



NORTHWEST HEALTHCARE
Response Network

Guidelines for Writing an **Emergency Preparedness Plan**



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1. Introduction and Instructions

The Northwest Healthcare Response Network Guidelines for Writing an Emergency Preparedness Plan is designed to assist you in preparing your facility level Emergency Preparedness Guide that will establish responsibilities and procedures for your staff to follow in preparation for and directly after a major emergency has impacted your facility. This guide has been developed with a focus on non-hospital healthcare providers, such as nursing homes, long term care facilities, ambulatory care, ambulatory surgery centers, behavioral health clinics, adult family homes, and community health clinics – keeping in mind the unique challenges you face.

The Northwest Healthcare Response Network applies the principles of prioritizing life safety, incident stabilization, and property conservation in this guide. Apply these principles in the development of your facility's Emergency Preparedness Plan.



To develop your facility's Emergency Preparedness Plan, complete the following steps:

1. Identify staff to make up the Emergency Response Team. This team will be responsible for building, updating, and maintaining the Emergency Preparedness Plan. This team will also be responsible for implementing components of the Emergency Preparedness Plan in the event of an incident, as well as coordinating staff training and exercises of the Emergency Preparedness Plan.
2. Conduct a facility-based Hazard Vulnerability Assessment [HVA].
3. Using this guide, develop an Emergency Preparedness Plan that includes strategies for addressing emergency events identified by the HVA.
4. With leadership approval, include a policy statement at the beginning of your Emergency Preparedness Plan that details leadership intent.
5. Train staff on the Emergency Preparedness Plan.
6. Routinely test the Emergency Preparedness Plan and complete updates on an annual basis. However, continue to update the Emergency Preparedness Plan as improvements are identified.

As your Emergency Response Team develops your Emergency Preparedness Plan, be sure to collaborate with community first responders, utilities providers, emergency managers, and other healthcare partners. Including your entire response community from the planning stages of emergency preparedness will ensure a more holistic, comprehensive plan throughout the planning stages. These organizations can support your emergency preparedness process by providing their expertise throughout the plan development process. For example, local emergency managers may already have

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a community HVA to facilitate the development of your Emergency Preparedness Plan. Additionally, collaborating with your community builds relationships so that you know who your partners are and how they work before an incident disrupts your daily operations. Finally, consider developing agreements or Memoranda of Understanding (MOU) with organizations outside of your own to support the components of your Emergency Preparedness Plan that your facility may not have resources to support.

Revision and History

Maintain a record/log of changes made to the plan and who authorized the changes (see example, below).

Change No.	Change Description	Date of Change	Posted By

Plan Distribution

Identify how the plan will be distributed, who will receive hard copies, where a master copy will be kept, and how it will be maintained and by whom (preferably by a member of the Emergency Response Team). The plan should be available for all employees to review. Store electronic copies on a secured USB flash drive to be accessed and printed in the event hard copies have been destroyed.

2. Policy

The Northwest Healthcare Response Network has provided an example policy statement, below, to include at the beginning of your facility's Emergency Preparedness Plan. This example includes and addresses Emergency Preparedness Plan components mandated by the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule. You are encouraged to use this example to build the policy section of your Emergency Preparedness Plan. Please note that each bullet of the example policy statement directly correlates to CMS Emergency Preparedness Rule requirements.

The policy section of an Emergency Preparedness Plan should consist of your leadership's intent in preparing and responding for a facility emergency. The remainder of the Emergency Preparedness Plan specifies the procedures and protocol your staff will take to implement this policy. For your policy, in addition to the information available in the example provided, consider the following questions/issues:

1. What is your expectation for individual employee preparedness? What is the expectation of the individual employee? What steps do you require? What steps are recommended?

2. Be sure to include any other applicable standards and/or legal requirements (e.g., National Fire Protection Agency, The Joint Commission, etc.) in your policy statement as you develop your Emergency Preparedness Plan.
3. What is the scope of responsibility for your Emergency Preparedness Plan? How will your organization support the preparedness efforts of your staff (e.g., providing emergency desk kits for each employee; stockpiling food for staff in the event of an emergency, etc.)? Will your plan incorporate supporting the preparedness of your staff's family and pets, as well?
4. In the context of continuity of operations, identify under what circumstances that succession planning and delegation of authority will occur and be terminated.



Example Policy Statement:

[Facility Name] recognizes that a wide range of incidents can threaten the ability of this facility to provide continued services to its patients, clients, and stakeholders. Therefore, in preparation for and in response to an emergency event, [this facility] will conduct the following actions:

- *Maintain, review, test, and exercise this facility-wide Emergency Preparedness Plan on an annual basis.*
- *Base emergency preparedness activities to address hazard-specific risks identified in the facility Hazard Vulnerability Assessment [HVA].*
- *Actively participate with community emergency preparedness partners (e.g., Northwest Healthcare Response Network; other healthcare facilities; local fire, emergency medical services [EMS], and police departments; local emergency management agencies, etc.) in the development and maintenance of the Emergency Preparedness Plan.*
- *Document the communication with community emergency preparedness partners during an emergency to maintain an integrated emergency response.*
- *Ensure that all employees are personally prepared and have participated in training to help them complete their personal preparedness steps.*
- *Follow applicable emergency preparedness rules, regulations, and requirements per Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule.*

It is the policy of [Facility] to protect the life, health, and safety of staff, patients, clients, and stakeholders during an emergency. It is also the policy of [Facility] to maintain essential business operations for patients, clients, and stakeholders in the event of an emergency. Essential business operations include [list essential business operations to be continued during an emergency, if identified, here]. As appropriate, this facility will adhere to the process for delegations of authority and lines of succession as outlined in this Emergency Preparedness Plan.

