DISASTER PREPAREDNESS PLANNING GUIDE FOR FREE AND CHARITABLE CLINICS

April 2018

Disaster Preparedness Planning Guide for Free and Charitable Clinics

Introduction

Free and Charitable Clinics (FCCs) are critical partners in community emergency response and recovery. FCCs are trusted health care providers in their local communities and complement the services of others in the health care system such as hospitals, nursing homes and pharmacies. By their nature, FCCs serve at-risk populations, who are most vulnerable to disasters.

Large-scale disasters resulting in disruption in normal routines and services can create new health concerns and exacerbate existing health issues. Adequately prepared FCCs can play a vital role in mitigating these outcomes. Continuity of care and the ability to respond to new threats are essential to community resilience, and both rely on organizational preparedness, staff preparedness and the individual preparedness of community members.

While emergency preparedness is essential, embarking upon on a new initiative can be overwhelming at first, especially when resources are limited. FCCs are faced with limited funding, limited space and a significant proportion of volunteer staff. This guide is intended to provide FCCs with some basic elements of preparedness that will enhance overall preparedness with minimal time and financial investment.

The guide can be used as a step-by-step manual for preparedness planning with an operational response playbook as an outcome or as a basic resource tool. The guide is customized to the unique characteristics of FCCs and offers a practical approach to preparedness, with the ultimate goal of enhancing the post-disaster health outcomes of disaster survivors, providers and communities. It is understood that FCCs exist in a variety of sizes and locations. Not all guidance in this document will be applicable as written for each type of site. It is in no way intended to provide comprehensive guidance in development of an emergency management program. Section 4 of this guide provides additional resources for clinics seeking more in-depth program development.

Through the generous support of the GE Foundation, this guide is just one of many resources Americares provides to build the capacity of FCCs. The Disaster Preparedness Planning Guide for Free and Charitable Clinics is publicly accessible and can be found on Americares Safety Net Center website: ***http://www.safetynetcenter.org***

Fact There are more than 1,200 Free and Charitable Clinics in the United States.

Free and Charitable Clinics in Disasters

FCCs are vulnerable to the impacts of disasters for a variety of reasons:

- Operation on tight budgets
- Historical lack of investment in emergency preparedness activities such as planning, training, exercising or participating in health care coalitions
- Reliance on volunteers
- Reliance on donated supplies, which may be scarce in emergencies
- Operation in spaces that are “shared,” leading to less control and autonomy over decisions that impact preparedness and response
- Vulnerable patient base requiring longer recovery period

In spite of these challenges, FCCs are well positioned to assist at-risk populations in disasters for the following reasons:

- Access to and trust of vulnerable populations
- High competency in low resource environments
- Physical location typically near vulnerable populations
- Resourceful and culturally competent
- Experience supporting integration of volunteer health care providers
- Strong partnerships and referral networks
- Provision of culturally competent services

Response activities have included:

- Treatment of vulnerable populations, such as the homeless
- Continuity of care for the chronically ill
- Ensuring access to vital medications
- Treatment of minor injuries and illnesses
- Large-scale vaccination of impacted community

Recovery activities have included:

- Management of physical and emotional disaster impacts that may last for years
- Case management and community referrals

How to Use this Guide

This guide was prepared with the understanding that many FCCs have limited resources in terms of time, money, staff, supplies and space. This guide is organized into four sections:

1 **Section 1: Preparedness Essentials**
A description of core preparedness topics and associated activities

2 **Section 2: Activity Checklist**
A checklist of activities included in Section 1

3 **Section 3: Playbook Template**
A template to help you structure the results of the Section 1 activities into a basic response playbook for your clinic

4 **Section 4: Resources**
A list of resources with links for developing a more in-depth emergency management program—the checklist and playbook template are also available as Word documents on the Americares website for customization and ease of use: ***http://www.safetynetcenter.org***

It is recommended that you read through the guide in its entirety before you begin the activities, as this will ensure you see how completion of the individual activities leads to an operational playbook specific to your FCC.

This guide is intended to prepare your clinic for a community-wide emergency. It is not intended to replace emergency procedures or local laws specific to your facility.

