARH Health Consulting, for assisting with the creation of this template.

Thank you to our partners at Community Health Care Association of New York State (CHCANYS) for helping us create and publish this template.

Contents

I.   Authorization

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

Name	
Title	
Signature	

Name	
Title	
Signature	

Name	
Title	
Signature	

Name	
Title	
Signature	

II.   Interim Plan Revisions

The following are plan updates based on incidents, exercises, and/or policy changes that have been approved by [Staff Title/Committee] at [Health Center] between regular reviews, which occur at least every 24 months. The plan will be distributed with an updated version number following each review.

Date	Plan Section	Revision	Made By

III. Record of Distribution

Name	Title	Organization	Number of Copies*	Date

*Specify electronic or print copies

Section 1 – Purpose and Scope

1.1 Purpose

The purpose of [Health Center]'s Communications Plan is to describe the policies and procedures for ensuring accurate and timely communications with staff, patients, in-network partners (as applicable), and external partners (e.g., public health, law enforcement, and emergency management (EM) authorities; entities providing services by contract; vendors; etc.) during emergencies and disasters.

1.2 Scope

This plan includes communications policies, procedures, and draft messaging elements that may be adapted depending upon the type and scope of emergency or disaster affecting [Health Center]. It is a functional annex to [Health Center]'s Emergency Operations Plan (EOP) and is maintained as such. Within the context of this plan, an "emergency" is any event that disrupts, or threatens to disrupt, health center operations. A "disaster" is an event that effects more than just the individual health center and may overwhelm the community's emergency response capacity. [*NOTE the definition for "emergency" and other key terms have been adapted from the Centers for Medicare and Medicaid via this FAQ sheet and other resources*.]

Section 2 - Assumptions

2.1 Key Plan Assumptions

The following assumptions are reflected in this plan:

- As a [type of facility] licensed by the [certifying entity], [Health Center] is required and expected to conduct emergency preparedness activities, including those described in this plan.

- Development and ongoing maintenance of a Communications Plan that "complies with Federal, State and local laws" and must be reviewed and updated at least every 2 years, is required for compliance with the *Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) Final Rule of 2016*, and the updates to this rule found in the *2019 CMS Omnibus Burden Reduction Final Rule* (including revisions to *CMS EP Final Rule of 2016*).

- Timely and accurate communications with staff, patients, and external partners (e.g., health system partners; local and state public health authorities; law enforcement; vendors; etc.) during an emergency or disaster will support situational awareness

among [Health Center]'s staff and patients; enhance its response capabilities; and ensure that its needs, and ability to assist with response, may be made known to partners.

- Contact information must be kept current to ensure emergency communications are effective. Information will be reviewed every 2 years, at minimum, and whenever there are changes in staff, patients, or partners and/or their contact information.

- Staff must be trained in both primary, and redundant communication protocols, including the use of equipment, as applicable.

- Having draft message elements ready when an emergency or disaster occurs will decrease the time it takes to prepare and send emergency communications.

- Maintaining this plan and providing frequent opportunities for stakeholders (staff, patients, first responders, and healthcare system partners, etc.) to exercise the plan can improve readiness to respond to incidents.

Section 3 - Command and Control

3.1 Authority to Activate

The [Staff Title(s)] or designee(s) have the authority to activate all, or part of, this Communications Plan. [Staff Title(s)] also have the authority to deactivate the Communications Plan. A full Incident Command System (ICS) activation is not necessary for the Communications Plan to be activated in part, or in its entirety. See the [Health Center] Emergency Operations Plan (EOP) for details on the organization's ICS structure and overall authority to activate the EOP.

3.2 Activation and Deactivation Conditions

This Communications Plan will be activated to provide staff, patients, and/or partners with the information and/or directions they need during an emergency or disaster. It will be considered "activated" when the first message related to a given incident is transmitted by the health center.

This Communications Plan will be considered "deactivated" when all emergency communications related to a given incident have been delivered and received.

