

CLINIC/OFFICE DISASTER & EMERGENCY PLANNING

Most health facilities in California (e.g., hospitals, long term care facilities, primary care clinics, adult day care centers) are required by state law to have a plan or program for addressing disasters. Medical offices are required to comply with local business ordinances including building and fire codes. It is also prudent for medical offices to develop disaster plans.

Several organizations have created documents to assist in the development of disaster plans. The California Office of Emergency Services (CA OES) and the California Primary Care Association have developed guidance and templates for clinic disaster plans.* The CDC and Red Cross provide guides for developing business disaster plans.*

Development and implementation of a disaster plan is divided into four phases:

1. **Hazard Mitigation**
2. **Preparedness**
3. **Response**
4. **Recovery**

You will find issues under each stage that need to be addressed in the development of your facility's disaster plan. Ideally plans should coordinate with neighborhood, local hospital, county and state partners.

SUGGESTED ITEMS TO INCLUDE IN A CLINIC OR OFFICE DISASTER PLAN

- Purpose of the disaster plan
- Scope of the disaster plan
- Plan activation
 - Who can active the plan
 - Circumstances when the plan should be activated.
- Disaster plan mission statement
- Leadership and succession leadership
- Delegation of authority
- Supporting plans and resources
- Legal authorities, codes, and policies
- Plan administration (e.g., distribution, updates)
- Staff activation and call down procedures
- Mutual aid agreements
- Communication procedures
- Organization chart
- Job action sheets

Specific plans

- Evacuation plan
- Transportation plan
- Medical management

* EMERGENCY PLAN RESOURCES

San Francisco Department of Emergency Management

- Homepage: www.sfgov.org/site/oes_index.asp
- How to prepare an emergency (family) plan: www.72hours.org

Red Cross, Family Disaster Plan Guidance, Emergency Supply Kit Guide, Workplace Preparedness:

- www.prepare.org

California Primary Care Association

- Clinic Disaster Plan Template: www.cpcsa.org/resources/cepp

California Office of Emergency Services, Clinic Disaster Plan Guide & Templates:

- [www.oes.ca.gov/Operational/OESHome.nsf/PDF/ClinicDisasGuide/\\$file/ClinicDisasGuide.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/ClinicDisasGuide/$file/ClinicDisasGuide.pdf)

CDC Emergency Preparedness For Business

- www.cdc.gov/niosh/topics/prepared

DISASTER PLAN DEVELOPMENT PHASES

The information described below on the phases of disaster plan development and implementation is adapted from the California Office of Emergency Service Clinic Disaster Plan Guidance from June 2002. (See url listed above for access to the complete document.)

Hazard Mitigation

Hazard mitigation will identify ways of minimizing future losses.

- a. **Hazard Vulnerability Analysis** is the identification of hazards and the direct and indirect effect these hazards may have on the facility.
- b. **Structural Mitigation** is reinforcing, bracing, anchoring, bolting, strengthening, or replacing any portion of the building that may become damaged and cause injury.
- c. **Nonstructural Mitigation** reduces the threat to safety posed by the effects of earthquakes on such nonstructural elements as building contents, internal utility systems, interior glass and decorative architectural walls and ceilings. These actions involve identifying nonstructural fixtures and equipment, which are vulnerable to an earthquake and which are either essential to continued operations or a threat to public safety.

Preparedness

- a. **Disaster Plan.** A well-written plan that has been tested will provide for an efficient systematic response to any type of a disaster or emergency.
- b. **Hazardous Materials Management - Internal and External.** Clinics and/or offices may store and/or handle hazardous materials and the potential for these materials to be released is significant. Each clinic should identify these materials and develop procedures for safely handling, containing and neutralizing them. Staff training should include, but not be limited to, location of hazardous materials, safe handling, proper notification procedures, proper evacuation procedures, potential risks, storage, containment, neutralization, decontamination techniques and medical management of victims. Many Federal, State and local statutes, regulation and ordinances govern the handling and storage of hazardous materials. To determine the level of and need for compliance it is important that clinics or offices contact SFDPH Hazardous Materials Unified Program Agency at (415) 252-3900.
- c. **Weapons of Mass Destruction (WMD).** Preparations for an event involving weapons of mass destruction – chemical, biological, nuclear, radiological or explosives (CBRNE) – begins with understanding the threat agents and the consequences of their use. This reference guide describes diseases potentially related to bioterrorism, appropriate initial responses and the roles and responsibilities of responders including community health care providers. Share the *Infectious Disease Emergencies Guide* with staff and place in a prominent and easily accessible location.
- d. **Managing Volunteers.** Volunteers have a role in a disaster response but management of this resource is crucial.

- e. **Donations Management.** Donations can quickly overwhelm a clinic especially when they are unsolicited. Coordination is accomplished by developing a plan prior to the emergency to handle receiving and distribution of the goods.
- f. **Training and Exercises.** Training is achieved through exercising the clinic disaster plan without the stress of an actual disaster/emergency. This provides staff with the opportunity to become familiar with the plan and procedures, their roles and responsibilities, and the information and skills required to perform their duties during an emergency.

Response

- a. **Implementation of the Disaster Plan.**
- b. **Organizational Chart.** The organizational chart provides structure to a disaster or emergency response and features command, operations, planning and intelligence, logistics, and finance/administration positions. With small offices or clinics some functions may not be activated and/or some people may be responsible for more than one function.
- c. **Emergency Operation Center (EOC).** The EOC is a key to successful response and recovery operations. It is the central location where all activities are coordinated. Coordination of activities will ensure that all tasks are accomplished with little or no duplication of effort.

Recovery

Clinics and offices should try to remain operational following an emergency. Planning can enable a more rapid and successful recovery or return to normal activities and minimize financial losses. Recovery issues to prepare for include: coping with structural and nonstructural damage to facilities, maintaining an inventory of damage and/or loss, accounting for lost revenue through disruption of services, personnel policies during and after an emergency, and meeting the psychological needs of staff and patients.

- a. **Financial Recovery Sources.** In order to recover costs related to the disaster, complete documentation including photographs of damage is essential. Resources available to your facility during and after a major disaster could include:
 - **Public Assistance (FEMA/OES)**
 - **Small Business Administration (SBA)**
 - **Federal Grant**
 - **Insurance Carriers**