

Open Door Community Health Centers

Health Center Emergency Operations Plan

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7/19/2017
Approved by Executive Committee
10-31-17

Approved by: Humboldt County Public
Health Officer
09-18-17

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Introduction

Purpose

The Purpose of the Open Door Community Health Centers Emergency Operations Plan (EOP) is to establish a basic emergency program to provide timely, integrated, coordinated response to the wide range of natural and man-made disaster events that may disrupt normal operations and require preplanned response to internal and external disasters.

The objectives of the Emergency Operations Plan include:

- To provide maximum safety and protection from injury for patients, visitors, and staff.
- To attend promptly and efficiently to all individuals requiring medical attention in emergency situations.
- To provide a logical and flexible chain of command to enable maximum use of resources
- To maintain and restore essential services as quickly as possible following an emergency, incident or disaster.
- To protect health center property, facilities, and equipment.
- To satisfy all applicable regulatory and accreditation requirements.

Policy

Open Door Community Health Centers (ODCHC) will be prepared to respond to a natural or man-made disaster, suspected cases of bio-terrorism or other emergency in a manner that protects the health and safety of its patients, visitors, and staff, that is coordinated with a community wide response to a large scale disaster.

All employees will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Supervisors at each level of the organization will ensure that employees are aware of their responsibilities.

The Open Door Community Health Centers will work closely with County Medical Health Operations Area Coordinator (MHOAC) and other local emergency officials, agencies and health care providers to ensure a community wide coordinated response to disasters.

Scope

Within the context of this plan, a disaster is an emergency event which overwhelms or threatens to overwhelm the routine capabilities of the health center.

This all hazards EOP describes an emergency management program designed to respond to natural and man-made disasters, including technological, hazardous material, and terrorist events.

This plan describes the policies and procedures ODCHC will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This disaster plan complies with CCR Title 22 of the California Code of Regulations, Division 5, and Section 75057 Disaster Plan.

Development and implementation of this plan complies with relevant sections of The Joint Commission (TJC) Emergency Management standards related to emergency preparedness. Refer to TJC Emergency Management Standards EM 01.01.01 through EM.03.01.03.

Key Terms

Alternative sites/facilities

Locations other than the primary facility where health center operations will continue during an emergency.

Continuity of Operations Plan (COOP)

Plans and actions necessary to continue essential business functions and services and ensure continuation of decision making even though primary facilities are unavailable due to emergencies.

Emergency Operations Centers (EOC)

The location at which management can coordinate the organizations or individual health centers activities during an emergency. It is managed using the Incident Command System (ICS). The EOC may be established in the primary health center facility or at an alternative site.

Emergency Response Team (ERT)

The Emergency Response Team (ERT) consists of the health center staff that will fill the core positions of the Emergency Operations Centers (EOC) and manage the health center's emergency response.

Essential Functions (EF)

Essential functions and services are those that implement the health center's core mission and goals. The extended loss of these functions, following an emergency, would mean a threat to life/safety, or irreversible damage to the health center, its staff, or its stakeholders.

Hazard Mitigation

Measures taken by a facility to lessen the severity or impact a potential disaster or emergency may have on its operation. Hazard mitigation can be divided into two categories:

1. Structural mitigation. Reinforcing, bracing, anchoring, bolting, strengthening or replacing any portion of a building that may become damaged and cause injury, including exterior walls, exterior doors, exterior windows, foundation, and roof.
2. Non-structural mitigation. Reducing the threat to safety posed by the effects of earthquakes or nonstructural elements. Examples of nonstructural elements include: light fixtures, gas cylinders, HazMat containers, desktop equipment, unsecured bookcases and other furniture.

Hazard Vulnerability Analysis

Hazard vulnerability analysis identifies ways to minimize losses in a disaster considering emergencies that may occur within the facility as well as to the facility in the surrounding community.

Incident Command System (ICS)

A temporary management system used to manage and coordinate health center activities during an emergency. ICS is designed to facilitate decision making in an emergency environment and to mirror the command structure of the local Emergency Management Services.

Medical Health Operational Area Coordinator (MHOAC)

The position in the Standardized Emergency Operations System (SEMS) responsible for all disaster medical and health operations in an operational area. The MHOAC is usually stationed in the County EOC and is frequently, but not always, the County Health Officer or designee. During the response to disasters, the MHOAC is the Operational Area contact point for medical and health resources including personnel, supplies and equipment, pharmaceuticals, and medical transportation.

Multi-Hazard Approach

A multi-hazard approach to disaster planning evaluates all threats including the impacts from all natural and man-made disasters, including technological threats, terrorism, and a state of war or civil unrest.

Operational Area (OA)

An intermediate level of the State emergency organization, consisting of a county and all political subdivisions within the County area. Health centers and other health facilities will coordinate their disaster response with the Medical Health Operational Area Coordinator (MHOAC).

Phases of Emergency Management

Mitigation: Pre-event planning and actions which aim to lessen the effects of potential disaster.

Preparedness: Actions taken in advance of an emergency to prepare the organization for response.

Response: Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property and meet basic human needs.

Recovery: Activities that occur following a response to a disaster that are designed to help an organization and community return to a pre-disaster level of function.

Safety Committee:

The Safety Committee guides the development and maintenance of the health center's emergency management program and development of its emergency operations plan.

Standard Operating Procedures (SOP)

Pre-established procedures that guide how an organization and its staff perform certain tasks. SOPs are used routinely for day to day operations and response to emergency situations. SOPs are often presented in the form of checklists and job action sheets.

Standardized Emergency Management Systems (SEMS)

SEMS is the mandatory system established by Government Code Section 8607 (a) for managing the response of government agencies or multi-agency and multi-jurisdiction emergencies in California. SEMS incorporates the use of the Incident Command System.

Mitigation

1.1 Introduction

ODCHC will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect the organization's operations or demands for its services. This will be followed by development of a strategy to strengthen the perceived areas of vulnerability within the organization.

During the mitigation phase, the ODCHC CEO, or designee, and staff will identify internal and external hazards and take steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on the health center. The areas that cannot be strengthened are then addressed in the emergency plans. The identification of potential hazards can be found in the health center Illness and Injury Prevention Program (IIPP).

Mitigation activities may occur both before and after the disaster.

1.2 Hazard Vulnerability Analysis

- 1.2.1 ODCHC will conduct a hazard vulnerability analysis to identify hazards and the direct and indirect affects these hazards may have on the health centers. This will provide information needed by the health center to minimize losses in a disaster. ***See Appendix for sample Hazard Vulnerability Analysis(HVA)***
- 1.2.2 As part of its risk management program, ODCHC will also conduct IIPP environmental surveys on a regular basis. This ongoing remediation contributes to reducing the overall vulnerability of the health center to various hazards. When the tool is completed vulnerabilities noted will be addressed. ***See Appendix for sample Illness and Injury Prevention Checklist (Check)***

1.3 Hazard Mitigation

ODCHC will undertake hazard mitigation or retrofitting measures, as allowed by fiscal and regulatory constraint, to lessen the severity or impact a potential disaster may have on operations. These measures are taken prior to disasters to minimize the damage to the facility.

1.4 Risk Assessment

ODCHC will assess the risks identified in its Hazard Vulnerability Analysis that could not be eliminated or satisfactorily mitigated through its hazard mitigation program and determine the likelihood of occurrence and the severity of their consequences. This assessment of the remaining risks will help to define the emergency response role the health center adopts for itself and the preparation required to meet that role.

1.5 Insurance Coverage

The Risk Manager of ODCHC will confer with agency subject matter experts to review all insurance policies and assess the facilities coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility.

The Risk Manager will assess health center coverage for floods and earthquakes. If coverage is absent or inadequate, the organization will evaluate if it is financially sound to acquire it. Health centers located in special flood hazard areas must have flood insurance to be eligible for disaster assistance.

1.6 Health Center Response Roles

1.6.1 ODCHC may play a variety of roles in responding to disasters including providing emergency medical care, providing temporary shelter and expanding primary care services to meet increased community needs created by damage to other health care facilities. ODCHC may also provide mental health services to disaster victims. However, health centers are not equipped to respond definitively to all disasters. Health center roles may be constrained by limited resources and technical capability and the impact of the disaster on the health center facility. ***See Appendix for a list of potential roles the health center may play in a disaster. ([Roles3](#))***

1.6.2 As part of the mitigation program ODCHC will identify the response roles it will prepare to perform following a disaster. This decision will involve input from the health center management, health center staff, the organization's Board of Directors, the community and governmental officials. Based upon the findings of the risk assessment ODCHC will take the following steps to define the disaster response roles for which it should prepare;

1. Assess the pre-disaster medical care environment and the role the health center performs in providing health services.
2. Assess health center resources including availability of staff to respond and ability of health center to survive intact.
3. Discuss potential response roles and findings of risk assessment with MHOAC
4. Obtain community input.
5. Obtain input from health center staff, especially medical and nursing leadership, safety officer, and Chief Operating Officer.
6. Present recommendations to the Board of Directors for approval.

Preparedness

2 Introduction

Preparedness activities build organizations capacity to manage the effects of emergencies should one occur. During this phase, the ODCHC CEO, or designee, Safety Committee, and staff will develop plans and operational capabilities to improve the effectiveness of the health center's response to emergencies. Specifically the organization will:

1. Develop/update the emergency plans and procedures, including the Emergency Operations Plan.

2. Develop and update agreements with other community health care providers and with government agencies.
3. Train staff to emergency response job duties.
4. Conduct drills and exercises.

2.1 Emergency Operations Plan

The ODCHC Emergency Operations Plan is an all hazards plan that will guide ODCHC health centers response to any type of disaster or emergency.

2.3 Standard Emergency Management System (SEMS)

2.3.1 ODCHC has incorporated the principles of SEMS into its Emergency Operation Plan to ensure maximum compatibility with local government response plans and procedures.

2.3.2 According to California Government Code Section 8607 SEMS shall be used by all State Agencies responding to any of the following emergency operations:

- Single/jurisdictional/agency involvement.
- Single jurisdictional responsibility with multiple agency involvement.
- Multiple jurisdictional responsibility with multiple agency involvement.

2.3.3 SEMS incorporates the Incident Command System (ICS) which provides an efficient tool for the management of emergency operations. SEMS/ICS is designed to be adaptable to any emergency or incident. The system expands in a rapid and logical manner from an initial response to a major incident call-out. When organizational needs dictate, the system also contracts rapidly.

2.3.4 Those components of SEMS/ICS are incorporated or referenced in this EOP.

- Common terminology.
- Modular organization.
- Unified command.
- Action planning.
- Manageable span of control.
- Multi-agency and Inter-agency coordination.

2.3.5 SEMS operates at the following levels of government

- State- Statewide resource coordination integrated with federal agencies.
- Regional- Manages and coordinates information and resources among operational areas.
- Operational Area- Manages and coordinates all local governments within the geographic boundary of a county.
- Local- County, city, or special district.
- Field- On-scene responders.
- Health center relationships to SEMS.
- ODCHC interfaces with SEMS through the MHOAC.

2.4 Integration with Community-wide Response

ODCHC will notify the MHOAC of any emergency impacting health center operations and will coordinate its response to community wide disasters with the overall medical and health response of the Operational Area. ***See Appendix for Rainbow Chart Emergency Phone Numbers-Community [\(Phone\)](#)***

2.4.1 Coordination with Government Response Agencies

To the extent possible, ODCHC will ensure that its response is coordinated with decisions and actions of the MHOAC and other health care agencies involved in the response. To ensure coordination, ODCHC staff will:

- Meet with the MHOAC to define the organizations role in the emergency response system. Determine which response roles are expected by officials and which are beyond the system's response needs or the health center's response capabilities. ***See Appendix for potential roles the health center may play in a disaster response [\(Roles3\)](#)***
- Participate in planning, training and exercises sponsored by medical and health agencies.
- Develop reporting and communications procedures to ensure integration with Operational Area response.
- Define procedures for requesting and obtaining medical resources and for evacuating/transporting patients.
- During a response, report the status and resource needs of the health center and obtain or provide assistance to the community.

2.4.1.1 Coordination with Emergency Responders

During an area wide disaster, EMS and law enforcement may not be able to respond to emergencies at the health center.

2.4.1.2 Response authority

Health center personnel will corporate fully with EMS and law enforcement personnel when they respond to emergencies at the health center. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the health center.

2.4.1.3 Command Post

Each ODCHC health center has identified a recommended location for an emergency responder command post for coordinating the response to an emergency at the health center. ***See Appendix for a sample of the Community Wide Disaster section of the Rainbow Chart. [\(Command\)](#)***

2.4.2 Coordination with other Health Care Facilities

ODCHC recognizes that it might need to rely on other health care facilities, especially those nearby, in responding to a disaster to augment its capacity to meet patient care needs. ODCHC will review existing formal and informal arrangements with St. Joseph Health System, Mad River Community Hospital, and Sutter Coast Hospital to explore expanding their provisions to cover disaster response conditions. The organization will also seek to establish agreements with relevant facilities where no agreement currently exists. ODCHC views these agreements as reciprocal and will also explore opportunities to provide support to these facilities if conditions allow.

2.4.2.1 Limitations

During a community wide disaster in which the Operational Area has opened its EOC, patient transfers and access to ambulances may need to be coordinated through the MHOAC, overriding other agreements

Developing arrangements for receipt or diversion/ referral of disaster victims requires careful and detailed planning including

- Alert and notification.
- Sharing of patient information.
- Patient tracking.
- Contingencies that impact the ability of either party to meet the terms of the agreement.

2.4.3 Relationship to the County HCEPP Healthcare Emergency Preparedness Partnership

The health center and its County Consortium, the Healthcare Emergency Preparedness Partnership (HCEPP), meet on a monthly basis. The Committee is chaired by the Humboldt County Emergency Preparedness Coordinator and is attended by local hospitals, health centers, long term care facilities, County staff, and home health agencies. The Humboldt County Emergency Preparedness Coordinator represents the MHOAC when they are not in attendance. HCEPP grant activities have benefitted ODCHC and grant monies have been used to purchase emergency equipment for the health centers.

The Consortium exchanges information regarding drills, planning activities, EOP status, provides technical assistance for participants about State activities, the emergency medications cache, and resources available to the community.

2.4.4 Coordination with ODCHC Administration

The ODCHC Site Administrator will notify the Chief Operating Officer or the Corporate Administrator identified in the Rainbow Chart under Administration-Emergency Phone Numbers-Staff in the event

of any emergency that requires health center evacuation, 9-1-1 response of emergency medical or law enforcement personnel, or an internal disaster.

In a single health center event the health center will remain as the Incident Command Center, but in a multi-health center event Administration may assume the role of the Incident Command Center. COO or designee management staff, in coordination with the recommended members of the health center Safety Committee and the health centers Medical Director should determine the respective roles of ODCHC Senior Leadership, and the Medical Director/Site Administrator in managing the health center's response, and coordinating with the Operational Area authorities and the MHOAC.

2.4.5 Acquiring resources

1. ODCHC has agreements with its major suppliers as well as local utilities, fuel suppliers, and other resources to resupply ODCHC as soon as feasibly possible in the event of a disaster. These agreements also acknowledge that the supplies will be allocated on a priority basis with First Responders and hospitals being at the top of the priority list.
2. ODCHC has the capability, after exhausting its resources and the resources of its suppliers to request addition support from the MHOAC. The MHOAC can draw from local or State and Federal resources as needed.

2.5 Roles and Responsibilities

2.5.1 The ODCHC CEO is responsible, directly or through a designee for development of the Emergency Operations Plan and for directing the response to emergencies. Specific responsibilities may include:

- Oversee the development and implementation of the Emergency Operations Plan.
- Appoint the Safety Committee and assign the Committee the task of development and maintenance of the Emergency Operations Plan, ensuring the Plan meets all regulatory and accreditation requirements, and provide for ongoing training of staff.
- Assign staff emergency management duties and responsibilities as needed.
- Ensure staff is trained to perform emergency roles.
- Ensure drills and exercises are conducted and documentation is maintained.
- Evaluate the disaster program annually and update as needed including a description of how, when, and whom will perform the update.
- Activate the organizations emergency response.
- Direct the overall response to the disaster/emergency as available.
- Ensure criteria for evacuation of staff and patients is developed.
- Ensure services are restored as quickly as feasibly possible.
- Ensures the Hazard Vulnerability Analysis is updated as needed.

2.5.2 The Chief Medical Officer or designee will:

- Serve as a member and consultant to the Safety Committee.
- Identify and recommend alternative and successors of the Safety Committee as they are needed.

Remain in contact with the local Public Health System for information on potential bioterrorism updates. Monitors or has monitored the California Action Health Alert Network (CAHAN) for updates and distributes that information to the individual Site Medical Directors as needed. Communicates with the Local Public Health Officer on new standards of detection, diagnosis, and treatment of chemical and bioterrorism agents.