Section 1 Preparedness Essentials

1. Emergency Management Committee

An emergency management committee is essential to the development and implementation of emergency preparedness strategies, including completion of the activities included in this guide, which lead to the development of the site's emergency response playbook. The committee is also responsible for ensuring that staff are familiar with response policies, procedures and resources.

Development of emergency management strategies requires a multidisciplinary emergency management committee. Why? If your policies and procedures are written by one person alone, only that person will understand the critical issues in emergencies, and only that person's experiences will inform the clinic's planning. A multidisciplinary committee ensures that a broader range of expertise and knowledge is incorporated into the plan, which is likely to yield a better outcome in an emergency.

Critical staff members include:

- Administrators
- Physicians
- Nurses
- Safety Workers
- Infection Control Workers
- Mental Health Workers
- Social Workers
- Facilities Staff
- Security Staff

In addition to identifying participants by discipline, also consider including the following:

- Staff with a particular interest or experience in emergency management
- Staff members who are engaged in emergency management in other capacities, such as volunteering with community organizations
- Staff members who have military or first responder experience

Activity

➡ **Develop Emergency Management Committee.**

Section 1 Preparedness Essentials

2. Authority and Decision Making

In an emergency, it is crucial to know who is in charge and who is charge in that person's absence. These individuals should have the authority to change operations, call in extra staff, close the facility, order additional resources and direct other necessary response actions. Essentially, they should have the authority to make certain decisions on behalf of the clinic in a crisis.

When determining who will be in charge in an emergency, consider individuals with emergency management experience in addition to those who are in charge day-to-day. Emergency authority does not have to reside with the traditional site administrator.

Additionally, you need to know which external authorities govern your ability to operate in an emergency. Are there local, state, federal or tribal authorities with which you would need to be in communication regarding any changes in services? Is there a parent organization that directs your operations and would need to direct or approve certain decisions?

Activities

- **Identify and document names and contact information of primary and back-up individuals who have the authority to manage the clinic in an emergency.**
- **Identify and document the authorities (organizational, local, state, federal, tribal), reporting requirements and 24/7 contact information of organizations and agencies that govern your ability to operate.**

3. Notification and Communication

One of the most crucial elements in managing any emergency is being able to notify critical partners of the emergency and being able to maintain communication. How will you communicate with staff? With patients?

Staff members need to be notified of changes in site practice (for example, changes in hours, changes in locations, emergency staffing needs or site closure.) Staff can be communicated with via phone, text and email.

Patients and the community need to know about any changes in site practice that may impact them. Are you still open? If not, where should they go instead? Are you seeing new patients impacted by the emergency? How will they know of your services and availability?

Activities

- **Develop emergency contact list of staff (name, phone, email) and maintain both paper and electronic copies.**
- **Identify strategies for communicating with patients and community at large (ex: outgoing phone message on voicemail, website, local media).**
- **Identify strategies for communicating with high-risk patients.**

Section 1 Preparedness Essentials

4. Staffing

In an emergency, will your staff be able to report to work? Many FCCs are staffed by volunteers, which means that they may have pre-existing obligations in an emergency. Do you know which staff members are likely to be available during an emergency?

Understanding which staff members are likely to be able to report to work also impacts the services you can carry out in an emergency. You will need to ensure that you have the correct mix of clinical, leadership and support staff available in order to provide safe and effective patient care. For example, if you do not have the essential clinical staff you need, you may have to temporarily close. Bear in mind that availability in the immediate aftermath of an emergency may be different than availability a few days after the emergency. Also note that ability to respond may be specific to the type or location of incident.

Following Hurricane Isaac in 2012 in New Orleans, the New Orleans Dream Center deployed staff to multiple sites and shelters. Their biggest challenge? Not enough staff. Moving forward, they worked on developing partnerships with local hospitals that could send staff to the field to perform assessments and do minor treatment, thereby supporting the clinic's mission and keeping fewer people from going to the hospital unnecessarily.

Does your organization have any policies that would prevent your staff from engaging in some or all response activities?

Would you be willing to accept volunteers that were previously unknown to you? Do you have a credentialing process in place? Conversely, if you might send your staff to another site, are they credentialed?

