Emergency Management Planning Document for Health Care Clinics

Northern Interior Rural Divisions of Family Practice

Facility:		
Physical Address:		
Police-Fire-Ambulance Emergency 911		
Police non-Emergency #:		
Nearest Hospital:	#:	
Emergency Lead:	#:	
Current Version (date): Signed:		

This guide was developed (with permission) using resources and templates created by the Thompson Region Division of Family Practice.

WHY USE THIS GUIDE: This emergency management planning document is a best practices guide for facility administrators, staff, and providers to be prepared and aware of how to deal with minor to major emergencies that may occur within your facility. This document can supplement any Health and Occupational Safety Regulations and Worksafe Plans already in place.

TYPES OF EMERGENCIES: There are many different types of emergencies that can happen within a facility, including > Fire, Flood, Illness, Abusive Patron, Major Weather Event > Pandemic. Depending on the emergency, you may require a different type of plan. Consider different scenarios in the planning phase, and create different plans as necessary or appropriate for your location. Consult these resources for more guidance:

- Regional District of Bulkley-Nechako Emergency Preparedness Resources: <u>https://</u> <u>www.rdbn.bc.ca/departments/protective-services/regional-emergency-planning</u>
- Fraser-Fort George Regional District: <u>https://www.rdffg.bc.ca/services/public-safety/emergency-management-program/emergency-preparedness</u>
- Health Emergency Management BC: <u>http://www.phsa.ca/our-services/programs-</u> <u>services/health-emergency-management-bc</u>

WHAT YOU NEED TO HAVE READY: This plan will help you identify the key items, contact lists, and maps needed to be prepared for an emergency. There are many suggestions provided in this document. Feel free to adjust this document as appropriate for your facility, and use additional pages as needed.

THE BEST TIME TO PLAN FOR AN EMERGENCY IS BEFORE IT OCCURS!

- Bring a team together to go through each page of this document and fill in the blanks where applicable. If there are components in this planning document that don't apply, make note that it doesn't apply (eg. n/a), instead of leaving it blank.
- If your clinic/office is within a shared building, approach the other tenants and invite them to participate in the planning, or share this template with them, and/or work on a building-wide plan.
- Once completed, review the guide with all staff and personnel so everyone is aware of the procedures and processes outlined in this document.
- Consider conducting practice drills or practice responses as a team to build confidence and assurance within the team.
- Keep this guide visible and accessible within the facility.
- It is recommended to review this document once a year to ensure it is up-to-date.

ASSETS AND INVENTORY

This section of the planning document covers what assets the facility/organization has in place currently, and summaries that information for future reference. This includes key contacts, the location of emergency equipment, business partners and an inventory of important documents that might be essential to recover during an emergency.

KEY CONTACTS

List here all the members of your team that will need to be contacted in case of an emergency.

Name

Contact (include alternate number if applicable)

EMERGENCY EQUIPMENT LIST

List the location of emergency equipment and supplies in the facility.

Equipment	Location(s)	
Fire Extinguisher(s)		
Fire Alarm(s)		
First Aid Kit(s)		
Grab-and-Go Kit		
	-	

GRAB-AND-GO KIT

This kit is to be prepared and stored ahead of an emergency, and be easily accessible. It is to contain the essentials needed during a range of emergency situations (power outage, fire, active shooter, flood etc.). Suggestions of supplies to include in a Grab-and-Go Kit are provided below. Tick all that are in your kit. Add to the list as needed.

Grab-and-Go Kit Checklist

Emergency Management Plan Document	□
clinic roster	□
First Aid kit (including pain meds, etc.)	□
disinfecting wipes	□
hand sanitizer	□
disposable gloves	□
pair of heavy-duty scissors	□
roll of duct tape	□
Swiss army knife	□
anaphalaxis kit and allergy meds	□
suture kit	□
flashlight	□
blanket	□
paper	□
pens	□
leather work gloves	□
safety pins/string/rope	□

ASSETS AND INVENTORY

BUSINESS ASSETS

List here the assets as applicable to be able to operate your business from outside your facility.