3.3 Roles and Responsibilities

Organizational roles and responsibilities under each phase of emergency management and specific to this Communications Plan are listed below:

- [Health Center] Emergency Management (EM) Staff

  - **Mitigation/Preparedness** – Purchase any necessary communications equipment/software and train primary and back-up staff in each communication method. Develop draft message elements by audience and hazard (based on organizational HVA). Identify Public Information Officer (PIO) and back-up. Provide risk communication training to all staff. Develop contact lists for all stakeholders and review and update them at least annually. Conduct [quarterly or annual] tests of communications equipment/software with all stakeholders and update this plan to incorporate lessons learned. Ensure that the health center participates in any communications-related training and exercises offered by local, state, and or federal partners. [*EDIT as appropriate.*]

  - **Response** – Update draft messaging and/or create new event-specific messaging in coordination with the PIO, Incident Commander, other ICS leadership staff, and local, state, and federal authorities, as appropriate. Manage the implementation of all emergency communications protocols, and document any just-in-time protocol changes. Ensure that communications equipment/software function correctly and troubleshoot any problems for correction. [*EDIT as appropriate.*]

  - **Recovery** – Update contact lists, messaging, and this plan document to reflect lessons learned both at the facility level, and from the wider emergency/disaster response, as applicable. Determine if new or additional equipment/software is needed. Ensure that the health center participates in any after action reviews conducted by local, state, or federal partners. [*EDIT as appropriate.*]

- Non-EM [Health Center] Employees

  - **Mitigation/Preparedness** – Participate in risk communication training, and all training and exercises related to this Communications Plan. Provide accurate contact information to EM staff at the health center, and update it as needed or requested. Understand how and when you might receive emergency communications as a health center employee. [*EDIT as appropriate.*]

  - **Response** – Take appropriate action in response to emergency communications received. Fulfill any responsibilities you may have to develop and/or send messages. [*EDIT as appropriate.*]

  - **Recovery** – Participate in after action reviews to identify necessary changes to this Communications Plan. Participate in trainings to review plan updates for future incidents. [*EDIT as appropriate.*]

- State Primary Care Association (PCA)
  - **Mitigation/Preparedness** - Provide tools, templates, and other resources to assist with the development of this Communications Plan. Define protocols for communication and collaboration between health centers, the PCA, and local, state, and federal public health and EM authorities during emergencies or disasters. Share these protocols with health centers and lead training and testing related to them. [*EDIT as appropriate.*]
  - **Response** - Maintain situational awareness among health centers through notifications and information sharing. Communicate resource needs and ability to support response to local, state, and federal partners, on behalf of health centers. [*EDIT as appropriate.*]
  - **Recovery** – Assist health centers with after action reviews and provide guidance on plan updates, upon request. Collect and synthesize lessons learned from affected health centers to assist local, state, and/or federal partners with after action reviews. [*EDIT as appropriate.*]
- Local/Regional Coalitions [*LIST each coalition separately. Develop with coalitions. Delete if not applicable.*]
  - **Mitigation/Preparedness** - Coordinate and collaborate with health centers to develop emergency response plans, including emergency communications protocols and messaging. [*EDIT as appropriate.*]
  - **Response** - [*LIST HERE*]
  - **Recovery**- [*LIST HERE*]
- State Partners [*LIST partners separately: Health Department, Office of Emergency Management, etc. Develop with partners based on state-specific policies and plans.*]
  - **Mitigation/Preparedness** – Coordinate and collaborate with health centers to develop emergency response plans, including emergency communications protocols and messaging. [*EDIT as appropriate.*]
  - **Response** - [*LIST HERE*]
  - **Recovery** - [*LIST HERE*]
- Local Partners [*LIST partners separately: Health Department, Office of Emergency Management, nearby hospitals, other health centers, etc. Develop with partners based on local policies and plans.*]
  - **Mitigation/Preparedness** - Coordinate and collaborate with health centers to develop emergency response plans, including emergency communications protocols and messaging. [*EDIT as appropriate.*]

   o **Response** - [*LIST HERE*]

   o **Recovery** - [*LIST HERE*]