- Ensures the continuity of care and maintenance of medical management of all patients in the health center during the disaster.
- Assist with the assignment of health center staff to medical response roles during the disaster.
- Works with the Director of Nursing to respond to health center staffing needs in the event of an emergency.

2.5.3 Director of Nursing will assume the following roles:

- Serve as a member and consultant to the Safety Committee.
- Remain in contact with the local Public Health System for information on potential bioterrorism updates. Monitors or has monitored the California Action Health Alert Network (CAHAN) for updates and distributes that information to the individual Site Registered Nurse Clinic Coordinator (RNCC) as needed. Communicates with the Local Public Health Officer on new standards of detection, diagnosis, and treatment of chemical and bioterrorism agents.
- Work with the Chief Medical Director to assess health center staffing needs and respond as needed.
- Perform other duties as assigned by the Chief Medical Officer, or Incident Commander.

2.5.4 Safety Officer- will appoint teams and develop procedures for the following:

- Ensure, in the health center response to an emergency, there is training for staff on light rescue to ensure all rooms are empty and patients, staff, and visitors have left the building when the health center is evacuated. If required this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures if it is deemed safe to do so.
- Train staff how to complete a damage assessment form. ***See Appendix for sample Damage Assessment Form (Disaster3)***
- Ensure the Disaster Cache is operational through the IIPP process.

2.5.5 Health center Staff- will be responsible to:

- Participate in all safety programs and training assigned by their supervisor.
- Be familiar with the Emergency Operations Plan and their responsibilities.

- Be familiar with the evacuation procedures and evacuation routes.
- Be familiar with basic fire, natural disaster, and hazardous materials response.
- Participate in drills as requested. These drills are intended to practice the response in the event of an actual emergency.
- Make suggestions to their supervisor on how to improve health center emergency preparedness.
- Prepare home and family for a natural or man-made disaster through becoming familiar with the Humboldt County Office of Emergency Planning Guide for Household Disasters. [Home Page - Cal MyHazards](#)

2.6 Initial Communication

2.6.1 ODCHC Call List

Each health center will maintain an Emergency Contact List of critical staff noting extension number, cell number, and home number for contact in case of an emergency. Each health center will also have access to the contact numbers of all staff for communication in case of an emergency. The contact list contains sensitive contact information and will be treated as confidential information.

Each health center will have email contact information for each staff member available for relaying emergency information. Rainbow Charts with contact information should be kept in accessible locations for all staff to use in the case of an emergency. ***See Appendix for a sample of the Rainbow Chart Emergency Phone Numbers-Staff*** [\(Phone2\)](#)

2.6.2 External Notification

The organization will compile a list of emergency contact information for emergency response agencies, community resources, and utilities for communication in the case of an emergency. ***See Appendix for a sample of the Rainbow Chart Emergency Phone Numbers- Community.*** [\(Phone3\)](#)

2.6.3 Primary and Alternative Communications Methods

The primary communication system, in the event of an emergency, is the local telephone system. If the local telephone system fails alternative systems are available.

- Cell phones- cell phones are a reliable method of communication in times of small local emergency. As the emergency area widens local cell phone service may be overloaded and unavailable.
- Text messaging- In a situation where the local cell phone system is overloaded and voice messages are unavailable, text messaging will work as a secondary method of communication.
- Fax messaging- In the event of an emergency fax machines work through a local analog telephone system and sometimes will work when cell phones are unavailable.

- Internet/email- Internet messaging, not through smart phones, are transmitted through a different cabling system and will sometimes work when telephone service is unavailable.
- ODCHC Emergency Line- ODCHC maintains an Emergency Phone line for communication to staff in case of emergency. The number is 707-826-0627.
- Analog phones- In the event of phone system failure analog phones may be used. The analog phones can be plugged into fax phone lines or analog phone line jacks.
- Satellite Phones- Satellite phones have been issued to some of the health centers and ODCHCs Administration Emergency Response team. Local Medical/Health emergency partners also have satellite phones for emergency communication. ***See Appendix for a list of satellite phone numbers [\(Satellite\)](#)***
- Emergency radios- In the health center disaster supplies are local handheld “walkie-talkie” radios for use in the health center.
- Amateur radio- Some of the organization staff are licensed HAM radio operators. In the event of a major community wide disaster, the HAM radio network can be used as a communication method.
- Runners- When all forms of electronic communication are unavailable staff may be requested to act as runners and hand carry communication within the health center or locally.

2.6.4 Communications equipment shall be tested on a regular and ongoing basis in each health center.

- Annually- Test the satellite phone for operation. Plug in your analog phone to determine operations. Review Staff Emergency Phone Numbers on the Rainbow Chart.

2.7 Continuity of Operations

2.7.1 It is the policy of ODCHC to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the health center will give priority to providing or ensuring patient access to health care.

2.7.2 Continuity of operations is necessary following an internal or external emergency that impacts health center operations. The organization will take the following actions to increase its ability to maintain or rapidly restore essential services following the emergency or prevent common emergency situations.

- The health center will post, and make staff aware, of the Rainbow Chart evacuation guidelines for patient, staff, and visitors.
- The organization will develop plans for obtaining needed medical supplies, equipment, and personnel to reestablish health center operations.
- The health center and organization will be responsible for maintaining the security of patient’s medical records whenever possible. The records will be protected from fire,

theft, and public exposure when it safe to do so. After the emergency the security and rebuilding of the patient record will be an important priority.

- All other records that are needed to provide safe patient care will be protected and secured from fire, theft, and public exposure whenever possible.
- Vital organizational records and supplies
 - The organization will ensure an off-site backup of critical information.
 - Critical legal and financial documents will be maintained and secured in a safe location.
 - Passwords, credit cards, provider DEA numbers, financial records, and other sensitive data will be maintained in a secure environment.
 - Monitor and update Downtime Procedures Policy as needed.
 - Purchasing will maintain current records of vendors to provide replacement supplies and equipment.
 - IT will maintain security of the network and IT systems from attack post-disaster.
 - Health center staff will maintain security over medical equipment when it is safe to do so post-disaster.
 - In the event the health center cannot be used for ongoing operations, the Chief Operations Officer, Chief Medical Officer, and Director of Nursing will meet and discuss the alternative site possibilities. Due to the nature of the emergency some health centers may be available while others may not. Alternative site possibilities will take into account staffing resources, existing schedules, provider capabilities, and health center resources among other considerations. Using the MHOAC as a consultant, other community resources may be available that are not readily accessible to the health center.
 - Corporate Services will be responsible for the coordination of utilities, as needed. When making the request Corporate Services will remind the Utility of the priority needs of health care.
- Hazard mitigation
 - A list of all capital equipment shall be maintained for purposes of insurance reconciliation after the disaster.
 - Use surge protectors to protect equipment electrical spikes.
 - Secure all heavy furniture and equipment securely to the wall to prevent movement during an earthquake.
 - Place fire extinguishers for easy access for staff. Train staff in their use and maintain the extinguishers according to NFPA standards.

2.7.3 Emergency generator implementation- *See Appendix for Policy on Generator Maintenance* ([Generator](#))

2.8 Health Center Patient Surge Preparedness

2.8.1 Surge capacity encompasses health center resources required to deliver health care under situations which exceed normal capacity. Some items to consider may be potential available

space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types, necessary medications, supplies and equipment. Also notifying the licensing authority to perform services which are not licensed in this health center must be considered.

2.8.2 Normal health center capacity could be exceeded during any type of emergency for reasons that might include:

- Random spikes in numbers of presenting patients.
- Seasonal or other cyclical spikes.
- Convergence of ill or injured as the result of an emergency.
- Collective Obsessional Behavior as the result of an emergency.
- A combination of any of the above.

Events that create patient surge may also reduce health center resources through exhaustion of supplies and pharmaceuticals and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach the health center or be required to meet commitments at other health care facilities.

2.8.3 The ODCHC Chief Medical Officer in consultation with Director of Nursing, Site Administrator, Site Medical Director, and the COO or designee will discuss and document:

- How the surge can be accommodated if it occurs.
- How patients can be transferred to the alternative site if necessary.
- Using the resources offered by the MHOAC in supplies, pharmaceuticals, or staff.

2.8.4 The Chief Medical Officer in consultation with the Director of Nursing will develop a surveillance process to provide early indications of potential patient surge that may result from an infectious disease outbreak, bioterrorism attack, or release of a hazardous material. ODCHC staff will monitor and report to the Chief Medical Officer:

- Unusual appointment patterns.
- Unusual spikes in walk in patterns.
- News reports about flu or other pandemics.
- 4 Signs of bioterrorism attack.

2.8.5 Increasing surge capacity- The Director of Nursing and Site Medical Directors will solicit staff input as to how to increase health center surge capacity. Some of the areas of focus may be:

- Review patient flow and identify additional triage locations for surge capacity.
- Evaluate break rooms, conference rooms, or waiting areas for additional surge capacity.
- Designate spaces for isolating patients of chemical or bioterrorism exposure.

- Review emergency vehicle access and ensure triage areas can be reached by First Responders easily.
- Establish friendly relations with the surrounding community. Explore the possibility of using a local business space, church, school as additional health center space if needed.
- Survey the health center staff as to their ability to get to the health center site in case of an emergency. Various emergencies will limit staff availability. This will help with projecting future surge capacity.

2.9 Disaster Medical Resources

2.9.1 Personnel- The ODCHC health center will rely primarily on its existing staff for response to emergencies and will therefore take the following measures to estimate staff availability for emergency response:

- Identify staff with conflicting practice commitments.
- Identify staff with distance and other barriers that limit their ability to report to the health center.
- Identify staff that is likely to be able to respond rapidly to the health center.

2.9.1.2 Open Door Community Health Centers has a panel of bilingual staff that can help with communication issues during and after the emergency. The translation telephone system is also available for the staff use.

2.9.2 Pharmaceuticals and medical supplies/equipment.

2.9.2.1 ODCHC has an ongoing relationship with the MHOAC and if supplies, equipment, or pharmaceuticals are needed, will consult with the MHOAC.

- The MHOAC will assess the health centers needs as well as the health centers stockpile and vendor supply capabilities.
- If the resources are available the MHOAC may be able to access State supplies.
- If the State supplies have been exhausted, the MHOAC may have access to the National Pharmaceutical Stockpile.

2.9.2.2 Each health center shall be responsible for maintaining sufficient Personal Protective Equipment (PPE) for staff. Clinical staff will be trained on the use of PPE as well as criteria for using PPE.

- PPE equipment shall be kept in each exam room for ease of use.
- N95 masks have been fit tested and provided for health center staff.
- PPE will be used when a patient presents with suspected infectious disease requiring PPE according to the Infection Control Plan.
- Corporate Services is responsible for maintaining a supply of PPE equipment and rotating stock to assure efficacy.

2.10 Disaster Behavioral Health

2.10.1 Following a bio-terrorism event, natural disaster, or man-made disaster, anxiety and alarm can be expected from affected patients, their families, healthcare workers, and the worried well. Psychological responses may include fear, anger, panic, unrealistic concerns about infections, fear of contagion, paranoia, and social isolation. When available, behavioral health staff may be called on to assist in the health center experiencing the event to help manage the behavioral health needs of patients, families, and staff.

2.10.2 The scope of behavioral health services that can be provided in the health center will depend on the health center staff available, capacity of the health center, and the type of event. The Chief Medical Officer in consultation with the Behavioral Health Medical Director will assess the health centers needs as well as the staffing resources and provide services where appropriate.

2.10.3 The Behavioral Health staff will prepare training materials on typical survivor response to a disaster, recognizing abnormal stress levels in staff, and local community resources for behavioral health.

2.11 Public Information/Risk Communication

2.11.1 The Incident Commander will contact the CEO or designee before appointing a Public Information Officer (PIO) during the event. The CEO may decide to take on that role, or may designate an individual for that responsibility. The PIO will coordinate with the Local Area PIO on the communication released to the public. A unified message builds confidence in the health care system with the public. Some of the elements to consider in communication:

- Nature and status of the health center.
- Appropriate actions for protection, for seeking health services, and obtaining needed information.
- The status of the health center and its ability to deliver services.
- No communication will be released during or after the event without the PIO's approval.

The ODCHC Communications Department may, during the course of the year produce information for staff on disaster preparedness.

2.12 Training, Drills, and Exercises

2.12.1 ODCHC is committed to keeping its staff trained in the Emergency Operations Plan and its execution through exercises, drills and education.

2.12.1.1 Every employee will be oriented in their new employee training or the subsequent worksite orientation and training in the following:

- Rainbow Chart and the information contained within.

- The location and operation of fire extinguishers.
- The location of fire alarm notification systems or telephones for internal paging.
- How to call a Code Red.
- How to dial 911 in the event of a fire.
- How to assist patients and staff in the event of an evacuation.
- Location of oxygen.
- Location of emergency medical equipment.
- How emergency codes are called.
- Actions to be taken in the event of a fire drill or emergency drill.

2.12.3 ODCHC will rehearse this disaster plan at least twice per year.

- Drills will include one of the following response issues in their scenario.
 - Health center evacuation.
 - Bioterrorism.
 - Mental Health Response.
 - Coordination with government emergency responders.
 - Expanding health center surge capacity.
- Drills will be conducted with one being a live action with staff involved and one being a table top session with the intent of exercising the Plan and finding failure points.
- Actual incidents, disasters, natural or man-made can be counted toward this drill requirement as long as there is an after action report.
- When given the opportunity to participate in community wide drills ODCHC will participate where feasible.

2.12.4 Evaluation of drills- Effectiveness will be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities will be critiqued by the Safety Committee and reported to the Executive Team.

2.12.4.1 Based upon the after action report the Safety Committee will develop a Corrective Action Plan that includes recommendations for:

- Additional training and exercises.
- Changes in the Emergency Operations Plan or Policies.
- Acquisition of additional resources.
- Enhanced coordination with response agencies.

2.12.5 Plan development and maintenance will be a function of the Safety Committee. The Safety Committee will annually review the plan, strategically plan the next set of drills, ensure staff training has been coordinated, review if new equipment or policies need to be incorporated, and include information from the MHOAC if local conditions have changed. The

Safety Committee will also review the Rainbow Chart for updates, and assure that the hazardous materials inventory is current.

2.12.6 A copy of this plan will be shared with the MHOAC.

2.12.7 As ODCHC undergoes change with the remodeling, construction, installation of new equipment, and changes to personnel the Safety Committee will monitor the plan for required updates.

- Evacuation routes will be modified and updated as needed.
- The Rainbow Chart will be modified and updated as needed.
- Emergency response duties will be reassigned to new personnel as needed.
- The locations of key supplies, hazardous materials, and safety supplies will be monitored as needed.
- Vendors, repair services, and other key information for newly installed equipment should be incorporated into the plan as needed.

Response

3.1 Introduction- Included in these sections will be the ODCHC response to disasters both internal and external.

3.2 ODCHC has established the following disaster response priorities

- Ensure life and safety- protect the life and provide care for injured patients, staff, and visitors.
- Contain hazards to facilitate the protection of life.
- Protect critical infrastructure, facilities, vital records and other data.
- Resume the delivery of patient care.
- Support the overall, community response.
- Restore essential services/utilities.
- Provide public information regarding the incident.

3.3 Alert, warnings, and notification- Upon receipt of an alert from the MHOAC or other credible sources the ODCHC CEO, or designee, will notify key managers, order the updating of phone lists, and the inspection of protective equipment, key supplies, pharmaceutical caches, and critical equipment. Decisions will be made by CEO/COO or designee if the health centers will remain open, closed, or re-opens depending upon the nature and size of the emergency.

3.4 Response activation and initial actions. - This plan may be activated in response to events occurring within the health center or external to it. Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to their supervisor and the Corporate Administrator listed in the Rainbow Chart Emergency Phone Numbers-Staff. Fires, serious injuries, threats of violence and other serious emergencies should be

reported to fire or law enforcement by calling 9-1-1. All staff should initiated emergency response actions consistent with the emergency response procedures outlined in the Rainbow Chart.

If the emergency significantly impacts health center patient care capacity or the community served by the health center CEO/COO or designee will notify the MHOAC.

This plan may also be activated by CEO, or designee, at the request of the MHOAC.

3.5 Emergency management organization- ODCHC will use the Incident Command System (ICS) for emergency response as needed. The ICS clearly defines roles and responsibilities and quickly mobilizes response resources. The ICS is a standardized management system used by government organizations and other health care organizations. Under the ICS, the organizations overall response is directed by the Incident Commander. The CEO may serve in that role or may appoint another staff member or clinician to that role.

See Appendix for the ICS Organization Chart for ODCHC

3.5.1 The Incident Commander oversees the command/management function and this is the position that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding health center staff and organization units.

The management staff supporting the Incident Commander consists of a Public Information Officer, Safety Officer, Security Officer; Liaison Officers (responsible for coordination with other agencies) and legal council may be added to the management staff. ***See Appendix for Job Action Sheets [\(Sheets\)](#)***

3.5.2 The ICS employs four functional sections (operations, planning, logistics, and finance) in its organizational structure. ***See Appendix for Job Action Sheets [\(Sheets\)](#)***

Operations Section- Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section.

