



Health Care Access for All

**Clinic Emergency Preparedness Task Force Meeting Agenda
Holiday Inn Capitol Plaza, El Dorado Room
May 4, 2005 10:00am – 3:00pm
Call-in # (866) 453-5550 Code: 6904873#
Chair: Alaina Dall**

1. Welcome and Introductions- Alaina Dall
2. Approve January 26th Meeting Notes
3. HRSA FY04 allocation update- Susan Fanelli, CDHS
 - a. CEPP Expansion Project Update
4. Clinic Emergency Preparedness Projects Update
 - a. Emergency Preparedness Flip Chart - Florence Makinen
 - b. Help Desk Update- Nora O'Brien
5. Non-Member Technical Assistance Survey Report- Calvin Freeman
6. Memorandum of Understanding Development Report- Margaret Ovenden
7. Cal-PEN Presentation- Hilda Araiza & Linda Kehoe
8. California Emergency Preparedness Strategic Planning Process- Nora O'Brien
9. Statewide Disaster Exercise Planning Committee Report- Linda Kehoe
10. Adjourn

CALIFORNIA PRIMARY CARE ASSOCIATION

Clinic Emergency Preparedness Task Force Meeting Notes January 26, 2005

Participants: Alaina Dall- Chair, Daniel Albano, John Alexander, Hilda Araiza, JP Banks, John Beleutz, Adrienne Bowes, Cynthia Chavira, Maria Gonzalez, Linda Kehoe, June Levine, Christine McFadden, Kathy Michaud, Margaret Ovenden, Jackie Partain, Jim Perkins, Shannon Riley, Tim Rine, Lara Sallee, Judith Shaplin, Brian Smouse, Trina Souza, and Brian Tisdale

Staff: Nora O'Brien and Florence Makinen

Call to Order

The meeting was called to order by Chair, Alaina Dall at 10:25a.m.

Welcome and Introductions

The chair welcomed the participants and asked everyone to introduce themselves to the group.

With the train crash that just happened in Los Angeles this morning, Alaina Dall suggested to have a few minutes of discussion because this is an example of a disaster wherein clinics could potentially be needed.

Approval of Meeting Notes from November 8, 2004

The meeting notes must be amended as follows:

- Under HRSA Local Allocation Funding, the delay of HRSA grant to be administered was not because of the difference between the federal and state fiscal years but because of state hiring freezes.
- Under Federal CEP Policy Issues, the two clinic emergency preparedness policy issues must be clarified.

CEP Strategic Planning Process

There is a lack of strategic vision of emergency preparedness statewide. The lack of vision has led to California's HRSA and CDC bioterrorism fund allocations process not completely address the preparedness needs fully of public health and hospitals, and health care delivery systems. Much of what happens with emergency preparedness planning and fund allocation has been focused on existing relationships with public health director, county Emergency Operations Center, hospitals but not always ensuring that clinics have place on a table in the planning process. A California Emergency Preparedness Strategic Plan will be developed over the next ten months and CPCA participating staff will give a status update to the Task Force members on a regular basis.

CEPP Overview

CPCA staff gave an update on the CEP Expansion Project implementation. There was also a discussion around state and regional needs assessment survey tool. The group agreed to have

uniformity for the clinic emergency needs assessment process. After a lengthy discussion, it was decided that the Phase II consortia organizations would have the discretion to use whatever needs assessment survey tool that they wanted (the CCALAC, SFCCC or their own creation). However, each consortia organization must use at least five of the same core questions to determine the preparedness level of community clinics and health centers (CCHCs) statewide. The Consortia organizations will be responsible for the needs assessment data collection and regional analysis and CPCA will review the data from the core questions and analyze it from a statewide perspective.

Action item: CPCA will send the CEP Task Force members the five assessment questions by February 15, 2005.

FY/04 HRSA Local Allocation Funding Report

Jacqueline Partain from the Emergency Preparedness Office gave a brief overview of where HRSA is at in terms of Grant Year 2 applications and funding. She also discussed the current year local application and funding process.