Section 4 – Concept of Operations

4.1 Risk Communications

Information shared during an emergency must be timely, accurate, comprehensive, authoritative, relevant and in a language and literacy level appropriate to the audience. Upon notification of an event that will impact health center operations, the assigned Public Information Officer (PIO) is the conduit of information for internal and external stakeholders, including patients, staff, and partner organizations, as approved by the Incident Commander.

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

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

The **PIO Contact List** may be found in Attachment A.

4.2 Staff Notifications and Communications

During emergencies or disasters, [Health Center] utilizes [primary communication method/equipment/software] as the primary means of staff communication. [Redundant communication method/equipment/software] is used when [primary method/equipment/software] is unavailable or ineffective for any reason. [*NOTE here if information/instructions will also be posted to the organization's website and/or social media page.*] If ICS is activated, those assigned to an ICS role are instructed to report to the Command Center, or Emergency Operations Center (EOC), located at [building, floor and room number]. Other staff are provided with instructions based on the nature of the emergency or disaster; time of day during which the event occurs; and whether staff are on-duty or off-duty. [The PIO or their designee develops all messaging for staff, in coordination with the EM Committee]. [Staff Title] is responsible for approving all messages sent to staff. [Staff Title] has the primary

responsibility for sending out staff communications. [Back-up Staff Title] is the back-up to [Primary Staff Title].

A *List of Staff Trained and Assigned to Use Communications Equipment/Software* may be found in Attachment B. *Instructions for Using Communication Systems* are included as Attachment C. The *Staff Contact List* found in Attachment D contains current work and personal cell phone numbers and email addresses. This contact list is utilized to inform, update and/or recall staff as needed in the event of an emergency. [*NOTE here if this contact information is pre-loaded into the communication system(s) used by the health center or will be loaded in real-time when an incident occurs.*] A list of *Sample Emergency Codes* is provided in Attachment E. A *Communications Planning Worksheet* may be found in Attachment F, and *Draft Emergency Notification and Communication Messages* are in Attachment G.

4.3 Patient Notifications and Communications

During emergencies or disasters, [Health Center] utilizes [primary communication method/equipment/software] as the primary means of patient communication. [Redundant communication method/equipment/software] is used when [primary method/equipment/software] is unavailable or ineffective for any reason. [*NOTE here if information/instructions will also be posted to the organization's website and/or social media page. Also note if the initial recorded message callers hear will be changed to provide incident-specific information, and/or if a fact sheet with key message elements will be provided to office staff answering the phones.*] Depending upon the time of day when an emergency occurs, [direct phone calls, texts, and/or e-mails] will be used to contact patients expected at the Health Center within the next [3] hours. [*NOTE here if any special steps will be taken to communicate with patients known to be dependent on medical equipment, medications, and/or services.*] [The PIO or their designee develops all messaging for patients, in coordination with the EM Committee]. [Staff Title] is responsible for approving all messages sent to patients. [Staff Title] has the primary responsibility for sending out patient communications. [Back-up Staff Title] is the back-up to [Primary Staff Title].

[*NOTE here how patient contact information is gathered for communications, e.g., is it exported from the electronic health records system? Also note if it is pre-loaded into the communication system(s) used by the Health Center.*] A *List of Staff Trained to Use Communications Equipment/Software* may be found in Attachment B. *Instructions for Using Communication Systems* are included as Attachment C. A *Communications Planning Worksheet* may be found in Attachment F, and *Draft Emergency Notification and Communication Messages* are located in Attachment G.