The [Insert Title] is responsible for overseeing the development and maintenance of the [Facility] Emergency Preparedness Plan. [Insert Title] will also maintain responsibility for designating staff members to make up a facility Emergency Response Team.

The current state of staff and facility emergency preparedness will be considered during annual performance reviews and evaluations.

3. Hazard Vulnerability Assessment

You may use this guide to conduct a facility-based Hazard Vulnerability Assessment [HVA]. Include the outcome of this assessment in your Emergency Preparedness Plan. Components of your Emergency Preparedness Plan should address some of specific hazards you have identified in your HVA.

Hazard Vulnerability Analyses [HVA] and Risk Assessments [RA] are important tools to defining the threats, hazards or risks (collectively referred to as “threats”) that may impact your facility and the ability to continue daily, normal operations. It is particularly important, within healthcare, to identify threats that could impair your facility’s ability to continue delivering patient care, because patient’s life and limb may depend on the ability of your facility to remain functional in the face of disruption. Identify both the probability that a threat will occur as well as its severity. For example, a specific threat may not occur very often (PROBABILITY) but the impact (SEVERITY) of that event could be catastrophic to the ability of your organization to provide healthcare services. (For example: “It would be unlikely (probability) that our facility would be struck by a falling meteor, but the impact (severity) of that event would be catastrophic to our ability to provide care for patients”.) This example would be a “low probability/high severity” event, which could be catastrophic but, because of the rarity of the event occurring, planning and preparedness is likely to be minimal. It is more likely that you will put efforts toward planning for the high probability/low to moderate impact events, as those are much more likely to be experienced.

Planning for the low probability/high severity events is important to consider, as they are likely to have significant or catastrophic impact on your organization. It

is also important to consider the financial impact of a hazard or risk on the ability of your healthcare delivery business to remain operational. Considering your risk management tolerance will help as you consider different risk potentials. The results of the threat analysis for your facility will drive planning for your Emergency Preparedness Plan.

It may be helpful to review the threats that have been previously identified for your facility or an assessment of actual events (historical data) that have impacted the facility/area. Capitalize on efforts that have already been done by your local, regional or state emergency management agencies when preparing the HVA/RA for your facility. This may include historical data, weather data, flooding maps or other natural sources.



Risk is composed of four essential parameters:

- *PROBABILITY of occurrence*
- *SEVERITY of impact*
- *SUSCEPTIBILITY to change*
- *Degree of INTERDEPENDENCY with other risk factors*



Risk Management Tolerance Strategies:

- *RETAIN: Accept the risk potential and budget for its impact*
- *AVOID: By avoiding or not participating in the risk (or activity) any chance of loss is eliminated*
- *REDUCE: Mitigate risk potentials by optimizing preparedness and planning for the risk impact*
- *TRANSFER: By moving the responsibility for a risk to another entity the risk impact is lessened. Insurance is a risk transfer tool*

Considerations for identifying threats:

Brainstorm threats to your organization's ability to carry on the delivery of patient care.

There are many HVA and RA templates available to assist with identification of threats. The following template is just one example of many different styles of HVA and RA assessment tools. Use the scoring identified on the next page to rate different potential threats to your organization. Add the property, business, injury/death, reputation and probability scores and multiply by the severity score to find the Risk Score.

HVA/RA Assessment Worksheet

Use the category and scoring system shown below when completing the charts on the next few pages.

Category and score descriptions:

Property Impact

How likely is it that property damage will result from this disruption, which will diminish the ability to carry on patient care?

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

Business Impact

How likely it is that damage to building, infrastructure, staffing and or financial viability will limit the organization's ability to carry on patient care?

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

Injury or Death

How likely is it that this disruption will cause injury or death to those in your facility?

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

Reputation Impact

How likely is it that the reputation of the business will suffer due to this event which will impact ability to carry on patient care?

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

Probability

Rate the probability, or likelihood, of threat, hazard or risk occurring:

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

Severity

If the threat, hazard or risk event were to occur, how severe would the impact be?

0 = none 1 = minimal 2 = moderate 3 = major 4 = catastrophic

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Natural

	Property (this)	Business (plus this)	Injury/Death (plus this)	Reputation (plus this)	Probability (plus this)	Severity (times this)	Risk Score (equals)
Example: Earthquake	4	4	4	1	1	4	56
Severe Weather							
Warm Weather Events							
Cold Weather Events							
Flooding							
Drought							
Earthquake							
Volcano							
Dam failure							
Landslide							
Lahar							
Tsunami/Tidal wave							
Fire - internal							
Wildfire							
Epidemic							

Infrastructure

	Property (this)	Business (plus this)	Injury/Death (plus this)	Reputation (plus this)	Probability (plus this)	Severity (times this)	Risk Score (equals)
Electrical failure Generator failure							
UPS (Uninterrupted Power Supply) support for critical equipment							
Water-Potable							
Water-Non-Potable							
Sewer							
Steam							
Security (grounds and within facility)							
Damage from (earthquake, volcano, dam failure, landslide)							

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Technological

	Property (this)	Business (plus this)	Injury/Death (plus this)	Reputation (plus this)	Probability (plus this)	Severity (times this)	Risk Score (equals)
Fuel for generators							
Transportation (public, roadway infrastructure)							
Heating, Ventilation, Air Conditioning (HVAC)							
Fire Plan, Fire Alarm, Fire Suppression							
Communication (plain telephones, mobile phones, radios)							
Information Technology/ Information Systems, Internet Connectivity							
Electronic Medical Records							
Supply Shortage (Medical and/or other Supplies)							

Human (unintentional and intentional)

	Property (this)	Business (plus this)	Injury/Death (plus this)	Reputation (plus this)	Probability (plus this)	Severity (times this)	Risk Score (equals)
Workplace Violence							
Active Shooter							
Bomb Threat							
Trauma Mass Casualty							
Civil Disturbances (external)							
Employee Union							
Labor Outages							
Abduction/ Elopement							
VIP or Forensic Admissions							
Reputation							

Hazardous

	Property (this)	Business (plus this)	Injury/Death (plus this)	Reputation (plus this)	Probability (plus this)	Severity (times this)	Risk Score (equals)
Hazardous Materials (internal to facility)							
Hazardous Materials (external to facility)							
Chemical Exposure potential							
Radiological Exposure potential							

Subject Matter Resources

Many people in and around the local area of your facility may have already considered and studied the risks and threats to the area. Request this information from local or regional resources, such as Emergency Management, to assist in developing the threat analysis for your facility. You may be able to obtain information through Internet searches.



