

## Emergency Preparedness Pamphlet

- 1) The first step to emergency preparedness is to think of what possible emergencies might affect the facility. In Oregon, these can include:

Fire	Tsunami	Terrorist Attack
Flood	Winter or Thunder Storm	
Earthquake	Biological Emergency (flu, etc.)	

- 2) The next step is to determine what emergencies are location-specific; is the facility near a chemical plant, for instance, or a large highway? Thinking of all the possible emergencies that the facility could have to deal with will prove helpful for adequate preparation.
- 3) Call and establish a relationship with the county emergency contact, or the designated emergency division for the state and county. Let them know the ways your facility can help in times of emergency, along with specific needs your residents may require (wheelchair transport, for instance). A list of county and state emergency persons of contact is included at the end of this pamphlet.
- 4) Outline an evacuation plan for the facility. Identify entry and exit points, and the routes to get to these places, along with a meeting place outside of the facility. Post copies around the facility and execute practice drills to make sure all residents are up-to-date on emergency protocol.
- 5) Make a continuity of operations plan. Determine what operations are critical for your residents and staff, and designate staff members to fulfill these jobs in times of emergency. In addition, note how many staff members are required for the facility to operate at emergency level. Designate a staff member to act as the contact point for other emergency services, another to take charge of insurance and billing issues with CMS and Medicare, and an organizer. (See end of pamphlet for a continuity of operations template.)
- 6) Consider staff-trading plans with other facilities if your workers live a fair distance from the facility.
- 7) Communicate and collaborate with other groups in your area—churches, other hospitals, and so on—on what you and the area will do in times of emergency. A reliable and strong network is helpful to responding quickly in an emergency.

### Emergency Checklist

This list addresses nursing homes, dialysis centers, and home health agencies, but addresses needs of all types of facilities. In times of emergency, make sure you have:

- a 3-day food supply available for the residents if not already in place—and take into account dietary restrictions and amounts of water necessary.
- a list of general emergency contacts at hand. This includes contacts for the county, hospital, and state; these are attached with this sheet. Make sure the local contacts are aware of any services your patients might need regarding transport.
- a list of in-state and out-of-state contacts for all of your residents.
- a non-phone-based way to communicate with emergency services and contacts, such as a radio. Know how to set up the communication line you decide to use, and run tests to make sure it works properly.
- a generator in place for any machinery that is essential to keep running, and train staff in how to use it.
- a carpooling system in place for transport to and from hospitals.
- paper copies of your residents' medical records ready for those who need them, and give residents a way to easily identify themselves and the specificities of their medical condition, such as a small laminated card. This will be useful in case a resident needs to go to a larger hospital.
- Become familiar with your county emergency contact, and ask about HAN/how to obtain its updates. (For more information, see <http://www.oregon.gov/DHS/ph/preparedness/han/index.shtml>)
- Consider going over the emergency plan with your staff when first hired if this is not already done.
- The CDC has an online guide to shelter-in-place, or taking shelter without exiting the building, at <http://www.bt.cdc.gov/preparedness/shelter/>.

References include:

<http://www.therenalnetwork.org/about/disaster.php>

<http://www.esrdnetwork4.org/downloads/emerbook.pdf>

#### Links to Online Templates and Sample Plans

\*<http://www.fema.gov/pdf/library/epc.pdf> - FEMA's emergency preparedness checklist

\*<http://www.pandemicflu.gov/plan/tab6.html/> - checklists for pandemic flu

\*<http://www.co.benton.or.us/health/publichealth/documents/IncidentSpAnnxCBioTerror.pdf> -Sample plan for biological emergencies from Benton County

\*<http://www.oregon.gov/OMD/OEM/> - the State of Oregon's emergency management web page

#### Ambulatory Surgery Center Suggestions

- Consider how the facility can integrate with the larger emergency planning community (hospitals, EMS, state organizations). In the case of an emergency, coordination between different facilities is key to effective response, and is fairly easy to initiate. Which hospitals might require the

transfer of patients to the surgery center, for instance? Can the surgery center perform triage or other emergency services?