Activities

- **Document potential staff availability during emergencies.**
- **Break down availability by immediate, 72 hours, one week.**
- **Identify baseline staffing numbers by position type necessary to carry out safe patient care.**
- **Review internal and external policies/ procedures to ensure staff can engage fully in their emergency role(s).**
- **Determine if you will be accepting community volunteers.**
- **Determine if you can/will accept volunteers from other states.**
- **If you intend to engage external volunteers, ensure that your malpractice insurance policies cover them.**
- **Enroll your staff in any statewide credentialing system in the event you deploy them to other sites.**

Section 1 Preparedness Essentials

5. Emergency Functions and Essential Services

In an emergency, what will be the role of your FCC? While this can vary due to incident type, thinking through the possibilities before an emergency occurs will enable you to make better decisions in a timelier manner. If you had to cut back on services due to resource limitations (staff, supplies, space), what would you focus on? Conversely, are there services you would expand upon? Here are some examples:

Services to expand:

- Hours of operation
- Location of services provided
- Seeing new patients
- First aid

Services to maintain:

- Community education as relates to disaster
- Vaccination
- Routine care for those not impacted by disaster
- Payroll for paid staff
- Mental health
- Pharmacy
- Housekeeping

Services to temporarily suspend:

- Community education unrelated to disaster
- Vision and hearing screening

Health care facility preparedness tends to focus on providing care to the injured at the facility site. When Arkansas was hit with a series of tornados in 2014, Conway Interfaith Clinic found itself providing services in multiple locations, even though doing so had never been part of its plans. Conway Interfaith deployed staff to makeshift clinics near the incident site, who saw injured people at their own clinic and also saw its regular patients who had not been impacted by the destruction. Due to strategic staffing decisions and effective use of resources, staff were able to manage the disaster and provide continuity of care for their existing patients.

Services that will not be provided:

- Mass decontamination
- Trauma care

Activity

➡ **Develop list of essential services to expand, maintain, temporarily suspend, and not provide.**

Section 1 Preparedness Essentials

6. Resource Management

Certain supplies are critical in an emergency, so you need to know what you have on-hand and what you might need. The supplies required depend on the services you will be providing in an emergency.

It is not possible, due to financial or storage concerns, for all FCCs to stockpile a significant cache of emergency supplies. Given that, you should still identify which supplies are most critical for you to carry out emergency functions and share this information with community partners so you can work together to meet response goals and expectations.

Following the Oklahoma tornados in 2013 and subsequent flooding, Lighthouse Medical Ministries anticipated the medical needs and responded accordingly. While staff did not have all the supplies on-hand, they knew that tetanus shots and respiratory medications were going to be in high demand and took action to secure these resources to treat their community.

For example, if you would be willing and able to handle administration of tetanus shots on a large scale but cannot maintain that much vaccine onsite, consider developing a relationship with your local hospital—they provide the vaccine to you and you administer the shots to the community. The hospital would benefit from this by being able to keep people simply needing tetanus shots out of their emergency rooms.

Additionally, you may be the recipient of large amounts of donated supplies that require distribution. If you do not have the storage space on site, include this need as part of your planning with community partners.

Activities

- **Develop list of emergency supplies on-hand (include type and quantity).**
- **Develop list of additional supplies needed to carry out essential functions and identify potential sources for procurement or donation.**

Section 1 Preparedness Essentials

7. Community Partners

Who are your community partners? How would you interact? What do they need from you? What do you need from them? As dedicated preparedness resources and funds are limited, it is important to leverage relationships and partnerships. Numerous organizations and programs provide assistance to individuals and organizations in times of disaster. Know who in your community can provide disaster assistance, the type of assistance provided and how to access that assistance.

Participation in a health care coalition is essential to continuity of care across the spectrum. Health care coalitions are not just for hospitals. They are designed to engage partners from across the health system. The challenges communities face today are increasingly more complex and require all health care partners. Health care coalitions provide a venue for stakeholders to share information and resources, as well as conduct joint planning, training and exercises.

Additionally, community partnerships outside the health care arena can provide valuable assistance in a disaster. For example, partner with organizations that could provide storage space in the event that you receive more supplies than you can store on site. Or you may need to relocate supplies such as vaccine and insulin. Where could you find secure, refrigerated storage?

When MedCare Charitable Pharmacy in Oklahoma responded to a series of devastating tornados in 2013, staff found themselves the recipients of large quantities of desperately needed medications donated by Americares. The problem? They did not have enough on-site storage space. Theycontacted a local storage company and were able to get space donated to help support their operations.