Identify some sources/resources where you might get threat assessment information that covers your facility location(s):

Perception of Risk

There might not be an understanding of the support or mitigation activities that have addressed a threat, and therefore misunderstand the threat level. For example: There might be a concern that if the power goes out that patient care would not be able to continue. However, if there was information about backup generators and fuel sources for those generators, and how quickly they can be set up, the public, staff and/or patients might have a different perception for the risk of power loss.



Identify if there might be a different public perception of any of your facility's identified threats. How likely is that perception to be different from the Team's assessment? What are the plans for addressing the public perception?

4. Preparedness

4.1 Preparedness Strategies

Now that you know what types of threats your organization might experience in the next year, identify what you will need to have in place to address those disruptions when and if they occur. Preparedness strategies include:

- *Memorandums of Understanding or Agreement (MOU's or MOA's) with vendors or suppliers*
- *Memorandums of Understanding or Agreement with similar healthcare facilities in the event of the need to evacuate staff and patients from your facility*
- *Contingency plans for disruption of: communications, resources and assets (including equipment), safety, security, staff responsibilities, utilities and patient clinical and support activities*
- *Necessary equipment for response, including personal protective equipment for staff along with documentation of the equipment and its location*
- *Any necessary plan or resource to support preparedness for the threats you have identified for your facility*
- *A thorough understanding of the critical, vital, sensitive and non-critical business practices and which ones can be postponed (to a degree) in the event of disruption, along with a decision tree for making decisions regarding postponement of services*
 - *Critical = functions for which there are no substitutions except the identical replacement; no tolerance for interruption*
 - *Vital = functions that can be performed by manual means for only a brief period of time; little tolerance for interruption*
 - *Sensitive = functions that can be performed, with some difficulty and may require considerable catch up when restored; moderate tolerance for interruption*
 - *Non-critical = functions that may be interrupted for an extended period of time; very tolerant of interruption*
- *Records on vital equipment and supplies including*
 - *Equipment – list the type of equipment and location*
 - *Serial Number/Key/License – enter the appropriate identification numbers for the equipment*
 - *Company – vendor / manufacturer*
 - *Warranty – enter warranty expiration date of if no warranty, enter “n/a” for not applicable*
 - *Service contract/Vendor – enter company name and contact information*
- *Insurance policies for business disruption, property damage or loss, etc*

4.2 Employee Preparedness

Your staff members are your most critical resource in an emergency. Make sure staff are mentally, physically, and emotionally prepared to respond during disruptions. Remember, if staff members feel safe and they feel their families and pets are safe and cared for, they are more likely to report to work. Let your staff know that their physical and emotional safety needs on the job are important and that plans are in place to protect them. Confident staff will go a long way in helping patients feel that they are safe and cared for during disruption. If your organization utilizes volunteers, consider them staff and ensure their preparedness as well. Encourage your staff to prepare at home; employees will be more likely to return to work if they feel that their homes and families are safe.

1. Family Communication Plan

In a disaster, communication systems can be compromised. There is no way to know which systems will be functioning so we suggest having a tool-box of ways to communication with your family. Identify a friend or family member to be your out-of-area contact. Print their name and number on wallet cards for each family member to keep with them. Local lines could be disrupted in a disaster and you may be more likely to make a phone call out of the area. Text messages take up minimal time on the cellular system and can be a quick and easy form of communication to let loved ones know you are ok. Another tool is the Red Cross Safe and Well registry. After a disaster if you are able to get online go to safeandwell.org to register yourself as safe. Loved ones in other parts of the area who may not be able to get ahold of you by phone can get online and check this system to see if you have checked in. A final resource is social media. Many platforms have integrated “I’m safe” status updates that can quickly notify friends and family that you are ok.

2. Emergency Supplies

Maintain a supply of items in your home for at least 2 weeks. Have smaller supply kits in each of your vehicles and at work. No matter where you are when the disaster strikes you have supplies available.

- Water
- Food
- NOAA alert radio
- Flashlight
- Personal hygiene items
- Tools
- Medical supplies
- First-aid kit
- Sturdy shoes
- Warm clothes
- Comfort/entertainment
- Pet supplies
- Cash

3. Mitigation Efforts in Your Home

We can't prevent disasters from happening, but we can prevent some of the damage caused by disasters by reducing the impact and taking a few action steps.

- *Strap bookcases and tall items to walls to prevent falling over and potentially blocking an exit*
- *Strap down or secure to the wall televisions, computers, speakers and other expensive electronics*
- *Securely fasten or relocate heavy pictures and mirrors over beds and furniture in commonly used areas*
- *Brace water heaters to the wall and ensure that gas connections are flexible*
- *Install latches on cabinet doors to keep them from flying open during an earthquake*
- *Know how to shut off utilities such as gas and water*

<https://mil.wa.gov/uploads/pdf/Publications/be-prepared-brochure.pdf>

<https://www.fema.gov/media-library-data/1420417719892-b9b41636569f3c41eea88e70ddfae2e2/FEMA528.pdf>

Conducting these activities before an incident occurs will facilitate your employee resiliency and contribute to facility's emergency preparedness.