Then, Alaina Dall asked each one to share the status of their HRSA funding. The bulk of FY04 request were in the areas of communications (HRSA Critical Benchmark# 2.10) and education and training (HRSA Critical Benchmark# 5).

CEP Help Desk Implementation

CPCA will be launching a Clinic Emergency Preparedness Help Desk module. This is a great project that can assist clinics in enhancing preparedness and response planning. Staff explained how this help desk would work to answer most frequently asked questions and how it will be integrated as a web-based technical assistance on emergency preparedness. Once this project is completed, this will be a continuous resource for our state clinic members and also to other health centers nationwide. The Task Force members reviewed the 78 Help Desk questions identified by the pilot consortia staff. The intent is to complete the technological stage of the project by June 2005.

Flip Chart Dissemination

CPCA staff is in the process of obtaining price quotes on the duplication of flip charts from three different vendors. Once a printing date has been determined, consortia will let staff know whether to send the flipcharts directly to clinics or ship it to consortia.

Statewide Disaster Exercise Debriefing

Task force members who participated in the statewide disaster exercise shared their experience to the group.

Adjourned

The meeting adjourned at 3:00p.m.

Respectfully submitted by,



Florence T. Makinen
Policy Administrative Assistant



April 1, 2005

Dear Colleague:

The California State Emergency Medical Services Authority (CEMSA) and the California Primary Care Association (CPCA) are working together to assist community clinics and health centers (CCHCs) throughout California to enhance their preparedness for all types of disasters. We are asking that you complete the attached brief survey to help us better understand how we can meet your emergency preparedness needs.

California's CCHCs are becoming increasingly important sources of health care for our state's urban and rural underserved communities. These same communities also face increasing risk for major disasters that require a medical response. Furthermore, the CCHCs that serve these communities also face the possibility of damage from earthquakes and other disasters as well as from internal emergencies that can damage their facilities, reduce their ability to serve their clients and threaten their ability to continue to operate.

In recognition of the important role that CCHCs play in health care, the EMS Authority is providing funding to CPCA to develop a technical assistance program to assist CCHCs to upgrade their emergency preparedness programs. Regardless of the size and capacity of your site, its location or your likely role in a major disaster, your input in this project is very important to us.

The enclosed survey should take only about 10 minutes to complete. **Please respond by Friday, April 15th**. The survey can be completed on line at <http://www.surveymonkey.com/s.asp?u=60795954318> or, if you choose to fill out the enclosed survey, mail it to:

Attn: Emergency Management Survey
California Primary Care Association
1215 K Street, Suite 700
Sacramento, CA 95814

Or return it by **fax to: (916) 440-8172**

All clinics that submit surveys will receive the *Community Clinic & Health Center Emergency Operations Plan Template CD-ROM*, a comprehensive compendium of tools, templates, guidance and other resources that clinics can tailor to enhance their management of all types of disasters.

If you have any questions, feel free to contact Calvin Freeman of Global Visions Consortium who is providing consultant services for this project. He can be reached at (916) 714-1793 or by email at calvin_freeman@comcast.com.

Thank you for your participation.

Sincerely,

Handwritten signature of Jeff Rubin in black ink, written in a cursive style.

Jeff Rubin,
Chief of Disaster Medical Services
California EMS Authority

Handwritten signature of Nora O'Brien in black ink, written in a cursive style.