Making community partners, such as public utilities and law enforcement, aware of your function and role in an emergency can help support prioritization of the facility in utility restoration and site access.

Other community-based organizations and non-profits that provide disaster relief services are also partners for consideration in the sharing of resources and information.

Working with community partners will also allow you to share services that you can provide in a disaster. For example, providing tetanus shots and basic wound care to community members and responders would greatly decrease the patient load on hospitals.

Activities

- **Initiate discussions with community partners regarding your emergency functions and potential needs.**
- **Develop list of community partners that you may need assistance from and document the type of assistance you would need and contact information for the partner organization.**
- **Develop list of community partners that you can provide assistance to and document the type of assistance you can provide and contact information for the partner organization.**

Section 1 Preparedness Essentials

8. Emergency Operations Center

Your emergency operation center (EOC) is the physical location where you organize yourselves to respond to an emergency. This space does not have to be elaborate and does not have to be solely dedicated to emergency response. In fact, you will be better off with a space that is in regular use.

Examples:

- Conference room
- Break room
- Office

There are a few common elements essential to an EOC:

- Sufficient space for the leadership team to work.
- Communications equipment—telephone and computer
- Basic office supplies
- Ability to secure location
- Minimal impact on flow of patient care
- Privacy for staff to work and rest

Depending on the size of your facility, you may want to identify a secondary location if the first location is inaccessible. If you do identify a secondary location, it should be at a significant physical distance from the primary location.

Activities

- **Identify primary EOC location.**
- **Identify secondary EOC location, if applicable.**

Section 1 Preparedness Essentials

9. Site Preparedness

FCCs face unique challenges when it comes to preparing for emergencies that impact the site directly. Some of these challenges include use of shared space, operating just a few hours each month in a particular space and the inability to make investments in building resiliency if the building is not owned by the clinic. Additionally, clinics that use large numbers of volunteer staff are also challenged by the fact that these individuals likely spend less time at the facility itself and may not be as familiar with emergency procedures. Key preparedness considerations include facility management, evacuation and sheltering-in-place.

Facility Management

Do you know who to contact for urgent building issues? Who are the utility companies that supply your building? How do you reach them? Are they aware of your presence and role in the community in an emergency?

Evacuation

Do you know all of the potential evacuation routes from your clinic? Would these evacuation routes provide special challenges for your patients or staff? If you see large numbers of elderly people or individuals with access and functional needs, evacuation routes with many stairs could be difficult. Do you have a designated meeting place after evacuation?

Lighthouse Medical Ministries initially lost power during the 2013 tornados in Oklahoma. After reaching out to the local utility company and identifying themselves, staff received prompt restoration of their power. Now, the utility company is aware of Lighthouse as a critical emergency asset for future incidents.

Shelter-in-Place

Would you be able to shelter-in-place at the clinic? Under what circumstances would you have to do so? How long could you stay there? What resources would you need?

Activities

- Document name and contact information of building manager.
- Document name and emergency contact information for all utilities.
- Walk through all evacuation routes with staff.
- Identify resources necessary for sheltering-in-place.
- Exercise evacuation and shelter-in-place plans.

Section 1 Preparedness Essentials

10. Personal Preparedness

Personal preparedness is a fundamental element of community resiliency for providers and patients alike. Providers need to ensure that they can take care of themselves and their families so they can be effective responders. Patients need to make sure they can be self-sufficient for a period of time and know how to access the care they need.

Personal preparedness includes emergency supplies, family care plans, knowledge of their own medical conditions and medications and communication plans.

Staff

If staff members are not prepared at home, they will not be able to respond effectively at work. Health care providers will be able to provide better care during an emergency if they do not have to worry about whether their loved ones are safe. Health care providers, especially in primary care clinics, can serve as role models for their patients and communities to encourage preparedness.

Medical professionals should consider their personal safety and the safety of their loved ones. Providing care after or during a disaster may put individuals at increased risk for illness or injury. Be sure staff is current on immunizations, including those recommended for the local area.

Patients

An emergency may disrupt normal life for your patients, and there may be health consequences as a result. For example, they may have not been able to fill routine prescriptions, they may have had disrupted meals or sleeping, and additional stress is likely. Some people may have experienced financial disruptions that caused health problems. Ex: loss of income leading to inability to fill prescriptions. Additionally, the health care system may be challenged to provide routine care during a major crisis.