4.3 Warning, Notification & Communication

The ability to communicate, the message and the medium used for communication will make or break a disruption response. Make sure your organization can communicate with senior leadership, staff, patients and their families, volunteers, partners, funders, the community and others that you may serve during an emergency. Whether it is a simple note on the door identifying your new location, text messaging instructions to staff or a Public Information Officer (PIO) correcting news reports about your organization, communication is the key to helping people make appropriate decisions during an emergency.



Communications Strategies

The information that you gather below will form the basis of the organization's Emergency Communications plan. Draft a plan from this information and include it in your overall Emergency Preparedness Plans.



Answer the questions below with your management team

Regarding general public and media:

Q: How will staff receive critical information about the status of your organization during a disruption? (Examples: employee emergency hotline, website and/or Intranet, radio or TV news reports, communications tree, etc.)

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Q: How will the people you serve receive critical information about the status of your organization during a disruption? (Examples: Electronic, verbal, in-person, recorded message, sign on door, media announcements, social media, etc.)

Q: Who approves the messaging? Does s/he have a designated back-up person?

Primary:

Back-Up:

Q: How will you find out about the condition of the people you serve who are off site?

Q: How will you be able to deliver critical information to the people you serve in the languages they understand?

Message Development and Targeting

Discuss and document how the organization will develop messaging and disseminate it to appropriate audiences. Who develops and approves messaging regarding the following topics:

Messaging Content:	Primary Approval:	Back-Up Approval:
Agency operational status		
Damage assessment		
Services offered or changed		
Funds or resources needed		
Volunteers needed		
Other needs (describe)		

Q: Who communicates the message? Is the PIO the appropriate person, or is there someone else, such as the organization Director or another person that is willing?

Primary:

Back-Up:

Q: Have these people received specific training for the role of PIO?
(If not, consider have them participate in either online or in-person training.)

Primary: No Yes

Back-Up: No Yes

Q: Who assures that the messaging is consistent with other internal messaging to staff, patients, residents, families?

Primary:

Back-Up:

Q: Who assures that the messaging is consistent with other external messaging (i.e., from emergency responders, governmental agencies, the media, the community, etc)?

Primary:

Back-Up:



Phone fact:

Keep a phone at home and at work that plugs directly into the phone jack and does not require electricity. Sometimes these types of phones are referred to as “POTS” phones, or “Plain Old Telephone System” phones. Cordless phones use electricity and will not work if the power goes out.



Consider having a multi-tip mobile phone adapter in your office emergency supplies in case there is a need to charge different mobile phones or devices.

Communication tools



Identify which communication tools your facility has:

- | | | | | | |
|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|---------------------|
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Bulletin board/white board | <input type="checkbox"/> Have | <input type="checkbox"/> Need | Pagers |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Smart Phones | <input type="checkbox"/> Have | <input type="checkbox"/> Need | VOIP (i.e., Vocera) |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Text capable Cell Phones | <input type="checkbox"/> Have | <input type="checkbox"/> Need | Public Signage |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Digital Desk/Wall Telephones | <input type="checkbox"/> Have | <input type="checkbox"/> Need | Walkie-talkies |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Satellite Phones | <input type="checkbox"/> Have | <input type="checkbox"/> Need | Whistles |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Amateur (HAM) Radios | <input type="checkbox"/> Have | <input type="checkbox"/> Need | Social Media |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Megaphones/Bullhorns | | | |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Non electric-dependent telephones (POTS phones) | | | |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Other (describe) | | | |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Other (describe) | | | |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Other (describe) | | | |
| <input type="checkbox"/> Have | <input type="checkbox"/> Need | Other (describe) | | | |

Communication Methods

What are the different methods you can use for communicating with your community?

- | | |
|--|---|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Language Translators |
| <input type="checkbox"/> Door-to-door canvassing | <input type="checkbox"/> Mailing lists, brochures, flyers |
| <input type="checkbox"/> Home visits | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Digital telephones | <input type="checkbox"/> Television |
| <input type="checkbox"/> Email and List Servs | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> In-person events, workshops, classes |
| <input type="checkbox"/> Fact Sheets (FAQ's) | <input type="checkbox"/> Fax machines/WinFax |
| <input type="checkbox"/> Information lines (i.e., 1-800 numbers) | |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Other: | |

Create an Emergency Communication Tree

A communication tree is designed so that critical information is efficiently gathered and/or disseminated to key members of the organization. In an emergency, the person at the top of the tree will correspond, via phone or email with the people listed below them on the 'tree'. That person then contacts the next person below them on the tree, and so on until the loop is closed when the last person on the list contacts the person on the top of the tree.

If someone is unable to contact a person on their call list, move on to the next person on the list. Inform the next person that the previous person on the list was not reached. This information continues to get carried down the tree until it reaches the bottom of the list. The person at the bottom of the list then contacts the top person on the list to close the loop of communication.

A phone tree might include the following, or it may encompass only a department and their manager:

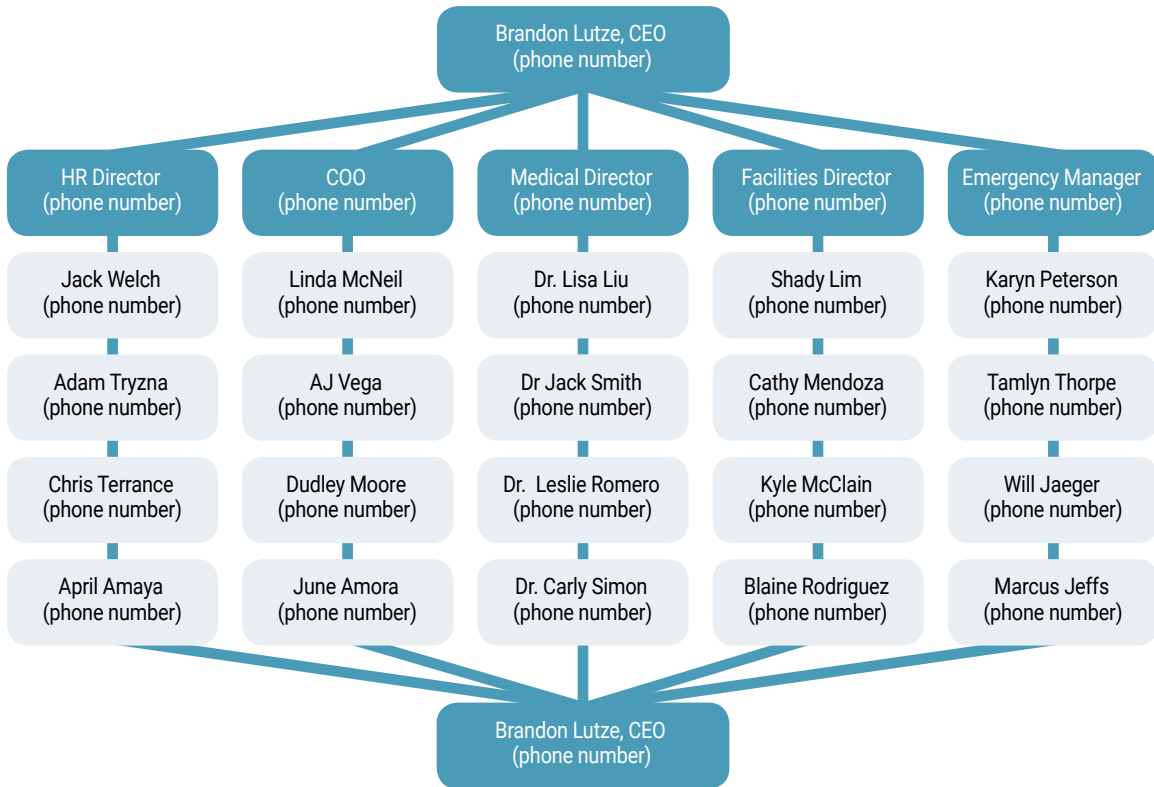
- *Chief Executive Officer/ Executive Director (CEO)*
- *Chief Operating Officer (COO)*
- *Chief Financial Officer (CFO)/Comptroller*
- *Medical Director*
- *Clinic Manager*
- *Nurse Manager*
- *Clinical Director*
- *Board President/Chair*
- *Information Technology Manager*
- *Human Resources Director*
- *Volunteer Manager*
- *Security Manager*
- *Facilities Manager*
- *Emergency Manager/Safety Officer*



Depending on the size of your organization, a single phone tree could encompass the whole organization, or a phone tree could represent a single department.

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Example of a phone tree:



Some organizations also like to identify how far from work people live, and call those that live closest first, then those that live a moderate distance followed by those that live farthest away. This can help speed up response to a disruption at your facility.

It's important to ensure that you can communicate with staff, clients, funders, and your community during a disruption. Start by completing and regularly updating your agency contact list.



Place the Emergency Communication Trees and emergency contact lists into your Agency Go-Kits (See Section 4.5 for preparing an Agency Go-Kit.)



Create a wallet sized Key Contacts card with names and vital contact information for key contacts within your facility. Provide these to the key personnel who would be notified, or would need to consult with other key contacts in case of a disruption.



Incorporate the information from this section into your written Emergency Preparedness Plan.

Information incorporated?

No, target completion date

Yes, date completed

The ability to communicate, the message you are communicating, and the medium used for communication will make or break disruption response. Make sure your organization can communicate with senior leadership, staff, patients and their families, volunteers, partners, funders, the community, and others that you may serve during an emergency. Whether it is a simple note on the door identifying your new location or text messaging instructions to staff, communication is the key to helping people make appropriate decisions during an emergency.



When developing your Emergency Preparedness Plan, consider the following components related to warning, notification, and communication:

- a. How will staff (both on- and off-site) receive critical information about the status of your organization during a disruption? (Examples: employee emergency hotline, website and/or Intranet, radio or TV news reports, social media, communication tree, etc.)
- b. How will the people you serve receive critical information about the status of your organization during a disruption? (Examples: electronic, verbal, in-person, recorded message, sign on door, media announcement, social media, etc.)
- c. Who approves the messaging? Does he/she have a designated back-up person?

- d. Who communicates the message?
- e. What systems (public address system, fire alarm system, bull horn, etc.) will be used to warn building occupants to take protective action (evacuate, drop-cover-hold, shelter-in-place, etc.) due to a potential threat or impact and provide information?
- f. What tools will be used by the Emergency Response Team to communicate with each other (phone, radio, walkie-talkie etc.)?
- g. Identify key stakeholders outside your organization who will need to be notified of an incident impacting your facility and or your ability to operate. Create a contact list for these agencies.

4.4 Protective Actions for Life Safety

Your plan should address the following three protective actions: evacuate, shelter-in-place and lockdown. A hazard, such as a fire, hazardous materials spill, or a suspicious package, may require building occupants to evacuate or relocate to safety. Make sure you can get people safely out of your location and to an alternative site for continued patient care. A nearby highway accident could result in the release of a chemical plume, and thus an order to “shelter-in-place” maybe issued by the fire department. In this event, your staff should be trained in how to secure the facility, with patients and staff inside, until it is safe to leave the facility. Should an act of violence occur in the workplace, “lockdown” procedures should be initiated and employees should run, hide or barricade themselves.



Does your organization have patients, clients, residents or staff who will need assistance evacuating the facility?

