Health Center
Emergency Management Plan
Template

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

Instructions for Use

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

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

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

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 this project.

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] Emergency Management 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]. These edits will be formally incorporated into the document as part of its regular review, which occurs every 12 months.

Date	Plan Section	Revision	Made By

III.   Record of Distribution

Name	Title	Organization	Number of Copies	Date

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

Section 1 - Program Administration

1.1 Executive Summary

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

1.2 Purpose

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

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

- Provide a safe environment and protection from injury for patients, visitors, and staff;

- Ensure all individuals requiring medical attention in an emergency situation are attended to promptly and efficiently;

- Outline a logical and flexible chain of command that supports the effective use of resources;

- Restore essential services as quickly as possible following an incident;

- Safeguard facilities, property, and equipment;

- Meet all applicable emergency management related regulatory and accreditation requirements;

- Inform stakeholders of any emergency that directly impacts the organization.

1.3 Scope

Within the context of this plan, an emergency is any event that disrupts, or threatens to disrupt, health center operations. A disaster is an event with effects that go beyond the individual health center, and may overwhelm the community's emergency response capacity.

This all-hazards plan covers response actions that will take place in the event of natural disasters as well as technological, hazardous material, and terrorist events. This plan also describes the policies and procedures [Health Center] will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

1.4 Emergency Management Committee

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

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

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

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

Name	
Title	
Phone	
Email	

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

Section 1.1: Executive Summary

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

Section 1.3: Scope

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

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

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

Section 2 - Situation and Assumptions

2.1 Hazard Vulnerability Analysis

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

An HVA is conducted on an annual basis, after an emergency event, and as deemed necessary by the [Staff Title or Committee]. Separate HVAs are conducted for each individual facility within the organization's network. In addition, community-based risks are assessed and are also considered. The [Staff Title] is responsible for ensuring that the HVA is conducted; for securing approval by the EMC; and for ensuring that all necessary policies and procedures to address hazards identified through the HVA are developed. To complete the HVA, the Emergency Management Committee uses [a modified version of] the *Hazard and Vulnerability Assessment Tool* developed by Kaiser Permanente.

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

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

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

2.2 Key Plan Assumptions

The following assumptions are reflected in this plan:

- As a Health Resource and Services Administration (HRSA) Grantee; and Centers for Medicare and Medicaid Services (CMS) provider, the health center is required and expected to conduct emergency preparedness activities, including those described in this plan.

- The Health Center will continue to be exposed and subject to hazards and incidents described in the HVA, as well as lesser hazards and others that may develop in the future.

- A major disaster could occur at any time, and at any place. In many cases, dissemination of warning to the public and implementation of increased readiness measures may be possible; however, some emergency situations occur with little or no warning.

- A single site incident (e.g., fire, gas main breakage) could occur at any time without warning and the employees affected cannot, and should not, wait for direction from local response agencies. Action is required immediately to save lives and protect property.

- There may be a number of injuries of varying degrees of seriousness to staff and/or patients; rapid and appropriate response will reduce the number and severity of injuries.

- Outside assistance from local fire, law enforcement, and emergency managers will be available in most serious incidents. Because it takes time to request and dispatch external assistance, it is essential to be prepared to carry out the initial incident response at the health center until responders arrive at the incident scene.

- Proper prevention, protection, and mitigation actions, such as maintaining the environment of care and conducting fire inspections, will prevent or reduce incident-related losses.

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

Section 3 - Command and Control

3.1 Incident Command System

[Health Center] uses the Incident Command System (ICS) to manage emergencies that impact normal operations. ICS is a management structure with defined responsibilities, clear reporting channels, and standardized terms. The designated **Incident Commander** (IC) has overall authority and responsibility for conducting and managing incident operations. The Command Staff reports to the IC and consists of the following positions:

- **Public Information Officer** - responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

- **Liaison Officer** - responsible for coordinating with representatives from cooperating and assisting agencies/organizations.

- **Safety Officer** - responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.

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

- **Logistics** - responsible for providing facilities, services, and materials for the incident.

- **Planning** - responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of Incident Action Plans.