Enhancing personal preparedness of patients and the community at large is essential to mitigating potential health consequences. Given that many FCCs use paper patient medical records, patients must document their primary conditions and all medications they take in the event that the FCC is inoperable, inaccessible or the medical records are damaged or destroyed.

Does your organization have any preparedness information available for patients? Will your patients know what to do in the case of an emergency? Consider talking to your patients about alternative medical facilities if yours will not be open.

Activities

- **Ensure staff is current on immunizations.**
- **Provide personal preparedness information to staff and patients *(http://www.ready.gov/).***
- **Develop and implement program to ensure that patients maintain current list of medications and major health conditions.**
- **Use Rx on the Run to print a personalized wallet card that documents your prescriptions and other important medical information *(http://www.healthcareready.org/rx-on-the-run).***

Section 1 Preparedness Essentials

11. Mental Health and Psychosocial Support

In any emergency, there can be psychological consequences for both patients and staff. There are three primary strategies that FCCs should implement:

Psychological First Aid

Psychological first aid (PFA) is an evidence-based process for assisting people in the aftermath of trauma or disaster that is designed to ease initial distress and foster long-term functioning. It can be practiced by clinical and non-clinical personnel alike.

PFA is not just useful in large-scale emergencies. Every day, patients and families receive devastating news regarding their health. PFA can help clinicians be more effective in their daily interactions by allowing them to provide emotional support in times of crisis.

Clinical Mental Health Services

If your clinic offers clinical mental health services, be prepared for an increase in patient volume following a disaster. You may need to engage additional staff members to provide care. Consider a proactive educational campaign regarding the types of stress that can impact disaster survivors and providers and share healthy coping strategies.

Referrals

For mental health support that cannot be provided onsite or for staff mental health needs, be prepared to make referrals to appropriate professionals. If you do not have an existing network of mental health providers, develop a list.

Activities

- **Participate in PFA training. This course is offered free online from the National Child Traumatic Stress Network and is suitable for non-clinical as well as clinical staff and is applicable to daily practice as well as in emergencies: *http://learn.nctsn.org/course/index.php?categoryid=11.***
- **Document all staff who could provide clinical mental health support.**
- **Document a list of referral organizations.**

Section 1 Preparedness Essentials

12. Program Testing and Maintenance

Emergency preparedness is an activity that requires ongoing review and maintenance. The playbook that you develop after completing the activities in this guide should be shared with staff and reviewed on an annual basis. All contact information should be confirmed quarterly.

There are some simple exercises you can do to stay current on the content of the playbook and keep staff engaged. Some examples:

- Conduct a staff notification call-down every quarter during which you attempt to reach all staff at the listed numbers within a one-hour time period.
- Use time in a staff meeting to discuss emergency functions and essential services.
- Attend community meetings about emergency preparedness.
- Share personal preparedness information with the community at a health fair.
- With permission, attend emergency planning meetings held by community partners so you can better understand their plans and response functions.
- Take online training courses from the sites listed in this guide in Section 4: Resources.

Activities

- **Update playbook annually with Emergency Management Committee.**
- **Review and update all contact information quarterly.**
- **Commit to at least three training or exercise activities per year.**