Nora O'Brien
Senior Regional Advocate
California Primary Care Association

Enclosure: Community Clinic Survey of Technical Assistance Needs in Emergency Preparedness

California Primary Care Association

Community Clinic Survey of Technical Assistance Needs in Emergency Preparedness

March 29, 2005

Please complete and return survey by April 15, 2005 to:	
Mail Attn: Emergency Management Survey California Primary Care Association 1215 K Street, Suite 700 Sacramento, CA 95814	Fax (916) 440-8172 Include a fax cover sheet to the attention of CPCA Emergency Management Survey.
Please attach a page with any additional comments. If you have any questions, email Calvin Freeman at calvin_freeman@comcast.net or Phone (916) 714-1793	

I. Clinic Background

1.1 Parent or Corporate Clinic Name:		
1.2 County:		
1.3. Name of Person Responsible for Completing this Survey:		
1.4 Title:	1.5 Telephone:	1.6 Fax:
1.7. E-mail Address:		
<input type="checkbox"/> 1.8 I would like to be contacted to discuss emergency preparedness for my clinic		
<input type="checkbox"/> 1.9 I decline to complete this survey because my clinic has no emergency preparedness technical assistance needs.		

Clinic Type (check all that apply):

<input type="checkbox"/> 1.10 Primary Care Clinic - Community Clinic <input type="checkbox"/> 1.11 Primary Care Clinic - Free Clinic <input type="checkbox"/> 1.12 Federally Qualified Health Clinic (FQHC) <input type="checkbox"/> 1.13 Migrant Health Center <input type="checkbox"/> 1.14 Rural Health Clinic (95-210 clinic) <input type="checkbox"/> 1.15 County Clinic	<input type="checkbox"/> 1.16 Tribal or Urban Indian Health Clinic <input type="checkbox"/> 1.17 Specialty Care Clinic - Surgical Clinic <input type="checkbox"/> 1.18 Specialty Care Clinic - Chronic Care Clinic <input type="checkbox"/> 1.19 University Clinic <input type="checkbox"/> 1.20 Hospital or Health Plan Based Outpatient Clinic <input type="checkbox"/> 1.21 Other: _____
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1.22 How many miles is your clinic from the nearest emergency department (range of miles if there are multiple sites)?	miles
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II. Emergency Planning Expectations (Y=Yes/N=No/DK=Don't Know/NA=Not Applicable)

If a major disaster (such as a large earthquake, bioterrorism attack, explosion, etc.) created a large number of injured and ill patients in the community you serve, do you expect:

	Item	Y	N	DK	N/A
2.1	Ill and injured patients will come to or be brought to your clinic?				
2.2	People with minor injuries or no injuries will come to your clinic for information, reassurance or counseling?				
2.3	Your clinic will participate in the county's medical response to the event by receiving overflow casualties from hospitals, providing clinic staff at other sites, or by providing space in the clinic for medical responders?				
2.4	To close your clinic and refer patients to other sources of care?				
2.5	To Keep your clinic open or re-open your clinic if closed?				
2.6	To Expand the number of hours your clinic would operate?				
2.7	The county will provide your clinic with support for its response?				

III. Clinic Emergency Preparedness Status (Y/N/DK/NA)

	Internal Emergency / Evacuation Plan	Y	N	DK	N/A
3.1	Does your clinic have a plan for responding to fires and other internal emergencies in the clinic?				
3.2	Has your clinics plan been updated within the past two years?				
3.3	Does your clinic have emergency or back up power?				
	Disaster Planning	Y	N	DK	N/A
3.4	Does your clinic have a plan for responding to disasters in the community it serves (external disasters)?				
3.5	Has your disaster plan been updated within the past two years?				
3.6	Does the disaster plan address caring for a mass influx of patients?				
3.7	Does the disaster plan make provisions for addressing the health needs of older adults, children, or people with disabilities?				
3.8	Does the disaster plan address the language needs of your clinic's limited English proficient patients?				
3.9	Does the plan specifically address bioterrorism preparedness?				
3.10	Does your clinic participate in community planning for disasters?				
	Other Policies and Procedures	Y	N	DK	N/A
	Does your clinic have the following policies and procedures in place:				
3.10	Clinic Evacuation?				
3.11	Patient care during a disaster?				
3.12	Handling patients who are exposed to biological or chemical events?				
	Training and Drills	Y	N	DK	N/A
3.13	Do clinic staff members receive training in disaster awareness, preparedness and response?				
3.14	Does the training include preparedness for chemical or biological terrorism events?				
3.15	Within the past two years, did your clinic participate in a disaster drill?				
	Communications	Y	N	DK	N/A
3.16	Does your clinic have a plan to contact staff after hours in an emergency?				
3.17	Does your clinic have high speed Internet access (other than dial up)?				
3.18	Are procedures in place for establishing emergency communications between the clinic and the county or local government?				