- **Finance/Administration** - responsible for all incident costs and financial considerations.

- **Operations** - responsible for all tactical operations at the incident.

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

Incident Command

Public Information Officer

Liaison Officer

Safety Officer

Operations Section

Planning Section

Logistics Section

Finance/Admin Section
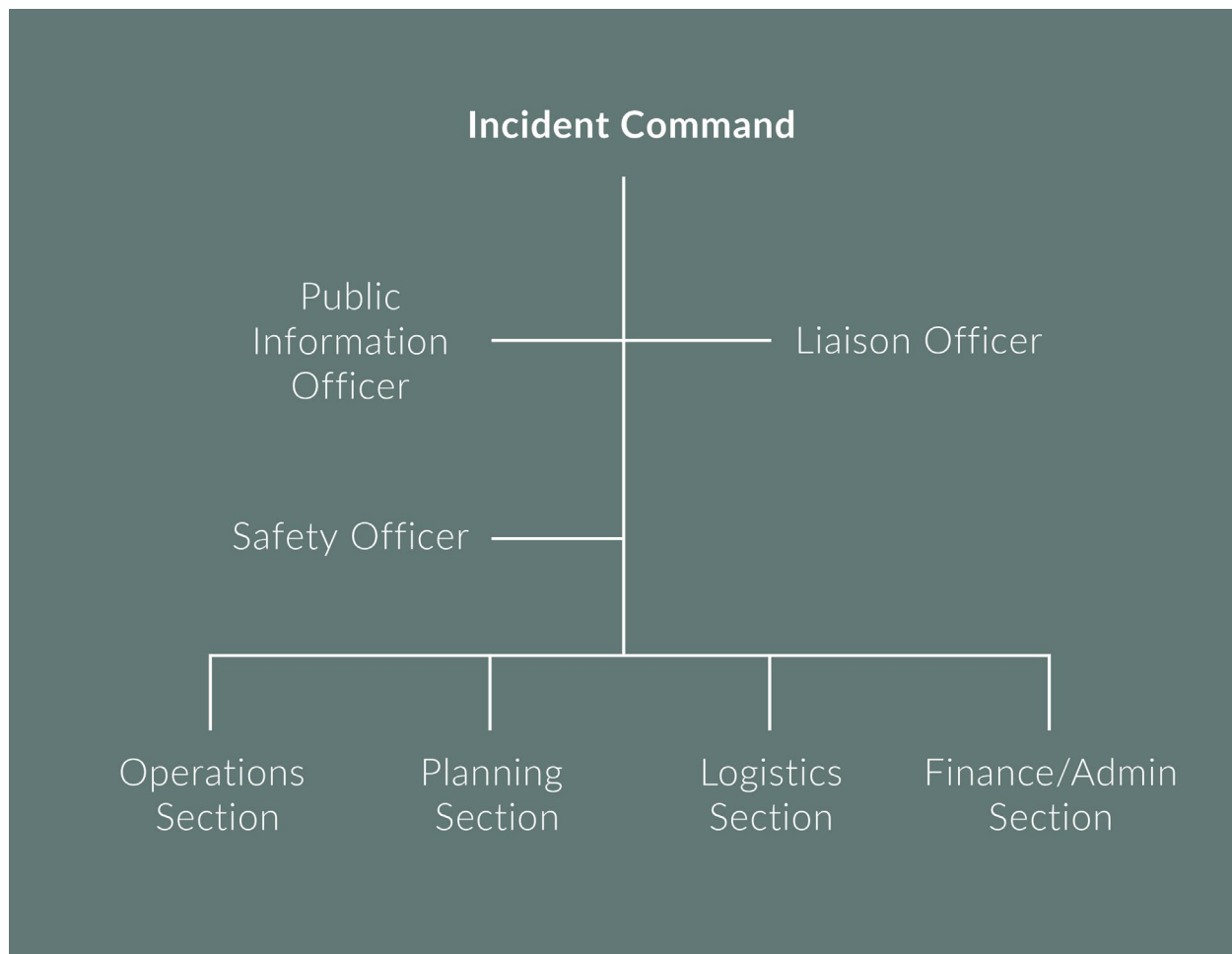
ICS positions are temporary assignments and only necessary positions will be filled upon activation. It is the responsibility of the IC to determine which positions are required and to whom they are to be assigned. An *ICS Assignment List* may be found in Attachment A.