Business & Critical Info	Details	Location (online or physical)
Articles of Incorporation		
Business Licence		
Business Number		
Audited Financials		
Books & Records		
GST/PST Returns		
Blank Cheques		
Credit Cards		
Insurance Papers		
Lease Agreements		
Contracts		
Patient Records		
Building Security Codes		
Computer Passwords		
Printer Passwords		
Voicemail Passwords		
Website/Online PWs		
Employee Records		
Payroll Information		
WorkSafe Information		
HR Manuals		

ASSETS AND INVENTORY

BUSINESS CONTACTS

List here business contacts that may need to be contacted in case of an emergency.

Business Contact	Contact Person	Contact Information
Division of Family Practice		
Practice Support Program		
Accountant		
Bank Account Holders		
Authorized Cheque Signers		
Financial Planner		
Financial Institute		
Credit Card Provider		
Insurance Company		
Property Owner		
Attorney		
Security System Company		
IT Provider		
EMR Provider		
Internet/Telephone		
Utility Providers		
Suppliers		

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EVACUATION PLAN

An evacuation has three stages - Evacuate, Muster and Access. Below are some key points for each stage.

On the following pages fill in the tables to formulate your plan. Review the plan with staff to ensure everyone understands their roles and what is required during an evacuation of the facility.

This Evacuation Plan is found on Pages 7-10.

EVACUATE - get people out of the building and contact emergency services.

What to Do

Roles for the Evacuation

Have all staff, patients and visitors **evacuate the office** and meet at the muster point.

- Lead Person
- Alternate Lead
- Take the Grab-and-Go Items or Kit, and other essential or non-essential items.
- Sweepers, to ensure everyone is out of the building, and close doors behind (if possible)

Along with the roles identifed during the evacuation, the

Communications Person/People, to connect with patient

Patient Care Person/People, to ensure patients needing

families, pending patients and absent staff (as applicable).

following roles become critical at the muster station.

care are cared for during the emergency.

• Grab-and-Go, person to get the essential items to bring out of the facility.

MUSTER - verify everyone is out, safe, and cared for as needed, and people are informed.

Roles for the Muster Station

What to Do

Verify all staff and patients are accounted for first.

Communicate with critical contacts

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

ACCESS - after the emergency, activate Incident Recovery and review this plan.

What to Do

Once the emergency is over, immediately:

- Re-enter office (if possible)
- Activate Incident Recovery Plan

EVACUATION PLAN

ROLES DURING AN EVACUATION

Role & Responsibility	Name(s) / Position
Evacuation Lead: Person to activate evacuation response, ensure roles are assigned, incident command.	
Assistant Evacuation Lead: Supports lead.	
Sweeper: Moves through facility to ensure everyone is out of the facility.	
Grab-and-Go Kit: Person to make sure the necessary items to bring to the Muster Station are collected.	
Communication Lead: Can assign assistances to support communication is completed.	
Patient Care Lead: Can assign assistances to support care of patients after the evacuation.	

EVACUATION PLAN

ITEMS TO TAKE DURING AN EVACUATION

Essential	Optional (non-essential)
□ Grab-and-Go Kit	□
□	
□	
□	_
□	
□	□
□	□
□	□
□	
□	□
□	□

PROCEDURE DURING AN EVACUATION

Write down any process and procedure notes the team is to do in an evacuation situation.

MUSTER STATION FOR EVACUATION

Record and draw out where to exit the facility and where to meet (Muster Station).

Muster Station:
Emergency Exit #1:
Evacuation Route #1:
Emergency Exit #2:
Evacuation Route #2:
Emergency Exit #3:
Evacuation Route #3:
Map or drawing identifying the Muster Station, building exits, routes to Muster Station.

Process and procedure notes for the evacuation.

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SHELTER-IN-PLACE PLAN

Shelter in place occurs when there is a threat or emergency that forces you to stay within the facility. The three stages - Move, Shelter and Access. Below are some key points for each stage.

On the following pages fill in the tables to formulate your plan. Review the plan with staff to ensure everyone understands their roles and what is required during an evacuation of the facility.

This Shelter-in-Place Plan is found on Pages 11-14.

MOVE - move stall, patients and visitors to shelter in place location(s). What to Do **Roles for the Shelter-in-Place**

Move to shelter in place locations.

Sweep facility if possible, close doors, windows, shut down HVAC equipment.

Grab essential items and if possible non-essential items.