IV. Barriers to Effective Disaster Preparedness in Your Clinic (select the three (3) most important barriers):

4.1	Area unlikely to hit by a major disaster	
4.2	Lack of information about how to provide medical care to large numbers of disaster victims	
4.3	Lack of information about how to care for victims who may be exposed to biological or chemical agents	
4.4	Lack of everyday health care capacity (limited space and providers)	
4.5	Lack of time for staff to train, develop plans and conduct exercises	
4.6	Lack of relationships with county or local hospitals	
4.7	Lack of funds to purchase supplies / equipment	
4.8	Lack of funds to support staff training or back-filling key positions while they receive training	
4.9	Lack of reimbursement for costs incurred during disaster response	

V. Technical Assistance Priorities for Your Clinic (Emergency Preparedness Technical Assistance Priorities - Select the 3 Most Important)

5.1	Planning and preparedness tools and templates	
5.2	Disaster organization structure, response management and decision making tools	
5.3	Policy and procedure templates	
5.4	Procedures for communications with staff (e.g., staff callback)	
5.5	Procedures for communications with government emergency system and responders	
5.6	Establishing emergency medical supplies caches	
5.7	Disaster response equipment requirements	
5.8	Training – General disaster	
5.9	Training – Bioterrorism	
5.10	Technical advice, coaching and information	

VI. Preferred methods for receiving technical assistance (select all that apply):

6.1	Written samples or templates of plans, policies and procedures	
6.2	Online Q & A	
6.3	Emergency preparedness training provided in clinic's county or region	
6.4	Training provided at clinic site	
6.5	Teleconferencing	
6.6	Videoconferencing	
6.7	Sessions on emergency preparedness at CPCA annual conference	
6.8	Coaching by telephone or email	

VII. Technical Assistance Details (select all that apply):

Identify the technical assistance needs for your clinic by placing an “X” next to each in the Yes column. Select the most important for each section by placing an “X” in the Priority column.

	Planning	Yes	Priority Select 3
7.1	Emergency plan for fire, evacuation and internal emergencies		
7.2	Disaster plan for responding to external (community) disasters		
7.3	Plan for response to bioterrorism attack		
7.4	Use of personal protective equipment, (e.g., protective suits, masks or kits)		
7.5	Procedures for handling large numbers of patients with infectious diseases		
7.6	Defining clinic role in a disaster (e.g., close, remain open, or re-open)		
7.7	Development of a disaster response management structure and decision process (e.g., Incident Command System)		
7.8	Managing mass influx of patients		
7.9	Meeting the needs of vulnerable populations (e.g., elderly, disabled, children)?		
7.10	Meeting needs of culturally and linguistically diverse populations		
	Staff Safety / Continuity of Clinic Operations	Yes	Select 1
7.11	Restoration of clinic services following a disaster		
7.12	Housing and feeding clinic personnel for 72 hours		
7.13	Home and self-care during disasters for staff, patients and community		
	Responding to Disaster Victims	Yes	Select 2
7.14	Extending regular clinic hours in a disaster situation		
7.15	Triaging patients to appropriate hospitals and other treatment centers		
7.16	Transportation for triaged patients to appropriate facilities)		
7.17	Emergency cache of supplies		
	Policies and Procedures	Yes	Select 3
7.18	Establishing disaster response teams		
7.19	Security / lock-down policy		
7.20	Personnel recall		
7.21	Clinic evacuation		
7.22	Patient care during a disaster		
7.23	Report of suspicious symptoms to the county health department		
7.24	Handling patients who are exposed to biological or chemical contaminants		
	Coordination with Emergency Response Agencies	Yes	Select 1
7.25	Working with county or local other healthcare providers to develop plans for and coordinate response to disasters		
7.26	Working with volunteers		
7.27	Obtaining emergency supplies from vendors, county or other sources		
	Training and Exercises	Yes	Select 2
7.28	Staff training in disaster awareness, preparedness and response		
7.29	Training in preparedness for chemical or biological terrorism events		
7.30	Training for medical staff to identify and properly/safely remove biological and chemical contaminants		
7.31	Planning and conducting disaster drills		
7.32	Participating in local emergency services drills and exercises		