Planning Section- Collects, evaluates and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; performs advanced planning; and documents the status of the health center and its response to the disaster. ***See Appendix for a sample Disaster Report Form [\(Disaster4\)](#)***

Logistics Section- The logistics section provides facilities, services, personnel, equipment and materials to support the response operations. The Logistics Section also manages volunteers and the receipt of donations.

Finance Section- Tracks personnel and other resource cost associated with response and recovery, provides administration support to response operations.

3.5.3 The Incident Command System has the following additional characteristics:

- Organizational flexibility-modular organization.

The specific functions that are activated and their relationship to one another will depend on the size and nature of the incident. Only those functional elements that are required to meet objectives will be activated. A single individual may perform multiple functional elements as in safety and security, or finance and logistics.

- Management of personnel- Hierarchy of command and span of control.

Each activated function will have a person in charge, but a supervisor may be in charge of more than one functional element. Every individual will have a supervisor, except for the Incident Commander.

- Emergency Operations Center (EOC) Action Plans.

Action Plans provide the EOC and other response personnel with knowledge of the objectives to be achieved and the steps required for their achievement. They also provide a basis for measuring achievement of objectives and overall response performance. The action planning process should involve the EOC Incident Commander, management staff and other EOC sections.

Action Plans are developed for a specific operational period which may range from a few hours to 24 hours. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established to accomplishing those actions. The Action Plan need not be complex, but should be sufficiently detailed to guide the EOC elements in implementing the priority actions.

3.5.4 EOC staff assignments

The ICS organization chart located in the Appendix will be the emergency response structure. Positions will be filled only as needed to meet the needs of the response. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the five primary functions of the Incident Command System (ICS) will be made or delegated by the Incident Commander.

ICS positions should be assigned to the most qualified and trained staff. Under emergency conditions, however it may not always be possible to appoint the most appropriate staff. In that case the Incident Commander will be required to use best judgement in making position appointments and specifying the range of duties and authority those positions can exercise.

Following are examples of potential assignments of health center staff to ICS positions:

- Incident Commander- CEO, COO, Medical Director, Director of Nursing.
- Operations Section Chief- Medical Director, Director of Nursing or Deputy Director
- Planning Section Chief- COO or Deputy Director.
- Logistics Section Chief- Corporate Services Management, COO, Chief Human Resources Officer or Facilities Director.
- Finance Section Chief- CFO, Controller, CEO.

3.6 Emergency Operations Center (EOC) operations

3.6.1 The organizations Emergency Operations Center (EOC) will be located at 1275 8th Street, Arcata, Ca. 95521 for a system wide or major emergency. The local health center will be designated as the EOC for a one health center emergency.

3.6.2 In the event this site is obstructed or unavailable, a new site will be chosen by the Incident Commander based upon environmental conditions.

3.6.3 The organization EOC will be opened by the CEO, COO, Medical Director, Director of Nursing, or the most senior staff available under the following circumstances:

- Any health center will be inoperable for more than 24 hours.
- Coordination with the MHOAC is needed for an extended period of time.
- ODCHC needs augmentation of medical supplies, pharmaceuticals, or personnel.
- ODCHC needs to coordinate patient movement between health centers or between health center and a higher level of care.
- Damage to a health center or health center operations is sufficient to require health center management to set priorities for restoring health center services and manage the full restoration of health center services over an extended period of time.
- Potential evacuation of the site.
- Locally declared disaster with potential for illness or injury in health center service area.
- Resources in the local health center do not have the resources to meet the emergency needs.

3.6.4 Copies of this plan will be available for staff and Administration either in hardcopy or an electronic copy.

3.6.5 The EOC will be deactivated by the Incident Commander when the threat subsides, the response phase ends and the recovery activities can be performed at a normal work station.

3.7 Medical care

It is the Policy of ODCHC that:

- The confidentiality of patient information remains important even during emergency conditions. health center staff will take feasible and appropriate steps to ensure confidential information is protected.
- Due to legal liabilities, staff will never transport patients in private vehicles under any circumstance. In a widespread emergency, the Operational Area will determine how and when to transport victims through already established channels selected by the County.
- Arriving patients will be triaged and moved to the appropriate area. If the patient chooses to leave without medical treatment, document their refusal of treatment.
 - Children will be allowed to leave ONLY with parents, family members of other adults who have accompanied them to the health center and who provide confirming identification, (photo id). If no appropriate adult is available, health center staff will;
 - Provide a safe supervised site for children away from adults.
 - Attempt to contact each child's family.
 - If contact is not possible, contact Child Protective Services, to provide temporary custodial supervision until a parent or family member is located.

3.7.1 Medical management- to the extent possible, patients injured during an internal disaster will be given first aid by the health center staff. If circumstances do not permit treating patients at the health center, they will be referred to the local emergency room, unless their injuries require immediate attention.

If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 9-1-1 will be called and the patient will be sent by ambulance to the nearest emergency room. If 9-1-1 services are not available, a request for medical transport will be conveyed to the MHOAC.

Visitors or volunteers, who require medical evaluation or minor treatment, will be treated and referred to their physician or local emergency room. Employees who require medical evaluation or minor treatment will be treated and referred to their physician or local emergency room.

As directed by the Site Medical Director, or designee, staff will take the following actions;

- Triage/First Aid: The Site Medical Director or Director of Nursing will establish a site for triage and first aid under the direction of a licensed provider or RN. Triage decisions will be based on the patient condition, health center status, availability of staff and supplies, and the availability of community resources. The most likely location may be a parking lot, break room, or waiting area. A RN or licensed provider will be assigned to perform the triage.
- Assessing and administering medical attention will be done by a licensed provider or RN. The medical care team will provide medical services within the health center's capabilities and resources.
- Additional medical resources can be requested through COO or designee or the MHOAC.

3.7.2 Increase in surge capacity.

- 3.7.2.1 The CEO, COO, Chief Medical Officer, or Director of Nursing for the health center will activate the health center's procedures for increasing surge capacity when;
- Civil authorities declare a bioterrorist emergency or other disaster that affects the community.
 - Health center utilization or anticipated utilization substantially exceeds health center day to day capacity with or without the occurrence of a disaster. ODCHC health centers will take the following actions to increase health center surge capacity.
 - Establish a communication link with the COO.
 - Periodically report health center status, numbers of ill/injured, types of presenting conditions and resource needs and other information requested by the MHOAC in a format defined by the Operational Area.
 - Reduce patient demand by postponing/ rescheduling non-essential visits. Cancel and reschedule non-essential appointments.
 - Report status to the COO to determine if patients may be referred to other health centers within the organization. Inform the COO of types of conditions that presenting patients have developed.
 - Refer patients to alternative facilities. Patients with symptoms that indicate exposure to infectious, nerve, or other toxic agents will be referred to;
 - St. Joseph Health System Eureka.
 - Redwood Memorial Hospital.
 - Mad River Community Hospital.
 - Sutter Coast Hospital.

3.7.2.2 Triage procedures

- The ODCHC health center will establish a triage area in the location designated by the health center Site Medical Director or Director of Nursing that is clearly delineated, secured and with controlled access and exit.
- If bioterrorism is suspected, all staff in the triage area will wear Personal Protective Equipment (PPE).
- All patients entering triage will be identified through a name tag and registered.
- Triage arriving patients to either immediate or delayed treatment.
- In response to suspected or verified bioterrorist attack, isolate infected patients from other patients, especially if suspected agent is human to human contagious or is unknown. Use standard infection control standards at a minimum. ***See Appendix for Infection Control Plan ([Infection](#))***
- Implement decontamination procedures as appropriate.
- Arrange for transportation of patients and documentation of transportation for patients requiring higher level of care as rapidly as possible using the 9-1-1 system or MHOAC.

- Direct uninjured yet anxious patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.
- Provide written instructions for non-contagious patient seen and discharged.

3.8 Acquiring response resources- The Logistics Section should, carefully monitor medical supplies and pharmaceuticals and request augmentation of resources from MHOAC at the earliest sign that stocks may become depleted. The health center will maximize use of available hospitals, other health centers and other external resource suppliers as is feasible.

3.8.1 In a response to a disaster, health center staff may require additional personnel, supplies, equipment or an Administrative decision concerning the acquisition or disposal of a resource, or the expenditure of funds. Requests for assistance will be transmitted from various areas of the organization via existing lines of communication to the EOC. The EOC will acknowledge the receipt of the request and, immediately address the need from current resources or incorporate the request into planning and the priority setting process.

3.8.2 The Logistics Section staff in the EOC may turn to external vendors for the resources or the MHOAC using existing or alternative methods of communication.

3.8.3 The MHOAC will seek resources to fill the request from within the Operational Area. If resources cannot be found and the request is high priority, it will be submitted to Regional, State, Federal response levels until the requested resource can be obtained.

3.8.4 As information develops about current and future resource needs, Purchasing should consider contacting vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity and capability to meet those needs. ODCHC recognizes that in a major disaster, medical supply vendors may face competing demands that exceed their capacity. In that case a request for assistance will be submitted to the MHOAC, who will set resource allocation priorities.

3.8.5 ODCHC EOC or CEO or designee will notify other health centers, outside the organization, with which a mutual aid understanding has been arranged. It will also notify the HCEPP and ask for assistance.

3.9 Communications

3.9.1 The Incident Commander may appoint a Communications Officer, who will work under the Logistics Section and will use the organizations communication resources to communicate and document with;

- The MHOAC.
- Emergency Response Services.
- Outside relief agencies.
- The HCEPP.

- Other health centers outside the organization.
- Contact lists for the Communications Officer are located in the Rainbow Chart under Emergency Telephone Numbers-Community.

3.9.2 Communications procedures- All external communications will be authorized by the Incident Commander or designee unless emergency conditions require immediate communications. All outgoing and incoming messages will be recorded on message forms and all incoming messages will be shared with the EOC Planning Section.

3.10 Public Information/Crisis Communication;

3.10.1 During a disaster response, all public information activities must be coordinated with the Operational Area PIO.

3.10.2 The ODCHC organization may perform the following public information/ crisis communications tasks coordinated by the organizations Public Information Officer (PIO) in coordination with the CEO or designee.

- Conducting interviews with print and broadcast news media.
- Coordinating the dissemination of information to health center staff, community members, patients and other stakeholders.
- Managing visits by VIPs.
- Providing information to the HCEPP, and where appropriate coordinating media relations with the Committee.

3.10.3 When the PIO is working with community relations, after consultation with the CEO or designee the PIO may;

- Coordinate health center releases of information to the community on the status of staff, family, and friends. Briefings will be held at a safe location away from the EOC to prevent further interruptions with evacuation and treatment efforts.
- The PIO will participate in media interviews and develop communications strategies to keep patients and community members informed of the situation at the health center, its operating status, and alternatives for receiving services.
- The PIO should establish relationships with community media, especially outlets that are preferred by communities that are non-English broadcast media, where appropriate.
- In coordination with the Operational Area, the PIO can provide information to the community that includes recommended actions, protective measures, and locations of various services and resources. Under some circumstances, the PIO can request broadcast media to broadcast a message specifically for the staff of the organization to inform them of health center operational status and expected actions. Information should be disseminated in the languages spoken in the communities served by the organization.

3.10.5 The PIO will coordinate the delivery of information to staff through the internet, fliers, meetings, and conference calls. Information can include health center status, impact of the disaster on the community, status of the overall response, and organizational management decisions.

3.10.6 The PIO will ensure that all public releases of information protect patient confidentiality.

3.11 Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The Incident Commander will appoint a Security Officer who will be responsible for ensuring the following security measures are implemented;

- Security will be provided initially by existing staff under the direction of the Security Officer. Staff may be augmented by contract security personnel, law enforcement, or if necessary by volunteers.
- Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.
- Supervisors will ensure all health center staff wears ID badges at all times. Security will issue temporary badges if needed.
- Security will use yellow tape and a bullhorn to assist in crowd control if needed.
- The Security Officer will ensure that the health center site is and remains secured following evacuation.

3.12 Mental Health Response

The Mental Health Medical Director, or designee, and/or Director of Nursing will report to the Chief Medical Officer position in the Operations Section of the organization's ICS structure.

When directed by the Incident Commander the Mental Health Medical Director, or designee, will assess the immediate and potential mental health needs of the health center patients and staff, considering;

- The presence of casualties.
- Magnitude and type of disaster.
- Use or threat of weapons of mass destruction.
- Level of uncertainty and rumors.
- Employee anxiety levels.
- Level of effectiveness of EOC operations.
- Convergence of community members.
- Patient levels of stress and anxiety.
- Presence of children.
- Cultural manifestations.
- Request the EOC to notify the MHOAC of the mental health response.
- Communicate community mental health assessments to MHOAC and local jurisdiction contacts.

- Determine need to: recall mental health staff to the health center, request the response of contract mental health clinicians, or request mental health assistance from the MHOAC or other health centers. Establish communications or alert contract and other mental health providers who may be needed to support the health center's mental health response. Coordinate with mental health service responders.
- Establish site for mental health team operations.
- Conduct ongoing monitoring of mental health status of staff and patients.
- Establish procedures to refer staff or patients to required mental health services beyond the scope that can be delivered by the mental health team.
- Document all mental health encounters with staff and patients. Include information required for follow up on referrals. Maintain records of events, personnel time, and resource expenditures.
- Coordinate any issuance of mental health information with the Incident Commander or PIO.
- Provide reports on the mental health status of health center staff and patients. Report mental health team actions and resource needs to the EOC.
- Activate procedures to receive and integrate incoming mental health assistance.
- Initiate recovery activities.

3.12.1 Response to psychological aspects of emergencies including bioterrorism events

The following are some steps that can be taken by health clinicians and licensed mental health personnel to mitigate and respond to the psychological impact of the disaster;

- Communicate clear, concise information about the infection, how it is transmitted, what treatments are available, when prophylactic antibiotics, antitoxin serums or vaccines will be distributed.
- Provide counseling to the worried well and victim's family members.
- Give important tips to parents and caregivers such as;
 - It is normal to experience anxiety and fear during a disaster.
 - Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
 - Watch for unusual behavior that may suggest your child is having difficulty dealing with disruptions.
 - Limit television viewing of terrorist events or other disaster coverage and dispel any misconceptions or misinformation.
 - Talk about the event with your child.

3.13 Volunteer/Donation Management

3.13.1 Volunteers

In a widespread emergency, providers and nurses may seek to volunteer at the health center. The Logistics Section will establish a Volunteer and Donation Reception Center. The center's location will

be set-up in a safe location based upon existing disaster conditions away from the health center treatment center. ***See Appendix for Licensed Professional Volunteer Policy (Volunteer2)***

All volunteers who arrive at the health center will be sent to the Center for verification of identity and credentials and to complete volunteer registration forms. The Center will provide the organization's intake process.

ODCHC will participate in the County Disaster Healthcare Volunteers Program (DHV).

- Medical providers and RNs, if they chose, will be preregistered with the County DHV system.
- ODCHC will use the system to verify licensure and scope of practice in a declared disaster.
- If the volunteer, Provider or RN, is not registered with the DHV then;
 - The volunteer will be sent to the Volunteer and Donation Reception Center.
 - Verification of identity and licensure will occur.
 - The Chief Medical Officer and Nursing Leadership will then determine the optimum location for the volunteer and their scope of practice and skills.

The Center will also coordinate the receipt of donations. The Logistics Section Chief will develop a list of needed donations and delegate the appropriate staff on site to handle this task;

- Only needed donations, as identified by the Logistics Section Chief will be accepted.
- All donations will be documented and accounted for by the Finance Section.
- The Chief Medical Officer and Director of Nursing will supervise distribution and disposal of donated medical supplies, equipment and pharmaceuticals.
- All donations will be documented and acknowledged later by the Finance Section prior to being handed over to the Chief Medical Officer for disbursement.

3.14 The following procedures provide guidance for initial actions for internal emergencies

See Appendix for Fire Plan Policy

- In the event of a fire within the health center, institute RACE:
 - R= remove the patients and others from fire or smoke areas.
 - A= Announce Code Red through manual fire pulls and have someone call 9-1-1.
 - C= Contain the smoke/fire by closing all doors to rooms and corridors.
 - E= Extinguish the fire if it is safe to do so and/or
 - Evacuate the facility.
- If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 9-1-1.
- Notification of on-duty staff of an emergency event will be made by using the codes in the Rainbow Chart telling them of the situation or calling for help, as appropriate. During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the health center, it is important to communicate with staff as soon as possible.
- If the event requires outside assistance and the telephone lines are not working, a runner may be sent to the nearest working telephone, fire station or law enforcement station for assistance.

3.14.1 Damage assessment

ODCHC Corporate Services will conduct an assessment of damage caused by the disaster to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous materials spill, fire or utility failure. The facility may require three levels of evaluation.