Section 2 Activity Checklist

Activity Completed	Date
Develop Emergency Management Committee	
Identify and document names and contact information of primary and back-up individuals who have the authority to manage the clinic in an emergency	
Identify and document the authorities (organizational, local, state, federal, tribal), reporting requirements and 24/7 contact information of organizations and agencies that govern your ability to operate	
Develop emergency contact list of staff (name, phone, email) and maintain both paper and electronic copies	
Identify strategies for communicating with patients and community at large (Ex: outgoing phone message on voicemail, website, local media)	
Identify strategies for communicating with high-risk patients	
Document potential staff availability during emergencies	
Break down availability by immediate, within 72 hours, one week	
Identify baseline staffing numbers by position type necessary to carry out safe patient care	
Review internal and external policies/procedures to ensure staff can engage fully in their emergency role(s)	
Determine if you will be accepting community volunteers	
Determine if you can/will accept volunteers from other states	
If you intend to engage external volunteers, ensure that your malpractice insurance policies cover them	
Enroll your staff in any statewide credentialing system in the event you deploy them to other sites	
Develop list of essential services to expand, maintain, temporarily suspend and not provide	
Develop list of emergency supplies on-hand (include type and quantity)	
Develop list of additional supplies needed to carry out essential functions and identify potential sources for procurement or donation	
Initiate discussions with community partners regarding your emergency functions and potential needs	
Develop list of community partners that you may need assistance from, and document the type of assistance you would need and contact information for the partner organization	
Develop list of community partners that you can provide assistance to, and document the type of assistance you can provide and contact information for the partner organization	
Identify primary EOC location	
Identify secondary EOC location, if applicable	
Document name and contact information of building manager	
Document name and emergency contact information for all utilities	
Walk through all evacuation routes with staff	
Identify resources necessary for sheltering in place	
Ensure staff is current on immunizations	
Provide personal preparedness information to staff and patients (***http://www.ready.gov/***)	
Develop and implement program to ensure that patients maintain current list of medications and major health conditions ***(http://www.healthcareready.org/rx-on-the-run)***	
Participate in PFA training. This course is offered free online from the National Child Traumatic Stress Network and is suitable for non-clinical as well as clinical staff and is applicable to daily practice as well as in emergencies: ***(http://learn.nctsn.org/course/index.php?categoryid=11)***	
Document all staff who could provide clinical mental health support	
Document a list of referral organizations	
Update playbook annually with Emergency Management Committee	
Review and update all contact information quarterly	
Commit to at least three training or exercise activities per year	

Section 3 Playbook Template

Emergency Management Committee	Date Updated:
Name	Title

Authority and Decision Making	Date Updated:
Clinic Managment	
Name of Primary	Contact Information
Name of Secondary	Contact Information
Emergency Management Committee	
Agency/Organization Name and Reporting Requirements	Contact Information

Notification and Communication	Date Updated:
Staff Emergency Contact Information	
Name	Contact Information
Public Communications	
Communication Method	Requirements for Use (access to specific contact information, technical skills, etc.)

Section 3 Playbook Template

Staffing	Date Updated:
Staff Availability—Immediate	
Name	Contact Information
Staff Availability—72 hours	
Name	Contact Information
Staff Availability—One week	
Name	Contact Information
Emergency Staffing Requirements by Position Type	
Position	Number of Staff Required
External Volunteers	
This clinic will accept community volunteers.	☐Yes ☐No
This clinic will accept volunteers from other states.	☐Yes ☐No
If yes to either of the above, the clinic's malpractice insurance covers these volunteers.	☐Yes ☐No
This clinic may deploy its own staff to other sites.	☐Yes ☐No
If yes to the above, staff members have been enrolled in any state credentialing systems, and their names are below.	☐Yes ☐No
Name	Contact Information

Section 3 Playbook Template

Emergency Functions and Essential Services	Date Updated:
Services to Expand	
Services to Maintain	
Services to Temporarily Suspend	
Services That Will Not Be Provided	

Resource Management	Date Updated:
Resources On-Hand	
Type	Quantity

Resources to Procure in Emergency	
Type	Quantity

Community Partners	Date Updated:
Assistance Clinic Will Need	
Partner Name	Service Needed
Assistance Clinic Can Provide	
Partner Name	Service Provided

Emergency Operations Center	Date Updated:
Primary Location	
Secondary Location	

Site Preparedness	Date Updated:
Building Manager Name	Contact Information
Utility Name	24/7 Contact Information
Sheltering-in-Place Resources	
Type	Quantity

Section 3 Playbook Template

Mental Health and Psychosocial Support	Date Updated:
Clinical Mental Health Staff	
Name	Contact Information
Referral Organizations	
Name	Contact Information
Program Testing and Maintenance	
Quarterly review of playbook names and contact information	Dates
Annual review of playbook by Emergency Management Committee	Date

Section 4 Resources

Emergency Management Resources

The information provided in this guide is just the beginning of the development of a comprehensive emergency management program. Numerous resources exist to help you further develop your program.

General Preparedness Guides for Community Health Centers

These guides and tools build on standard emergency management concepts and are tailored for the health center environment.