THANK YOU – Please attach a sheet with any comments you would like to add.

**STATE OF CALIFORNIA
STATEWIDE MEDICAL & HEALTH DISASTER EXERCISE**

Date of Exercise: November 17, 2004
Time of Exercise: 8 a.m. - 12 p.m.
Exercise Scenario: Improvised Explosive Device (IED) at a large gathering

This year's statewide drill the clinics have a separate category and objectives. In previous exercises, they were lumped together as Ancillary Healthcare Facilities. This year's clinics objectives are:

Objective I:

Implement the facility's emergency preparedness response plan, preferably using a recognized incident command-based system. (See glossary for the Hospital Incident Command System)

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies within the operational area, utilizing appropriate communication systems, if applicable.

Objective III: Assess the response facility's capability of managing a large influx of patients and consider accepting non-acute care hospital transfers during this public health crisis.

Objective IV: Assess the status of your facility and communicate that status to appropriate hospital or governmental agencies within the operational area.

The exercise guidebook is going to be release in June.

Contra Costa Clinic Emergency Preparedness Project

Preliminary Training Plan March 9, 2005

Introduction

This draft training plan describes the process and content of the training activities that will be undertaken under the Contra Costal Clinic Emergency Preparedness Project. We propose conducting a training program that consists of four discrete two-hour sessions that emphasize discussion and problem solving rather than didactic presentation. The four topics selected for the training are described below along with the sections of the *Community Clinic and Health Center Emergency Operations Plan Template* developed for the California Primary Care Association. The *Template* will serve as a primary reference for the training, which in turn will assist clinic staff to make better use of the *Template*.

The topics described below were selected for this initial round of training based on in part on interviews with clinic staff concerning their emergency preparedness status and needs. The Clinic Consortium of Contra Costa County is seeking resources for additional training in future years.

Description of Topics

Internal Emergencies

Strategies for preparing for and responding to internal emergencies. Focus on patient and staff safety. Review emergency procedures flip chart content and discuss tailoring information for specific clinics. Build organizational awareness and commitment to emergency preparedness. Develop recommendations for training, exercises and drills.

Template Sections: Introduction
3.14 Response to Internal Emergencies
Appendix H.1 Emergency Procedures
Appendix H.2 Emergency Code Examples
Appendix H.3 Clinic Floor Plan Examples
Appendix H.4 Utility Shut Off Picture and Instructions
Appendix H.5 Clinic Evacuation Plan Template
Appendix H.6 Shelter-In-Place Guidelines
Appendix I Home and Office Preparedness
Appendix L.1 Primary and Alternate Sites for Health Care and
Emergency Operations
Appendix S.2 Clinic Decision Tool for Opening and Closing

□ **Business Continuity**

Minimize the impact of emergencies on business operations and prepare for rapid recovery from disasters. Identify critical business functions / services and plan for their restoration. Protect critical data, data systems and sensitive information.

Template Sections: Introduction
1 Mitigation
2.7 Continuity of Operations
4 Recovery
Appendix S.2 Clinic Decision Tool for Opening and Closing

□ **Framework for Coordinated Clinic Response to Disasters**

Discuss draft of Framework for coordinated response to external disasters. Focus on provisions for alert, notification from and information exchange with county. Discuss potential roles of clinics and preparedness required to meet those roles. Identify resources that can support clinic operations and resources that clinic can provide to response. Discuss response communications and reporting and recovery issues – reports, documentation, potential for reimbursement.