- Describe transportation plans that are in place—vans rented or sharing programs, etc.
- Make records of special skills staff may have that can be helpful in times of emergency—foreign languages spoken, for instance.
- Describe the center’s overflow capabilities:
  - Number of beds
  - Type of care that can be administered
  - Location: If urban, might there be a high volume of inpatients?
  - Protective equipment available in case of disease outbreak
  - Communication plan—how will alerts be issued to patients and families of staff, or received from other organizations (state organizations, EMS, etc.)?

References include:

[http://www.fdhc.state.fl.us/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient/forms/ASC\\_CEMP\\_Reconstructed\\_122104.pdf](http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/forms/ASC_CEMP_Reconstructed_122104.pdf)

[http://www.oregon.gov/DHS/ph/preparedness/surge\\_capacity/surge\\_cap\\_survey.pdf](http://www.oregon.gov/DHS/ph/preparedness/surge_capacity/surge_cap_survey.pdf)

\* Florida criteria for ambulatory surgery centers:

[http://www.fdhc.state.fl.us/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient/forms/ASC\\_CEMP\\_Reconstructed\\_122104.pdf](http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/forms/ASC_CEMP_Reconstructed_122104.pdf)

\* Template from Escambia-Emergency.com:

[http://www.escambia-emergency.com/pdfs/disaster\\_plan/Ambulatory\\_Surgery\\_Center\\_Disaster.pdf](http://www.escambia-emergency.com/pdfs/disaster_plan/Ambulatory_Surgery_Center_Disaster.pdf)

### Rural Health Suggestions

- Consider methods of dealing with chemical-based emergencies—special equipment, contagion and contamination protocols, etc.
- Be aware of possible rural-specific causes of emergency near the facility, if there are any, and possible emergencies that could develop—attacks on army bases, chemical depots, and so on. Such emergencies may not be considered within basic template plans available. Coordinating with said outposts will ease these types of specific preparations.
- Contact and coordinate emergency preparedness efforts with Tribal Nations.
- Maintain a variety of alternative communication plans, in case phones or email are not available, such as ham radio. In times of emergency a rural network may become overburdened, making efficient communication between different organizations difficult.
- See if pamphlets or training videos are available to refresh emergency response skills. The cost of driving to larger cities or missing days of work can be mitigated by learning at the facility.

- If urban areas are set to evacuate to the facility in the case of an emergency, are their overflow plans in place?

References include:

[http://bioterrorism.dhmf.state.md.us/docs\\_and\\_pdfs/ruralemergencypreparedness.pdf](http://bioterrorism.dhmf.state.md.us/docs_and_pdfs/ruralemergencypreparedness.pdf)

<http://www.ohsep.louisiana.gov/plans/modelhmlthpln.htm>

<http://www.miruralhealth.org/files/paper%20revised.pdf>

### Suggestions for Dealing with Bioterrorism or Flu Outbreak

(This sheet can be sent to all types of facilities)

- Make sure protective gear is available for workers, in order to ensure that as many people as possible are protected and the disease does not spread – masks, possibly HAZMAT suits (if feasible)
- Establish protocols for identifying and isolating infected or at-risk persons – ID cards, books, and so on.
- Establish relationships with other facilities and consider implementing staff-sharing procedures. Brainstorm methods staff can communicate with the facility if they are unable to come to work.

References include:

[www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf](http://www.oregon.gov/DHS/ph/acd/flu/oregonfluplan.pdf) - state of Oregon flu plan

<http://www.oregon.gov/DHS/ph/spotlight/panflu/panflupreparedness.shtml> - state of Oregon flu preparedness website

A template is available at:

<http://www.cdc.gov/ncidod/dhqp/pdf/bt/13apr99APIC-CDCBioterrorism.PDF>