

Emergency Management Guidebook for Health Care Clinics

The best time to plan for a disaster is before it happens. This guide will provide you with information to assist you in completing the fillable PDF companion workbook *Emergency Management Workbook for Health Care Clinics*. This plan helps ensure that you will be able to take care of your staff and patients, reopen your office, and get back to providing care to your patients.

All health care clinics are different so each plan will be unique to the practice. This plan will supplement Occupational Health and Safety Regulations which contain legal requirements under WorkSafeBC, fire safety regulations and codes, and other areas of policy your workplace must adhere to.

Some examples of emergencies that could affect your staff and operations include:

- Fire
- Pandemic
- Flood
- Illness
- Major weather event

This guidebook covers the following key elements:

- Evacuation Plan
- Shelter in Place Plan
- Incident Recovery Plan
- Practice and Review

1. Evacuation Plan

WHAT IT IS

An evacuation plan outlines how all staff in your practice will safely exit in an emergency and muster in a safe location.

WHY IT IS IMPORTANT

You need to have a plan to exit your building in a safe and timely manner in an emergency. Know what you have to do, who has to do it, what to take and what you will do once you have left. Consider anything you might need to do during an evacuation and how you will safely return.

WHAT ARE THE COMPONENTS

1. Office Evacuation Procedure

EVACUATE MUSTER ASSESS



All staff, patients and visitors to EVACUATE the office to the muster point

ESSENTIAL ITEMS to take with you include paper copies of:

- The evacuation procedure
 - Muster Point and Maps
 - Critical Contacts
 - Grab-and-go bag
 - Incident Recovery Plan

OPTIONAL ITEMS to take if safe to do so:

- Personal belongings
- Computer, server, EMR back-up
- Important paper files (i.e. accounting, banking, patient files etc.)

If possible, sweep the clinic to ensure everyone is safely out of the building and close doors behind you.



Once at the MUSTER point

VERIFY all staff and patients are accounted for

COMMUNICATE with critical contacts

- First responders
- Patient families if necessary
- Patients scheduled for appointments that day
- Absent staff



ASSESS immediate next steps

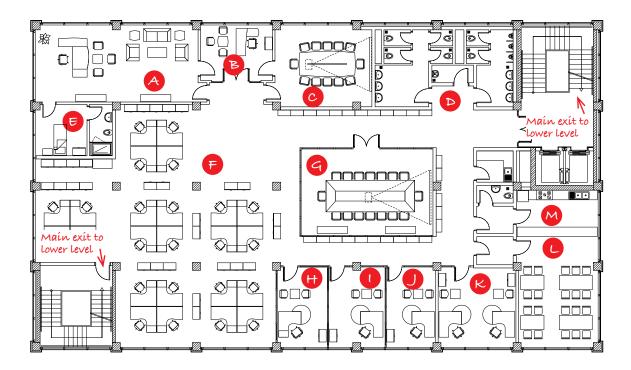
Office re-entry (if possible)

Activate Incident Recovery Plan

2. Map and Muster Points

It is important to have your evacuation routes, fire alarms and extinguishers, and muster point location documented. This can be a hand drawn diagram or more formal floorplan.

Map and Muster Point Example:



3. Critical Contact Plan

You should have a plan for who you will need to contact immediately upon evacuating your office to your muster point. People you could need to communicate with include emergency responders, absent staff, patients schedule for the remainder of the day or patient family members.

Also consider contacting your local Division of Family Practice.

4. Emergency Grab-and-Go Bag

A grab-and-go bag is a small emergency kit that's easy to take with you, in case you need to leave right away and cannot get back to your office or home. It should have printed copies of your emergency plans/procedures, incident recovery plan, and other important printed documents (i.e. insurance papers).

2. Shelter in Place Plan

WHAT IT IS

A shelter in place plan outlines how you would respond to a situation where it is necessary to keep all occupants in a safe location inside, such as:

- An industrial accident
- An armed individual
- A break in a natural gas pipeline
- Hazardous materials transported through our community
- A terrorist attack
- An earthquake

WHY IT IS IMPORTANT

Shelter in place is important to protect you from an external situation. This may be a safer approach than evacuating into a potentially dangerous outdoor environment.

