Emergency Management Workbook for Health Care Clinics

Practice name:
Practice address:
Date completed:
Signed:

Reset Form Fields

Critical Contacts

nergency Responder Contact: 911
blice:
ospital:
ther:
actice address:

STAFF CONTACT LIST

Name

Contact (include alternate number if applicable)

PROCEDURE NOTES:



THINGS TO CONSIDER:

• Do you need a procedure for contacting patients' families who may require assistance?

- How will you ensure you have patient contact information available if you have patient appointments scheduled for the rest of the day?
- What will you do if you are in the midst of a procedure with a patient and need to evacuate immediately?

EVACUATION PLAN

ROLES AND RESPONSIBILITIES

Some roles and responsibilities you may consider are who is leading the evacuation, who sweeps the clinic, who grabs the emergency grab-and-go bag, who contacts staff and patients, etc.

People may have more than one role. In a larger clinic you may wish to consider implementing an Incident Command Structure.

Name

Role & Responsibilities

PROCEDURE NOTES:



CONSIDER THESE POTENTIAL ROLES & RESPONSIBILITIES:

- Who will lead an evacuation?
- Who will be an alternate lead if required?
- Who will sweep rooms to ensure everyone is out of the building and close doors (there could be different scenarios based on the size of the building)?
- Who will conduct any initial communications with critical contacts?
- How will you deal with patients undergoing a procedure at the time of an emergency?

Emergency Equipment List



Equipment	Location
Fire extinguisher	
Fire alarm	
First aid kit(s)	
Grab-and-go-bag	

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EMERGENCY MANAGEMENT WORKBOOK

Grab-and-Go Checklist – Evacuation



Below are some of the items you may wish to consider having packed and ready in a grab-and-go bag. This should also include a print copy of your incident recovery plan.

evacuation and practice recovery plans	 first aid kit (including pain medication, allergy pills, stomach remedies)
 other important printed documents (e.g. insurance) 	☐ disinfecting wipes
hand sanitizer	☐ disposable masks
☐ disposable gloves	roll of duct tape
pair of heavy-duty scissors	pens
paper	Swiss army knife
leather work gloves	anaphalaxis kit and allergy medication
safety pins/string/rope	suture kit
clinic roster	flashlight
	🗌 blanket

Consider having everything in your grab-and-go bag or pack a separate emergency kit with the necessary supplies in case of a medical emergency.

EMERGENCY MANAGEMENT WORKBOOK

Identify Muster Point and Evacuation Exits and Routes



Description

Muster Point		
Emergency Exit 1 (Primary)		
Evacuation Route 1	 	
Emergency Exit 2 (Secondary)		
Evacuation Route 2		
Emergency Exit 3 (if applicable)		
Evacuation Route 3		
Map or image		

PROCEDURE NOTES:



THINGS TO CONSIDER:

- Location of potential disaster in relation to exits in your building
- Multiple floors an emergency starts on the top floor and there are staff on subsequent floors
- Other businesses in your building

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Things to Take With You



Essential Items

Optional Items

□ grab-and-go-bag	computers
	personal items (bags, coats, etc.)
□	
□	
□	□

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EMERGENCY MANAGEMENT WORKBOOK



ROLES AND RESPONSIBILITIES

Some roles and responsibilities you may consider are who is the shelter in place lead, who sweeps the clinic, who grabs the emergency grab-and-go bag, who contacts staff and patients, who locks the door, etc.

People may have more than one role. In a larger clinic you may wish to consider implementing an Incident Command Structure.

Name

Role & Responsibilities

PROCEDURE NOTES:



CONSIDER THESE POTENTIAL ROLES & RESPONSIBILITIES:

- Who will lead the shelter in place plan?
- Who will be an alternate lead if required?
- Who will sweep rooms to ensure everyone is in the designated shelter location?
- Who will conduct any initial communications with critical contacts?
- How will you deal with patients undergoing a procedure at the time of an emergency?

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Emergency Equipment List



Equipment	Location
Fire extinguisher	
Fire alarm	
First aid kit(s)	
Grab-and-go-bag	

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EMERGENCY MANAGEMENT WORKBOOK



Grab-and-Go Checklist – Shelter in Place

Below are some of the items you may wish to consider having packed and ready in a bag to either grab-and-go or have for your shelter in place. This should also include a print copy of your incident recovery plan.

evacuation and practice recovery plans	 first aid kit (including pain medication, allergy pills, stomach remedies)
 other important printed documents (e.g. insurance) 	☐ disinfecting wipes
hand sanitizer	☐ disposable masks
☐ disposable gloves	roll of duct tape
pair of heavy-duty scissors	pens
paper	Swiss army knife
leather work gloves	anaphalaxis kit and allergy medication
safety pins/string/rope	🗌 suture kit
Clinic roster	☐ flashlight
	🗌 blanket
□	□

Consider having everything in your grab-and-go bag or pack a separate emergency kit with the necessary supplies in case of a medical emergency.