No Yes **If yes...**

- *Assign staff or volunteers to help move patients to safety*
- *Have assistive aids or devices available to help with evacuation (note equipment on next page)*
- *Assure that staff and volunteers have been trained on the use of these assistive or evacuation devices*

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List Assistive Aids/Devices Needed (Wish List)

Description:	Quantity Desired:
Example: emergency floor lighting	10 fixtures



Emergency Notification Systems can send out critical information to the public during disruption, including road closures, chemical releases, public health issues or other vital information. Subscribe yourself and others interested in your facility. Check the website of your city or County Emergency Management for more information.



Include these key steps and policies in your written evacuation plan:

- *If your facility must be evacuated, assign a staff person with responsibility for taking a head count to ensure all staff, volunteers, and patients have exited (Examples: create a floor warden program-make it a responsibility of supervisors)*
- *Designate a rally point that is at least 500 feet from the facility where all occupants will meet after evacuating the facility*
- *Practice the evacuation plan regularly, including practices that are unannounced to staff, patients, clients, residents*
- *Train all staff annually on evacuation plan*
- *Ensure that retrieving the Agency Go-Kit is included in the plan*
- *Post a notice on entrance doors indicating where you have gone (if you have time)*

Plan for relocating services for the short and long term. The following are recommendations for organizations that will need to continue to care for and shelter the people they serve in the event of a short or an extended evacuation (for example, adult family homes or behavioral health residential programs).



Locate and secure (by MOU, or MOA, if possible) a temporary shelter to be used, such as a local place of worship, community center, school or other residential facility.

Temporary shelter name:

Address:

Contact name:

Office phone:

Cell phone:

Emergency phone:

MOU/MOA signed: No Yes (If yes, include copies in the Agency Go-Kits)



Create a phone list and a system for letting the authorities, families and friends know where you are sheltering your clients. Note: Update this information at least quarterly, place “Last Updated (with date)” on all lists, and include the latest version in the Agency Go-Kits.



What actions can you take now to ensure those items and services will be available in a temporary shelter?

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How will patients' medical records be moved with them during an evacuation? Discuss ideas for ensuring patient medical records either move with the patient or are accessible soon after evacuation. Develop a policy and procedure for ensuring a copy of medical records is available for all relocated patients, and include in your planning binders.



Prior to an incident, invite your local emergency service agencies to tour your facility and provide them a copy of your plan.

4.5 Creating Agency Go-Kits

Creating an easily portable Agency Go-Kit helps your organization operate wherever you go and makes it easier to return to normal operations. It is a good idea to create two kits per facility – one that is kept on-site and one back-up that is securely stored off-site, but would be accessible in the event of disruption. Set up a process so that these materials are updated on a regular basis. See the list below of items you may consider for including in your kits.



Gather the following documents and supplies:

- Have Need Lockable briefcase or Lockbox to hold materials
- Have Need Copies of vital documents on a “thumb” or “jump” drive, along with hard copies of your Business Resiliency plans
- Have Need Bank information (encrypted account numbers, personnel contacts)
- Have Need Copies of contracts with vendors, along with emergency contact information
- Have Need Calling card
- Have Need Cash, including coins for pay phones
- Have Need Copies of deed or lease for your facility or facilities
- Have Need Emergency line of credit documentation
- Have Need Emergency contact information for your staff and key contacts
- Have Need Insurance documentation
- Have Need Legal documentation (taxpayer ID number, evidence of tax exemption status, copy of Washington State business license)
- Have Need Memoranda of Understanding, Memoranda of Agreement, Mutual Aid Agreements
- Have Need Paper and pens
- Have Need Small supply of company checks and deposit slips
- Have Need Pre-assigned Purchase Orders to be used only for disruption purchases
- Have Need Contact information for local and regional emergency management officials
- Have Need Other...



Need an easy way to remember to update your Agency Go-Kit information? Consider scheduling reviews to coincide with the clock changes of Daylight Savings. Or choose other regularly occurring events to remember to review and update your Agency Go-Kit materials.



Purchase a storage container for each kit.

Because the Agency Go-Kit needs to be portable, a lockable, hard-sided briefcase or lockbox are two good choices. Make sure that at least two people in the organization have a key or the combination memorized. Finally, consider protecting the documents in your kit from damage by placing them in sealable plastic bags.



Store your kit.

There are two primary issues to consider when choosing locations to store your kits:

- *Accessibility is critical. A no-notice event could mean that people in the building must evacuate quickly. The kit should be placed in an area that is known by and physically accessible to the organization's leadership, or a designated person. When considering where to store the off-site kit, the same issues of accessibility and location apply.*
- *The kit will contain cash and some sensitive information (such as encrypted account numbers) that you will want to keep secure. To balance security with accessibility you may want to keep your kits in an "employee only" area and assign specific people to be responsible to bring the kit with them if the building is being evacuated.*



Implement the following three rules to ensure that your organization receives the maximum benefits from your Agency Go-Kits.

Rule 1: Ensure that your staff understand the purpose of the kits.

- *Include Agency Go-Kit policies and procedures in your emergency operations and business resiliency plans and other applicable agency manuals.*
- *Train staff in Agency Go-Kit policies and procedures as part of employee orientation and annual safety training.*

Rule 2: Keep the kits updated.

- *As you are updating your organization's paper and electronic files, make it a business practice to update the documents in your kits. Trade out old documents such as insurance policies, emergency contact information, leases and emergency operations plans. Add new documents such as MOU's.*

- *Schedule a twice-yearly review of kit contents to ensure that the information is up-to-date. Write the date the kit was last updated in a visible place on the kit so that you know how old the contents are. Remember, your kits are only as useful as the accuracy of their contents!*

Rule 3: Conduct regular agency disaster drills.