4.4 Within Network Notifications and Communications

[*DELETE this section if it does not apply and re-number subsequent sections accordingly. Also delete placeholders for "Within Network Partners" in Attachment H.*]

[Staff title] or their designee is responsible for contacting [Primary contact title(s)/location(s)] directly by phone (cell and/or work phone, depending upon the time of day when an incident occurs) to notify them of an emergency affecting [Health Center]. If unable to reach [Staff title(s)] within 15 minutes, [Back-up contact title(s)/location(s)] will be notified. A protocol for ongoing incident communication and coordination among in-network partners will be determined during the initial notification call.

A **Partner Contact List** may be found in Attachment H.

4.5 External Partners and Vendors Notifications and Communications

[NOTE what circumstances/scenarios require communication with external partners, as well as how often communications will occur during an emergency or disaster, and who will be responsible for preparing, approving, and sending/receiving communications at your health center.]

[DESCRIBE primary and redundant communications policies, protocols, and equipment/software as they relate to external partners, including coalitions, associations, local & state departments of health, local and state emergency management authorities, HRSA, etc. Include who is authorized to develop, approve, and send external partner communications, and who is authorized to receive information from partners. If using communications systems, and not direct phone calls, texts, and/or e-mails, note if the contact information will be pre-loaded into the system, or if it will be uploaded at the time of an incident. Provide the same information for vendors.]

[NOTE: Refer to Attachments B and C if communications systems will be used to contact and communicate with external partners. Otherwise delete.] A **List of Staff Trained to Use Communications Equipment/Software** may be found in Attachment B. **Instructions for Using Communication Systems** are included as Attachment C. A **Communications Planning Worksheet** may be found in Attachment F, and **Draft Emergency Notification and Communication Messages** are in Attachment G. A **Partner Contact List** may be found in Attachment H. A **Vendor Contact List** may be found in Attachment I.

4.6 Collection, Maintenance, and Updating of Contact Lists

[Staff title] is responsible for collecting and maintaining all contact lists, [and for ensuring that information is loaded into the communications system(s)]. [*DESCRIBE system for collecting information. Are you using paper or electronic forms? Is information being extracted for communications purposes from other databases, e.g., from electronic health records? Does collection method vary by stakeholder group?*] Hard copies of this Communications Plan and associated contact lists may be found [location]. In addition, [*NOTE titles of who has copies*] have been provided with copies. Contact information for staff, patients, partners, and vendors

is also stored electronically [*NOTE where information is stored electronically*]. [*NOTE here any security precautions taken to protect personal contact information.*]

Contact information is collected from stakeholders and verified/updated by the health center as follows:

- **Staff**: Upon initial hiring; after each [quarterly/annual] test; upon being informed of a change by a staff member.
- **Patients**: At initial visit; [at each visit] thereafter.
- **In-Network Partners**: [*AS APPLICABLE*] Annually, or upon partner staff changes.
- **External Partners**: Annually, or upon partner staff changes.
- **Vendors**: Upon contract initiation; annually thereafter.

4.7 Information Collection and Reporting

The following essential elements of information will be collected, documented, and reported to partners in accordance with local or state plans, or regulatory requirements, as applicable:

- In accordance with Policy Information Notice 2007-15, [Health Center] must respond to requests from HRSA for information such as the status of health center operations, patient capacity, and/or staffing/resource/infrastructure needs.
    - As HRSA recognizes that PCAs serve as essential statewide coordinators of information, data, and resources in support of health centers during response and recovery efforts, the health center may be directed to submit their status information to the PCA as well as or instead of to HRSA.
- As a HRSA-funded health center, [Health Center] must notify its HRSA Project Officer in accordance with Program Assistance Letter 2020-05 should a change in federal project scope be needed to add temporary locations during emergencies.
- To provide continuity of care, or to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care, the health center will note the general condition and location of patients under the facility's care as permitted under the HIPAA Privacy Rule (45 CFR §164.510(b)(4), and whether any patients have been transferred to another healthcare facility, particularly for treatment of incident-related injuries.
- The general condition of on-duty health center staff.
- The health center's needs, and its ability to provide assistance, to the authority having jurisdiction, or the Incident Command Center, or designee.
    - This reporting may occur via coordination and collaboration with the health center's Primary Care Association (PCA), as per local, state, and/or federal plans and requirements.
- Whether health center staff and patients will evacuate or shelter in place in response to a given incident.

