**Emergency Preparedness Plan**

**Loving Care & More, Inc.**

Provided to employees in revised form 11/09/2017

This plan uses the term “all hazard” to address all types of incidents. An incident is an occurrence, caused either by humans or by natural phenomenon which requires or may require action by home care and emergency service personnel to prevent or minimize loss of life or damage to property and/or environment.

Plan activation/deactivation

The Director, who serves as the Incident Commander, has the authority to activate and deactivate this EPP based on information known to her/him at the time which indicates such need. If the Director is not available, the Assistant Director, and then the chief Clinical Officer will have the authority to activate the plan.

Goal: allow smooth transition of patient services and ensure continuity of care for all patients served by this agency.

Objectives\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* To identify the chain of command/Incident command system
* To identify primary and alternative command centers
* To allow for the timely identification of the patients who are affected in the case of an emergency
* To provide those patients with the care and assistance that they need in the emergency
* To be ready and available to assist emergency responders in first aid care for those in the community affected.
* To assess patients home environment for safety and assist them to a safe environment if needed
* To coordinate Agency staff members in patient care and evaluation, as well as any Agency personnel assistance with care of those in the community affected by the emergency.
* To identify staff roles and responsibilities

Incident Command Center

Unless the emergency renders the agency office unusable, the Incident Command Center will be located at the main office address of 104 Windriver Rd, Silverton, ID 83867. The alternative site will be at the branch office 1233 E. Larch Osburn, ID 83849 and in the event mobilization to locate internet services must occur, the mobile office unit stored at 1233 E. Larch will be utilized.

Both offices will maintain data backup through data storage techniques administered by “On Call Computer Support Services” , hard-wired phones, Cell Phones and emergency generators.

Planning

Administration
 1.) Each office will keep and maintain a current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other appropriate community resources.

2.) The Administrator will ensure the existence of an incident command system and team to respond to an emergency situation.

3.) All staff shall receive emergency preparedness training appropriate for their position on a yearly basis.

Patient Care & Planning

* On admission, the admitting nurse will assign each patient with a priority code, dictating that patient’s emergency rating. The admitting nurse will obtain a list of contact numbers, and discuss emergency planning options with the patient and family. All information will be kept in the patient’s chart and shall be kept in paper as well as electronic format.

At that time, each patient will be given a list of items to have prepared and available for use in the event of an emergency.

* Any patients requiring power for life support equipment will be registered with the local utility companies and with local emergency offices. Each patient and family will receive educations that will assist them in managing emergencies.
* A list of vendors who supply each patient’s medical supplies will be obtained and kept in the patient’s chart.

Plan Activation—Emergency Call Down Procedure (refer to Calling List)

Once the emergency response plan is activated, the Director will notify the Assistant Director and Office Manager to initiate the staff call down procedure.

Office Manager/Scheduler will notify persons listed below them on the calling list. If they are unable to reach an employee on the telephone, they will proceed to the next listed person on the list. The Office Manager and Scheduler will call the office and list the employees available for assistance then come to the office. Upon arrival, every five (5) minutes, Office Manager and Scheduler will try those employees not found with the first call attempt and notify the Disaster Supervisor(s) of any other employees found to be available to be on standby. They will also manage calls upon arrival at office.

If phones are not available, the information officer will contact the prearranged radio stations KWAL at 752-1141 with an announcement for staff and patients.

After Receiving Notification of an Emergency – Direct Care Staff

* Do not leave your home until you receive your assignment.
* Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
* When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
* Please wear your nametag so you can be easily recognized by other cooperating agencies.
* Stay off the phone so your second call can come through uninterrupted.
* If the phone lines are down listen to radio station KWAL 620 on your AM dial for instructions.
* If there is no power, or phone lines, you will be instructed on how to proceed by your Incident Commander – Mike Hull

If You Are Away From Home When an Emergency Happens – Direct Care Staff

* Call the agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
* If there are no working telephones, either come to the Incident command site in Osburn or Carlin Bay or to the Agency office (whichever is closest) for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the triage site and all assignments will be made from there.