- *As part of testing your evacuation plan, make sure that procedures for retrieving your on-site kit are followed.*
- *Debrief with drill participants to determine what went well and what should be improved. This is a great way to uncover issues with the kit's procedures, storage locations or containers.*
- *Be sure to incorporate any lessons learned into your emergency management or business resiliency plans and to follow through with any equipment or document recommendations that come from the exercise.*



Critical client information and billing data

As patient information and billing becomes more electronic, it is vitally important that this electronic information be available at a moment's notice, yet safeguarded. Work with your Information Technology personnel to develop an IT Disaster Recovery Plan. Contact information related to the IT Disaster Recovery Plan should be a part of the Agency Go-Kit.

4.6 Emergency Response Teams

An Emergency Response Team is a group of people organized prior to an incident who are trained and prepared to implement the Emergency Preparedness Plan. Members of this team should include facilities or building management staff familiar with building utility and protection systems, security (if applicable), and designated staff assigned to this team. Per Occupational Safety and Health Administration (OSHA) requirements, Emergency Response Team members should be thoroughly trained for potential crises and physically capable of carrying out their duties. Team members need to know about toxic hazards in the workplace and determine when to evacuate personnel or when to rely on outside help (e.g., when a fire is too large to handle). One or more teams should be trained in:

- **Use of various types of fire extinguishers.**
- **First aid, including cardiopulmonary resuscitation (CPR).**

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- **Requirements of the OSHA bloodborne pathogens standard.**
- **Shutdown procedures.**
- **Chemical spill control procedures.**
- **Hazardous materials emergency response.**

Maintain records of team members' contact information as well as their trainings completed and certifications received (see example, below).

Team	Name	Location	Contact #	Trainings & Certifications

4.7 Accounting for Staff and Patients

Designate and clearly mark assembly areas outside your facility where employees should gather after evacuating. Select these locations so that they are up-wind for the most common wind direction and with enough space to accommodate all of your employees, either in a parking lot or open area away from busy streets. Also, consider the location of fire lanes and, if possible, minimize employee interference with rescue operations by locating assembly areas clear of these lanes. Encourage staff not to congregate directly outside of the building and explain the importance of checking in at their designated assembly area. After evacuation, take a head count, identify names and last known locations of anyone not accounted for, and pass this information on to an emergency official in charge. It is critical to account for all employees as confusion can lead to delay in rescuing someone who is still trapped or cause unnecessary search-and-rescue efforts. Another piece to consider is how you will account for non-employees such as contractors, vendors, etc.

As you develop your Emergency Preparedness Plan, be sure to identify and describe your process for accounting for personnel (paper roster, electronic roster, badge scanning, etc.).

4.8 Facility Plans

It is important to document critical information about your facility as outside responding agencies have limited knowledge about your facility and its potential hazards. This information is vital to incident stabilization and the safety of the responders. Should your facility experience a utility system failure such as a water pipe break, having documentation of your building systems and how to shut off the water can be priceless information to have on hand.

Create a map for your facility that will include the layout of each building on the property, access roads, cross streets, parking areas, building entrances, fire hydrants, and assembly areas. Also, include floor plans of each floor indicating the locations of emergency supplies, sprinklers, fire alarm pull stations, fire extinguishers, automated external defibrillators (AEDs), and the locations of controls for building utility and protection systems. Ensure that all systems and equipment instructions are accessible to emergency responders when they arrive on scene.

4.9 Emergency Supply Caches

Emergency supply caches include items that would be necessary to care for your patients, as well as staff and volunteers that may be at your facility when disruption strikes. Make sure your organization has enough preparedness supplies available, or know how to access needed supplies quickly. A critical step in ensuring your organization is taking care of employees and the people you serve is to create and regularly maintain an onsite cache of emergency preparedness supplies. The exact contents of your supplies will depend on the size and diversity of your staff, volunteers, patients, and potential visitors.

Many emergency preparedness resources recommend having between 3 and 4 days worth of supplies available in case of disruption. In many situations, especially for smaller organizations, this may be prohibitively expensive. Consider how you might be able to address the needs of your patients without it becoming overly expensive. Are there vendors or suppliers that might have supplies that they could deliver to you once the resources on hand have been used up? Are there things your organization can do to conserve resources that you already have onsite?



Purchase or gather supplies from the list, below, based on the quantity estimates you just calculated.



Large, plastic storage bins with wheels are often ideal for storing supplies. Caution: Beware the weight of the bin filled with supplies – it could cause injuries to those attempting to move it.



The Red Cross has good lists for emergency supplies. Ready.gov for Business has good lists that are tailored to businesses for their emergency supplies.



Store supplies in multiple locations, if possible, so that if one cache becomes unusable or unreachable, you will have options. Items to consider having in your emergency supply cache—customize your cache depending on your facility, your staff and your patients:

- | | |
|--|--|
| <input type="checkbox"/> Non-perishable food | <input type="checkbox"/> Tools (gas/water shut-off wrench, (3 day supply per person) crow bar, hammer) |
| <input type="checkbox"/> Water (one gallon per person/day) | <input type="checkbox"/> Prescription medicine with 3-day supply |
| <input type="checkbox"/> First Aid supplies | <input type="checkbox"/> Duct tape |
| <input type="checkbox"/> Flashlights | <input type="checkbox"/> Camera (disposable) |
| <input type="checkbox"/> Light Sticks | <input type="checkbox"/> Paper plates and napkins |
| <input type="checkbox"/> Batteries | <input type="checkbox"/> Eye protection |
| <input type="checkbox"/> NOAA Weather radio | <input type="checkbox"/> Dust masks |
| <input type="checkbox"/> Whistles | <input type="checkbox"/> Plastic bucket with tight lid |
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Garbage bags | <input type="checkbox"/> Plastic sheeting |
| <input type="checkbox"/> Walkie-Talkies (battery operated) | <input type="checkbox"/> Weatherproof matches |
| <input type="checkbox"/> Personal hygiene supplies | <input type="checkbox"/> AM/FM radio
(toilet paper, tampons, soap, towels, (crank or battery operated) age appropriate diapers) |

5. Response Strategies

Response strategies are the actions you take when the disruption occurs and you, your staff and your organization work to correct the disruption so that you can quickly return to normal business practices. Response actions can be chaotic and inefficient if your organization has not planned for how to respond, and who should respond depending on the type of disruption.