- Lead Person
- Alternate Lead
- Sweepers, to ensure everyone is accounted for only if possible and safe to do
- HVAC Shut Down, someone to turn off heat, ventilation and air conditioning
- Grab-and-Go, person to get the essential items to bring out of the facility.

SHELTER - verify everyone is present, safe, and cared for as needed.

What to Do

Verify all staff and patients are accounted for first.

Communicate with critical contacts

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

Roles for the Shelter-in-Place locations

Along with the roles identified during the shelter-in-place, the following roles become critical at the muster station.

- Communications Person/People, to connect with patient families, pending patients and absent staff (as applicable).
- Patient Care Person/People, to ensure patients needing care are cared for during the emergency.

ACCESS - after the emergency, activate Incident Recovery and review this plan.

What to Do

Monitor media for updates to the situation. Once the emergency is over, immediately:

- Leave Shelter-in-Place location(s)
- Activate Incident Recovery Plan

SHELTER-IN-PLACE PLAN

ROLES DURING A SHELTER-IN-PLACE EMERGENCY

Role & Responsibility	Name(s) / Position
Emergency Lead: Person to activate emergency response, ensure roles are assigned, incident command.	
Assistant Emergency Lead: Supports lead.	
Sweeper: Moves through facility to ensure everyone is accounted for.	
Grab-and-Go Kit: Person to grab essential items.	
Communication Lead: Can assign assistances to support communication.	
HVAC: Turns off all HVAC equipment.	
Patient Care Lead: Can assign assistances to support care of patients.	

ITEMS TO BRING TO SHELTER-IN-PLACE LOCATION

Essential

Optional (non-essential)

Grab-and-Go Kit	□
□	□
□	□
□	□
□	□
□	□
□	□
□	□
□	□
□	□
□	□

PROCEDURE FOR A SHELTER-IN-PLACE EMERGENCY

Write down any process and procedure notes the team is to do if there is a need to stay in the facility.

SHELTER-IN-PLACE LOCATION(S)

Record and draw out your facility floor plan and the location of emergency equipment, essential supplies, HVAC controls, and safe shelter-in-place location(s).

Shelter-in-Place #1:

Shelter-in-Place #2:

Map or drawing.

Process and procedure notes for assembling in the Shelter-in-Place location(s).

INCIDENT RECOVERY PLAN

After the emergency is over, it is time to document the emergency, debrief the incident, and develop and modify the plan as needed for next time.

On the following pages fill in the tables to formulate your plan. Review the plan with staff to ensure everyone understands their roles and what is required.

This Incident Recovery Plan is found on Pages 15-18.

DOCUMENT - what was the emergency and what happened.

What to Do

Roles

Fill out the **Incident Report** to document the emergency.

 Lead personnel from the emergency take part in this process.

DEBRIEF - what went wrong, what went right, who did what, lessons learned.

What to Do

Roles

Identify what went right, wrong with the emergency plan, lessons learned, and next steps.

- Lead personnel from the emergency take part in this process.

Communicate with staff and patients (if appropriate) outcome of debrief.

REVISE - review and update emergency planning documents.

What to Do

Roles

- Identify someone or team to revise and review documents.
- **Revise** and update any relevant documents.
- Assign someone or team to restock as needed.

Restock any supplies and equipment used during the emergency.

INCIDENT REPORT AND RECOVERY PLAN

Incident Name:

Date(s) of Incident:

Report Contributors:

What Happened

Description of Incident: Ask questions such as who was involved, what type of emergency was it, which plan was used, were the roles fulfilled, who was part of the communication chain, how was the emergency resolved, etc.

INCIDENT RECOVERY PLAN

Current Situation What is happening now in the facility and with staff, patients etc.

Next Steps - Short-Term Actions to take immediately and in the short-term to support recovery from the emergency.

Actions	Who is responsible	Notes	Due by

INCIDENT DEBRIEF AND NEXT STEP PLANNING

Lessons Learned Ask what worked, what didn't work, how can we improve for next time. Assigned actions and responsibilities as needed.

What Worked	What Didn't Work
Opportunities for Improvement - Next Steps	Barriers to Overcome - Longer-term Goals
Actions to take over the short to medium term to fully recover, plan and prepare.	Actions that are larger in scope and/or involve long-term planning.