

Emergency Preparedness Plan

- I. The Emergency Preparedness Plan (EPP) provides a course of action to fully integrate Center resources with community resources in planning for, preparing for, responding to, and recovering from an emergency event. An emergency event is defined as “any unplanned event that can cause deaths or significant injuries to Staff, customers, or the public; or that can shut down a business, disrupt operations, or cause physical or environmental damage.” An emergency event includes a terrorist attack, bioterrorism event, natural disaster, fire, severe weather conditions, loss of utilities, equipment failures, chemical spills, bomb threats, security risks or emergencies in the surrounding community.

It is the intent of the Center to protect Staff, patients and visitors from harm in the event of an emergency situation and to participate in the community emergency program to deal with an emergency event. The Center EPP anticipates a surge in need for health services with a need to minimize disruption of services for Center patients and seeks to assure the Center’s financial and organizational well being.

The Center will participate to the extent possible and as appropriate with the national preparedness program framework including the National Response Plan (NRP), the National Preparedness Goal (NPG), the National Incident Management System (NIMS), the Universal Task List (UTL) and the Targeted Capability List (TCL).

The Center EPP is based on a thorough risk assessment of the local community served and other community resources. The risk assessment includes a Hazard Vulnerability Analysis that identifies potential emergencies and the direct and indirect effects of these emergencies may have on the Center’s operations and demand for its services. The risk assessment identifies the direct and indirect effects of emergencies on the center and its operations and demand for services. The Center uses risk assessment tools that meet the specific needs. Risks are analyzed based on the likelihood of occurrence, severity and impact on services and resources. Risk may be sudden events such as a local explosion or ongoing as pandemic influenza.

The Center EPP addresses the four phases of emergency management: mitigation, preparedness, response and recovery.

- A. Mitigation activities lessen the severity and impact a potential disaster or emergency might have on a Center’s operation.
- B. Preparedness activities build capacity and identify resources that may be used should a disaster or emergency occur.
- C. Response refers to the actual emergency and controls the negative effects of the emergency situation.

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- D. Recovery actions should begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning should be considered an essential aspect to sustaining the long-term viability of the Center.

The EPP identifies how, when, and by whom the EPP is activated, procedures for notifying Staff and the roles and responsibilities of personnel responding to the emergency. The EPP addresses: continuity of operations, staffing, surge patients, medical and non-medical supplies, pharmaceuticals, security, evacuation, decontamination, isolation, power supply, transportation, water/sanitation, communications and medical record security and access. The provision may be provided in the community and the Center will complement and coordinate with other local services and resources. The Center's primary role is to provide primary care services, including behavioral health services, in consultation with the local community. The EPP should address special needs populations such as migrant workers, homeless persons, residents of public housing and special needs individuals, disabled and elderly. The EPP addresses backup security and access to patient and Center records.

It is the responsibility of the Chief Executive Officer to develop, implement and monitor this plan. If the Chief Executive Officer is unable to lead during an emergency, follow the Emergency Chain of Command listed as number IV at the end of this plan. The Chief Executive Officer designates Staff to initiate the EPP and to communicate with federal, state and local authorities and the public during emergencies. The designated Staff participates with the local Incident Command System (ICS) a standardized on-scene emergency management system that is a part of NIMS. NIM provides a structured template and mechanisms to coordinate communication during national emergencies.

The Center collaborates and participates, as appropriate, in community-wide efforts for emergency preparedness, response and recovery when conditions present no risk to life. The Staff cooperates with local authorities, as appropriate. The Center EPP includes reporting protocols. The Center provides data to the federal (including HRSA, as required), state and local agencies to the extent possible. The following Disaster Matrix describes the type of disasters or emergencies the Center could encounter and the agency level of response in each case.

II. DISASTER MATRIX - TYPES OF DISASTERS

A. Facility or Staff-Based Disaster

A FACILITY OR STAFF-BASED DISASTER is one in which the operations of the Center are severely hampered. Examples include fire or flooding of facility;

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epidemic of disease or loss of life of one or more staff members critical to the operations of organization.

IN A FACILITY OR STAFF-BASED DISASTER senior executive staff managers may activate the EPP. The disaster is typically managed by the senior executive staff members, the board of directors, and local emergency officials.

B. Local Disaster

A LOCAL DISASTER is any event which threatens the well being (life or property) of citizens in one municipality.

A LOCAL DISASTER is manageable by local officials without a need for outside resources.