Template Sections: Introduction
1.6 Clinic Emergency Response Roles
2.3 Standardized Emergency Response System (SEMS)
2.4 Integration with Community-Wide Response
3.2 Response Priorities
3.3 Alert, Warning and Notification
3.5 Emergency Management Organization
3.8 Acquiring Response Resources
3.9 Communications
3.15 Response to External Emergencies
4 Recovery
Framework (under development)

□ **Clinic / County Communications System**

Description of clinic / county communications system and alternative methods of communications. Alert and notification procedures. Communicating suspicious symptoms. Response communications – status and resource needs.

Template Sections: Introduction
3.9 Communications
Appendix K – Communications Systems
Appendix P.4 – Communications
Additional material to be developed

Training Participants

- Emergency Response Workgroup
- Other clinic staff
- Consortium staff
- County staff
- Consultants

Format

- Approximately one training per month beginning in April
- Two-hour brown bag discussion sessions
- Focus on solutions
- Facilitated discussion
- Develop recommendations
- Write-up of meeting notes
- Incorporate in Framework where relevant
- Distribute to participating clinics and county EMS Agency

Participant Preparation

- Read selected sections of *Community Clinic and Health Center Emergency Operations Plan Template* and draft material (e.g., Framework and Communications Procedures)
- Identify and submit key questions / issues for discussion
- Assess clinic needs and priorities

Framework for Coordinated Community Clinic Response to Disasters Draft – March 10, 2005

Introduction

Purpose

This Framework defines how Contra Costa community clinics will be integrated into the Operational Area's overall response to disasters that create public health and medical impacts. It describes the preparedness and response principles to be incorporated into the plans of and the relationship between community clinics and the county disaster medical preparedness system.

The Framework represents a mutually agreed upon guidance for the further development of a coordinated system. It is voluntary and non-binding and may be augmented and further specified through the plans of the clinics and county or through contracts and other agreements.

Development Process

The final content of the Framework will be based on input from community clinics in Contra Costa County and the County's EMS Agency. The development process will include:

1. Early review of the draft outline below by members of the Clinic Consortium's Emergency Response Workgroup and the County EMS Agency. The purpose of the initial review is to ensure that all critical issues are included and to identify the elements of the Framework that should receive highest priority for development.
2. Consultant drafting of the Framework elements in a format that presents alternative approaches to various elements (issue memo format) for review by clinics and the county.
3. Training workshops to discuss the Framework elements with the clinics.
4. Based on comments from clinic and the county, develop final version of Framework for submission to clinic CEOs and County EMS for final approval.

It is important to note that the first iteration of the Framework will not address all of the issues in the outline in a comprehensive fashion, but will focus on those identified as the highest priorities. The final Framework will provide a basis for further development of emergency preparedness plans.

Assumptions

1. The role a clinic plays in a major disaster can be anticipated but not predicted with absolute certainty. How a clinic participates in the overall response to a disaster depends on the nature and severity of the event, its proximity to the event, the degree to which the clinic and its staff are directly or potentially impacted, the impact of the disaster on the patient population it serves and other factors such as the timing of the event, commitment of clinic staff to hospitals, etc.
2. In a major disaster, clinics will coordinate with the response of Contra Costa County and other health agencies and providers. This coordination should include health care services, response status information, and media releases.
3. Clinics will receive support from Contra Costa County to the extent possible to support clinic response and recovery roles.
4. Clinics will have a basic understanding of California's Standardized Emergency Response System (SEMS) and that requests to Contra Costa County will be addressed consistent with the requirements of SEMS.
5. Clinics may augment resources through their vendors, nearby health facilities with which they have formal or informal agreements, other clinics, and their corporate structure.

