# 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 |