Identify Shelter in Place Location



Description

Shelter in place location

Alternate shelter in place location

Map or image



PROCEDURE NOTES:



THINGS TO CONSIDER:

- Pre-select an interior room with fewest window or vents:
 - Conference room, storage room or hallway
 - Big enough so everyone can sit down
 - Has bathroom access

Use several rooms to avoid over-crowding if necessary

Incident Action Plan



1. Incident Name and Description

2. Date

4. Next steps – 0–24 hours

Actions:	Who is responsible:	Notes:	Due Date:

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Incident Action Plan



5. Next steps - Ongoing

6. Next steps – Recovery

NOTES:



THINGS TO CONSIDER:

- Do you need to move to working from home?
- Are you set up to provide virtual care?
- Do you know who to contact if you need support with virtual care?
- What steps and who do you need to contact to restore facilities?
- How will you restore critical day-today operations in the short-term?
- How will you ensure you review and document regularly?

- Will you need to find an alternate location to practice while your facility is being restored?
- How will you contact and communicate with patients scheduled for appointments?
- How will you recover any lost data?
- Do you need to make provisions for counselling for employees?

POST-EMERGENCY DEBRIEF



Remind team that the debrief is not intended for personal assessment.

It is important to discuss what happened after an event.

Summarize the event, list things that went, and discuss opportunities to improve and action them.

Ask what did not work and why?

would like to talk individually

Share mental health and wellness

resources if needed

Give team the opportunity to ask questions

Offer to provide additional support if the team

Capture in learnings below

Debrief should include all team members.

Debriefs should aim to be about 10 minutes.

- Assemble team and assign a timekeeper and a scribe to fill out the learnings below.
- Ask each team member to state a reaction
- □ Acknowledge how the team is feeling
- Summarize the case
- Ask what worked and why? Capture in learnings below
- LEARNINGS AND ACTIONS

Critical Business Contacts



You may already have a comprehensive list of business contacts and may wish to expand on this depending on clinic size.

People/Contacts	Include: Name/Contact Information/ Comments, etc.	Include: Link and indicate location (server/online) or file cabinet
Division of Family Practice		
Practice Support Program		
Accountant or Bookkeeper		
Bank Account Holders		
Authorized Check Signers		
Financial Planner/Broker		
Financial Institution		
Building (property management company)		
Office Security System Company		
Attorney		
IT Provider		
EMR Vendor		
Internet/Telephone Company		
Utilities		
Suppliers		

Contingency Inventory



Business & Critical Info	Information/Data	Location (server, online, hard copy)
Information & Documents	Include: Relevant information/actual numbers, etc.	Include: Link and indicate location (server/online) or file cabinet
Articles of Incorporation		
Business Licences and #		
Business Number		
Current and previous audited financial statements		
Company Books & Records		
GST/PST Returns		
Blank Checks		
Company Credit Cards		
Insurance (i.e. company, group medical, malpractice, etc.)		
Lease documents (renters)		
Contracts (i.e. janitorial services)		
Patient Records		
Building Security Passcode		
Computer passwords		
Printer passwords		
Voicemail passwords		
Other online tools and websites		
Supply and equipment inventory		

EMERGENCY MANAGEMENT WORKBOOK

Human Resources



Human Resources	Information/Data Include: Relevant information/actual numbers, etc.	URL Link (server, online) or File Include: Link and indicate location (server/online) or file cabinet	Last Updated/Completed Indicate when documents/ information was last updated
Employee Records/ Personnel Info			
HR Manual (policies, code of conducts)			
Payroll information			
WorkSafe Returns			

Practice and Review



As part of your overall plan you should build in regular emergency drill reviews. Here are a few examples that your team can work through together as part of a training exercise or a drill. Training exercises should be used to practice your plan so you can make adjustments as needed.

CONSIDER THIS: SPRINKLER MALFUNCTION

You arrive early at the office one morning to discover that a sprinkler has malfunctioned overnight. Two of the treatment rooms in the back are flooded with a three-centimetre-deep puddle on the floor. There is considerable water damage; all electronic equipment, furniture, medical supplies, paperwork, and carpeting, are ruined.

Other colleagues and staff arrive, and together you mop up, trying to contain the damage. Your MOA contacts patients and promises to reschedule once the situation comes under control.

The office will require extensive restoration. It may be several weeks or months before it is ready. There is stress and confusion amongst staff.

What are your next steps?

- Who do you need to contact?
- What steps can you take to continue your practice in the short-term?

- How will you deal with patient files?
- What supports do you need to put in place for affected staff?