If an Emergency Occurs During Working Hours – Direct Care Staff

* When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisors as to whether you will be pulled to help with the emergency assessments, or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments. Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

Assignments

* The Incident Command/Administrator will have power to assign staff to specific tasks, and with the coordinator will work with appointed Team Leaders to assist in pinpointing patients affected by the emergency and assigning clinical staff members to check on those patients by utilizing the pre-arranged priority classification system (see last page).
* After Office Manager and Scheduler have called and put a staff member on alert, that staff member will wait for an Emergency Supervisor to call back with their assignment and where to meet their partner or security escort, if assigned.

Security

* The Security Officer will make assessments regarding the security of the command center, the safety and travel conditions for staff and make arrangements for relocation of the command center, transportation and/or safety escorts as needed.
* The Security Officer will also ensure all staff have needed identifying badges which allow them access to their agency and/or clients.

Public Information

* The Public Information Officer (PIO) will confer with the Incident Command Officer and other members of the Disaster Response Team to reach a joint decision regarding the information, if any, to be released to the media. The PIO will also be in charge of determining alternate means of contacting staff.

Regional Resource Center

* The Director will obtain and maintain a list of contacts for the local regional Resource Center as well as a list of possible resources and supplies available through that center.

Emergency Assessments

* Each nurse or aide making home visits to patients must check in with the Agency office with an update each hour. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed, or will be assigned to specific patients assigned from the regular caseload to complete that day’s schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:
1. If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, contact the family or friends that the patient may request and make arrangements for the patient’s transportation. Keep track of where the patient is going and all necessary telephone numbers, or contact the Emergency Supervisor for arrangements to be made through the county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.
2. If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/ triage site, depending on the need as determined by the county emergency planners. Be sure to have a complete list of the patient’s needs when notifying the Emergency Supervisor.
* Remember-The official personnel who are at the site (police, ambulance, personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don’t go. In the event of damaged, blocked or impassable roads, staff members will take alternate routes as designated by emergency personnel or notify an Emergency Supervisor on inability to reach an area.

Unsafe Home Situation

Before entering a patient’s home, determine if there is a safety issue (possible gas leak, exposed electric wire, etc.) Assess the situation and report to an Emergency Supervisor, who will report it to the county emergency planners for proper emergency personnel to secure that site.

urce: The Home Care Association of New York

Emergency Supply Storage Area

* An emergency supplies storage area will be maintained by the Agency office for employees during the time period that they are working in the event of an emergency, and will be updated and maintained by Incident Command/Administrator.

Emergency Supervisor Tasks

Each month, the Administrators Assistant will provide all Emergency Supervisors with an updated copy of the emergency list and keep it at home for reference if an emergency occurs after hours, or if the Agency office is damaged or destroyed. When Administrator gets a call asking for assistance with an emergency, he will call Public Information Officer/Liason and Office Manager and Scheduler. All will then go to the Agency office immediately. Immediate tasks for the Emergency Supervisor will be:

* Determine the area struck and those patients of the Agency’s affected by the emergency.
* The priority classification for each of these patients.
* An assignment list.
* While this is being determined, calls will be made to nursing homes and residential care facilities to determine the number of rooms which will be available for temporary placement of displaced patients and to local authorities to determine shelter options and locations. The Emergency Supervisors will also maintain a list of employees who have been notified and are available to assist in the emergency assessments. The patients who need assessments will be reassigned among the staff available and an Office Manager and Scheduler will then call each employee with assignments for who their team member is as well as the patient assignments.
* Calls will be made for prearranged transportation of patients in need of evacuation.