- o If evacuating the facility, the time at which evacuation is completed will be documented.
- o If sheltering in place, the number of individuals remaining in the facility will be documented.
- o (Additional information regarding evacuation and shelter-in-place planning may be found in the health center's EOP.)
- [*INSERT HERE any additional data points as per incident-specific regulatory requirements, facility-specific EOP, network-level EOP, and/or local, state, and federal EOPs. Note if data collection will vary by hazard type and incident magnitude.*]

The names and contact information for patients' physicians will be available from the electronic health records system [*EDIT as appropriate*]. [*INSERT here staff title(s) of individual(s) authorized to access this information, and with whom it may be shared, and for what purpose.*]

The health center may be directed to collect and provide additional data at the time of an incident by local, state, and/or federal authorities. [Staff title(s)] are responsible for collecting, documenting, and reporting incident-related data.

[*DESCRIBE here how health center will collect and report data for anticipated reporting to in-network, and external partners, as defined in its EOP, and network-level, local, state, and/or federal partner EOPs. ADD any reporting forms/templates or instructions to Attachments and note their addition in this section of the plan text.*]

4.8 Situational Awareness and Updates for Staff and Patients

Staff and patients will also be given periodic situation updates throughout the duration of an incident, when necessary, appropriate, if it is possible to do so safely. [Staff title(s)] will prepare all situation updates, as per the health center's EOP. In addition to ongoing communication with the health center's [Primary Care Association and/or local or state health care coalition], information sources for situational awareness may include [*NOTE here any local, state, and/or federal health alert networks (HANs), as well as any community alert systems used by emergency management or law enforcement authorities that health center staff are registered with. Describe how the information from these systems will be used to inform situational awareness among health center staff and development of messages health center will send to patients.*]

[Staff title] will have final approval of all situation updates provided to staff and patients [*NOTE here how these situation updates will be provided e.g., phone, e-mail, website, social media, texts, etc.*]

4.9 Documentation of Communications

All communications related to a given incident, including staff, patient, and partner notifications and requests for assistance/offers to provide assistance, will be documented in a

Communications Log. [*DESCRIBE here if health center will use hard copy or electronic format for documentation.*] A blank ***Communications Log*** is in Attachment J.

4.10 Volunteer Communication

[*If your health center does not have a regular roster of volunteers that you use, delete this section and Attachment K from this Communications Plan.*]

During emergencies or disasters, [Health Center] utilizes [primary communication method/equipment/software] as the primary means of volunteer communication. [Redundant communication method/equipment/software] is used when [primary method/equipment/software] is unavailable or ineffective for any reason. [*NOTE here if contact information is pre-loaded into the communication system(s) used by the health center or will be loaded in real-time when an incident occurs.*]

[The PIO or their designee develops all messaging for volunteers, in coordination with the EM Committee]. [Staff Title] is responsible for approving all messages sent to volunteers. [Staff Title] has the primary responsibility for sending out volunteer communications. [Back-up Staff Title] is the back-up to [Primary Staff Title].

Attachment K includes the ***Volunteer Contact List***.

Section 5 - Plan Development and Maintenance

5.1 Plan Development, Review, and Storage

The [Staff Title or EM Committee] is responsible for developing, maintaining, and distributing this plan, which is a functional annex to the health center's EOP. The plan will be reviewed at least every 2 years, and as required to incorporate lessons learned from events, exercises, or trainings; new state, federal, and regional guidelines or directives; and/or to update stakeholder contact information. Changes may include additions of new or supplementary material and/or deletions of outdated information. No proposed change should contradict or override authorities or other plans mandated by statute or regulation. All changes will be approved by the [Staff Title/ Committee] prior to their incorporation into this plan and subsequent distribution. The final plan is submitted to the [Health Center's Board of Directors] for biennial approval, as part of the health center's EOP. The master copy of this plan is stored electronically [location] and a hard copy is available [location].