Level 1- Rapid evaluation to determine if the building is safe to occupy.

Level 2- A detailed evaluation that will address structural damage and utilities.

Level 3- A structural/geologic assessment.

Depending on the event and the level of damage, fire or law enforcement, may conduct a Level 1 or 2 assessments. If the damage is major, a consulting engineering evaluation, assessment by a County engineer, and/or inspection by the licensing agency may be required before the health center can reopen for operations.

Following each level of evaluation, inspectors will classify and post each building as (1.) Apparently OK for occupancy ;(2.) Questionable: Limited Entry; (3.) Unsafe for any occupancy. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

3.14.2 Hazardous Materials Management

ODCHC will maintain a list of all hazardous materials and their Safety Data Sheets information noting, locations, and procedures for safe handling, containing and neutralizing them. This list will be kept as a hardcopy and on the "S" Drive. ***See Appendix for the Hazardous Materials Policy (Hazardous)***

All materials will have their contents clearly marked on the outside of their containers. In the event of a hazardous materials release inside the health center, health center staff should;

- Avoid attempting to handle spills or leaks themselves unless they have referred to the Hazardous Materials Policy and have the appropriate equipment and can safely and completely respond.
- Immediately report all spills or leaks greater than 300cc. Phenol spills larger than 50 ml should also be reported to Risk Management or designee.
- Isolate area of the spill and deny entry to building or area. Initiate fire or hazmat cleanup notifications, as appropriate.
- Obtain further information from Risk Management or the COO or designee as needed.

3.14.3.1 In the event of an evacuation for a hazardous materials spill the following instructions are communicated to the staff.

- All available staff members and other able bodied persons should do everything possible to assist personnel at the location of the hazardous materials spill in the removal of patients.
- Close all doors and windows.
- Turn off all unnecessary equipment, but leave the lights on.
- Evacuate the zone or building and congregate at the assembly area. Evacuation exits are posted and located in the Rainbow Chart.
- Patients, staff, and visitors should not be readmitted to the health center until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Commander.

3.14.3.2 Procedures for evacuating patients

- Patients will be evacuated according to the following order;
 - Persons in imminent danger.
 - Patients in wheelchairs.
 - Ambulatory patients.
- Staff should escort ambulatory patients to the nearest exit and direct them to the assembly point in the Rainbow Chart. They should be reminded to check in with staff. Wheelchairs will be utilized to relocate wheelchair bound patients to a safe place.
- During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.
- If patients wish to leave record their name prior to departure.
- If safety permits, all rooms will be completely searched by assigned staff upon completion of the evacuation to ensure that all patients, staff and visitors have been evacuated.
- Lists of patients will be prepared by front desk staff, from the schedule, and compared to the assembly area list. This list, including the names and disposition of patients, will be sent to the Incident Commander.
- The Director of Nursing will report the numbers of patients, visitors, and staff evacuated, as well as any injuries or fatalities the Incident Commander.
- When patients are removed from the health center, staff will remain with them until they are able to safely leave or have been transported to the appropriate facility for their continued care and safety. If patients evacuated from the health center are unable to return home without assistance, the relatives of patients evacuated from the health center will be notified of the patient's location and general condition by the health center staff as soon as possible.

3.14.3.3 Evacuation information

In case a partial or full building evacuation is required see ***Appendix for the Rainbow Chart for General Health Center Evacuation procedures*** ([Evacuation](#)).

The following information should be used to facilitate the evacuation.

- Floor plan and map of exits within the building, location of the emergency equipment including fire extinguishers, phones, and fire route out of the building, and supplies. ***See Appendix for Rainbow Chart Facility Map***([Command](#))
- Where and how to shut off the utilities, including emergency equipment, gas, electrical, water, computers, heating and cooling, compressors, and telephones.

3.14.4 Decision on health center operational status

Following the occurrence of an internal or external disaster or the receipt of a credible warning the CEO, COO or designee, will decide the operating status for the ODCHC health centers. The decision will be based on the results of the damage assessment, the nature and severity of the disaster and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the health center, return to the building and/or re-open the building for full or partial operation depends on an assessment of the following:

- Extent of facility damage/ operational status.
- Status of utilities.
- Presence and status of hazardous materials.
- Condition of equipment and other resources.
- Environmental hazards near the health center.

3.14.4.1 Extended health center closure

If ODCHC experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the CEO, COO or designee may suspend health center operations until conditions change. If that decision is made the organizations staff will:

- If possible, ensure the health center site is secure.
- Notify staff of health center status and require they remain available for return to work or health center reassignment, unless permission otherwise is given.
- Notify the MHOAC of its change in status. Work with other health center staff to attempt to accommodate the damaged health centers patients.
- Notify California Department of Health Services Licensing Division (CDPH) Santa Rosa office.
- Notify the nearest hospitals and health centers of the change in health center operating status and intent to refer patients to alternative sources of care.

- Place a sign on the health center doors, in the appropriate language, which explains when the health center expects to reopen and location of the nearest source of medical services.
- If the environment is safe, station all staff at the health center entrance to answer patient questions and make referrals.
- Implement business recovery process.

3.14.4.2 ODCHC Response to Disaster Alert, Warning, or Notification

Disasters can occur both with and without warning. Upon receipt of an alert from the MHOAC or other credible sources the ODCHC CEO, COO or designee, will notify key managers, order updating of the phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

Depending upon the nature of the warning and the potential impact of the emergency on ODCHC, the CEO, COO, Chief Medical Officer may decide to evacuate the facility; suspend or curtail health center operations; take actions to protect equipment, supplies and records; move equipment and supplies to secondary sites; backup and secure computer files; or other measures he/she may find appropriate to reduce health center, staff, and patient risk.

The CEO, COO or designee, will consider the following options, depending on the nature, severity and immediacy of the expected emergency:

- Close and secure the health center or health centers until after the disaster has occurred. Ensure visitors and patients can return home safely.
- Review plans and procedures. Update contact information.
- Check inventory of supplies and pharmaceuticals. Augment as needed.
- Notify the MHOAC (County), community members and staff, cancel scheduled appointments.
- Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.
- If time permits, encourage staff to return to their homes.
- If staff remains in the health center, take shelter as appropriate for the expected disaster.
- Ensure staff is informed of call-back procedures and actions they should take if communications are not available.
- Take protective action appropriate for the emergency.
- Communicate status to the MHOAC.
- If the health center is to remain fully or partially operational;
 - Review plans and procedures. Update contact list.
 - Check inventory of supplies and pharmaceuticals. Restock as needed.
 - Reduce health center operations to essential services.

- Cancel non-essential appointments.
- Ensure safety of patients and staff.
- Communicate status to MHOAC.

3.14.4.3 Determining Response Role

If ODCHC health centers remain fully or partially operational following a disaster, the CEO, COO or designee, Chief Medical Officer and other members of the EOC will define the response role the health center will play. The appropriate response role for ODCHC health centers will depend on the following factors:

- The impact of the disaster on ODCHC.
- The level of personnel and other resources available for response.
- Pre-event medical care services and other capacity of ODCHC.
- The medical care environment of the community both before and after a disaster occurs as assessed by the MHOAC. (medical care demands may be reduced if the 9-1-1 system and nearby hospitals are operational and not overwhelmed).
- The needs and response actions of the community served by ODCHC.
- The priorities established by the ODCHC CEO and Board of Directors. (to remain open if at all possible following a disaster).
- The degree of planning and preparedness of ODCHC and its staff.

3.15 Response to External Emergencies.

An external disaster is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials release or terrorist events. An external disaster may directly impact the health center facility and its ability to operate.

3.15.1 Local vs. widespread emergencies

Local emergencies are disasters with effects limited to a relatively small area. In local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients from the disaster area.

In widespread emergencies, nearby medical resources are likely to be impacted and therefore less likely to be able to offer assistance to the organization. Hospitals may also have a higher response priority than health centers for resupply and other response assistance.

3.15.2 Weapons of Mass Destruction (WMD)

Preparations for an event involving weapons of mass destruction- chemical, biological, nuclear, radiological, or explosive (CBNRE) should be based on existing programs for

handling hazardous materials. ***See Appendix for Matrix of Bioterrorism Agents. (Biohazardous)***

If staff should suspect an event involving CBNRE weapons has occurred, they should;

- Remain calm and isolate victims to prevent further contamination within the facility.
- Contact the Site Medical Director, Chief Medical Officer, or Director of Nursing or other appropriate clinician.
- Secure personal protective equipment and wait for instructions.
- Comfort the victims.
- Contact the MHOAC.

3.15.2.1 Shelter in place

Weapons of Mass Destruction may result in the release of radiation, hazardous materials, and biological agents in proximity to the health center. Shelter in place may be the best strategy to minimize risk of exposure to these agents. ***See Appendix for Rainbow Chart Community Wide Disaster-Shelter in Place.***

3.15.3 Bioterrorism response

3.15.3.1 Reporting

Emergency amendments to the California Code of Regulations (Title 17, Section 2500) require that health care providers immediately report to the local health department those diseases that pose a significant public health threat, such as agents of biological terrorism.

ODCHC will report diseases resulting from bioterrorist agents, like other communicable and infectious diseases, to the County Health Department at 707-445-6097.

3.15.3.2 ODCHC response to a bioterrorism incident may be initiated by the CEO, COO or the Chief Medical Officer due to;

- The request of local civil authorities.
- Government official notification of an outbreak within or near the health center's community.
- Presentation of a patient with a suspected exposure to a bioterrorist agent. In case of presentation by a patient with suspected exposure to a bioterrorist agent, ODCHC will follow current CDC response guidelines.

3.15.2.3 Potential indicators of a bioterrorist attack are,

- Groups of people becoming ill around the same time.
- Sudden increase of illness in previously healthy individuals.
- Sudden increase in the following non-specific illness.

- Pneumonia, flu like illness, or fever with atypical features.
- Bleeding disorders.
- Unexplained rashes, and mucosal or skin irritation, particularly in adults.
- d. Neuromuscular illness, like muscle weakness and paralysis.
- e. Diarrhea.
- f. Simultaneous disease outbreaks in human and animal or bird populations.
- g. Unusual temporal or geographic clustering of illness (example- patients who attended the same public event, live in the same part of town, etc.).

3.15.3.4 Infection control practices for patient management

ODCHC will use Standard Precautions for managing all patients, including symptomatic patients with suspected or confirmed bioterrorism related illness. ***See Appendix for Infection Control Plan([Infection](#))***

For certain diseases or syndromes (Small pox, pneumonic plague, etc.) additional precautions may be needed to reduce the likelihood for transmission.

In general, the transport and movement of patients with bioterrorism related infections, as with patients with any epidemiologically important infections (pulmonary tuberculosis, chicken pox, measles, etc.), should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within the facility.

ODCHC has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment, and ensures that those procedures are being followed.

Facility approved germicidal cleaning agents are available in patient care areas to use for cleaning spills, contaminated material, or disinfecting non-critical equipment.

Used patient care equipment soiled or potentially contaminated with blood, body fluids, secretions, excretions is handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and the environment.

ODCHC has policies in place to ensure that equipment is not used for the care of other patients until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.

Sterilization is required for all instruments or equipment that enters normally sterile tissues or vascular systems.

Contaminated waste is sorted and discarded in accordance with Federal, State, and local regulations.

Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place. ***See Appendix for Infection Control Plan and Exposure Control Plan***[\(Infection\)](#)

If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the health centers capability, call 9-1-1. Local government, fire departments, and hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.

3.15.3.5 Patient placement

In small scale events, routine health center patient placement and infection control practices should be followed. However, when numbers of patients presenting to healthcare facility are too large to allow routine triage and isolation strategies, it will be necessary to apply practical alternatives. These may include grouping patients who present with similar syndromes into a designated section of the health center, or designating a building and creating a separate response center.

3.15.3.6 Evidence collection

ODCHC will follow the latest procedures for evidence collection from the CDC and elicit the recommendations of the MHOAC to preserve evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving weapons of mass destruction, a variety of responders, ranging from health care providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

- The health care provider's first duty is to the patients; however cooperation with other response agencies is strongly encouraged.
- The performance of evidence collection while also providing required decontamination, triage, and treatment should be reasonable for the situation.
- Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance.
- It is imperative that healthcare providers work with the local law enforcement agencies and prosecutors in the development and customization of these practices.
- Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum;

- ODCHC has a supply of plastic bags, marking pens, and ties to secure the bags.
- Each individual evidence bag will be labeled with the patient's name, date of birth, date of collection and site of collection.
- An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the health center and a copy given to the patient.
- The person responsible for the valuables and articles will be identified and documented. If possessions are transported to the FBI or local law enforcement, ODCHC will document who received them and which agency is responsible for returning them to the owner.

3.15.3.7 Mass prophylaxis

ODCHC encourages its providers to participate in a mass prophylaxis program, if the disruption to health center operations would not negatively affect the health of the community in which the health center serves.

Health care providers, from health centers throughout the county could be called to volunteer or distribute medication or provide vaccines in response to a large scale attack. Under this scenario, ODCHC would establish mass prophylaxis sites at the health centers. If requested the health center staff may participate in community prophylaxis sites that may be large facilities off health center grounds, such as school gymnasiums or warehouses that can accommodate large groups of peoples. These sites would require a large number of health care providers to administer medications. Since the County does not employ enough practitioners to staff the sites, they will look to the private sector, including health centers to adequately staff mass prophylaxis sites.

Recovery

4.1 Introduction

Recovery actions begin concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete.

This phase includes activities taken to assess, manage, and coordinate the recovery from an event as the situation returns to normal. These activities include;

- Deactivation of emergency response. The CEO, COO or designee, will call for deactivation of the emergency when the health center can return to normal or near normal services, procedures, and staffing. Post event assessment of the emergency response will be conducted to determine the need for improvements.

- Establishment of an employee support system. Human Resources will coordinate referrals to employee assistance programs as needed.
- Accounting for disaster related expenses. The Finance Section Chief will account for disaster related expenses. Documentation will include;
 - Direct operating cost.
 - Cost from increased use.
 - All damage or destroyed equipment.
 - Replacement of capital equipment.
 - Construction related expenses.
- Return to normal health center operations as rapidly as possible.

4.2 Documentation

To continue providing efficient service as was provided prior to the incident, ODCHC will immediately begin gathering complete documentation including photographs. Depending on the event, it may be necessary to expedite resumption of health care services to address unmet community medical needs.

4.3 Inventory damage and loss

ODCHC will document damage and losses of equipment using a current and complete list of equipment serial numbers, cost, and dates of inventory. This inventory will be filed with the CFO.

4.4 Lost revenue through disruption of services

The CFO will work with the Financial Section to document all expenses incurred from the disaster. An audit trail will be developed to assist with qualifying for any Federal or State reimbursement or assistance available for costs and losses incurred by the organization as a result of the disaster.

4.5 Cost/loss Recovery sources

Depending on the conditions and scale of the incident ODCHC will seek financial recovery resources in accordance with the following;

- The eligibility of health centers for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain circumstances.
- After the disaster has occurred and President has issued a Federal Disaster Declaration, assistance is available through FEMA and the Office of Emergency Services (OES). The Small Business Administration (SBA) provides physical disaster loans to businesses for repairing or replacing disaster damages to property owned by the business. Business and Non-profit organizations of any size are eligible.

- Following a Presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.
- A private non-profit facility is eligible for emergency protective measures (emergency access for provision of shelters, emergency care, provision of food or water, and other essential needs). And may be eligible for permanent repair work to pre-disaster design, pre-disaster function, and pre-disaster capability.
- ODCHC will file claims with our insurance carriers for damage to the health centers. The organization will not receive federal reimbursement for costs and losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

4.6 Psychological needs of staff and patients

Mental health needs of the patients and staff are likely to continue during the recovery phase. The Mental Health Director will continue to monitor for and respond to the mental health needs of the staff and patients.

4.7 Restoration of services

ODCHC will take the following steps to restore services as rapidly as possible.

- If necessary, repair health center facility or relocate services to a new or temporary facility.
- Replace or repair damaged medical equipment.
- Expedite structural and licensing inspections required to re-open.
- Decontaminate equipment and facilities.
- Facilitate the return of providers and staff to work.
- Replenish expended supplies and pharmaceuticals.
- Attend to the psychological needs of staff and community.
- Follow-up on rescheduled appointments.

4.8 After action report

ODCHC will conduct an after action debriefings with staff and participate in the HCEPP and the Operational Area after action debriefings. The organization will also produce an after action report describing its activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training, and improved coordination.

4.9 Staff support

The organization recognizes that health center staff and their families are impacted by community wide disasters. The health center will assist staff in their recovery efforts to the extent possible.