Emergency During Working Hours

* When the Director gets a call asking for assistance with a disaster, he will notify Public information Officer, as well as the Office Manager and Scheduler to begin the calling chain. Director and Assistant Director will determine the patient and staff assignments and keep a list of those staff members the callers have been able to contact as well as a list of those patients each nurse has yet to see, so that any necessary redistribution of the patient assignments can be made.
* Office staff will report to an Emergency Supervisor on those staff members that they have been able to contact, as well as which patients each of those nurses has yet to see, so that any necessary redistribution of the patient assignments can be made.
* Office Manager and Scheduler will report to an Emergency Supervisor on those staff members that they have been able to contact, as well as which patients each of those nurses has yet to see. The Emergency Supervisors will in turn determine the assignments for those who patients affected by the disaster. The teams will be notified of their assignments and the current patient caseload will also be assigned to the staff. Teams will need to meet their partner(s) at one of the three sites listed below:
1. If the phone system is working, and the disaster is local meet at the triage site and receive your assignment from one of Support Staff Supervisors.
2. If there is no phone system and the disaster is local, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors.
3. If the disaster is at another town, meet at the triage site and receive your disaster supplies packet from one of the Emergency Supervisors or at an assigned location.
* The Disaster supplies packet will include a \* Hand held walkie talkie (pre-set for agency channels, \* an assignment list inclusive of Level of care; specialty needs; medications; \*A copy of the prepared script; \*Instructions on how to proceed, report and anything else needed to perform a safe assist.
* An Emergency Supervisor will then go to the triage site to coordinate any patient needs that may exist, for problem solving and coordination of our efforts with the Emergency Response personnel and the county emergency planners. If the phone system is working, Director or Assistant Director will remain at the office to manage information and coordinate calls from staff, family members, etc. If the phone system is not working, Director will also go to the triage site and Assistant Director will remain at the office to sign out other emergency supply packets and assist any staff members who may arrive.
* Each emergency assessment team will fill out the emergency worksheet(used for tracking of clients) and turn them in to the Emergency Supervisors at least hourly with a report on the condition of the patients that they have assessed during that time frame. This emergency worksheet will enable the Emergency Supervisors to maintain a tracking list for identification of those patients assessed, their status and what location they were moved to, if necessary.
* If assistance is requested by the County Emergency Director, those Emergency Supervisors who are at the triage site will coordinate Agency staff assignments for this. If our assistance is not requested, we will meet at the agency office for a debriefing, allowing all involved to express their feelings, as well as ideas to improve for the next emergency plan implementation. A mental health professional will be available for those individuals who are in need.

Disaster Response Organizational Team

ASSIGNMENT SHEET

POSITION EXAMPLES OF ORG. ROLE Responsibilities Assigned to

|  |  |  |  |
| --- | --- | --- | --- |
| Incident CommanderSupport Staff: | AdministratorScheduling staff | Establish/Maintain commandTrack patients and staff | Mike HullJeanette KenserVal Atwell |
| Information Officer:Liaison Officer: Safety & Security | Compliance OfficerCompliance OfficerAdministrator | Central Point of info.disseminationPOC for agenciesCorrects unsafe situations | Marcy HaymanMarcy HaymanMike Hull |
| Operations | Administrator | Directs tactical operations | Mike Hull |
| Scheduling | Assistant to Admin | Maintains documents & prepares for mobilization | Jeanette Kenser/Val Atwell |
| Therapies | Licensed Physical Ther.Licensed Clinical Soc. Wkr | Mobilizes & directs PT,ST,OT operationsDirects Psychotherapy operations | Lisa Darst, LPTMeghann Johnson, LCSW |
| Finance Administration | Comptroller | Monitors costs, contracts, financial and time reporting | Vicki Hull |

**See Appendix X**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident Command | Mike Hull | 512-3821 | 512-3821 | mhull@lovingcarehomehealth.com |  |
| Info. Officer/Liason | Marcy Hayman | 752-4661 | 661-5748 | mhayman@lovingcarehomehealth.com |  |
| Scheduling | Jeanette Kenser | 661-7202 | 661-7202 | jkenser@lovingcarehomehealth.com |  |
| Scheduling | Val Atwell | 682-0603 | 682-0603 | vatwell@lovingcarehomehealth.com |  |
| Therapist | Lisa Darst | 682-3179 | 661-9180 | ldarst@lovingcarehomehealth.com |  |
| Social Worker | Meghann Johnson | 512-2522 | 512-2522 | mjohnson@lovingcarehomehealth.com |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Emergency Contacts (see attached telephone list)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | Name | Phone | Cell | Email |
| Fire Dist 1Fire 2 | Aaron CagleMark Aamodt |  |  |  |
| EMS | Bill Holstein |  |  |  |
| Emergency Office | Dan Martinsen |  |  |  |
|  |  |  |  |  |
| Organization | Name | Phone | Cell | Email |
| Dept. Health | Nick Metchikoff |  |  |  |
| OEM | Jay Baker |  |  |  |
| County Highway |  |  |  |  |
| Hospital | Emily Miller | 784-1221 |  |  |