WHAT ARE THE COMPONENTS

1. Shelter in Place Procedure

MOVE SHELTER ASSESS



All staff, patients and visitors to MOVE to the shelter in place location

IF POSSIBLE sweep the clinic to ensure everyone is safely in the shelter in place location, close doors and windows, and shut down air handling equipment (heating, ventilation, air conditioning)

ESSENTIAL ITEMS to take with you include paper copies of:

- The shelter in place plan
- Critical contact plan
- Grab-and-go bag

OPTIONAL ITEMS to take if safe to do so:

- Personal belongings
- Computer, server, EMR back-up
- Important paper files (i.e. accounting, banking, patient files etc.)

When possible, identify someone or a procedure to sweep the clinic to ensure everyone is safely in the shelter in place location.



Once at the SHELTER in place location

VERIFY all staff and patients and visitors are present

COMMUNICATE with critical contacts:

- First responders
- Patient families if necessary
- Patients scheduled for appointments that day
- Absent staff



ASSESS next steps

- Monitoring media for updates
- Awaiting communication and / or all clear from emergency responders

2. Critical Contact Plan

Critical contacts are people you need to contact immediately upon getting to your shelter in place location and could include emergency responders, absent staff, patients schedule for the remainder of the day or patient family members.

Also consider contacting your local Division of Family Practice.

3. Emergency Grab-and-Go Bag

A grab-and-go bag is a small emergency kit that's easy to take with you, in case you need to leave right away and cannot get back to your office or home. It should have printed copies of your emergency plans/procedures, incident recovery plan, and other important printed documents (i.e. insurance papers).

SHELTER IN PLACE CONSIDERATION:

Internal Threat

You may experience an internal threat in your health care clinic. For example, an armed individual may enter the clinic or a person may smash your window. The specific circumstances will determine whether you need to evacuate the clinic or find a safe place to shelter inside.

- Identify the threat. Are you and/or the people around you in danger?
- Raise the alarm and call 911 or trigger a panic button. Leave the phone on the desk so the dispatcher can hear what is going on.
- Assess your surroundings. Do you need to evacuate, taking patients and staff with you? Or do you need to shelter in place if unable to safely exit?
- Follow the standard procedures for evacuation or shelter in place.
- Take a phone with you if possible.
- Await instructions from authorities before re-entering the clinic or exiting from your shelter in place location.



IMPORTANT

Your evacuation procedure, maps and muster point and critical contact plan should be printed and accessible in several locations in your office, depending on the size, and in your grab and go bag. That way at least one person has this information with them when you get to the muster point. For example, on a clipboard at the MOA's desk and each of the exits.

Also consider contacting your local Division of Family Practice.

3. Incident Recovery Plan

WHAT IT IS

An incident recovery plan outlines the actions you will take to deal with the emergency and get you back into business as soon as possible. It helps you plan your next steps after the immediate response.

WHY IT IS IMPORTANT

Careful planning beforehand can limit the amount of time that it takes to make the necessary arrangements for the clinic to be running again, whether you are back in the office or operating outside of your physical office.

WHAT ARE THE COMPONENTS

There are THREE COMPONENTS to your incident recovery plan







The **critical business contacts** and **contingency inventory** should be developed as part of your emergency preparedness planning. You will use the **incident action plan** to document the various steps you will need to take and who is responsible for what in the recovery process.

Critical business contacts are the main entities you would need to contact in an emergency.

Contingency inventory is a list of all the important documents and their locations. Consider also developing a supply and equipment inventory.

Incident action plan is the summary of the event that you will complete post-incident. It outlines the next steps to get you back up and running.

POST-EMERGENCY DEBRIEF

It is very important to debrief after any type of emergency or incident in your clinic. This allows all team members to share their experiences and learnings together so you can create a plan to address challenges in the future. You may need to conduct more than one debrief per incident with your team.

4. Practice and Review

WHAT IT IS

You should practice and review your emergency response plan and incident recovery systems at least once a year. You may also want to practice your systems when you hire a new employee, make changes to your office, or order new equipment. You should also ensure staff have copies of, and have read, the plan.

WHY IS IT IMPORTANT

It is important that everyone is educated about the types of emergencies that may occur, and trained in the proper course of action for various emergency situations based on your emergency response and incident recovery plan systems and processes. It is also important to review your plan to ensure your systems and processes are still valid, update as needed, test emergency equipment and conduct an inventory of emergency supplies.

WHAT ARE THE COMPONENTS

A good way to practice your emergency response plan and disaster recovery systems is to create various scenarios to role play or talk through.

There are THREE COMPONENTS to your emergency scenario







Acknowledgments

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