References

California Department of Public Health, Facility On-Site Damage Reporting, 2016

Arizona Health Centers, Emergency Operations Template, August 2006

Columbia School of Nursing, Center for Health Policy, Emergency Preparedness Toolkit for Community Health Centers & Community Practice Sites, July 2007

California Primary Care Association, Community Health center and Health Center Emergency Operations Plan Template, June 2004

Humboldt County Department of Health and Human Services Public Health, Disaster Healthcare Volunteer Program Management, EP-15-06, August 2015

Stanford Hospital and Health centers, Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advanced Practice Providers (APP) Policy, October 2012

UC San Diego Health System, Disaster Privileges for Volunteer Licensed Independent Practitioners and Allied Health Professionals Policy. September 2011

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HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS



EVENT	PROBABILITY 1 - Weekend this will occur 2 - Low 3 - High	SEVERITY = (MAGNITUDE - MITIGATION)					RISK
		HUMAN IMPACT 0 - N/A 1 - Low 2 - Moderate 3 - High	PROPERTY IMPACT 0 - N/A 1 - Low 2 - Moderate 3 - High	BUSINESS IMPACT 0 - N/A 1 - Low 2 - Moderate 3 - High	PREPARED-NESS 0 - N/A 1 - High 2 - Moderate 3 - Low or none	INTERNAL RESPONSE Take effort/resources 0 - N/A 1 - High 2 - Moderate 3 - Low or none	EXTERNAL RESPONSE Community Mutual Aid staff and resources 0 - N/A 1 - High 2 - Moderate 3 - Low or none
SCORE							Relative threat*
Electrical Failure	1	1	1	1	2	2	15%
Generator Failure	1	1	2	2	1	2	20%
Transportation Failure	1	1	0	2	2	2	17%
Fuel Shortage	2	1	0	2	3	2	41%
Natural Gas Failure	2	1	1	1	2	2	37%
Water Failure	2	1	2	2	3	2	46%
Sewer Failure	1	0	2	2	3	3	20%
Steam Failure	0	0	0	0	0	0	0%
Fire Alarm Failure	1	1	3	3	1	1	19%
Communications Failure	2	1	3	3	2	2	41%
Medical Gas Failure	0	0	0	0	0	0	0%
Medical Vacuum Failure	0	0	0	0	0	0	0%
HVAC Failure	1	0	0	0	3	2	15%
Information Systems Failure	2	1	1	3	2	2	44%
Fire, Internal	2	2	2	3	1	1	37%
Flood, Internal	1	1	2	2	3	2	22%
Hazmat Exposure, Internal	1	2	1	1	2	2	19%
Supply Shortage	2	1	1	2	2	2	41%
Structure Damage	1	2	2	3	2	1	22%
AVERAGE SCORE	1.21	0.89	1.11	1.58	1.79	1.63	20%

*Threat increases with percentages.

RISK = PROBABILITY * SEVERITY
0.20 0.40 0.49

Sample only from Eureka Community Health Center: Refer to the "S" Drive for your current Analysis

HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS



EVENT	PROBABILITY (method this will occur)	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE	1 = Low 2 = Moderate 3 = High	Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	Preexisting 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Time effectiveness, resources 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Community (Mutual Aid, staff and supplies) 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Relative impact 0 - 100%
Mass Casualty Incident (trauma)	1	3	0	3	3	1	1	20%
Mass Casualty Incident (infectious)	2	3	0	3	2	1	1	37%
Terrorism, Biological	1	3	1	3	3	3	2	28%
VIP Situation	1	0	0	1	2	2	2	13%
Infant Abduction	1	2	0	2	3	2	2	26%
Hostage Situation	1	3	1	3	3	2	1	24%
Child Detachments	2	1	1	2	2	2	2	37%
Labor Action	1	0	1	2	3	3	3	22%
Forensic Admission	0	0	0	0	0	0	0	0%
Bomb Threat	1	3	3	3	2	3	2	30%
AVERAGE	1.10	1.80	0.70	2.20	2.30	1.90	1.50	24%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.24	0.37	0.65

Sample only from Eureka Community Health Center: Refer to the
"S" Drive for your current Analysis

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)					RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE
	Likelihood of event occurring	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time effectiveness, resources	Community Mutual Aid staff and supplies
SCORE	0 = Not 1 = Low 2 = Moderate 3 = High	0 = Not 1 = Low 2 = Moderate 3 = High	0 = Not 1 = Low 2 = Moderate 3 = High	0 = Not 1 = Low 2 = Moderate 3 = High	0 = Not 1 = High 2 = Moderate 3 = Low or none	0 = Not 1 = High 2 = Moderate 3 = Low or none	0 = Not 1 = High 2 = Moderate 3 = Low or none
Mass Casualty Hazard Incident (from existing events at your MC with 1-5 victims)	0	0	0	C	0	0	0
Small Casualty Hazard incident (from existing events at your MC with 1-5 victims)	0	0	0	C	0	0	0
Chemical Exposure: External	1	2	1	2	3	2	2
Small Medium Sized Internal Spill	2	1	1	1	1	1	0
Large Internal Spill	1	1	1	2	3	1	2
Terrorism, Chemical Radiologic Exposure: Internal	0	3	2	2	3	2	1
Radiologic Exposure: External	0	0	C	C	0	0	0
Terrorism, Radiologic	0	0	C	C	C	0	0
AVERAGE	0.56	0.78	0.56	0.89	1.11	0.67	0.56

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.05	0.19	0.25

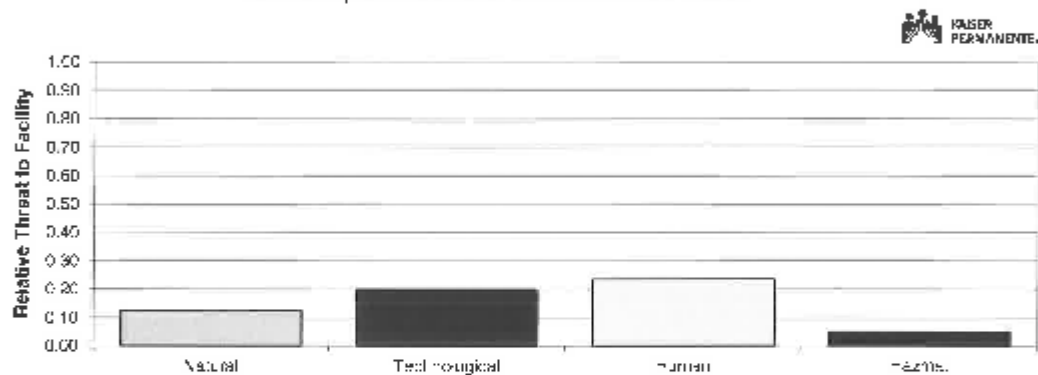
Sample only from Eureka Community Health Center: Refer to the "S" Drive for your current Analysis



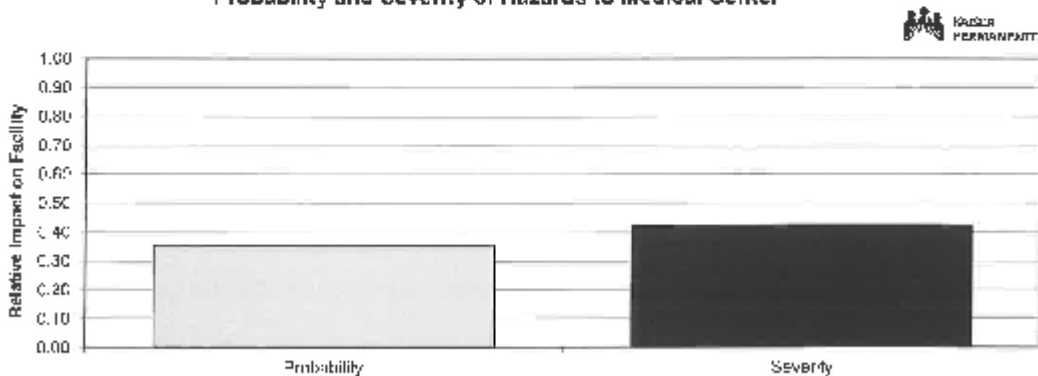
SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.38	0.40	0.37	0.19	0.35
Severity	0.33	0.49	0.65	0.25	0.42
Hazard Specific Relative Risk:	0.12	0.20	0.24	0.05	0.15

Hazard Specific Relative Risk to Medical Center



Probability and Severity of Hazards to Medical Center



This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

Sample only from Eureka Community Health Center: Refer to the "S" Drive for your current Analysis

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS



EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
Likelihood this will occur		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time effectiveness (minutes)	Community Mutual Aid effort and supplies	Relative threat
SCORE								
0 = Nil 1 = Low 2 = Moderate 3 = High	0 = Nil 1 = Low 2 = Moderate 3 = High	0 = Nil 1 = Low 2 = Moderate 3 = High	0 = Nil 1 = Low 2 = Moderate 3 = High	0 = Nil 1 = Low 2 = Moderate 3 = High or none	0 = Nil 1 = High 2 = Moderate 3 = Low or none	0 = Nil 1 = High 2 = Moderate 3 = Low or none	0 = Nil 1 = High 2 = Moderate 3 = Low or none	0 100%
Mass Casualty Hazard Incident from hazardous events at your MC with > 5 victims	0	U	0	0	0	0	0	0%
Small Casualty Hazard Incident from hazardous events at your MC with < 5 victims	0	0	U	0	0	0	0	0%
Chemical Exposure, External	1	2	1	2	3	2	2	22%
Small-Medium Sized Internal Spill	2	1	1	1	1	1	0	19%
Large Internal Spill	1	1	1	2	3	1	2	19%
Flammable, Chemical Radiologic Exposure, Internal	1	0	2	3	3	2	1	26%
Radiologic Exposure, External	0	0	0	0	0	0	0	0%
Biological Exposure, External	0	0	0	0	0	0	0	0%
Biological Exposure, Internal	0	0	0	0	0	0	0	0%
AVERAGE	0.55	0.78	0.56	0.89	1.11	0.67	0.56	5%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.05	0.19	0.25

Sample only from Eureka Community Health Center: Refer to the "S" Drive for your current Analysis

Open Door Community Health Centers
Injury and Illness Prevention Program
QUARTERLY INSPECTION
 Clinic Locations

Year _____

Inspection Period

First Quarter (**Due 03/31**) - ☐

Second Quarter (**Due 06/30**) - ☐

Third Quarter (**Due 09/30**) - ☐

Fourth Quarter (**Due 12/31**) - ☐

Date(s) of Inspection _____

Site	
Burre Dental Center	- ○
Del Norte Community Health Center	- ○
Eureka Community Health Center	- ○
Ferndale Community Health Center	- ○
Fortuna Community Health Center	- ○
Humboldt Open Door Clinic	- ○
McKinleyville Community Health Center	- ○
Mobile Health Services Van	- ○
NorthCountry Clinic	- ○
Northcountry Prenatal Services	- ○
Redwood Community Health Center	- ○
TVSC	- ○
TVSC Annex	- ○
Willow Creek Community Health Center	- ○

Inspected By
Name and Title

Name and Title

INSTRUCTIONS:

- Review all items listed on inspection form.
- Locations with dental services must complete the 380.1 Dental Supplement each month during the quarter.
- For any items that require action mark the *Action Required* box.
- Retain a copy of the inspection on site.
- Forward original to S Drive and Operations Site Binder.

FACILITY		YES	NO	N/A	ACTION REQUIRED
1	Is ventilation and illumination adequate in all areas?				
2	Are hallways and passageways clear and unobstructed?				
3	44" clear pathway in all patient areas?				
4	Are electrical cords secured to prevent tripping hazards?				
5	Are floors and steps in good condition and made slip-resistant where necessary?				
6	Are cabinets and shelving secured to the wall and tip-resistant?				
7	Are storage and equipment rooms clean and orderly?				
8	Is there 18" clearance from ceiling in sprinklered buildings?				
9	Are safety covers on electrical sockets in patient area?				
10	Is Biohazard area locked and signage intact?				
11	Are oxygen tanks secured?				
12	Are fire extinguishers tagged and visually inspected monthly?				
13	Is there 36" clearance in front of electrical panels?				
14	Are water and gas shut-offs in working order?				
15	Are disaster supplies stocked and current?				
16	Is the satellite phone charged?				
17	Are panic buttons in working order?				
18	Are equipment binders current?				
19	Are all exam room computer workstation equipment in proper working order?				
20	Is PHI regularly cleared from EKGs, spirometers, tympanometers, retinal cameras, digital cameras?				
21	Is the visitor sign-in log being used?				

GROUNDS		YES	NO	N/A	ACTION REQUIRED
22	Are exterior walkways slip resistant and free of tripping hazards?				
23	Are parking lot/exterior spaces clean and free of debris?				
24	Is parking lot free of pot holes?				
25	Is parking lot striping legible?				
26	Are parking lots/exterior spaces lighted adequately?				
27	Is landscaping neat and trimmed away from walkways?				

REQUIRED POSTINGS		YES	NO	N/A	ACTION REQUIRED
28	Is required documents poster with current clinic license posted in waiting room?				
29	Are the hours of operation posted at entrance?				
30	Are names and titles of licensed professional staff posted in lobby?				
31	Is the Infectious individuals sign posted at entrance(s)?				
32	Is CLIA certificate & CDPH lab license posted in lab?				
33	Is X-Ray registration posted?				
34	Are staff wearing ID badges/name tags?				

35	Is exterior signage current and legible?				
36	Are waiting room bulletin boards are current and appropriate?				
37	Have inappropriate postings been removed?				
38	Are evacuation maps posted throughout the facility?				
39	Are exit routes are clearly marked?				
40	Are exits clearly marked with lighted exit signs?				
41	Are lighted exit signs in working order?				
42	Are Rainbow Charts posted throughout clinic?				
43	Are OSHA postings easily accessible to employees?				
44	Are Workers Compensation postings easily accessible to employees?				

BLOODBORNE PATHOGENS		YES	NO	N/A	ACTION REQUIRED
45	Are hazardous waste containers clearly labeled and in working order?				
46	Are any sharps containers over ¾ full?				
47	Are masks, gloves, and hand sanitizer available at the front desk or waiting area?				
48	Are standard precautions followed by all employees?				

HAZARD COMMUNICATION		YES	NO	N/A	ACTION REQUIRED
49	Are all flammable or combustible materials stored and labeled properly?				
50	Are all chemicals stored and labeled correctly?				
51	Are SDS books kept in areas accessible to staff?				
52	Have SDS books been reviewed and updated this quarter?				
53	Are eyewash stations accessible and current?				
54	Are crash cart supplies up to date and being checked on schedule?				
55	Is personal protective equipment available in accessible locations?				
56	Are personal protective equipment kits in each exam room?				
57	Have all employees been instructed in the proper use of PPE?				

Please indicate the number of the following events that occurred at your facility in the last quarter:		
58	Employee Accidents:	
59	Employee Sharps Injuries:	

Open Door Community Health Centers

Potential Roles in a Community Disaster

Decision to be Made During the Emergency by Chief Medical Officer, or CEO, or COO and MHOAC

Natural Related

Health Center

Community

Triage and stabilization of patients, staff, and visitors	Triage and stabilization of community members arriving for emergency care
Treatment of minor injuries of patients, staff, and visitors	Treatment of minor injuries diverted from local Hospital
Shelter in Place for staff, patients, and visitors	Shelter in Place for community
Mental Health support for patients, staff and visitors	Mental Health support for community members seeking support
Provider of medical supplies, equipment, human resources for ODCHC Health centers	Provider of medical supplies, equipment, human resources to MHOAC

Human Related

Immunization/prophylaxis services for patients, staff and visitors	Immunization/prophylaxis services for community
Information relay for bioterrorism information (from MHOAC) to patients, staff, visitors	Information relay for bioterrorism information (from MHOAC) to community
Treatment center for patients, staff and visitors	Treatment center for community when hospital resources are overloaded
Mental Health support for patients, staff, and visitors	Mental Health support for community members seeking support

Hazardous Materials Release

Treatment center for patients, staff, and visitors	Treatment center for community when hospital resources are overloaded
Depending upon the hazardous material, decontamination space for patients, staff, and visitors	Depending upon the hazardous material, decontamination space for community
Shelter in place for patients, staff, and visitors	Shelter in place location for community members with mental health support

Redway/Garberville

Ambulance (Garberville)	923-2855
Fire Department (Redway).....	795-7186
Humboldt County Public Health.....	445-6097
Mental Health (Crisis)	445-7715
Poison Control.....	(800) 876-4756
TDD	(800) 972-3323
Police (Garberville).....	923-2153
Rape Crisis	445-2881
Sheriff (Humboldt County).....	445-7251
Utilities (PG&E).....	(800) 743-5000
Water (Garberville)	522-3491

Arcata

Ambulance (And River Ambulance)	822-4266
Fire Department (Arcata).....	822-2424
Humboldt County Public Health	445-6097
Mental Health (Crisis).....	445-7715
Poison Control.....	(800) 876-4756
TDD	(800) 972-3323
Police (Arcata).....	822-2424
Rape Crisis	445-2881
Sheriff (Humboldt County).....	445-7251

Fortuna

Ambulance (City Ambulance).....	442-4303
Fire Department (Fortuna).....	425-7500
Humboldt County Public Health	445-6097
Mental Health (Crisis)	445-7715
Poison Control	(800) 876-4756
TDD	(800) 972-3323
Police (Fortuna)	725-7550
Rape Crisis	445-2881
Sheriff (Humboldt County).....	445-7251

Del Norte

Ambulance (Del Norte Ambulance)	464-9551
Fire Department (Crescent City).....	911
Mental Health (Crisis)	464-7724
Poison Control	(800) 876-4756
TDD	(800) 972-3323
Police (Crescent City).....	464-2133
Rape Crisis	465-2851
Sheriff (Del Norte)	464-4181
Utilities (Pacific Power).....	(888) 772-7270
Water (Crescent City)	464-7726

Eureka

Ambulance (City).....	445-4907
Fire Department (Eureka).....	441-4044
Mental Health Crisis	445-7715
Poison Control	(800) 876-4756
TDD	(800) 972-3323
Police (Eureka)	441-4044
Rape Crisis	445-2881
Sheriff (Humboldt County)	445-7251
Utilities (PG&E).....	(800) 743-5000
Water (Eureka)	441-4257

Ferndale

Ambulance (City Ambulance).....	442-4553
Fire Department (Ferndale).....	725-5521
Humboldt County Public Health	445-6097
Mental Health (Crisis)	445-7715
Poison Control	(800) 876-4756
TDD	(800) 972-3323
Police (Ferndale)	786-4225
Rape Crisis	445-2881
Sheriff (Humboldt County).....	445-7251

EMERGENCY PHONE NUMBERS—COMMUNITY**EMERGENCY PHONE NUMBERS—STAFF**

Sample only: Refer to your Rainbow Chart for current phone numbers

In the event of an emergency:

- Stay calm, do not rush, and do not panic.
- Gather your personal belongings if it is safe to do so.