Vendors

See attached listing

|  |  |  |  |  |
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Priority Classification

* HIGH Priority - Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The Patients condition is highly unstable and deterioration or inpatient admission is highly probably if the patient is not seen. Examples include patients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.
* MED Priority - /services for patients at this priority level may be postponed with telephone contact. A Caregiver can provide basic care until the emergency situation improves; the patients condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.
* LOW Priority- the patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally. Visits may be postponed 72 hours or more with little or no adverse effects

### Local Emergency Operations Center Coordination

This agency will coordinate fully with the **Shoshone County Emergency Preparedness Coordinator** follow the prescribed Incident Command System and integrate fully with community agencies in activation for a disaster event or during exercises.

***.***Public Health Coordination

**Loving Care** will coordinate planning and response activities with public health. Activities may include:

* *Following disease reporting requirements*
* *Providing regular updates to the Statewide Medical Asset and Resource Tracking Tool (SMARTT) as required (See Annex C)*
* *Participating in and providing support for the Volunteer in Preparedness Registry (VIPR) (See Annex D)*
* *Participating in public health planning initiatives*
* *Receiving guidance and health alerts through the Health Alert Network (HAN)*
* *Participating in any after-action planning as requested by public health officials*

***Loving Care and More would work closely with Nick Metchikoff at Panhandle Health District/Public Health.***

## Communications

### Internal Communication

To ensure personnel are adequately informed throughout the course of emergency response activities, the organization will provide updates and general information to staff through regularly scheduled briefings, internal website, e-mail, etc. This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

### Communication with External Agencies

**Loving Care & More** works closely with several external partners. The **Public Liasion Officer**will be the individual responsible for communicating with external agencies, updating them on the status of operations and answering inquiries. To communicate with external agencies, **LCM** will use **Phone Tree, Walkie Talkies, Group Text or Group email**. External agencies that **LCM** will communicate with in an emergency and their contact information is located in the chart below.

Table VIII-1
External Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Purpose for Contact | Contact Name/Title | Phone | Alternate Contact Info |
| Fire District 1  | Evacuation | Aaron Cagle | 752-1101  |   |
| Fire District 2  | Evacuation | Mark Aamodt |   |   |
| LEPC /Shoshone County Emergency management | Coordinate Exercises | Dan Martinsen | 783-7010  |   |
| EMS  | Request Assist  | Bill Holstein |   |   |
| Shoshone County Sheriff. | Request assist | Sheriff Gunderson  | 556-1114  |   |
|  Shoshone Med Center | Med Assist | Emily Miller | 784-1221 ext: 353  |   |
| Mtn Valley Cascadia  | Housing | Ira Kulin | 784-1283  |   |
|  AVISTA | Power | Kevin Neubauer |   |   |
| Idaho Office Emergency Management  | Request assist | Jay Baker |   |   |
| Panhandle Health | Request assist | Nick Metchikoff | 208-415-5187 |  |

### Public Information

The **Public Liaison Officer**will have the responsibility for coordinating media and public information. All media inquiries should be directed to the **Marcy Hayman Public Liaison Officer**.No other staff member should interact directly with the media unless they have approval from the **Public Liaison Officer**

####  Coordination of Public Information with Response Partners

If several agencies are involved in response, the **Public Liaison Officer** will coordinate with them to form a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a single, consistent and unified message from all of the affected agencies.

### Communication with Patients and Families

To ensure communication with patients and their families is consistent and timely during an emergency, policies and protocols have been established for communication activities prior to and during an emergency.

#### Planning Activities

**Loving Care & More** will embark on planning activities to ensure patients and their families are supplied with necessary information in an emergency. **This will be done through the counseling of patients and families on communications and safety guidelines in an emergency**. 2. Actual notification of emergency; 3. Visit at the clients current place of residence; 4. Ongoing tracking of their needs.

