# Emergency Preparedness Playbook

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| **Emergency Management Committee Date updated:** | |
| Name | Title |
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| **Authority and Decision-Making Date updated:** | |
| Clinic Management | |
| Name of Primary | Contact information |
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| Name of Secondary | Contact information |
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| External Authorities | |
| Agency/organization name and reporting requirements | Contact information |
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| **Notification and Communication Date updated:** | |
| Staff Emergency Contact Information | |
| Name | Contact information |
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| Public Communication | |
| Communication method | Requirements for use (access to specific contact information, technical skills, etc...) |
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| **Staffing Date updated:** | |
| Staff Availability - Immediate | |
| Name | Contact information |
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| Staff Availability – 72 hours | |
| Name | Contact information |
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| Staff Availability – One week | |
| Name | Contact information |
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| Emergency Staffing Requirements by Position Type | |
| Position | Number of Staff Required |
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| 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 above, staff members have been enrolled in any state credentialing systems and their names are below | Yes  No |
| Name | Contact Information |
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| **Emergency Functions and Essential Services Date updated:** | |
| Services to Expand | |
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| Services to Maintain | |
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| Services to Temporarily Suspend | |
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| Services That Will Not Be Provided | |
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| **Resource Management Date updated:** | |
| Resources On-Hand | |
| Type | Quantity |
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| Resources to Procure in Emergency | |
| Type | Potential Source |
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| Community Partners Date updated: | |
| Assistance Clinic Will Need | |
| Partner Name | Service Needed |
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| Assistance Clinic Can Provide | |
| Partner Name | Service Provided |
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| **Emergency Operations Center Date updated:** | |
| Primary Location |  |
| Secondary Location |  |
| **Site Preparedness Date updated:** | |
| Building Manager Name | Contact Information |
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| Utility Name | 24/7 Contact Information |
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| Sheltering-in-Place Resources | |
| Type | Quantity |
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| **Mental Health and Psychosocial Support Date updated:** | |
| Clinical Mental Health Staff | |
| Name | Contact Information |
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| Referral Organizations | |
| Name | Contact Information |
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| **Program Testing and Maintenance** | |
| Quarterly review of playbook names and contact information | Dates |
| Annual review of playbook by Emergency Management Committee | Date |