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

3.2 Authority to Activate

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

3.3 Activation

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

- The impact of the incident on operations, patients, staff, and resources.

- The anticipated duration of the incident.

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

3.4 Deactivation

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

3.5 Information Collection, Documentation, Analysis, and Dissemination

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

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

3.6 Roles and Responsibilities

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

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

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

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

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

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

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

[Health Center]

- **Mitigation** - [LIST HERE, e.g., ensure that facility insurance policies are up to date and know what they cover and what documentation will be needed for reimbursement; identify sources and enter into contracts for emergency supplies; develop back-up plans and secure any needed contracts/MOUs for records management, refrigeration, etc.].

- **Preparedness** - [LIST HERE, e.g., meet all state and federal regulatory requirements for emergency planning, training, and exercising; test communication protocols and equipment for staff, patients, and partners; participate in local/regional/state coalitions to build partnerships for preparedness and response, etc.].

- **Response** - [LIST HERE, e.g., report any incidents to state and federal regulatory bodies within specified timeframes; maintain situational awareness through communication and collaboration with partners, etc.].

- **Recovery** - [LIST HERE, e.g., document all expenses for potential reimbursement; notify patients and staff of resumption of normal operations and hours; ensure that any information collected outside of the electronic medical records system during a disaster or emergency is incorporated into the system, etc.].

State Primary Care Association

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

- **Mitigation** - Share resource information and help identify potential collaborations to support or enhance mitigation efforts.

- **Preparedness** - Provide tools and templates to assist in health center planning, training, exercising, and community integration.

- **Response** - Maintain situational awareness among health centers through notifications and information sharing, and communicate resource needs to local, state and federal partners.

- **Recovery** – Continue to provide support with resource requests, and collect information to assess financial and operational impacts on health centers

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

- **Mitigation** - [LIST HERE, *e.g., assist with hazard vulnerability and risk analysis; support identification of partnerships for resource-sharing and development of pre-event agreements, etc.*].

- **Preparedness** - [LIST HERE, *e.g., facilitate participation in local, borough-wide, city/ statewide, and regional trainings and exercises; facilitate sharing of subject matter expertise and best practices among members; share costs for training and exercises; support development of community-wide preparedness plans, etc.*].

- **Response** - [LIST HERE, *e.g., facilitate sharing of subject matter expertise and best practices; facilitate communication and information sharing among members to support situational awareness, etc.*].

- **Recovery** - [LIST HERE, *e.g., facilitate communication with local, state, and federal partners for after action reporting and/or reimbursement; coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts, etc.*].

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

- **Mitigation** – [LIST HERE, *e.g., assist health centers with ensuring coverage annually under the Federal Tort Claims Act (FTCA), etc.*].

- **Preparedness** – [LIST HERE, *e.g., provide guidance to ensure compliance with federal emergency preparedness regulations; share planning, exercise, and training resources available from federal partners; provide technical assistance in support of planning, training, and exercising, etc.*].

- **Response** – [LIST HERE, *e.g., provide guidance on, and ensure facilitation of modifications to federal scope of project, as needed; provide guidance and technical assistance to ensure compliance with federal emergency response regulations and requirements, etc.*].

- **Recovery** – [LIST HERE, *e.g., facilitate federal reimbursement of health centers, etc.*].