#### Response Activities

***Loving Care and more will communicate with patients during and after an emergency through telephone or face to face visits.***

### Communication with Vendors of Essential Supplies, Services and Equipment

**Loving Care & More** has developed a list of vendors, contractors and consultants that can provide specific services before, during and after an emergency event. The **Public Liasion Officer** is responsible for maintaining the list. This list will be updated periodically. The list includes the name of the purveyor, the supplies, services or equipment they provide to the agency, a phone number and alternate contact information. A copy of the list is included with this plan. See Attachment C.

### Communication with Other Healthcare Organizations

***Agreements exist between healthcare organizations in the community to share information and resources****.*

Key information to be shared with other healthcare organizations in the community during a disaster includes:

* Command structures, including names and contact information for the command center
* Essential elements of the agency’s command center
* Resources and assets that can be shared
* Process for the dissemination of the names of patients and the deceased for tracking purposes

### Communications about Patients to Third Parties

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated regulations that govern privacy, security and electronic transaction standards for health care information. The act guarantees certain privacy rights regarding an individual’s personal medical/health information. However, there are purposes under the law for which healthcare organizations are permitted or required to use or disclose a patient’s health information to third parties without the consent or authorization of the patient. In an emergency, the most likely scenarios include:

* Other health care organizations: The agency may release a patient’s information to a treatment facility for their continued care after discharge.
* Public Health: The agency is required to report patient information to public health in order to:
* Prevent or control diseases
* Report death
* Report abuse or neglect
* Track products as regulated by the federal Food and Drug Administration (FDA) and report problems or reactions to medications or products.
* Provide notification and communication about product recalls, replacements and look-backs
* Law Enforcement: Information may be disclosed for law enforcement purposes under certain circumstances, such as reporting of certain types of physical injuries, locating persons, and reporting and investigating crimes.

Any questions regarding the disclosure of patient information should be directed to**Hipaa Privacy Officer, Marcy Hayman.**

### Backup Communications Redundancy and Equipment

The primary means of internal communication for this agency will be **face to face or telephone**. The primary means of external communication will be **Telephone***.*  **LCM** also maintains backup communications systems or devices to use in the event primary communication devices are inoperable. Backup communications systems and devices will be tested a minimum of **semi-annually**. Backup communications systems and devices include:

***List backup communications equipment and system.***

* *E-mail or Social Medica “Facebook- Personal messaging”*
* *Interdepartmental or healthcare radio networks*
* *Walkie Talkies*
* *Fax machines*
* *KWAL Radio Station*
* *Cellular phones (telephone tree or texting)*
* *Runners*

### Use of Plain Text by Staff in Emergencies

To launch an effective response to an emergency event, it is critical that communications between responding agencies and personnel are clear and understandable. To ensure communication is understood in an emergency, staff will use plain text and avoid the use of acronyms, radio ten codes and other terminology that may lead to confusion in the midst of emergency response activities.

## Resources and Assets

### Acquiring and Replenishing Medications and Supplies

Supplying the agency in an emergency will be initially satisfied by pulling from locally stored supplies. As replenishment becomes necessary, resources will be requested from vendors. A list containing the names and contact information of the vendors that deliver and/or manufacture supplies and provide critical services can be found at **the desk of the assistant to the DNS – Jeanette Kenser.**

Patient medications will typically be supplied by the patient/caregiver in the home. If there is knowledge of an approaching threat, such as a hurricane or winter storm, the patient care staff will assist the patient/caregiver in obtaining supplies and medications needed to sustain them through an emergency.

If the facility is unable to acquire sufficient resources through outside vendors and pre-positioned arrangements to meet the healthcare needs of the community, **Public Liasion Officer** will communicate this need to **Panhandle Health** to help locate resources. If sufficient supplies cannot be acquired, the local emergency management agency will also provide assistance with transferring patients to other facilities upon request.

### Sharing Resources with Other Healthcare Organizations

If the need arises to share resources among area healthcare organizations, the following protocol should be followed:

If the healthcare organizations sharing the resources are within **Shoshone County** the borrowed or loaned products should be documented on a Resource Accounting Record form (HICS Form 257). The equipment should then be returned after use. Any consumable supplies that are used should be billed via invoice and paid by the organization using the supplies. Any unused consumables should be returned.

***Include other procedures, if applicable.***

If the items shared or borrowed come from outside **Shoshone County** the request should be coordinated through the  **Public Liaison Officer**. The agency should document the final location of the supplies and the quantity and type of items transported. The need must be demonstrated to exceed that of the local jurisdiction prior to disbursement of supplies or equipment.