5.2 Training, Exercises, and Evaluation

Training, exercises, and evaluation of this Communications Plan will focus on its four primary components:

- The data needed for all emergency communications, i.e., stakeholder contact information.
- The equipment/software required to send and receive emergency communications, and all associated protocols for their use.
- The message elements that must be defined in advance of an incident and refined for effective communication among stakeholders at the time an emergency or disaster occurs.
- The protocols developed to support coordinated, effective, timely, and appropriate communications among response partners and other stakeholders during an emergency or disaster.

All staff will receive annual training in the content of this Communications Plan in accordance with their anticipated emergency response roles and responsibilities. Refer to the health center's EOP for additional details on emergency management-related training delivery and documentation protocols.

Exercises to test this Communications Plan will be conducted at each health center location [quarterly or annually], at minimum. Scenarios for the exercises are based on the top risks identified by the organization's Hazard Vulnerability Analysis (HVA). Exercises will be planned by [Staff Title(s)] and members of the [EM Committee] and participation in exercises will be developed, evaluated, and documented in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) templates. Findings and recommendations will be reported to the [EM Committee and senior leadership team members].

See health center's EOP for its *Integrated Preparedness Plan (IPP)* and *Multi-year Schedule of Events* for details on specific exercises planned to test this Communications Plan.

Section 6 - Standards, Regulations, and Guidelines

ASPR TRACIE. (2021). Rural Health Clinic / Federally Qualified Health Center Requirements: CMS Emergency Preparedness Final Rule (Updated).

Centers for Medicare and Medicaid Services. (2016). Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.

Centers for Medicare and Medicaid Services. (2019). Omnibus Burden Reduction Final Rule. (Including revisions to *CMS EP Final Rule of 2016*).

Centers for Medicare and Medicaid Services. Quality, Safety & Oversight Group. (2020) Emergency Preparedness For Every Emergency.

Centers for Medicare and Medicaid Services. (2021). Emergency Preparedness Rule.

Health Resources & Services Administration (HRSA). (2007). Policy Information Notice 2007-15 - Health Center Emergency Management Program Expectations.

Health Resources & Services Administration (HRSA). (2020). Program Assistance Letter 2020-05 - Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events. http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf

The Joint Commission. Emergency Management, and Environment of Care Standards for Ambulatory Programs. (*Available for purchase*)

The Joint Commission. (2021). Big Book of EC, EM, and LS Checklists.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). 2017-2022 Health Care Preparedness and Response Capabilities.

U.S. Department of Health and Human Services Office for Civil Rights. (2005). Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations.

[INSERT state regulations, as appropriate.]

Plan Attachments

Attachment A – PIO Contact List

Attachment B – List of Staff Trained and Assigned to Use Communications Equipment/Software

Attachment C – Instructions for Using Communication Systems

Attachment D – Staff Contact List

Attachment E – Emergency Codes

Attachment F – Communications Planning Worksheet

Attachment G – Draft Emergency Notification and Communication Messages

Attachment H – Partner Contact List

Attachment I – Vendor Contact List

Attachment J – Communications Log

Attachment K – Volunteer Contact List *[If applicable, otherwise delete.]*

[LIST additional reporting forms as required by local, state, or federal authorities. Add to attachments and update plan text accordingly.]

Attachment A – PIO Contact List

Public Information Officer

Name	
Title	
Work Phone	
Cell Phone	
Email	

Primary Back-up Public Information Officer

Name	
Title	
Work Phone	
Cell Phone	
Email	

Secondary Back-up Public Information Officer

Name	
Title	
Work Phone	
Cell Phone	
Email	

Attachment B – List of Staff Trained and Assigned to Use Communications Equipment/Software

Name	Position Title	Equipment/Software	Date Last Trained	Primary or Back-Up?