Front desk staff: Evacuate patients and visitors from reception area and grab day sheet.

Medical Assistants: Evacuate patients and visitors from exam rooms and restrooms.

Lab: Evacuate patients from lab.

Dental staff: Evacuate dental patients from waiting area and dental operatories.

Administrative staff: Evacuate offices and work areas.

- If safe, close doors and windows, but do not lock them.
- Use the nearest safe stairs and proceed to the nearest exit.
- If there are any injured or physically handicapped persons, assist them in exiting if possible, or call 911 to identify the location where evacuation assistance is needed.
- Proceed to the designated Emergency Assembly Area and report to your roll taker.
- Wait for any instructions from emergency responders.
- Do not re-enter the building or work area until you have been instructed to do so by the emergency responders. When it is safe to do so, call Administration at 826-8633 to report the event.

GENERAL EVACUATION

CODE DR STRONG

FIRE—CODE RED

CRIMINAL OR VIOLENT BEHAVIOR

EARTHQUAKE & TSUNAMI

EXPLOSION OR BOMB THREAT—CODE YELLOW

INFANT/CHILD ABDUCTION—CODE PINK

EMERGENCY LOCK-DOWN/LOCK-OUT

ACTIVE SHOOTER—CODE SILVER

Sample only: Refer to the Rainbow Chart for your current Facility Map

Open Door Community Health Centers

Damage Assessment Form (For Internal Use Only)

Location _____

Date _____

Evaluator _____

Building Status	Yes	No
Partial Collapse		
Total Collapse		
Photos Taken		

Communications	Yes	No
External		
Internal		

Water Availability	Yes	No
From Utility		
Drinking Water		
Hot Water		

Building Systems	Yes	No
Electricity		
Emergency Power		
Fuel Reserve		
Heat/Cooling		
Sewage Disposal		

Rooms Available	Number Usable	Number Unusable	
Exam Rooms			
Waiting Rooms			
Break Rooms			
Offices			

Supplies	Status: OK	Status: Need Restocking
Food		
Medications		
Medical Supplies		
Other Supplies		

People	In Health center	Not Available
Provider Availability		
Nursing Availability		
Clerical Availability		
Patients in Health Center		
Visitors in Health Center		

ROUTE to: ODCHC Incident Command Center

	NAME	TITLE	EXT	CELL	HOME
ADMINISTRATION	Cheyenne Spetzler	COO	5131	498-5530	443-4742
	Herrmann Spetzler	CEO	5124	498-0287	443-4742
	Stacy Watkins	Deputy Ops Director	5127	499-3355	539-0804
	Koree Nagle	Risk Manager	5125	672-6348	
FINANCE/BILLING	Jim Della	CFO	5146	499-7363	268-8108
	Carma Scott	Assisting Billing Manager			
	Patricia Harvell	Revenue Manager	5120		822-7863
FACILITIES	Dwayne Thomas	Facilities Manager	5200	458-6621	443-4136
	Morgan Gard	Service Coordinator	5286	502-5365	
	Joe Lewis	Systems Administrator	5205	407-7723	
IT	Craig Reed	Sr. Systems Specialist	5202	502-8122	
	Don Gollhuc	Lab Coordinator	5152	407-7716	
LAB	Barbara Davis	Dental Administrator	4521	498-3620	839-4706
	Sami Hani	Clinic Manager	4521	498-3620	
	Carter Wright, DDS	Dental Director	4505	601-8103	822-8004
DNCHC	Hilda Yepes Contreras	Site Administrator	6225	951-5584	465-9830
	Maggie Rasmussen, RN	RN Coordinator	6207	954-2323	
	Christian Holland, DO	Medical Director	6250	610-823-8233	
ECHC	Robert Chiang, DDS	Dental Director	6254	650-255-6276	
	Nell McDonald	Site Administrator	3119	599-7853	839-8274
	Lynette Eddy, RN	RN Coordinator	3167	572-7304	
FeCHC	Bill Hunter, MD	Medical Director	3130	498-0607	826-0972
	Andrea Page	Site Administrator	7226	362-7691	
FoCHC	Samara Dennis, MD	Medical Director	7227		
	Andrea Page	Site Administrator	7226	362-7691	
	Christine Ross, RN	RN Coordinator	7239	599-6598	
HODC	Stephanie Dittmer, MD	Medical Director	7238		
	Breanna Mueller	Clinic Manager	1173	616-6249	
	Sarah Kerr	Northern Region Admin.	4204	499-2358	
MCHC	Ellen Weiss, MD	Medical Director	1172	407-7715	870-2878
	Jackie Dempsey, RN	RN Coordinator	6324	273-3662	
	Aile Gilbride-Road	Site Administrator	4231	845-8395	
MHS/TVSC	Caprice Ramsey, RN	RN Coordinator	4230	760-914-0342	
	Bill Carlson, MD	Medical Director	4210	498-0382	839-1451
	Jay Molofsky	Site Administrator	3211	834-2064	
NCC	Elaine Reynolds, RN	RN Coordinator	3217	296-5746	
	Kelvin Vu, MD	Medical Director	2121	714-728-8626	
	Lori Maciel	Site Administrator	2151	599-8381	
NPS	Gina Schulz, RN	RN Coordinator	2152	502-5428	
	Julie Ohlertus, MD	Medical Director	2145	831-2413	677-3434
	Sarah Kerr	Northern Region Admin	4204	499-2358	
WCHC	Karen Severn, RN	RN Coordinator	2322	499-7036	444-8670
	Jerry Aston, MD	Medical Director	2333	496-7609	
	Teri Humphrey	Clinic Manager	6320	530-784-0505	
	Sarah Kerr	Northern Region Admin	4204	499-2358	
	Norman Bensky, MD	Medical Director	6322	407-7404	530-629-1819

EMERGENCY PHONE NUMBERS—STAFF

MEDICAL EMERGENCY—CODE BLUE

Sample only: Refer to the Rainbow Chart for your current numbers

Medical/Health Partner – Satellite Phone List

Last Updated – 02/16/2017

DHHS – Public Health		
Name/Position	Phone Number	Other ID Info
Director	863-200-1526	SAT0052-Red
Deputy Director	254-204-3017	SAT0050-Bronze
Health Officer	254-240-8797	SAT
Director of Nursing	254-241-0078	SAT 0059 -Bronze
Senior Program Manager	254-204-5221	SAT0055-Red
Environmental Health Mgr.	254-204-2955	SAT0051-Bronze
Emergency Preparedness	254-204-3019	SAT0049-Bronze
Hospital Preparedness	863-200-1525	SAT0054-Red
Laboratory Manager	863-200-1527	SAT0053-Red
DHHS – Mental Health		
Name/Position	Phone Number	Other ID Info
Director	254-240-8767	
Deputy Director	254-240-8768	
Director of Nursing	254-240-8597	
Asst Director of Nursing	254-240-8600	
Senior Program Manager	254-240-8805	
DHHS – Social Services		
Name/Position	Phone Number	Other ID Info
Director	254-240-8802	
Deputy Director – Income Maintenance	254-240-8798	
CalWORKs/WTW Manager	254-240-8799	
CalFRESH Manager	254-240-8801	
Adult Services Manager	254-240-8803	
Call Center Manager	254-240-8771	
General Relief Manager	254-240-8796	
Public Guardian Manager	254-240-8800	
Special Investigation Mgr.	254-240-8770	
Dep Director Analyst	254-240-8804	
CalFRESH Analyst	254-240-8769	
Garberville Outstation	254-240-8766	
Hoopla Outstation	254-240-8765	
Disaster Rep – EOC	254-204-1858	
Disaster Rep – EOC	254-240-8602	
St Joseph Hospital		
Incident Command Phone	8816-234-32206	
Redwood Memorial Hospital		
Incident Command Phone	8816-234-36241	
Open Door Health Clinics		

Name/Position	Phone Number	Other ID Info
Administration	870-776-710-722	Arcata
Eureka Clinic	870-776-710-723	
McKinleyville Clinic	870-776-710-721	
Fortuna Clinic	870-776-710-724	
Hospice of Humboldt		
Name/Position	Phone Number	Other ID Info
As Assigned	8816-315-51303	
As Assigned	8816-315-84486	
Health Care & Rehabilitation/Long-Term Care		
Name/Position	Phone Number	Other ID Info
Eureka Healthcare	8816-315-51323	
Granada Healthcare	8816-315-51324	
Pacific Healthcare	8816-315-51325	
Seaview Healthcare	8816-315-51326	
St. Luke Healthcare	8816-315-51324	
United Indian Health Services		
Name/Position	Phone Number	Other ID Info
Arcata	8816-2343-6034	Bill Landowski
Fortuna	8816-2343-5816	Kristina O’Laughlin
Weitchpec	8816-2345-8618	Lucky Colegrove
Klamath	8816-2343-2787	Michelle Santsche
Hum-DelNorte Reg Director	8816-2343-6563	Barbara Pfeifer
Cal OES – Local Representative		
Name/Position	Phone Number	Other ID Info
Jan Marnell	8816-2240-1278	
Mad River Community Hospital		
Emergency Preparedness Coordinator	8816-326-68138	Angelina Gregorio

EOC Generator Operation & Testing



Approved By:	Board of Directors	Adopted Date:
Distribution:	Operations	Revision Date(s):
Category:	Environment of Care	Reviewed Date(s):

Printed copies are for reference only. Please refer to the electronic copy of this document for the latest version.

PURPOSE:

Open Door Community Health Centers is aware of the critical nature of electrical power in the safe care of our patients. This Policy outlines steps to be taken to ensure safe operation of the emergency backup generator.

DEFINITIONS:

Generator: A machine configured to generate electricity and will start automatically when a power failure occurs.

Emergency Power Standby System (EPSS): One or more generators that are connected to a building's emergency distribution system by means of the Automatic Transfer Switch.

Automatic Transfer Switch (ATS): The electrical switching device that, upon loss of normal incoming electrical power, will automatically send a signal to the EPSS to start generating electricity and will shut down the EPSS when normal power is returned.

POLICY:

In order to maintain a safe patient care environment Corporate Services will follow these procedures. Corporate Service shall keep a log of all emergency backup generators and Automatic Transfer Switches (ATS) in the Organization.

Corporate Services shall follow the backup emergency electrical generators maintenance schedule as well as the manufacturers recommended schedule:

- Each Emergency Backup Generator and ATS will be kept on an inventory in Corporate Services.
- For each Emergency Backup Generator and ATS the inventory will include:
 - a log sheet for each generator and ATS of the tests performed
 - the log sheet will include the type of test, date of the test completion, and documentation of whom completed the test
 - any annual load test records
 - any tri-annual load test records
- Diesel powered generators testing frequency:
 - At least monthly each emergency diesel backup generator shall be tested, under load, for at least 30 continuous minutes. The completion date of the test is documented in the log sheet.
 - The monthly test for diesel-powered emergency generators is conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime mover's exhaust gas

temperature. If the diesel-powered generator does not meet either the 30% of nameplate rating, or the recommended exhaust gas temperature then it must test the generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.

- At least every 36 months the emergency backup diesel generator shall be tested for a minimum of 4 continuous hours. The completion date of the test is documented in the log sheet.
 - The 36 month test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers exhaust gas temperature.
- If any of the above tests fail contact Corporate Services Lead and the Operations Department Lead to determine if a temporary emergency backup generator needs to be ordered.
- If repairs are made the failed test must be redone.
- Non-diesel powered generators testing frequency:
 - Non-diesel emergency backup generators shall be tested monthly, under available load, for 30 continuous minutes. The completion date of the test is documented in the log sheet.
 - Non-diesel emergency backup generators shall be tested every 36 months for 4 continuous hours. The completion date of the test will be documented in the log sheet.
 - If any of the above tests fail contact Corporate Services Lead and the Operations Department Lead to determine if a temporary emergency backup generator needs to be ordered.
 - If repairs are made the failed test must be redone.
- ATS testing frequency:
 - At least monthly each ATS shall be tested and the completion date of the test is documented in the log sheet.
 - At least one time per year each ATS will be used to start the emergency backup generator. The completion date of the test will be documented in the log.

REFERENCES:

Medical University of South Carolina, System Failure Protocol, 2012

Joint Commission, Environment of Care Chapter 2. EC.02.05.07

National Fire Protection Association Guidelines

ASSOCIATED DOCUMENTS:

None

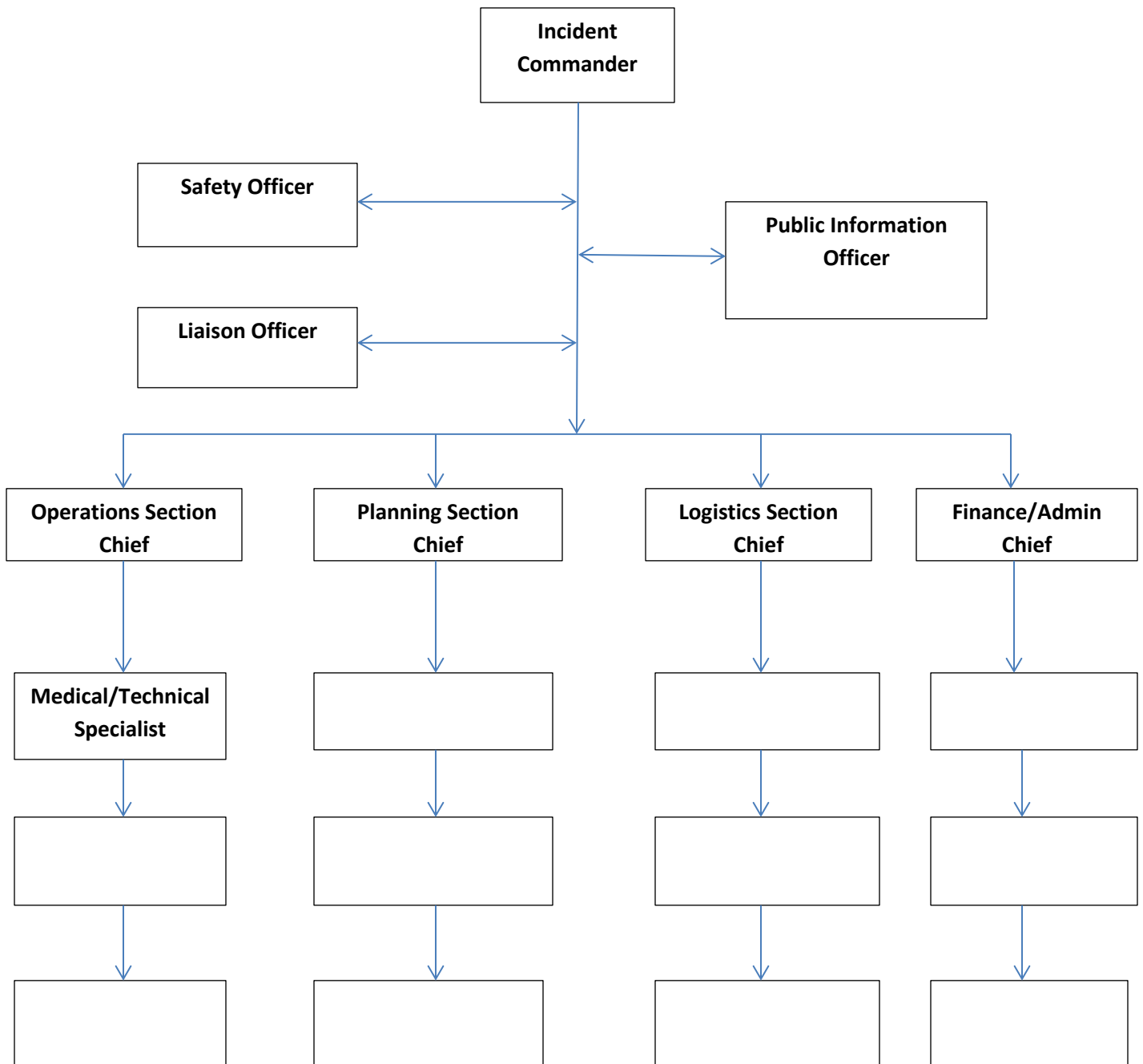
KEYWORD TAGS:

Generator, backup, back up, back-up

Open Door Community Health Centers

Incident Command Structure (ICS)

Command Staff Structure



Open Door Community Health Centers

Job Action Sheet

Incident Commander

Reports To: CEO and MHOAC

Mission: Responsible for overall direction of incident management and operations

Immediate:

- Read this entire Job Action Sheet
- Establish that an emergency has or will occur that requires activation of the Emergency Operations Center (EOC)
- Activate the EOC
- Command Staff (**See Incident Command Structure**) to report to EOC, and are assigned their individual titles (Public Information Officer, Liaison Officer, and Security Officer may already be preassigned)

Intermediate:

- Create a Preliminary Incident Action Plan for Command Staff (What information do we need to know now, who do we need to notify, what do we need to do to mitigate further damage, where is staff, etc.)
- Distribute Job Action Sheets to Command Staff
- Set up EOC with identified stations for each Command Staff
- Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Chief, Medical/Technical Specialist assigned

Expanded:

- Use Command Staff to create Incident Action Plan for organizational staff
- Distribute Job Action Sheets to organizational staff
- Establish schedule for status reports from Command and organizational staff about operation success and failures
- Begin operations

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Safety Officer

Reports To: Incident Commander

Mission: Monitors incident operations on all matters relating to operational safety, including the health and safety of patients, staff and emergency responder personnel

Immediate:

- Read this entire Job Action Sheet
- Establish Safety workstation
- Create a Safety and Security Team (if needed)
- Brief Safety and Security personnel about the emergency at hand, what the plan is, and what is expected from them

Intermediate:

- Establish routing briefings with Safety and Security staff
- Remove unauthorized persons from restricted areas
- Secure the EOC, triage, patients care, morgue, and other sensitive/strategic areas from unauthorized persons
- Prepare volunteer area for credentialing/screening process when volunteers arrive
- Provide vehicular and pedestrian traffic control, as well as designated waiting areas for victims' families
- Secure all food, water, and medical resources
- Relay any special information obtained by "specialty" responding personnel to Incident Commander (information about special emergency conditions)
- Inform Safety and Security staff to document all actions and observations

Expanded:

- Communicate frequently with the Incident Commander
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Liaison Officer

Reports To: Incident Commander

Mission: The point of contact for representatives of other governmental agencies, nongovernmental organizations, and/or private entities

Immediate:

- Read this entire Job Action Sheet
- Establish Liaison workstation
- Create a Liaison Team if needed
- Contact and brief representatives from outside agencies (Police, Fire, Public Health) that will be responding and/or affected by the incident about the emergency at hand, what the plan is, and what is expected from them
- Establish routine briefings with outside agencies
- Review county and/or city organizational charts to determine appropriate contacts and message routing

Intermediate:

- Coordinate with Public Information Officer to relay pertinent information to the liaison counterparts of each assisting and cooperating agency. Keep them updated on changes and developments of the EOC response to incident
- Respond to requests and complaints of incident personnel regarding inter-organizational problems and needs
- Assist in soliciting providers and other EOC personnel willing to volunteer as Disaster Service Workers outside the EOC as appropriate

Expanded:

- Assure all communications and inventory of supplies are documented
- Communicate frequently with the Incident Commander

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Public Information Officer

Reports To: Incident Commander

Mission: Responsible for interfacing with the public, media, and other agencies with incident related information requirements

Immediate:

- Read this entire Job Action Sheet
- Establish the Public Information workstation away from the EOC and patient care areas
- Create a Public Information Team if needed

Intermediate:

- Work with Incident Commander in crafting a public statement to be released to the media
- Contact and brief representatives from various media outlets about the incident at hand, what the plan is, what the EOC is doing in response, and what information the EOC would like to be relayed to the public

Expanded:

- Establish routine briefings with media outlets
- Contact responding agencies Public Information Officers (PIOs) to coordinate information that is to be released
- Obtain progress reports from the Incident Commander as appropriate

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Operations Section Chief

Reports To: Incident Commander

Mission: Responsible for managing all tactical operations at an incident

Immediate:

- Read this entire Job Action Sheet
- Establish Operations workstation
- Create and Operations Team
- Brief Operations Team about the emergency at hand, what the plan is, and what is expected from them

Intermediate:

- Establish routine briefings with Operations staff
- Supervise the execution of all operations in the incident created Incident Action Plan
- Ensure that adequate communications are being transmitted from the EOC to all operations and vice versa
- Work with Logistics Chief and Planning Chief to ensure that all medical services, ancillary services and human services are being adequately staffed and supplied

Expanded:

- Ensure that all communications, operations, and requests are documented
- Communicate frequently with the Incident Commander

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Medical/Technical Specialist

Reports To: Operations Section Chief

Mission: Provides specialty medical advice and assistance to operations

Immediate:

- Read this entire Job Action Sheet
- Establish Medical/Technical workstation
- Create a Medical/Technical Specialist Team if needed. Team may include experts in biological/chemical. Radiological management, infectious disease control, mental health, and pediatric care
- Brief Medical/Technical Team Specialist about the incident at hand, what the plan is, and what is expected from them

Intermediate:

- Establish routing briefings with Medical/Technical Specialist staff
- Inventory the number of providers and clinical staff present
- Coordinate with the Liaison Officer and Security Officer in registering and credentialing volunteer providers and clinical staff
- Assist the Incident Commander and Operations Chief in the assignment of medical staff to patient care and treatment areas

Expanded:

- Assist the Operations Section Chief in developing a provider and clinical staff rotation schedule
- Meet with the Incident Commander to plan and project patient care needs
- Provide patient priority assessment to Incident Commander to designate patients for early release

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Planning Section Chief

Reports To: Incident Commander

Mission: Responsible for providing planning services for the incident

Immediate:

- Read the entire Job Action Sheet
- Establish Planning workstation
- Create Planning Team if necessary
- Brief Planning team about the emergency at hand, what the plan is, and what is expected from them

Intermediate:

- Establish routine briefings with Planning staff
- Establish a procedural system ensuring that collection, formulation, documentation, and dissemination of all incident specific data will be handled properly

Expanded:

- Document/update status reports from all section chiefs and inform the Incident Commander on changes occurring to the situation and document/update the Incident Action Plan as needed in references to the changing situation and the Incident Commander decision
- Communicate frequently with the Incident Commander

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Logistics Section Chief

Reports To: Incident Commander

Mission: Provides all incident support needs

Immediate:

- Read this entire Job Action Sheet
- Establish Logistics workstation
- Create a Logistics Team- Corporate Services, Purchasing, IT, and transportation as needed
- Brief Logistics Team about the incident at hand, what the plan is, and what is expected from them

Intermediate:

- Designate a time for next briefing
- Obtain supplies with the assistance of the Planning Section Chief, Finance Section Chief, and the Liaison Officer

Expanded:

- Ensure that all communications and inventories are documented
- Communicate frequently with the Incident Commander

Parking Lot Issues:

Open Door Community Health Centers

Job Action Sheet

Finance/Administration Section Chief

Reports To: Incident Commander

Mission: Responsible for managing all financial aspects of an incident

Immediate:

- Read this entire Job Action Sheet
- Establish a Finance/Administration workstation
- Create a Finance Team if necessary
- Brief Finance Team about the incident at hand, what the plan is, and what is expected from them

Intermediate:

- Establish routing briefings with finance staff
- Create an incident financial status report to be submitted as needed to the Incident Commander. The report should summarize financial data relative to personnel, supplies, and miscellaneous expenses

Expanded:

- Obtain receipts and document ALL expenditures made throughout the incident's response
- Communicate frequently with the Incident Commander
- Work with Operations Section Chief on any Mutual Aid agreements (MOU) and track financial payouts of the services rendered

Parking Lot Issues:

Open Door Community Health Centers

Disaster Reporting Form

Location_____

Date_____

Reporting_____

Situation: What is happening right now? Short brief statement

Background: What happened, who was involved, why was disaster called, when did this happen?

Assessment: Fact based report on the condition of the health center, staff, patients, and visitors

Recommendations: Bullet point recommendations of what you or your team needs

Open Door Community Health Centers

Infection Control Plan

Supplement to Exposure Control Plan

Steve Engle and Janis Polos
7/19/2017

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Purpose

Open Door Community Health Centers is a multi-disciplinary team based primary care health center system located in Humboldt and Del Norte Counties in Northern California. As a Federally Qualified Health Clinic (FQHC) with over 13 health center sites and 55,000 patients per year an Infection Control Plan assists us in providing safe and effective patient care. It guides staff in infection prevention and control of potential outbreaks to keep staff and patients safe.

Section 1

Infection Risks

Open Door Community Health Centers performs a risk assessment based upon community health information, health center experience, public health information, and CDC trending data. Infection risk potential is also reviewed from internal risk management data reported on healthcare induced infections. Healthcare induced infections can have a broad range of causes such as equipment cleaning failure, team member infections, and improper patient care protections.

Local Conditions Including but not limited to Reported Conditions 2017

Infectious

Humboldt County Public Health is reporting higher than normal Respiratory Syncytial Viral Infection (RSV). RSV can cause upper and lower respiratory tract infections with average duration in adults of 5 days. In infants RSV can cause a wide range of symptoms which can lead to croup, bronchitis, pneumonia, and bronchiolitis. The disease is highly contagious so providers need to remind patients to stay home to reduce the risk of infection spread.

Pertussis or whooping cough has shown a higher incidence in Humboldt County than the State as a whole. There were 41.5 cases per 100,000 in the county and 12.3 per 100,000 in the State as a whole. County Public Health is reminding providers to counsel parents about the immunization schedule at two, four, and six months of age. Public Health is also recommending providers remind adults to review their vaccination records as adult to child transmission is possible.

Humboldt Department of Health and Human Services is reporting a continuing rise of chlamydia and gonorrhea in Humboldt County in 2017. Statistics show that heterosexual transmission is the predominant method of transmission in both diseases, and the mean age for males was 24.2 to 26.9 years of age. Recommendations from Public Health are to follow the STD screening guidelines.

Zika virus has not been reported in Humboldt County. Humboldt County Public Health is recommending to OB/GYN, Family Practice, Pediatrics and other providers to counsel pregnant women regarding postponing travel to areas where Zika virus transmission is ongoing. They are also recommend providers discuss with non-pregnant couples prevention of sexual transmission of Zika virus as well as counseling all travelers to adhere to all recommended precautions when traveling to an area with Zika virus transmission. Contained within the guidance from Humboldt County Public Health was information on testing and reporting of suspected Zika virus cases.

Influenza rates in Humboldt County mirror California as a whole, with the peaks running parallel with the rest of the State.

Public Health

Humboldt County Public Health has reported heroin possibly laced with fentanyl, is being used and can lead to possible overdose and death. One patient in Humboldt County has tested positive for fentanyl in a urine drug screen test after indicating they only use heroin and there has been one overdose death attributed to fentanyl in the county. Humboldt County Public Health is reinforcing its education regarding Naloxone as an overdose reversing agent.

Late 2016 a local recall was initiated for Humboldt County retail stores stocking Sabra Hummus. The hummus is being recalled from Costco, Safeway, Target, and WinCo for potential listeria monocytogenes.

Open Door Community Health Centers 2017

An analysis of risk management data shows no significant trend in infections or healthcare associated infections for the health centers.

Performing the Annual Risk Assessment

- The 2017 Risk Assessment is based upon the following factors: geographic location, the community, services we provide, characteristics of the patient population, and available data from surveillance and other sources.
- Each potential risk is evaluated based upon probability of occurrence, severity, and current organizational preparedness and willingness to manage the patient population associated with the risk.
- Risks are reassessed and re-prioritized based upon findings from surveillance and other activities, a facility event with infection control implications, emerging infectious diseases or other public health emergencies, or regulatory mandates.

Developing Goals Based upon the Risk Assessment

- The development of the goals for 2017 were based upon Consolidated Situation Reports aggregate data, Joint Commission recommendations, and CDC Alerts.
- A goal for 2017 will be the development and implementation of an Infection Control Risk Assessment Tool.
- A multidisciplinary team will meet on an annual basis to review Public Health data, internal needle stick information, risk assessment results, work related injury reports, exposure events, and healthcare associated infection data. This review will help the committee to prioritize the focus of the Infection Control Program.
- After reviewing the data the team prioritized areas of focus and developed goals for reduction of infectious related events.

- Quarterly, Risk Management will prepare information and report back to the team members the current status and progress toward goal.
- Goals developed will be especially cognizant of limiting unprotected exposure to pathogens, limiting the transmission of infection associated with the use of medical equipment, devices, and supplies. Additional goal focus shall be preventing infections related to procedures and improving handwashing compliance.

Collaboration with Local Public Health Agencies

- Open Door Community Health Centers complies with all local and State regulations regarding reporting of communicable diseases. The list can be found at **OPS.505 (TJC IC.01.05.01.EP8) (TJC IC. 02.01.01 EP 9).**
- Open Door Community Health Centers receives information from a variety of sources to help our providers remain aware of the local environment. The Department of Health and Human Services, Humboldt County, sends via fax health updates monthly regarding community infectious disease trends that are distributed to Risk Management and throughout the organization. The State of California sends regular alerts through its CAHAN network of reporting to keep healthcare providers knowledgeable about the latest trends in infectious diseases as well as bio-terrorism threats. Information flows from the CDC via fax and newsletter to keep providers informed regarding health issues impacting the provider community. **(TJC IC.01.06.01.EP1) (TJC IC.01.06.01 EP2)** Open Door Community Health Centers also has a strong relationship with the four local hospitals and agreements with the hospitals to provide inpatient care for patients of the health center who need hospitalization.
- Working with local Public Health Officers, Open Door Community Health Centers will determine if the health center system can manage a projected influx of potentially infectious patients as well as managing emerging and re-emerging infectious disease patients. The Chief Medical Officer will determine if the capabilities of the health centers meet the needs of the patients based upon volume, disease, and services needed. If the health centers cannot safely accommodate these patients, the Chief Medical Officer shall inform the local Public Health Officer that the health centers cannot see those patients. **(TJC IC.01.06.01 EP 4,5,6)**

Section 2

Infection Prevention Actions

- The Exposure Control Plan outlines the actions Open Door Community Health Centers staff can use to prevent transmission of infectious diseases. Some of the topics include: **(TJC IC.02.01.01, EP 1,2,3)**
 - Universal precautions.
 - Handwashing.
 - Respiratory protection of staff (N95 mask use and fitting).
 - Alcohol gels.
 - Eating and drinking areas.

- Personal care.
- Infection Control techniques.
- Personal Protective Equipment.
- Use of Gloves.
- Protective eyewear.
- Gowns and head coverings.
- Resuscitation Equipment Safety.
- Sharps.
- Safe injection practices.
- Post exposure control.
- Staff orientation and refresher training.
- Staff immunization and requirements.
- Equipment cleaning process.
- Infectious waste management (Regulated Waste Management).
- **Internal Potential Infection Investigation (TJC IC.01.05.05.EP5)**
 - When Risk Management, Public Health, or staff identifies a potential infection risk or trend, Open Door Community Health Centers will immediately open a root cause analysis with facilitation by the Compliance Department.
 - The root cause analysis Team will be an Ad Hoc committee composed of a member of Administration, Risk Management, the Director of Nursing, and staff and providers who were involved in the incident. If outside assistance is indicated the County Public Health Officer will be contacted to either attend or designate additional team members.
 - When results of the Root Cause Analysis are developed, corrective action plans will be implemented.
 - Root Cause Analysis and Corrective Action Plan results will be discussed, as needed, with the Site Medical Directors, the Chief Medical Officer, and Open Door Community Health Centers Executive Team.
- **Prevention of occupationally acquired infections and/or transmission by infectious staff to others**
 - HR Policies pertaining to infection prevention are developed in collaboration with Nursing and Providers and may include:
 - Initial and annual health assessments.
 - Initial and annual TB skin tests and management of conversions.
 - Initial screening and vaccination program for specified vaccine preventable diseases.
 - Annual influenza vaccination program.
 - Screening and evaluation of exposure to bloodborne pathogens.
 - Post exposure evaluation and treatment.
 - Management of other occupational exposures through Worker's Compensation reporting.
 - Initial and annual health assessments are managed by HR. **HR Policy 840.10 through 840.13** explaining the assessment process.