### Monitoring Quantities of Resources and Assets

The **Accounting Department** is responsible for monitoring quantities of assets and resources during an emergency. Resources and assets used during an emergency are tracked using a Resource Accounting Record form (HICS Form 257). Available services and resources can also be tracked daily using the State Medical Asset Resource Tracking Tool (SMARTT). For additional information on SMARTT, see Annex C.

### Transportation Assets

**LCM** will identify and seek to enter agreements with transportation providers with appropriate vehicles and personnel to assist in the transport of patients, staff and necessary supplies in the event evacuation of the community is necessary. A list of these providers is located in Section XIV.B of this plan. If these providers are not able to provide transportation services in an emergency, **Public Liaison Officer** will coordinate with the **Shoshone County Emergency Coordinator** to acquire the necessary transportation resources to safely evacuate patients.

## Management of Staff

### Assignment of Staff

In a disaster, personnel may not necessarily be assigned to their regular duties. They will be asked to perform various jobs that are vital to the operation. **Incident Commander – Mike Hull** will delegate assignments and instruct staff where to report in an emergency. Staff will be assigned as needed and provided information outlining their job responsibilities and who they report to.

### Managing Staff Support Needs

In some circumstances, it may be necessary to arrange housing and/or transportation for staff who might not otherwise be able to perform their critical functions for the agency. These staff support functions will be coordinated through **Public Liaison Officer- Marcy Hayman**

Housing for staff will be located at:

* ***American Red Cross shelter - Alternate care sight – Wallace Civic Auditorium, Wallace, Idaho***
* Identified resources for transporting staff include: Silver Valley Express bus, Taxi Service;

Disasters can create considerable stress for those providing medical care. **Meghann Johnson, LCSW**will coordinate the provision of mental health support including incident stress debriefings for staff with

* ***The behavioral Health department of Loving Care and More***

### Managing Staff Family Support Needs

In a disaster situation, the agency will make arrangements for child care and/or elder care for employees who would be unable to respond otherwise. Staff using this service should make arrangements with the **Public Liasion Officer** Staff should make sure that they provide the following items for their dependents:

* All prescriptions in their original containers
* Immunization records (under 4 years) if available
* Emergency contact other than staff member
* Diapers, if applicable
* Baby food and bottles
* Child’s/adult’s favorite item
* Toiletry Items

In extreme situations, arrangements will be made for intermediate to long-term housing for staff and immediate family. Provisions will be made for clothing, food and fuel for transportation to and from work as needed.

Staff needing accommodations for their pets will give this information to the **Public Liasion Officer** This information will be passed on to the appropriate individuals and every effort will be made to accommodate staff’s pets so staff can come to work and perform their duties. A local kennel, veterinarian or shelter can be established to accept staffs’ pets at their own expense. Staff using this service will need to bring the appropriate items for the care of their pet(s).

* ID tag
* Shot records
* Medications
* Favorite bedding, toy, etc.
* Food and any prescriptions

### Identification of Staff

All staff should wear agency-issued identification **LCM BADGES** to visit patients. Approved temporary staff and volunteers will receive temporary identification **Public Liaison Officer** will be responsible for coordinating identification of staff and volunteers. Badging operations will be conducted at **LCM INCIDENT COMMAND OFFICE**

## Patient Management in an Emergency

### Patient Care and Treatment, Transfer and Discharge

Prior to an emergency, nursing staff will educate patients and caregivers on the steps to be taken in the event an emergency occurs. Patients will be evaluated for evacuation assistance needs. If an emergency situation has the potential to threaten the health of the patient and evacuation with the caregiver is not a viable option, the agency will contact the patient’s physician for orders to transfer the patient to appropriate healthcare facilities until such time the patient can once again safely receive health services in their home.

After a disaster has occurred, **Incident Commander – Mike Hull** will assess staffing and patient care capacity. Additional staff will be called in to assist in managing the needs of home health patients if necessary. Nursing staff will be directed to assess the conditions of patients. Patient admissions to the agency may be curtailed until the emergency situation has subsided.