Attachment C – Instructions for Using Communication Systems

[*INSERT necessary information here. Include directions for primary, and back-up systems. Be sure to include any necessary usernames and passwords or how to access them.*]

Attachment D – Staff Contact List

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

Staff Name	Department / Title	Emergency Role	Work Phone / Email	Personal Phone / Email	Additional Notes

Attachment E –Emergency Codes

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

Attachment F – Communications Planning Worksheet

Instructions: Use this worksheet to outline key message elements for emergency communications for staff, patients, or partners. Use a separate worksheet for each target audience.

Purpose of message

Audience

Delivery method(s) *(Check all that apply)*
□ Direct phone call   □ Automated call system   □ E-mail   □ Text message/SMS □ Facebook   □ Twitter   □ Website   □ Patient portal log-in page □ Recorded message patients hear when they call   □ Patient info sheet/office poster □ Info sheet for reception/appointment staff

Key points / Call to action *(Describe situation and indicate what audience should do in response)*
1.
2.
3.
4.
5.

Target timeframe for release

Approval needed *(Titles)*

Criteria and timeframe for updated message

Attachment G – Draft Emergency Notifications and Communication Messages

[*INSERT draft messages here. Use the **Communications Planning Worksheet** in Attachment F to define key message elements and communication methods for each stakeholder group. Attach completed worksheets here or point to where they are stored for reference.*]

[*NOTE example messages below to assist you with writing your own key messages. Please follow these general guidelines:*

- *Keep the message length to a minimum. This ensures recipients can get the most information in the least amount of time. Text messages should not exceed 160 characters. Longer messages are broken into multiple messages that are not always delivered in the right order. Email messages may be longer and include additional information and attachments (if necessary).*
- *Remember that these are examples only. You may need to modify them to fit your health center's needs or situation.*
- *Verify local ordinances and laws on issuing emergency notifications. In most cases, the more notice you can give someone the better the situation may be, but it's important to connect with emergency personnel to ensure you're on the same page and your communications plan is coordinated.*]

EXAMPLE 1 - Tornados

- TORNADO WARNING: Take immediate shelter!
- A tornado has touched down!! Take shelter!!!
- Tornado confirmed!! Take immediate shelter!!! Stay away from windows and find a safe, stable area to take shelter.
- The National Weather Service has issued a tornado warning for your area. A tornado warning indicates that a tornado has been spotted in this area. We urge you to move away from windows, close your office door, and seek shelter in an interior hallway or stairwell until advised that the emergency has passed. If you are traveling when you receive this message, drive out of the tornado's path if there is time. If not, leave the vehicle and find a sturdy building for shelter or lie flat in a low spot as far from the road as possible. Thank you for your cooperation.
- The tornado warning for your area expired or was canceled. You may now return to normal activities and to your office. Thank you for your cooperation.
- Now that the tornado threat has passed, please take a moment to check in with your supervisor. We want to ensure you are safe and well. Press 1 to confirm receipt of this message or call your supervisor directly. If you need immediate assistance, press 2 now.

EXAMPLE 2 - Gas leak

- [Evacuation Notice] Gas Leak Reported! Please evacuate the premises immediately and move to [location].
- The Fire Department and <Gas Company> were contacted for a potential gas leak. At this time, the Fire Department has determined employees should evacuate the building. Please follow the Fire Plan and check in with your direct supervisor when you get to your designated location. Thank you for your cooperation.
- On <Date>, a gas leak was detected on the premises and a thorough investigation into the leak performed. The Fire Department and the <Gas Company> have determined the source of the leak and the <Gas Company> has remedied the problem. Please press 1 to confirm receipt of this message. Thank you for your patience during this matter.