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

- **Mitigation** - [LIST HERE, *e.g., provide technical assistance and funding to support mitigation activities, etc.*]

- **Preparedness** - [LIST HERE, *e.g., provide technical assistance and funding to support planning activities, etc.*]

- **Response** - [LIST HERE, *facilitate statewide situational awareness among partners; suspend/modify regulatory requirements, as appropriate, to support health center response; provide resources to health centers, as necessary and is possible, etc.*]

- **Recovery** - [LIST HERE, *e.g., coordinate collection of post-event lessons learned and translation into best practices for future planning and response efforts among health centers across the state; provide guidance and/or facilitate reimbursement, etc.*]

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

- **Mitigation** - [LIST HERE]

- **Preparedness** - [LIST HERE]

- **Response** - [LIST HERE]

- **Recovery** - [LIST HERE]

Section 4 - Continuity of Operations

4.1 Essential Functions

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

Priority Number	Essential Function/ Brief Description	Supporting Processes	Recovery Time Objective

A complete *Business Continuity Plan (BCP)* may be found in Annex A. Insurance information is found in that plan [INSERT instructions where insurance information may be found if not in the *BCP*].

Section 5 - Communications

5.1 Risk Communications

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

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

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

5.2 Staff and Patient Notifications

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

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

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

5.3 Communications with Partners

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

As a federally qualified health center (FQHC), [Health Center] must notify its HRSA Project Officer in accordance with Program Assistance Letter 2014-05 should a change in federal project scope be needed to add temporary locations during emergencies.

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

An external *Partner Contact List* may be found in Attachment X.1. [Health Center]'s communications plan complies with all federal, state, and local laws.

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

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

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

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

Section 6 - Buildings, Utilities, Safety and Security

6.1 Facilities Management

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

6.2 Evacuation Planning /Shelter-in-Place Plans

Depending on the type of emergency, and whether it is internal or external to the facility, it may be necessary to evacuate the facility, or to shelter-in-place. [Staff Title] is authorized to issue evacuation, and shelter-in-place orders for [Health Center]. The decision to evacuate or shelter-in-place will be made based on pre-determined scenarios, and the best available information, at the time of an incident. Directions from law enforcement, emergency management, and public health authorities will also impact the decision to evacuate or shelter in place. All [Health Center] locations have posted evacuation plans indicating evacuation routes, and the location of emergency exits and emergency equipment. Health center staff are required to participate in evacuation drills on a [monthly or quarterly] basis. Each health center location maintains a Fire Plan in accordance with local ordinances including emergency procedures and contact information. *Evacuation/Shelter-in-Place Plan(s)* may be found in Annex C. The *Fire Safety Plan* may be found in Annex D.

6.3 Utility Mapping

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

6.4 Safety and Security

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

Section 7 – Finance, Logistics, and Staff Care

7.1 EOC Set-up

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

7.2 Emergency Supplies and Equipment

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

[Health Center] may receive aid through non-governmental organizations or governmental channels and has implemented processes to ensure resources associated with response/recovery are documented and tracked. As part of ongoing planning, [Health Center] has identified potential logistical partners and critical suppliers in an effort to promote cooperation and expedite response for the allocation of supplies, and/or delivery of services during an emergency situation.

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

A *Vendor Contact List* may be found in Attachment F.

7.3 Volunteer Management

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

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

The *Volunteer Management Plan* may be found in Annex E.

7.4 Staff Scheduling and Care

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

7.5 Timekeeping, Payroll, and Human Resource Considerations

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

Emergency Management Related Human Resource Policies may be found in Attachment G.

Section 8 - Community Integration

8.1 Identification of Planning and Response Partners

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

8.2 Coalitions

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

8.3 Agreements

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

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

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

See Attachment H - *MOU Template* for additional guidance.

8.4 Emergency Mental Health

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

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

See Attachment I for *Emergency Mental Health Protocols for Staff and Patients*.

Section 9 - Plan Development and Maintenance

9.1 Plan Development, Review, and Storage

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

9.2 Training, Exercises, and Evaluation

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

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

- Overview of the Health Center's Emergency Management Plan, and all related policies and procedures, as well as how to access it;

- Fire response and evacuation plans;

- Communications plans;

- Infectious disease preparedness and Personal Protective Equipment (PPE);

- Psychological First Aid; and

- ICS.