CONSIDER THIS: FIRE IN YOUR CLINIC

It's the middle of the afternoon at your busy group practice. There are six patients in the waiting room, you are in the midst of an appointment and another doctor is consulting with a patient in a separate exam room. Your MOA emerges from the washroom and sees smoke coming from the ceiling at the end of the hallway. She pulls the fire alarm and knocks on the exam room doors instructing everyone to evacuate the office immediately for the pre-identified muster or meeting area.

What are your next steps?

- What do you take with you to the muster point?
- What steps do you take to ensure everyone is out of the office safely?
- Who does what in evacuating the office?
- Who is leading the emergency once at the muster point?
- What are the next steps once everyone is at the muster point?

The fire spreads quickly, and by the time the fire department reaches the scene, much of the building is destroyed beyond repair. A new, permanent location will be required in the long run, but interim quarters are needed now to provide essential services.

Although all computers and paper-based files were destroyed there is a backup of the office's files stored off-site at one of the partnering physician's homes.

What are your next steps?

- Who do you need to contact for what support?
- What steps can you take to continue your practice in the short-term?
- How will you deal with patients scheduled for appointments in the coming days?
- What supports do you need to put in place for affected staff?

** Also consider a wildfire event that threatens your community. Many of the processes could be the same with evacuations being forced upon you and your clinic staff.

CONSIDER THIS: ARMED INDIVIDUAL OUTSIDE YOUR OFFICE

An RCMP member contacts the office and informs your MOA that there is an individual on the street with a gun threatening to take his life and you are instructed to keep everyone in the office. Your office waiting room, which has three people sitting in, has windows looking out onto the street. You have two providers currently with patients.

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What are your next steps?

- What do you take with you to the safe location?
- What should the providers with patients do?
- Who do you contact?

What are your next steps once the situation is deemed safe to leave the office?

- Who do you contact?
- What supports do you need to put in place for staff?

CONSIDER THIS: EARTHQUAKE

An earthquake measuring 6.3 on the Richter Scale strikes the Lower Mainland. Everyone in the wider region around the epicentre felt the violent shaking. Infrastructure throughout the city has been damaged and some roadways are blocked. Hospitals quickly become overwhelmed due to skyrocketing critical and acute injuries, and the demand spills into primary care providers' offices. You are suddenly being asked to see patients who are attached to other providers, so you have incomplete medical histories, and to treat injuries you haven't treated in many years. You are also short on supplies and anticipate supply chain will be interrupted. Your clinic is relatively unscathed but there are widespread power outages so your EMR is not functioning well.

What are your next steps?

- What do you need to do to ensure your office and staff are safe?
- Who do you need to contact?
- Who do you need to network with?
- Who will staff your clinic to support the evolving situation?
- What resources will you need to support the evolving situation?
- How will you have to modify operations to support the situation?
- How will you support your staff?





THINGS TO CONSIDER:

- Type of emergency
- Potential threats and hazards
- Roles and responsibilities
- Location of the emergency (i.e. a fire starts in the bathroom closest to the back door)
- Who is in the office (staff, patients)

 Contacting staff or patient family members

- What do you do immediately and then what actions do you need to take to begin recovery
- What connections do you need to make for support
- Who do you need to contact to get your clinic back up and running
- Does your clinic need want to use colour emergency codes like health authority sites?
- How often does your team need to practice drills and update your plans?

Emergency Drill Template

SCENARIO

EVACUATION



- Evacuation performed according to plan
- Participants understood their roles and responsibilities
- All rooms were checked for occupants
- □ All doors were closed
- Participants met at designated meeting place according to the plan

- The evacuation and incident recovery plan were brought to the muster point
- The critical contact list was brought to the muster point
- The grab-and-go bag was brought to the muster point
- Everyone was accounted for at the muster point
- Any special considerations for patients were accounted for
- □ Critical contacts were notified
- Next steps were identified and documented on the Incident Action Plan

LEARNINGS AND ACTIONS

Learning	Action	Who is Responsible	Date

SHELTER IN PLACE



SCENARIO

		_
Shelter in place performed according to the plan	Participants met at the designated safe room	Everyone was accounted for in the safe room
Participants understood their roles and responsibilities	The shelter in place plan were brought to the safe room	Any special considerations for patients were accounted for
	-	
All rooms were checked for occupants	The critical contact list was brought to the safe room	Critical contacts were notified
	-	□ Immediate next steps were
All doors were closed	☐ The grab-and-go bag was brought to the safe room	identified and documented on the Incident Action Plan
 Air handling equipment was shut down (heating, ventilation, air conditioning) 		



SHELTER IN PLACE

LEARNINGS AND ACTIONS

Learning	Action	Who is Responsible	Date
	· ·		

INCIDENT RECOVERY PLAN REVIEW

When you do your annual training and review you should also ensure your incident recovery plan and corresponding documents are up to date.

Business critical list up to date		
Contingency inventory up to date		
Post-emergency debrief		
□	 	
□		

ACTIONS

Acknowledgments

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