- *Pre-identified people within your organization or facility that respond to disruptions, along with back-up people, all of whom are trained in incident management*
- *Pre-trained staff who know their roles and responsibilities during disruption*
- *Communications plans that are readily available so that appropriate messaging can be disseminated to staff, patients, families, volunteers, the public or the media regarding your disruption along with status updates*
- *Contact information for various corporate, healthcare partners, local, and regional municipal partners and your local healthcare coalition*
- *Pre-established vendor response plans, for vendors with material necessary for a specific response*
- *Support for safety and security needs, should they become important and necessary during a disruption event*
- *Emergency contact names and numbers for utility suppliers and other important vendors, in the event of a loss of a vital utility or critical materiel*
- *Patient scheduling information for the next 24 hours, in case there is a need to contact the patients to warn them of temporary closing or redirection to other resources for patient care*

6. Training & Exercising

Human behavior can make or break the success of an emergency response. Employees will either add to the problem at hand or be part of the solution. Conduct regular staff training so they become familiar with the emergency procedures and life safety systems for their facility. Staff should also understand what is expected of them during an incident that impacts the organization. Additional training, such as basic first aid, CPR, AED, and Stop the Bleed should be made accessible for your staff. It is important to conduct routine evacuation, sheltering-in-place and lockdown drills to build muscle memory and familiarize employees with the various alarms and warning systems. Exercising the plan will help familiarize employees with the plans and procedures, and identify any gaps in the plan.

For information on training opportunities, contact your local emergency management agency.

7. Continuity of Operations Planning

The Northwest Healthcare Response Network is available to provide additional support in the development of your facility's continuity of operations planning.

The purpose of Continuity of Operations Planning (COOP) is to provide structure for the ability to carry on the business of the organization under other than normal circumstances. This planning includes: the ability to have people step into leadership positions (successors) to make important decisions in the absence of the leader; identifying the authorities that these successors may carry out; and identifying alternate locations for the business of the organization to take place if the original location is not habitable. COOP strategies support the business of the organization so that it can recover from the disruption and return to normal operating capabilities.

Continuity of Operations: Succession Plan

Orders of Succession establish depth for key positions in your organization in the event that a person in a leadership role is unavailable or incapable of performing their authorized duties. By establishing succession planning, the business of the organization can continue if a person in a leadership position is unable to carry out their duties and responsibilities either temporarily or permanently. Identify successors for each key leadership position in your organization. Discuss, with the leaders, different situations in which a succession plan might need to be implemented and who within the organization might be appropriate as successors. Successors, when activated, are empowered to serve in the same position and with the same authority and responsibilities as the leader. Your organization may want to establish letters of succession (but check with legal advisors on the use of such documents within your organization.) There are two types of authority that may need to be delegated during a disaster: **Emergency Authority** and **Administrative Authority**.

Emergency Authority

Emergency authorities relate to the ability to make decisions related to the disruption at hand. Termination of emergency authorities generally coincide with the conclusion of the disruption event. Emergency authorities you may want to consider include:

- *Activation/deactivation of the Emergency Preparedness Plan*
- *Coordination with local responders (including utility companies) to restore services*
- *Communication with staff, patients, families, general public, media regarding response to the current disruption*
- *Communication with the local community (including emergency responders and emergency management) regarding the disruption*

- *Development and maintenance of emergency schedule for staff*
- *Authorization of the use of volunteers, as allowed in the Emergency Preparedness Plan*
- *Decisions regarding devolution of the facility including patient and staff evacuation*
- *Decisions regarding operationalizing alternate facilities for delivering patient care during the disruption*
- *Decisions regarding safeguarding and transferring of patient medical records to support continued patient care at an alternate location*

Administrative Authority

Administrative authorities relate to the ability to make decisions that may have effects beyond the current disruption. Termination of administrative authorities generally occurs when the key leader with these responsibilities returns to their normal job functions. For each key position, determine what administrative authorities might be delegated in order to facilitate the organization to continue operation in other than normal circumstances. Administrative authorities that you may want to consider include:

- *Policy level decisions*
- *Spending authorization*
- *Payroll*
- *Employee hiring and termination*

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Key Positions and Successors:

The following are key leadership positions that have been identified for (name of your organization) and the names and titles of successors (3-deep):

Key Position	Successor #1 Name/Title	Successor #2 Name/Title	Successor #3 Name/Title
(Leadership)			
(Leadership)			
(Leadership)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			
(Other)			

Delegation of Authority

Delegation of Authority has been established for (name of your organization) to provide successors the legal authority to act and carry out specific duties on behalf of the organization during a time of disruption. Delegation of Authority takes effect when triggering conditions have been met and terminate when conditions of resumption of normal business have been met.

Authority	Type of Authority (Emergency or Administrative)	Position Holding Authority	Triggering Conditions	Limitations of Authority	Termination of Authority
Close Facility	Emergency Authority	Senior Leadership	When conditions make coming to or remaining in the facility unsafe	Must document circumstances leading to decision	When conditions have returned to normal and local authorities have approved reoccupation of the facility
Represent Agency/ Organization when engaging governmental officials	Administrative Authority	Senior Leadership	When event occurs that impacts organization abilities to function	Must document decisions made and outcome	When conditions have resolved
Activate Agency/ Organization MOU's/MAA's	Administrative Authority	Senior Leadership	When event occurs that impacts organization abilities to function	Must document decisions made and outcome	When conditions have resolved