All staff will receive annual emergency preparedness training in accordance with their anticipated emergency response roles and responsibilities. Trainings are planned by [Staff Title] and members of the EM Committee. [INCLUDE *details here of how training will be delivered at your health center, e.g., online vs. in-person; by job titles or scheduling convenience; during or after business hours, etc. NOTE how staff knowledge will be assessed.*] Participation in trainings

is documented by [Staff Title]. Documentation is located [INSERT HERE]. The Command and General ICS staff must complete FEMA Independent Study courses IS 100.HCb, IS 200.HCa, IS 700, and IS 800. [NOTE *that these ICS training requirements should be decided by the health center. They are not mandated by CMS*]. These courses may be found online at (http://www.training.fema.gov/EMICourses/). Upon successful completion of these courses, staff submits certificates to the [Staff Title or Department].

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

See Attachment J for the *Multi-year Training and Exercise Plan Template.*

---

[1] The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. For More information visit: http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf

Section 10 - Hazard Specific Plans

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

Section 11 - Standards, Regulations, and Guidelines

- Health Resources & Services Administration (HRSA) Policy Information Notice 2007-15 - Health Center Emergency Management Program Expectations. http://bphc.hrsa.gov/about/pdf/pin200715.pdf

- Full text - Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (2016) https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid

- Guidance and Tools—Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

- HRSA Federal Tort Claims Act Health Center Policy Manual (See Section I.F) http://bphc.hrsa.gov/policiesregulations/policies/ftcahcpolicymanualpdf.pdf

- HRSA Program Assistance Letter 2014-05 - Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events. http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf

- HRSA Policy Information Notice 2007-16 - Federal Tort Claims Act (FTCA) Coverage for Health Center Program Grantees Responding to Emergencies. https://bphc.hrsa.gov/ftca/pdf/pin200716.pdf

- HRSA Program Assistance Letter 2017-06 - 2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions. https://bphc.hrsa.gov/ftca/about/health_center_volunteers_pal.pdf

- HRSA Program Assistance Letter 2017-07 - Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations. https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/pal-2017-07.pdf

- Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations (September 2005). https://www.hhs.gov/sites/default/files/katrinanhipaa.pdf

- The Joint Commission Emergency Management, and Environment of Care Standards for Ambulatory Programs. (*Available for purchase*) http://www.jointcommission.org/standards_information/edition.aspx

- NFPA 1600 Standard on Continuity, Emergency, and Crisis Management. http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1600

- The ANSI/EMAP 4-2016 Emergency Management Standard. https://www.emap.org/index.php/what-is-emap/the-emergency-management-standard

Plan Appendices, Attachments, and Annexes

Appendices

Appendix A - Hazard Vulnerability Analysis (HVA)
[*Tool available online* http://www.calhospitalprepare.org/hazard-vulnerability-analysis]

Attachments

Attachment A - ICS Assignment List and Instructions for ICS Activation

Attachment B - Job Action Sheets

Attachment C - Incident Action Plan Template

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

Attachment X.0 -   Instructions for Using Communication Systems

Attachment X.1 -   Partner Contact List

Attachment X.2 -   Emergency Codes

Attachment X.3 -   Draft Emergency Notification and Activation Messages

Attachment X.4 -   Staff Contact List

Attachment D - Instructions for Responding to Utility Disruptions and Utility Maps

Attachment E - Sample Supply list for Health Center EOC

Attachment F - Vendor Contact List

Attachment G - Emergency Management Related Human Resource Policies

Attachment H – MOU Template

Attachment I - Emergency Mental Health Protocols for Staff and Patients

Attachment J - Multi-Year Training and Exercise Plan

Attachment K - Emergency Management Acronyms

Annexes

Annex A - Business Continuity Plan [VISIT www.pcepn.org *for Business Continuity Planning Toolkit*]

Annex B – Communications Plan

Annex C – Evacuation/Shelter-in-Place Plans

Annex D - Fire Safety Plan

Annex E - Volunteer Management Plan

Additional Annexes - Hazard-Specific Plans [VISIT **nurseledcare.org** *for plan templates*]

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

Appendix A – Hazard Vulnerability Analysis

[INSERT most recent HVA here.]