- TB control: the control of TB depends on the following measures;
 - Prompt identification of a potential TB patient in the health center.
 - Prompt implementation of infectious isolation protocols, placing the patient in isolated area.
 - The respiratory protection program, as in the N-95 mask and mask fitting program.
 - TB skin tests upon hire and annually to detect both latent and active disease.
- PER .024 and HR Policy 860.10**

 - Management of staff through Public Health assistance for newly acquired positive TB test.
 - Staff with active symptoms of TB will be removed from contact with others.
- Initial screening and vaccination program for specific vaccine preventable diseases **HR 850.10 and 850.11**
 - Open Door Community Health Centers requires proof of immunizations and/or proof of immunity to certain illnesses for any employee who works in any ODCHC health center or any non-health center employee whose duties require frequent work at ODCHC health centers.
 - Varicella (Chicken Pox) - two vaccines 48 weeks apart or a documented history of chicken pox or positive titer.
 - Rubeola (Measles)- MMR vaccine or positive titer or proof of vaccination after age 18.
 - Rubella- positive titer or proof of MMR vaccine.
 - Hepatitis B- Statement of receipt by employee of Hepatitis B series elsewhere or Hepatitis B series with follow up titer.
 - Annual influenza vaccination program **(TJC IC 02.04.01 EP 1,2,3,4,5)** Each year in the early fall Open Door Community Health Centers offers the most current, CDC recommended, influenza vaccine to staff at their site and no charge.
 - Staff is strongly encouraged to accept the vaccine, but if they refuse evidence of their declining will be kept. The staff encouragement can be in the form of posters, email alerts, and fliers.
 - The staff may decline for health or as a matter of conscience.
 - Influenza vaccination will be offered at no charge to the staff.
 - If staff decline they will, upon order of the Public Health Officer, be required to mask when in patient care areas throughout the remainder of the influenza season.
 - Annually the Safety Committee will evaluate the reasons for declination and develop strategies for reducing the number of declinations. **(TJC IC.02.04.01 EP6,7,8)** The evaluation may include:
 - The measurement period shall be from October 1 (or when vaccine becomes available) through March 31 of the following year.
 - Vaccination shall be considered as vaccine given or person is documented with a vaccination in another location.

- Percent of total staff and contracted individuals who were vaccinated/total staff and contracted individuals.
 - Percent of total staff who declined vaccination/total staff and contracted individuals.
 - Percent of total staff and contracted individuals who refused vaccination due to a medical reason/total staff and contracted individuals.
- **Respiratory hygiene/cough etiquette**
 - At the patient entrance of all Health center locations a stand will be available to patients.
 - The stand will have signage notifying patients that if they have symptoms of respiratory infection please notify Reception.
 - Waiting rooms will have information for patients regarding respiratory hygiene and cough etiquette.
 - Notice to the patients also includes information regarding masks, tissue, and hand hygiene supplies availability.
 - Waiting rooms will be equipped with “no-touch” waste receptacles for tissue disposal.
- **Isolation of patients with influenza like illness and confirmed influenza.**
 - Patients with influenza like illness are placed in droplet precautions until influenza is ruled out.
 - Wearing a mask will be encouraged for patients with influenza like illness while in the Health center.
 - Upon the order of the provider a Quidel Influenza A & B test will be performed and the results reported to the provider promptly.
- **Handwashing/Hand Hygiene.**
 - Staff will be trained upon hire and annually thereafter on proper handwashing/hand hygiene technique as per the Exposure Control Plan.
 - Handwashing facilities will be conveniently available for staff in patient care areas.
 - Hands not visibly soiled may be disinfected with alcohol gel containing 60% to 90% alcohol.
 - Hands that are visibly soiled will be washed with running water and soap for a minimum of 30 seconds
- **Evaluation of the Infection Control Plan (TJC IC.02.01.01, EP8)**
 - Annually the Infection Control Plan will be reviewed by the Chief Medical Officer, Director of Nursing, the Board of Directors, and Administration.
 - The Committee will review any healthcare associated infections, influenza vaccination rates, handwashing/hand hygiene compliance rate, policy compliance, and community surveillance data. Target goals will be established, where applicable, and data reported at the next review.

1. **Goals for 2017**

- Based upon the Risk Assessment, a developing program, and the need to develop QI Assessment Tools the goals for 2017 shall be: **(TJC IC.01.04.01 EP 1,2,3,4,5)**

Goal	Definition	Goal Rate	Base Rate	2017 Year End
Increasing Hand Hygiene Compliance	Staff patient encounters with handwashing/hand hygiene pre and post patient contact /Total staff encounters Observation by staff member one shift per month in each Health center	80% of staff follow protocols for hand washing/hand hygiene	unknown	
Reduce the number of procedure site associated infections	A procedure site infection is defined as a procedure site requiring additional treatment within 30 days of initial procedure. Information will be gathered from retrospective chart review of patients with a revisit within 30 days of procedure.	0	unknown	
Increase staff influenza vaccination rate	During the peak months, October through March, staff undergoing influenza vaccination/total staff	2017 70% 2018 75% National Healthy People goal 90% of healthcare workers by 2020	unknown	

References (TJC IC.01.05.01, EP 1)

AHRQ, National Guideline Clearing House, Guideline for Prevention of Transmissible Infections, AORN 2015

AHRQ, National Guideline Clearing House, Surgical Site Infection: prevention and treatment of surgical site infections, National Collaborating Center for Women's and Children's Health, Oct. 2008

AHRQ, National Guideline Clearing House, Infection Prevention and control of healthcare-associated infections in primary and community care, National Clinical Guideline Center, March 2012

The Joint Commission, Infection Control IC.01.01.01 through IC.01.06.01, 2015

DHHS, Center for Disease Control and Prevention, Infection Prevention and Control Assessment Tool for Outpatient Settings, September 2016

University of Texas Medical Branch, 2015 Infection Control Program Plan

National Quality Forum, Measure Submission and Evaluation Worksheet 5.0, July 2008

Approved By: Board of Directors	Adopted Date:
Distribution: Human Resources	Revision Date(s):
Category:	Reviewed Date(s):

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PURPOSE

When an emergency or disaster happens in our region the Open Door Community Health Centers system may not be able to handle the patient volume required to triage and treat the number of patients coming to the health center system for care. This policy provides a process to grant temporary privileges when necessary under these circumstances to volunteer physicians, physician assistants, and nurse practitioners who are not employees of ODCHC and therefore not credentialed by ODCHC but are licensed as Licensed Independent Practitioners to help care for an unusually high number of seriously ill or injured patients

POLICY

During a disaster in which the Health Center Emergency Operations Plan has been activated, Open Door Community Health Centers may grant disaster privileges to individuals deemed qualified and competent. These privileges will be handled on a case by case basis by the CEO, or designee, and the Chief Medical Officer, or designee. These privileges will be granted for the purpose of patient care and will only be valid while the Health Center Emergency Operations Plan is in force.

PROCEDURE

- Open Door Community Health Centers Administration will inform Human Resources that the Clinic Emergency Operations Plan has been activated and that disaster privileging will be required
- A Disaster Privileging Form (See Disaster Privileging Form at the end of this Policy) will be given to any Licensed Independent Professional (LIP) physician or Advanced Practice Clinician (APC) wishing to request these privileges. The form must be completed, signed by the requesting LIP/APC, and returned to the Chief Medical Officer, or designee, prior to verification and approval of disaster privileges. Before a volunteer practitioner is considered eligible to function as a volunteer LIP/APC, the Chief Medical Officer, or designee, obtains a valid government issued identification issued by state, federal, or regulatory agency (e.g. a driver's license or a passport) and **at least one of the following:**
 - Current hospital photo ID card that clearly identifies professional designation
 - Current medical/Professional license
 - Primary source verification of the license (including licensing board website look-up)
 - An ID that certifies the LIP/APC is a member of a state or federal disaster medical assistance team (DMAT), or other recognized state or federal organization or group

- An ID that certifies the LIP/APC has been granted authority by a federal, state, or local agency to administer patient care in emergencies
 - Identification by a current clinic staff member or LIP/APC staff member, employed by ODCHC who possess personal knowledge regarding the volunteer's ability to act as a LIP/APC during a disaster.
- Prior to approving the volunteer's activities, the Chief Medical Officer, or designee provides an HR representative in-person, by telephone conversation, fax, email or other available means and receives approval from the HR representative allowing the volunteer LIP/APC to provide care. If an HR representative is not immediately available, the Chief Medical Officer, or designee will seek approval from the highest ranking ODCHC medical provider (LIP/APC) available at the clinic site.
- The Chief Medical Officer, or designee, oversees the performance and professional practice, care, treatment and services provided by the volunteer LIP/APC through direct observation, mentoring and clinical review. Based upon the oversight of each volunteer LIP/APC, the Chief Medical Officer, or designee, will determine within 72 hours of the practitioners arrival if granted disaster privileges should continue. The Chief Medical Officer, or designee, can recommend suspension of such privileges at any time and for any reason with the approval of the Chief Medical Officer, or the highest ranking LIP/APC on site.
- Volunteer LIP/APC will be identified by name badges provided by Clinic Site Administrator, or designee. LIP/APC who are already on the staff of ODCHC or have been granted privileges will be provided name badges in the event that his/her clinic identification is not available
- Primary source verification of licensure occurs as soon as the immediate emergency situation is under control, or within 72 hours from the time the volunteer practitioner presents to the organization, whichever comes first
 - If For any reason the primary source verification of licensure cannot be completed within 72 hours, the Human Resources representative documents the following:
 - Why the primary source verification could not be performed in the required time frame
 - Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services
 - Evidence of the attempt to perform primary source verification as soon as possible
 - If the volunteer practitioner has not provided any care, treatment, or services under the disaster privileges process, primary source verification of licensure would not be required
- When the CEO or designee, has deemed that the Clinic Emergency Operations Plan is no longer needed, all disaster privileges will immediately terminate

References

Stanford Hospital and Clinics, Disaster Privileges for Volunteer Licensed Independent Practitioners (LIP) and Advance Practice Providers (AAP) Policy, October 2012

UC San Diego Health System, Disaster Privileges for Volunteer Licensed Independent Practitioners and Allied Health Professionals Policy, September 2009

Key Words

Volunteer, Disaster, Emergency,

Open Door Community Health Centers

Volunteer Licensed Independent Practitioner and Advance Practice Clinician Disaster Privileges Form

I, (print name) _____, certify that I am licensed as a: (circle one)

Physician

Podiatrist

Dentist

Psychologist

Physician Assistant

Nurse Practitioner

In the State of _____, license # _____, and I certify I have no restrictions on my licensure to practice.

I also certify I have the training, knowledge, and experience to practice in the specialty of _____

With no restrictions on clinical privileges at any hospital or clinic.

I hereby volunteer my clinical services to Open Door Community Health Centers (ODCHC) during this emergency/disaster situation and agree to practice as directed and under the supervision of a current member of the health center medical staff. I agree to wear my ID badge issued by ODCHC at all times when functioning under the temporary disaster privileges to enable staff and patients to readily identify my status.

I agree to abide by all policies of ODCHC regarding confidentiality of patient information.

I also acknowledge that my temporary disaster privileges at ODCHC shall **immediately terminate** once the emergency/disaster has ended, as deemed by ODCHC Administration, and these privileges may be terminated at any time without cause or reason, and without right to a hearing or review.

I also acknowledge that my temporary disaster privileges at ODCHC do not constitute an offer of employment.

Signature of Provider

Date

The information as provided by the provider has been reviewed and will be verified, as soon as possible, as outlined in the above policy, by Human Resources. On this basis, this provider is hereby granted temporary disaster privileges to treat patients presenting at ODCHC clinics during this emergency/disaster

Chief Medical Officer or designee

Date

Approved By:	Board of Directors	Adopted Date:
Distribution:	Operations	Revision Date(s):
Category:	Environment of Care	Reviewed Date(s):

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PURPOSE:

To outline a Policy that clearly defines procedures in the case of a hazardous materials spill and informs staff of the procedures to follow.

POLICY:

- Hazardous materials can include but are not limited to the following:
 - Blood
 - Body fluids that contain blood
 - Body fluids where it is difficult to differentiate between body fluids
 - Semen
 - Vaginal secretions
 - Fluid from around an unborn baby
 - Fluid from spine, lungs, or joints
 - Body tissue
 - Chemicals used in the Lab
 - Cleaning chemicals
- For minor chemical spills (Less than 300cc, except Phenol)
 - Alert people in the immediate area of the spill
 - Avoid breathing vapors
 - Use proper PPE (gloves, eye protection, spill apron)
 - Use appropriate material to neutralize spill material (Consult manufacturers label or MSDS)
 - Place material in appropriate container, label and dispose as chemical waste
 - If Phenol is spilled less than 50ml is considered small.
- For major chemical spills (Greater than 300cc, except Phenol)
 - Alert people in the area to evacuate
 - Do not enter the contaminated area
 - Contact Emergency Services call 911
 - Close doors to spill area
 - Wait for Emergency Services to respond and assist when asked
 - If Phenol is spilled greater than 50 ml is considered major.
- For blood or Body Fluids
 - Use PPE (gloves) and eye protection
 - Use paper towels to absorb the spill
 - Once spill is absorbed discard paper towels in red biohazard bag
 - Spray or wipe area with hospital grade disinfectant and allow contact for 10 minutes
 - Wipe dry with paper towels and discard in red biohazardous bag

EOC Hazardous Materials Spills

Approved By:	Board of Directors	Adopted Date:
Distribution:	Operations	Revision Date(s):
Category:	Environment of Care	Reviewed Date(s):

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- Wash hands
- Notify Administrator or Operations for any spill larger than 300cc or a Phenol spill greater than 50 ml.
- Complete Consolidated Situation Report and send to Risk Management for spills over 300cc

REFERENCES:

Wake Forest School of Medicine, Hazardous Materials Spill Procedures, 09-2017

Mendocino Community Health Clinics, Hazardous Spills, 2013

OSHA, Preparing Spill Response, Jul. 2003

ASSOCIATED DOCUMENTS:

None

KEY WORDS

Hazardous, liquids, spills, cleanup



This policy has been adopted by DMC HealthCare for the use in infection control. It is provided to you as information only.

BIOERRORIST AGENTS

WALTON:4 HOP THESE SYMPTOMS

[illegible]

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 - US. Army Medical Research and Development Command. (www.usamriid.com) and North Carolina State Department of Health and Human Services. Human and animal diseases: medical and public health management. JAMA 2001;285:1059-1070.

NOTIFICATION PROCEDURES IN THE EVENT OF A BIOTERRORIST INCIDENT

1. First call the Public Health Officer at your local health department, after hours contact local Health Director via 911.
2. If no answer at local health department, call the North Carolina Communicable Diseases Branch 919-733-2419.
3. If criminal activity is suspected, call your local law enforcement and the NC FBI 704-377-9200.

FOR MORE INFORMATION ON BIOTERRORISM:

CDC - Centers for Disease Control and Prevention
www.bt.cdc.gov

A-JIC - Association for Professionals in Infection Control & Epidemiology
www.apic.org/bioterror

SPICE - North Carolina Statewide Program for Infection Control and Epidemiology
www.unc.edu/depts/spice

919-938-3242

USAMRIID's Medical Management of Biological Casualties Handbook
www.usamriid.army.mil/education/biobook.html

DECONTAMINATION FOR ALL OF THESE AGENTS

1. Remove clothing from suspected victims in airtight impervious (e.g., plastic) bags and save for law enforcement (e.g., FBI, SBI).
2. Use soap and water for washing victim.
3. For environmental decontamination for all of the above, use bleach (standard 6.0% - 6.15% sodium hypochlorite) in a 0.5% concentration (1 part bleach to 20 parts water). For bacillus, plague and anthrax an alternative is to use an EPA-approved germicidal detergent.
4. For smallpox, all bedding and clothing must be autoclaved or laundered in hot water and bleach.
5. Healthcare workers should wear PPE (gowns, gloves and mask) during decontamination of all cases, plague and smallpox.

DETECTION OF OUTBREAKS

Epidemiologic Strategies

- A rapidly increasing disease incidence
- An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal symptoms
- An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern
- Lower attack rate among persons who had been inoculated
- Clusters of patients arriving from a single locale
- Large numbers of rapidly fatal cases
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential

Chart developed by:

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Support provided by:

The North Carolina Institute for Public Health and The North Carolina State Health Program, in the School of Public Health at The University of North Carolina at Chapel Hill

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