RESPONSE is by local government, such as a police, fire chief, mayor or county judge and/or other legal authority of local government. By decision of the Chief Executive Officer and under the suggestion of the Gregg County Health Department, the Center EPP may be activated to render aid to the local community in a local disaster when conditions present no risk to life.

C. State Declared Disasters

A STATE DISASTER is any event which threatens the well being of citizens in multiple cities, counties, regions, and/or overwhelms a local jurisdiction's ability to respond, or affects a state owned property or interest.

A STATE DECLARED EMERGENCY can only be designated by the Governor or his/her designee. Response and Recovery is the responsibility of the Governor's Division of Emergency Management. By decision of the Chief Executive Officer and under the suggestion of the Gregg County Health Department, DSHS and other local and state agencies, the Center EPP may be activated to render aid to the local community in a statewide disaster when conditions present no risk to life.

The DURATION OF RESPONSE for this category of disaster is generally for the duration of the event or until it is jointly determined by DSHS and the Governor's Division of Emergency Management, that a response is no longer necessary.

D. Federally Declared Disasters

A FEDERALLY DECLARED disaster is any event, real and/or perceived, which threatens the well being of citizens, overwhelms the local and state ability to

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respond and/or recover, or the event affects federally owned property or interests.

A FEDERALLY DECLARED disaster can only be declared by the President of the United States. The Governor of a state must first declare a state of emergency and request a Presidential declaration.

The DURATION OF RESPONSE for this type of disaster will be for the duration of the event or until it is jointly determined by DSHS and the Governor's Division of Emergency Management, that a response is no longer necessary. By decision of the Chief Executive Officer and under the suggestion of the Gregg County Health Department, DSHS and other local, state, and federal agencies, the Center EPP may be activated to render aid to the local community in a federal disaster when conditions present no risk to life.

Staff are advised of their responsibilities related to the Center EPP and receives state and local emergency management training. Training is available at www.training.fema.gov/emweb/IS/crslist.asp. The staff participates in measures to maintain financial viability of the Center by securing replacement funds and in the recovery process.

The EPP is reviewed by designated Staff frequently to make adjustments as necessary and is reviewed annually building on lessons learned in local and community drills and actual emergencies. The EPP review is reported to the Chief Executive Officer and the Governing Board.

Resources: HRSA-BPHC PIN 2007-XX Emergency Management Program Expectation
HRSA BPHC PAL 2002-02 Emergency Preparedness and the Potential Role for Health Centers in Community Response
TJC CAMAC 2007, standard EC.4.10 The Organization Addresses Emergency Management.

- III. It is the policy of the Board of Directors that the Center adheres to requirements established by the Texas Department of State Health Services in regard to emergency and disaster response; including a requirement that the Center register an emergency contact with the DSHS Health Alert Network. Center executive staff members will respond accordingly to the level, duration and magnitude of the disaster. To facilitate this process, the Center has implemented Disaster Mitigation, Preparedness, Response, and Recovery phases.

- A. Disaster Preparedness

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

Purpose: Focus on short-term measures for reducing or eliminating risk of emergencies and disasters

1. 911 and Codes

The Chief Executive Officer or designated Staff will contact law enforcement if there are problems concerning an emergency situation. That individual will also call the appropriate "Code" and announce the "All Clear" when the emergency is resolved. The following codes are posted at telephones:

- a. "Code Red" Fire/Bomb Threat
- b. "Dr. Armstrong" Threat to security/potential violence
- c. "Code Blue" Clinical Emergency (CPR)
- d. "Code Black" Natural Disaster

"911" and the phone number of the local law authorities and emergency service agencies are posted by phones in the Center. Staff are oriented on when and how to call "911." Emergency codes are posted on the back of each staff name tag.

2. Emergency Drills

The Center routinely conducts the following drills. The results are reported to the CPI Committee and maintained by the Chief Executive Officer:

Drill	Frequency	Report
Fire Drill*	Bi-Annually	Fire Drill Report
Bomb Threat	Yearly	Bomb Threat Check List
Security Drill (Disaster)	Yearly	Fire Drill Report/Incident Report Format
CPR*	Quarterly	CPR Report*

* See EOC Safety Plan concerning Fire and CPR drills and report

3. Response to Emergency Situations

- a. Fire "Code Red"

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The fire prevention and preparedness plan is to provide for safety of patients, visitors, Staff and the Center. During orientation, new employees are oriented to all evacuation plans.