EXAMPLE 3 - Elevator out

- [Important Notice] Do not use elevator <location>. Please use the stairs or another elevator until repairs are made.
- On <date>, we received a report that the <location> elevator was out. We have contacted a repair person and will inform you when it reopens. Please press 1 to confirm receipt of this message. Thank you.
- Please refrain from using the elevator located at <location> at this time. It is malfunctioning, and we have called in a crew to fix it. Until then, you can use the elevator located at <other location> or the stairs. Thank you for your cooperation.

EXAMPLE 4 - Smoke

- [Smoke Reported] Smoke has been reported in <location>. For safety precautions, please evacuate the building and contact your manager to make other working arrangements.
- We were notified of smoke entering the building from <location>. At this time, please follow your fire route and exit the building. Check in with your designated emergency coordinator or direct supervisor upon arriving at your destination. We'll keep you updated on the situation. Remember: Do not re-enter the building after you leave.
- Smoke has been detected in the building, and we are asking at this time for you to calmly exit the building. Check in with your direct supervisor, and do not attempt to re-enter the building. Thank you for your cooperation.

EXAMPLE 5 - Fire

- FIRE ALERT! There is a fire at <location> in <building>, evacuate if you are in the building. If you are not in the area, stay clear of the area.
- FIRE EMERGENCY! A fire has been reported at <location> in <building>, if you are in the <building / location>, evacuate immediately! If you are not in the area, stay clear so that emergency units and firefighters can work unimpeded. Follow instructions from <health center> or local authorities. For additional information and updates <call 1-800-XXX-XXX or go to www.website.xxx>.
- Fire Alert! Evacuate IMMEDIATELY! Please follow your designated evacuation route and meet outside until you receive an all-clear notification.

Attachment H – Partner Contact List

Internal Partners

Partner Name	Title	Location	Work Phone / Email	Personal Phone / Email

External Partners

[Suggested external partners listed below. Edit/add partners, as applicable.]

Partner Name	Description	Contact Person	Phone	Email	MOU / Agreement
	Primary Care Association				
	Local Public Health				
	State Public Health				
[Health Resources and Services Administration]	Federal Partner				
	Closest Health Center				
	Closest Hospital				
	Patient Transportation Agency				
	Local Police				
	Local Office of Emergency Management				
	State Office of Emergency Management				
	Healthcare Coalition				
	[Other]				
	[Other]				

Attachment I – Vendor Contact List

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

Vendor Name	Description Of Services	Contact Person	Phone / Email	Contract / Account #

Attachment J – Communications Log

Date / Time	Message Sent By	Message Sent To	Communications Method	Purpose of Message

Attachment K – Volunteer Contact List

[This list may be developed in, or exported into, Excel, and then copied into the Communications Plan. Data points may be split, as necessary, for communication system formatting purposes, or personal preference. Add data points, as necessary. Delete if your health center does not have an existing volunteer list.]

Volunteer Name	Role / Supervisor	Health Center Schedule	Work Phone / Email	Personal Phone / Email	Additional Notes

Additional Resources

Planning Tools, Templates, and Information

Centers for Disease Control and Prevention. (2018). Crisis & Emergency Risk Communication.

Community Health Care Association of New York State. (2022). Emergency Preparedness Training and Technical Assistance Toolkit for Community Health Centers, v. 1.1.

Cybersecurity & Infrastructure Security Agency. (n.d.). About Priority Telecommunications Services. (including GETS/WPS) (Accessed 8/2/2022.)

Health Resources & Services Administration (HRSA). (2007). Policy Information Notice 2007-15 - Health Center Emergency Management Program Expectations.

Health Resources & Services Administration (HRSA). (2020). Program Assistance Letter 2020-05 - Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events. http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf

Office of the Assistant Secretary for Preparedness & Response (ASPR). Technical Resources, Assistance Center, and Information Exchange (TRACIE).