- National Association of Community Health Centers website for emergency planning: ***http://www.nachc.org/health-center-issues/emergency-management/***
- Columbia University School of Nursing Emergency Preparedness Toolkit for Community Health Centers: ***http://www.aachc.org/wp-content/uploads/2014/01/Emergency-Preparedness-Toolkit-for-CHCs.pdf***

Command and Control

The Incident Command System (ICS) is the standard structure for organizing and managing emergency response in the United States. It incorporates best practices in the field and will allow you to be interoperable with other response organizations. There is a health care-specific version of ICS developed by the California Emergency Medical Services Authority, and FEMA has an online independent study course on the Incident Command System for health care and hospitals.

- California Emergency Medical Services Authority: ***https://emsa.ca.gov/disaster-medical services-division-hospital-incident-command-system-resources/***
- FEMA Independent Study IS-100.HCB Introduction to Incident Command System (ICS) for Healthcare/Hospital: ***https://training.fema.gov/is/courseoverview.aspx?code=IS-100.HCb***

Hazard Assessment and Risk Identification

A hazard vulnerability analysis (HVA) is one of the fundamental tools in emergency management. It helps you rank the hazards your clinic faces based on their probability of their occurring, the impact on your facility and your preparedness. The higher the score, the more attention should be paid to that particular hazard.

- Kaiser Permanente HVA: ***http://www.calhospitalprepare.org/hazard-vulnerability-analysis***

Section 4 Resources

Emergency Operations Plan Development

An emergency operation plan (EOP) is the foundation on which emergency response is based. In addition to the resources for community health centers, FEMA has developed the Comprehensive Preparedness Guide to aid planners of all levels of experience.

- CPG 101: ***https://www.fema.gov/media-library/assets/documents/25975***

Training

Numerous training resources covering a wide variety of topics are available online. These trainings are often free and will expand your understanding and knowledge of emergency preparedness.

- FEMA Independent Study Program: ***https://training.fema.gov/is/courseoverview.aspx?code=is120.a***
- CDC Emergency Preparedness and Response Training and Education: ***http://emergency.cdc.gov/training/***
- The Johns Hopkins Preparedness and EmergencyResponse Learning Center: ***http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/***

Exercise Development

Exercises help you test your plans and policies in a safe and structured environment. The Department of Homeland Security has developed the Homeland Security Exercise and Evaluation Program (HSEEP) to support effective exercise design, execution and evaluation.

- IS 120. A: An Introduction to Exercises: ***https://training.fema.gov/is/courseoverview.aspx?code=is-120.a***
- HSEEP: ***https://www.fema.gov/media-library/assets/documents/32326***

All links accessed March 15, 2018.

About Americares

Americares is a health-focused relief and development organization that saves lives and improves health for people affected by poverty or disaster. Each year, Americares reaches an average of 90 countries and all 50 U.S. states with life-changing health programs, medicine and medical supplies and responds to an average of 30 natural disasters and humanitarian crises worldwide. Americares partners with local health care facilities to deliver aid, establish long-term recovery projects and bring disaster preparedness programs to vulnerable communities. Americares relief workers are among the first to respond to emergencies and stay as long as needed, helping to restore health services for survivors. Americares is the world's leading nonprofit provider of donated medicine and medical supplies. In the U.S., we support a network of 1,000 clinics and health centers serving more than 7 million patients in need. For more information, please visit ***americares.org.***

GE Foundation

This guide was made possible by generous funding from the GE Foundation. The GE Foundation is committed to building a world that works better. It empowers people by helping them build the skills they need to succeed in a global economy, equips communities with the technology and capacity to improve access to better health and education, and elevates ideas that are tackling the world's toughest challenges to advance economic development and improve lives. The GE Foundation is powered by the generosity and talent of its employees, who have a strong commitment to their communities and who are at work making the world work better. Follow the GE Foundation at ***www.gefoundation.com*** and on Twitter at @GE_Foundation

All photos by Americares except: Page 10 by Debbie Morello; page 9 and 14 (bottom) by Annie Mulligan; cover and pages 1 and 5 (bottom) by Dru Nadler; pages 4, 5 (top), 11 (top), 12, 13, 14 (top), 15 (bottom) and 22 (top) by William Vazquez.

Americares
88 Hamilton Avenue
Stamford, CT, 06902
203.658.9500
americares.org