The Center floor plan designating escape exits is posted throughout the Center. The Plan provides for the orderly evacuation as reflected in posted floor plans with exits noted, if needed, and to provide for medical needs of patients.

Fire extinguishers are located in visible, readily available locations and are inspected monthly to ensure readiness.

Fire drills are bi-annually at each Center site or location to ensure practice of routine in event of a fire situation. All Staff are expected to participate in drills.

In the event of a fire or potential fire, the Staff person identifying the situation will:

- i. Announce "Code Red at (give location)" to mobilize Staff for response and fire evacuation;
- ii. Call the Fire Department "911";
- iii. Notify the Chief Executive Officer or designated Staff;
- iv. Complete the Fire Drill or Actual Fire Checklist; and
- v. Notify Maintenance to be prepared in event of evacuation to turn off utilities including electrical service, natural gas, water and compressed gas systems.

In the event of actual fire, under the direction of the Medical Director, the Staff (all departments) will move patients out of the building through the closest exit, if not obstructed by the fire, or through the next closest exit. A Staff member shall be assigned to each patient and shall conduct a head count of those patients they are responsible for after exiting the building. Each staff with assigned patients will be under the oversight of the Clinical Staff in charge. One staff member in each department shall be designated to check each exam and office rooms in their department for people not yet evacuated. No one is to reenter

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the building without approval the Fire Department or the Emergency Response Unit.

A debriefing session is held with staff after each drill or event to process the success of the drill or event and to identify areas for improvement and take corrective measures.

b. Behavioral Emergencies "Dr. Armstrong"

A behavioral emergency is defined as any type of threat to security or potential violence. In either of these cases staff will call for "Dr. Armstrong" and give the location of the disruption over the intercom. The security representative from management will either attempt to resolve small issues or if required will call or direct staff to call the local police department. The incident must be documented in accordance with the Incident Reporting Procedure.

c. Medical Emergencies "Code Blue"

A medical emergency is defined as any unexpected onset, due to illness or injury, of a medical condition that the center is not equipped or capable to handle and is expected to result in permanent injury or a threat to life. In this situation the first responder on site will direct staff to call 911 for an ambulance, and then call "Code Blue" giving the location of the emergency over the intercom. Certified CPR staff may be required to perform CPR techniques. First aid will be administered by appropriate medical staff. Administrative staff members will be notified and the incident must be documented in accordance with the Incident Reporting Procedure.

d. Severe Weather Conditions "Code Black"

In the event of severe weather conditions, under the direction of the Chief Executive Officer, administrative staff will call "Code Black" over the intercom with a brief description of the emergency. Staff will await administrative instruction. Staff will provide for patient safety by moving patients to safer areas of the building, such as the central hallway away from windows. The Chief Executive Officer coordinates with local authorities to protect patients and the Center.

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e. Chemical Contamination

Any person exposed to chemicals will be taken to an area available (outside, if necessary) to be decontaminated. Chemical contamination in the laboratory may be decontaminated using the eye wash equipment, if appropriate.

In event of chemical spill, the Staff will remove patients from the area, and alert the maintenance and housekeeping Staff to provide proper clean up prior to moving patients or Staff back into the area consistent with OSHA guidelines.

The MSDS are referred to for information concerning the hazard of the chemical, treatment of any person exposed, and for the proper clean up. Housekeeping will provide appropriate decontamination and cleanup.

An Incident Report is completed and submitted to the Chief Executive Officer for immediate investigation and follow up and reported to the CPI Committee.

See also Hazardous Materials and Waste Plan.

f. Loss of Utilities

See Utilities Management Plan

g. Equipment Failures

See Medical Equipment Management Plan

h. Security Risks

See Security Management Plan

i. "Code Red" Bomb Threats

Any notice of a bomb threat or discovery of a potential bomb must be reported to the Chief Executive Officer. If the notice is by a telephone caller:

- i. Stay calm;
- ii. Keep them on the line as long as possible and ask them to repeat. Give a note to nearest person to call the operator "O" and ask that the call be traced;
- iii. Notify the Chief Executive Officer and announce emergency Code "Red" and start evacuating patients immediately, following the fire emergency evacuation plan

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- iv. Take notes of everything that is said;
- v. Ask about the bomb location; gather as much information as you can
- vi. Advise the caller that the Center is occupied and the detonation of a bomb could result in serious injury or death to innocent persons;
- vii. Listen for any background sounds that might give a clue to the source of the call; and
- viii. Listen for speech impediments, accents or vocabulary.

