

Emergency Management Workbook for **North Shore** **Family Practice** Clinics

Practice name: _____

Practice address: _____

Date completed: _____

Signed: _____

Please confirm the completion of your workbook
and send any feedback suggestions below:



Critical Contacts

Emergency Responder Contact: 911

Police: _____

Hospital: _____

Other: _____

Practice address: _____

STAFF CONTACT LIST

Name	Contact <i>(include alternate number if applicable)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTES:



EVACUATION CHECKLIST

Advance suggestion: set up a WhatsApp /messaging group

1. Check rooms and account for everyone (such as via WhatsApp)
2. Close doors, turn off water if needed
3. Bring grab-and-go bag and critical contact list
4. Meet at designated meeting place (muster station)
5. Account for everyone at muster station
6. Notify critical contacts, as needed



SHELTER IN PLACE CHECKLIST

Advance suggestion: set up a WhatsApp /messaging group

1. Check rooms and account for everyone (such as via WhatsApp)
2. Close and lock doors
3. Bring grab-and-go bag and critical contact list
4. Meet at designated meeting place (safe room)
5. Account for everyone in safe room
6. Notify critical contacts, as needed



Things You Need and Where They Are

Equipment

Location

Fire extinguisher

Fire alarm

First aid kit(s)

Grab-and-Go

Flashlight

Evacuation Ladder



Grab-and-Go Checklist

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.

- | | |
|--|---|
| <input type="checkbox"/> evacuation and practice recovery plans | <input type="checkbox"/> first aid kit (including pain medication, allergy pills, stomach remedies, suture kit) |
| <input type="checkbox"/> other important printed documents (e.g. insurance) | <input type="checkbox"/> disinfecting wipes |
| <input type="checkbox"/> hand sanitizer | <input type="checkbox"/> disposable masks |
| <input type="checkbox"/> disposable gloves | <input type="checkbox"/> roll of duct tape |
| <input type="checkbox"/> pair of heavy-duty scissors | <input type="checkbox"/> pens |
| <input type="checkbox"/> paper | <input type="checkbox"/> Swiss army knife |
| <input type="checkbox"/> leather work gloves | <input type="checkbox"/> anaphalaxis kit and allergy medication |
| <input type="checkbox"/> safety pins/string/rope | <input type="checkbox"/> flashlight |
| <input type="checkbox"/> List of vulnerable patients that may need to be contacted | <input type="checkbox"/> blanket |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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 Muster Point and Evacuation Exits and Routes

Muster Point _____

Emergency Exit 1(Primary) _____

Evacuation Route 1 _____

Emergency Exit 2 (Secondary) _____

Evacuation Route 2 _____

Emergency Exit 3 (if applicable) _____

Evacuation Route 3 _____

NOTES:



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 Institution	_____	_____
Building (property management company)	_____	_____
Office Security System Company	_____	_____
Attorney	_____	_____
IT Provider	_____	_____
EMR Vendor	_____	_____
Internet/Telephone Company	_____	_____
Utilities	_____	_____
Suppliers	_____	_____
_____	_____	_____
_____	_____	_____

Things to Consider

EMR DOWNTIME

- **Patient Communication:** Do you have a procedure for contacting patients' families who may need assistance?
- **Appointment Information:** Ensure access to patient details (e.g., print daily appointment list with phone numbers).

CRITICAL CONTACTS

- **Patient Communication:** Do you have a procedure for contacting patients' families who may need assistance?
- **Appointment Information:** Ensure access to patient details (e.g., print daily appointment list with phone numbers).
- **In-Procedure Emergencies:** Plan for evacuations during active procedures (e.g., have a flashlight ready).

EVACUATION

- **Leadership:** Who will lead the evacuation? Identify an alternate lead if needed.
- **Room Sweeps:** Assign individuals to check all rooms and close doors to ensure everyone exits.
- **Patient Safety:** How will you manage patients undergoing procedures during evacuation?
- **Communication:** Who will handle initial outreach to critical contacts?

SHELTER-IN-PLACE

- **Shelter Location:** Identify the designated location for sheltering.
- **Safety Steps:** Lock doors, turn off lights, and gather the grab-and-go bag.
- **Leadership:** Assign a shelter-in-place lead and alternate.
- **Room Sweeps:** Ensure all staff and patients reach the shelter location.
- **Communication:** Designate someone for initial contact with critical parties.
- **Patient Safety:** Plan for managing ongoing procedures during emergencies.

Things to Consider

AFTER AN INCIDENT

- **Short-Term Operations:**
 - Do you need to move to virtual care?
 - Are you equipped for virtual care, and who can support this?
- **Facility Restoration:** Steps and contacts needed to restore operations.
- **Alternate Location:** Identify a temporary location to continue practice.
- **Patient Communication:** Plan how to inform and reconnect with patients.
- **Data Recovery:** Procedures for recovering lost information.
- **Employee Support:** Consider counselling services for affected staff.
- **Review & Document:** Regularly assess and update the plan.

ONGOING PREPAREDNESS

- **Emergency Drills:** Regularly rehearse key scenarios (e.g., anaphylaxis, choking, earthquake).
- **Team Debrief:** After drills or incidents, ask:
 - What worked well and why?
 - What didn't work and why?
 - How is the team feeling?

Acknowledgments

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