Attachment A – ICS Assignment List and Instructions for ICS Activation

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

Instructions for ICS Activation

[INSERT *necessary information here*]

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

Attachment B - Job Action Sheets

Sample Job Action Sheets in Word and PDF formats can be found online at:

http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx

Attachment C – Incident Action Plan Template

ICS Forms can be found online at:
https://training.fema.gov/emiweb/is/icsresource/icsforms.htm

A PDF fillable IAP can be found online at:
http://hicscenter.org/SitePages/HICS%20Forms.aspx

Attachment X.0 – Instructions for Using Communication Systems

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

Attachment X.1 – Partner Contact List

Partner Name	Description Of Organization/Relationship	Contact Person	Phone / Email	Authority To Call/When To Call	MOU / Agreement In Place (Y/N)

Attachment X.2 – Emergency Codes

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

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

Attachment X.3 – Draft Emergency Notifications and Activation Messaging

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

Attachment X.4 – Staff Contact List

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

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

Attachment D – Instructions for Responding to Utility Disruptions and Utility Maps

[INSERT *necessary information here*]

Attachment E – Sample Supply List for Health Center EOC

Below is a sample list of items to consider including in your Command Center/EOC location(s):

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

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

Food and Water
- Bottled water and shelf-stable food

Reference and Resource Materials
- Vendor contact list
- Staff contact list
- Insurance Information
- External Partner contact list
- Emergency management plan

- ICS Forms/Notebooks to record EOC activities
- Business Continuity Plan
- Reference materials (blueprints, maps, facility policy and procedure manuals)

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

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

Safety Equipment and Supplies
- Flashlights & batteries
- Light sticks
- First aid kit
- Cleaning wipes
- Hand sanitizer

Personal Protective Equipment (PPE)
- Face shields
- N95 respirators
- Disinfecting wipes
- Surgical masks
- Nitrile glove

Attachment F – Vendor Contact List

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

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

Attachment G – Emergency Management Related Human Resource Policies

[INSERT *necessary information here.*]

Attachment H - MOU Template

Emergency Management Memorandum of Understanding Template[2]

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

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

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

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

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

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

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

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

---

[2] Adapted from National Center for the Study of Preparedness and Catastrophic Event Response (PACER) Toolkit-Emergency Management Memorandum of Understanding Template (Section 7-5, page 146) http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf

- *Cooperate in all areas of mutual interest as it relates to Emergency Management: sharing data, information, planning, response, recovery, and other operational support programs;*

- *Enhance and maximize both Emergency Management program capabilities of both participants for the purpose of protecting the public health and safety, the (Health Center) environment, and to preserve and safeguard property;*

- *In the event of an emergency or disaster declared by the jurisdiction, provide a rapid coordinated and effective response with full utilization of all resources of both participant jurisdictions, including any resources on hand or available that are essential to the safety, care and welfare of those impacted.*

- *Each jurisdiction shall appoint an individual representative to serve as a point of contact for matters relevant to this MOU.*

- *This MOU becomes effective on the date of execution and shall remain in effect unless terminated, by written notification, by either jurisdiction to the other.*

- *This MOU may be amended by written mutual agreement.*

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

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

EXECUTED THIS _____ DAY OF _____ 20__.

_____

Name, (Executive Director/Owner/Responsible Party)

_____ (Health Center)

_____

Name, (Executive Director/Owner/Responsible Party)

_____ (Partner)

Attachment I – Emergency Mental Health Protocol for Staff and Patients

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

Visit www.samhsa.gov for available resources.]

Attachment J - Multi-year Training and Exercise Plan

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

1. Enter all the participating sites/departments, coalitions, or community partners on the left side of the schedule.

2. Enter trainings and exercises by month indicating the title and type of training or exercise and intended audience.

YEAR - _____

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

Attachment K - Emergency Management Acronyms

A

AAR   After Action Report

C

CEM   Comprehensive Emergency Management

CEMP   Comprehensive Emergency Management Plan

CEO   Chief Executive Officer (also known as Agency Executive)

CHCANYS   Community Health Care Association of New York State

CMS   Centers for Medicare and Medicaid Services

COOP   Continuity of Operations

D

DHS   Department of Homeland Security (Federal)

DHHS   Department of Health and Human Services (Federal)