After the call, the person receiving the call will:

- ix. Notify the operator "0" to trace the call (follow up previous request);
- x. Call the local police and Fire Department "911";
- xi. Complete the Bomb Threat Checklist;
- xii. Notify Medical Director; and
- xiii. Notify Maintenance to be prepared in event of evacuation to turn off utilities including electrical service, natural gas, water and compressed gas systems.

The Chief Executive Officer will assume responsibility for decisions related to the bomb threats, including evacuation of the building.

The Bomb Threat Checklist will be provided to the Chief Executive Officer to provide information to the local police and Fire Department.

The local police authorities and/or Fire Department only conduct searches.

Any item considered a potential bomb is not to be disturbed by Staff, only by the local police or Fire Department personnel.

The Staff will provide measures to reassure patients and their families and provide for their safety and protection.

- 4. **Emergencies in the Surrounding Community**
In the event of a mass casualty or other community emergency, coordinated with the local, state and federal authorities, under the direction of the Medical Director, the Staff, as assigned, will:

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- a. Contact all nursing and clinical support Staff (X-ray, Lab and Pharmacy) available to return to duty at the Center (see Staff roster);
 - b. Contact all Medical Staff and request their immediate presence (see Staff roster);
 - c. Maintain a roster of all casualty patients and Staff involved including the disposition of each patient and Staff;
 - d. Reassign Staff to assist patients;
 - e. Assign Staff to triage casualties by physicians or RNs. Perform first level triage and provide first level of definitive care and treatment such as CPR, control of bleeding, immobilization of possible broken bones or injuries, and first aid;
 - f. Attach an identification tag on each patient to record assessments, treatment provided, contact with family members, and disposition. Use additional tags as needed. Secure all valuables and note on tag;
 - g. Assess, stabilize and transfer patients, as appropriate; and
 - h. Contact airlift for transfer of trauma patients, as needed.
- B. Disaster Mitigation**
Activities that lessen the severity and impact a potential disaster or emergency might have on a Center's operation.
- Purpose: Focus on long-term measures for reducing or eliminating risk of emergencies and disasters
1. The Center will maintain insurance to cover Center buildings, property, and structures.
 2. An emergency kit consisting of flashlights, batteries, internal and external backup communication means, and other essentials will be kept at each site.
 3. Safe areas within the clinic will be designated for emergencies requiring a safe area

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4. Dial 2-1-1 or (903) 534-9977 for Information Database of emergency shelters and other local emergency resources.
5. Emergency telephone numbers shall be posted near all telephones.
6. In the case of an emergency or disaster, outside professionals will also be alerted.
7. In the event of a disaster the Center will evaluate a response procedure and revise the disaster response plan accordingly.
8. Mitigation for a **PANDEMIC FLU** Outbreak or any other Public Health emergency: See Public Health Preparedness Plan

C. Response and Recovery

Response refers to the actual emergency and controls the negative effects of the emergency situation.

Purpose: Procedures followed in the event of a disaster.

1. ***Emergency Preparedness and Facility or Staff-based Disasters***

We have established and implemented a plan for the protection and safety of our employees in the event of an emergency or disaster. Each site will have a designated person(s) responsible for the evacuation of the building and a person(s) responsible for notifying the appropriate emergency response unit and the administrative staff. To facilitate this process the following matrix will apply.

2. ***Response and Recovery Procedures***

- a. In the event of a federal, state, or local declared disaster the Center will coordinate an appropriate response according to suggestion from the Gregg County Health Department, DSHS and other local, state, and federal agencies and will report data through one of these agencies or the local Emergency Operation Center (EOC Phone: **(903) 239-5579**). The Center will coordinate with other systems of care to provide an integrated emergency response when conditions present no risk to life.
- b. In the event of a federal or state declared disaster Gregg County Health Department has been designated as the point of distribution for antibiotics, vaccines, and medical supplies and may be an alternative for providing primary care to our current

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patient population if the Center was unable to do so during an emergency.