Framework Elements

Activation of the Framework

- When clinics potentially impacted by event
- When County response needs support

Definition of terms

- County EOC
- SEMS
- Community Clinic and Health Center
- Impacted Clinic
- Supporting Clinic
- Risk Communications

General Principles

- Participating clinics: PPH, Brookside, La Clinica de la Raza
- Clinic management relationship to parent corporation and implication for disaster response

- Potential clinic roles (not all clinics will perform all of these roles): Triage and stabilize presenting patients, arrange for patient transport to hospitals; make facilities and staff available for overall county response; close and make staff available to other sites; provide interpreters for other responders and medical facilities; provide conduit to communities for risk and other communications; report condition of presenting patients; report clinic status; receive overflow of walking wounded and worried well from hospitals.
- Role of Consortium: supporting preparedness, advocacy / not operational
- Clinic status: reporting measures of capacity and need that should be reported to county
- Media communications: coordinating with county.
- Risk communications / community information
- Financial / legal liability
- Hold harmless
- Staff transfer provisions

Mitigation Phase

- Risk assessment and hazard mitigation

Preparedness Phase

- Need for clinic internal disaster plan
- Participation in Exercises – June and November

Response Phase

Alert and notification / information

- Clinic information needs: Nature and impact of event, changes over time, recommended response actions (e.g., treatment for exposure to hazardous material)
- County information needs: Response status and capability of clinic, information about patient convergence and presenting illnesses and injuries
- Information push to clinics: Alerts, warnings and critical information broadcast by fax, email, telephone, pager or radio
- Information pull by clinics: Response information available on county internet site.
- Ongoing information exchange: Procedures for reporting and queries.

Communication of resource requests:

- From county to clinic
- From clinic to county

Procedures for:

- Transfer of personnel, supplies, equipment and pharmaceuticals
- Patient Evacuation
- Logistic support
- Documentation of patient care
- Documentation of expenditures
- Resource and patient tracking
- Supervision of resources
- Volunteer management / Verification of credentials
- Demobilization of resources

Recovery

- Documentation
- Afteraction reports / assessments
- Hazard Mitigation
- Business Continuity

Annexes

- Reimbursement



Sutter Davis
Hospital

Emergency Line

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Off sites 9-911

If You Discover A Fire: RACE

- R** = Rescue Anyone in Danger
- A** = Alarm - Pull the Alarm, Call the Emergency Line
- C** = Contain/Confine the Fire
- E** = Extinguish or Evacuate

To Use A Fire Extinguisher: PASS

- P** = Pull the Pin
- A** = Aim at the Base of the Fire
- S** = Squeeze the Handle
- S** = Sweep at the Base of the Fire

Front

HEICS – Hospital Emergency Incident Command System

The system and structure used to manage emergency/disaster events.

Personal Response To Any Disaster: SPI

- S** = Safety - yours first then others.
- P** = Plans – follow the written plan, as available.
- I** = Instructions – follow instructions from your Supervisor or Incident Command Center.

Response to HazMat Event: SIN

- S** = Safety First.
- I** = Isolate the spill and deny entry.
- N** = Notify supervisor. Call Emergency Line to report Code Orange as necessary.

Back

Emergency Line

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Off sites 9-911

Front

CODE RED - Fire

"RACE" - Rescue, Alarm, Contain, Extinguish/Evacuate

"PASS" - Pull, Aim, Squeeze, Sweep

CODE ORANGE - Hazardous Materials Incident

"SIN" - Safety First, Isolate and Deny Entry, Notify Supervisor.

CODE YELLOW - Bomb Threat

Prepare to search immediate area.

CODE GREEN - Evacuation

Prepare to evacuate your area.

CODE TRIAGE - Internal/External Disaster

HEICS activation (Hospital Emergency Incident Command System). Know your role.

CODE PINK - Abduction - Less than 2 years

Monitor assigned locations, report suspicious persons to operator.

CODE PURPLE - Abduction/Missing Person

Monitor assigned locations, report suspicious persons to operator.

CODE GRAY - Abusive/Assaultive Behavior

Do not go into the area announced unless trained to do so.

CODE SILVER - Weapon/Hostage Situation

Do not go into area announced, stay in department, shut all doors.

Back