E

EMAC   Emergency Management Assistance Compact

EMC   Emergency Management Committee

EMI   Emergency Management Institute

EMS   Emergency Medical Services

EMP   Emergency Management Program

EOC   Emergency Operations Center

EOP   Emergency Operations Plan

EP   Emergency Preparedness

F

FEMA   Federal Emergency Management Agency

Form 201:   Incident Briefing

Form 202:   Incident Objectives

Form 203:   Organization Assignment List

FY   Fiscal Year

H

HCC   Hospital Command Center

HCC   Health Care Coalition

HEICS   Hospital Emergency Incident Command System

HICS   Hospital Incident Command System

HRSA   Health Resources and Services Administration

HVA   Hazard Vulnerability Analysis/Assessment

I

IAP   Incident Action Plan

IC   Incident Commander

ICP   Incident Command Post

ICS   Incident Command System

IEMS   Integrated Emergency Management System

IMT   Incident Management Team

IS   Independent Study

IT/IS   Information Technology/Information Services

J

JAS   Job Action Sheet

JC   Joint Commission on Accreditation of Healthcare Organizations

JIC   Joint Information Center

JIS   Joint Information System

M

MAC   Multi-Agency Coordination (Centers)

MOA   Memorandum of Agreement

MOU   Memorandum of Understanding

MRC   Medical Reserve Corps

N

NIC	National Incident Management System (NIMS) Integration Center	
NIMS	National Incident Management System	
NIMSCAST	NIMS Capability Assessment Support Tool	
NNCC	National Nurse-Led Care Consortium	
NRP	National Response Plan	

P

PCEPN	Primary Care Emergency Preparedness Network (CHCANYS initiative)
PFA	Psychological First Aid
PHMC	Public Health Management Corporation
PIO	Public Information Officer
PPE	Personal Protective Equipment
PTSD	Post Traumatic Stress Disorder

R

R&D	Research and Development
RHCC	Regional Hospital Coordination Center

S

SARS	Severe Acute Respiratory Syndrome
SEOC	State Emergency Operations Center

Annex A – Business Continuity Plan

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

[INSERT *necessary information here*]

Annex B – Communications Plan

[INSERT *the plan here*]

Annex C – Evacuation/Shelter-in-Place Plans

[INSERT *policies and procedures here*]

Annex D – Fire Safety Plan

[INSERT *plan here*]

Annex E – Volunteer Management Plan

[INSERT *plan here, as applicable*]

Additional Resources

Planning Tools, Templates, and Information

- Developing and Maintaining Emergency Operations Plans. (FEMA)
  https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf

- Emergency Preparedness Toolkit for Primary Care Providers. (John Hopkins National Center for the Study of Preparedness and Catastrophic Event Response)
  http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf

- Kaiser Permanente Hazards Vulnerability Analysis Tool. (Link to Download)
  http://www.calhospitalprepare.org/hazard-vulnerability-analysis

- ICS Resource Center. (FEMA) https://training.fema.gov/emiweb/is/icsresource/

- Hospital Incident Command System - Job Action Sheets.
  http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx

- Business Impact Analysis (ISACA). http://www.isaca.org/groups/professional-english/business-continuity-disaster-recovery-planning/groupdocuments/business_impact_analysis_blank.doc

- Crisis & Emergency Risk Communication. (Centers for Disease Control and Prevention)
  http://emergency.cdc.gov/cerc/

- GETS/WPS Documents. (Department of Homeland Security)
  https://www.dhs.gov/publication/getswps-documents

- Vaccine Storage and Handling Toolkit. (Centers for Disease Control and Prevention)
  http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

- Homeland Security Exercise and Evaluation Program. (Department of Homeland Security) https://www.fema.gov/media-library/assets/documents/32326

- Mental Health Preparedness Online Trainings. (Johns Hopkins Center for Public Health Preparedness) http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/mental-health-trainings.html

- Office of the Assistant Secretary for Preparedness & Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)
  https://asprtracie.hhs.gov/

- Business Continuity Planning Toolkit. (Primary Care Emergency Preparedness Network)
  http://www1.nyc.gov/assets/doh/downloads/pdf/em/participants-materials.pdf