- c. If the Center has the ability and capacity to operate and conditions present no risk to life, the Center may render mass immunization and prophylaxis under the suggestion of the Gregg County Health Department, DSHS, and other state and federal agencies.
- d. Response for a **PANDEMIC FLU** Outbreak or any other Public Health emergency: See Public Health Preparedness Plan
- e. In the event of a local, state or federal emergency: staff members will follow Center updates on local TV. and radio stations or may call a member of administration for further instructions or updates. If the district cancels school then workers will not report unless otherwise notified.
- f. In the event of a Local or Facility or Staff-Based Disaster, Center executive staff members and key staff members will secure the facility.
 - i. Immediately following a local or facility-based disaster Center facility(s) will be secured. In some events this may require hiring of security guards from local companies.
 - ii. External contractors may be required to review and assess concerns associated with disaster.
 - iii. All electronic data will be secured onsite if possible and offsite if necessary. Computers, servers and other electronic data will be stored in a central and locked location. All data will continue to be backed up as needed.
 - iv. Paper records; including, medical, financial and personnel will be secured in a safe location within the facility or transported to an offsite location that has been secured.
 - v. If needed, a clean-up operation will be instituted that may include clinic personnel, contractors or a combination of each.

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- g. In the event of a Local or Facility or Staff-Based Disaster, Center executive staff members in coordination with the executive committee of the board of directors will formulate an appropriate intermediate and long-term response.
 - i. If necessary, emergency program or clinic space will be secured in order to continue operations if conditions present no risk to life.
 - ii. In any event the restoration of primary services and functions will take place at the earliest point in time possible.
 - iii. Clinic and program operations will be continued at a level designated by support of effort and availability of resources.
 - iv. In the event of catastrophic disaster a long term plan of action will be developed and instituted by the board of directors.
- h. The Center will work to keep patients notified in any changes in scheduling, location of services, operational hours, update of situation, etc. through the use of postings on facility doors, telephone and messaging, mail-outs and public service announcements.

After the emergency event, under the direction of the Chief Executive Officer, Staff will remain to provide clean up and reorganization of Center in readiness for providing continued services.

The Chief Executive Officer will conduct debriefing and an evaluation of the emergency event to consider readiness and appropriate management of the situation by Staff and identify modification as indicated.

- i. Media
If media is present, the Chief Executive Officer is contacted at once and information is released or pictures taken only under the authority of the Chief Executive Officer.
- j. Incident Report and Investigation

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Any event, activity or incident involving emergency or threat to safety of patients, visitors, Staff or property is fully investigated by the Chief Executive Officer, with immediate action taken as appropriate and reported to the CPI Committee and Governing Board, as appropriate.

k. Emergency Preparedness Surveillance

The Chief Executive Officer performs an Emergency Preparedness Plan test drills and review at least once a year and reports to the CPI Committee. Emergency Preparedness inspections are made routinely to reinforce emergency preparedness policies and verify Staff preparedness.

l. Annual Reports

Emergency preparedness review reports are made to the CPI Committee. The Chief Executive Officer and CPI Committee will consider measures needed to ensure emergency preparedness. An annual report including emergency preparedness monitors and emergency incidents and evaluation of the Plan is prepared and submitted to the CPI Committee, Clinical Staff, Chief Executive Officer and Governing Board.

IV. Staff Responsibility

The Emergency Preparedness Management Plan provides policy and guidance for appropriate response to emergency situations and events to ensure that the environment is safe for patients, visitors, and Staff, as well as to protect the facility.

A. The Emergency Preparedness Management Plan is implemented through:

1. New Staff orientation;
2. Reorientation of Staff;
3. Routine monitors;
4. Emergency Preparedness surveillance semiannually;
5. Preventive and anticipatory measures; and
6. Reporting, investigation and follow up on threats to safety.

B. The Staff is responsible for:

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1. Participating in the orientation and reorientation and asking questions in anticipation of being prepared to act appropriately;
2. Complying with the Policies and Procedures of the Emergency Preparedness Plan;
3. Wearing proper identification at all times at the Center;
4. Being watchful for emergencies and threats to safety and acting promptly and appropriately;
5. Reporting witnessed, potential or actual emergency situations on the Center incident report form immediately;
6. Accepting assignments given by the person in charge and carry out duties consistent with the needs of patients and casualties; and
7. Participating in the CPI Program to develop appropriate emergency preparedness Policies and Procedures.

The Chief Executive Officer and Clinic Managers are responsible for ensuring emergency measures and community coordinated plans are in place and that Staff training is conducted.

V. Chain of Command during a facility, local, state, or federal emergency

- A. Chief Executive Officer
- B. Chief Operating Officer
- C. Human Resources Director
- D. Facilities Technician
- E. Chief Financial Officer

The Board of Directors agrees to adopt the Emergency Preparedness Plan (EPP) as policy to plan, prepare, mitigate, respond, and recover from all forms of emergencies and/or disasters. This policy goes into effect as of September 7, 2010.