### Patient Tracking

**Support Staff**will track patients who are transferred to healthcare facilities or are evacuated as a result of a community threat. Contact with the patient/caregiver will be re-established as soon as possible after the emergency. The **LCM- Support Staff** shall be responsible for tracking patients.

***Utilizing EXCELL Spreadsheets and the Nursing tracking board already in use, we will efficiently track clients and employees on a day by day basis for a two week time frame.***

In addition, **LCM-support staff** shall utilize third-party information such as **American RED CROSS services** as appropriate to assist families in locating patients.

## Utilities

### Alternate Means of Meeting Headquarter Building Utility Needs

***Loving Care and More (office) facility has backup generator power in the event of an electrical outage. Available through Mikes Specialty Welding, Inc. (208) 556-1594.***

#### Generator Details

Table XIII-1
Generator Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Generator Details** | **Generator 1** | **Generator 2** | **Generator 3** |
| Generator Make/Model | DeWalt  | Miller bobcat |   |
| Watt Rating |  4000 |  10,500 |   |
| Type of Fuel Required |  Gas | Gas |   |
| Tank Capacity |  10 gallon | 15 gallon |   |
| How many hours of power can be generated using current fuel supply? |  10-12 hours | 15-20 hours |   |

#### Generator Functions

Table XIII-2
Systems Supported by the Generator

|  |  |
| --- | --- |
| **Systems** | **Generator Instructions** |
| Heat, lights, telephone system | Generator will be obtained from MSW on a mobile unit, extention cords will be ran and utilized for Heat, computers, telephone systems |
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|  |  |

#### Generator Failures

In the event of a generator failure, the problem is immediately assessed by **Public Liaison Officer** who will make needed repairs or contact **Mikes Specialty Welding, Inc. (208) 556-1594.**

If the agency’s power distribution system fails and cannot be repaired in a reasonable time period, the **Shoshone County Emergency Preparedness Coordinator** should be notified. They will assess if resources are available to provide assistance or if evacuation is necessary.

#### Generator Fuel

***To obtain fuel for the generators, contact Mikes Specialty Welding, (208) 556-1594. Or Mike Hayman at (208) 660-3380***

Table XIII-3
Fuel Suppliers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Company/Agency Name | Type Fuel Provided | Contact Name | Phone | Alternate Contact |
| Primary |  Mikes Specialty Welding | Gas | Mike Hayman | 556-1594 |  Cody |
| Backup 1 |  Cody Hayman | Gas | Cody Hayman | 512-0556 |   |
| Backup 2 |   |   |   |   |   |

### Assisting At-Home Patients with Restoration of Utilities

After an emergency, nursing staff will re-establish contact with patients as soon as possible. If the patient is lacking critical utility services, the staff person will assist the patient and caregiver in evaluating the status of utility service restoration. The staff member will evaluate whether the patient may need to be moved to a healthcare facility or temporary shelter until utility services are restored.

## Recovery

### Initiation and Recovery

The decision to enter into the recovery stage of an event is made by the **Incident commander** In this stage, **Loving Care and More**will undertake recovery procedures to return to normal operations.

### Protocol

***recovery protocols.***

* *Inspect facility for safety issues*
* *Ensure adequate supplies and personnel are in place to provide care to patients*
* *Test critical systems*

### Restoration of Services

**Incident commander – Mike Hull** will coordinate the restoration of services after an emergency situation affecting the agency.

### Staff Debriefing

A debriefing will be conducted within **72 hours** of the incident to collect lessons learned from the incident or exercise. These lessons learned will be used to revise and update the plan. The **Incident command Coordinator** will be responsible for coordinating the debriefing.

### After-Action Report/Corrective Action Plan

After any real incident or exercise where the Emergency Operations Plan is activated, an after-action report and a corrective action plan will be developed. The purpose of the after-action report is to document the overall performance of the agency during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement and best practices.

The purpose of the corrective action plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The corrective action plan will include a list of issues to be addressed, tasks that will be performed to address them, individuals responsible for completing the tasks and a timeline for completion.

**Incident command Coordinator** will be responsible for coordinating the development of the after-action report and corrective action plan and will ensure identified corrective actions are completed within the targeted timeframes.

##  Glossary

**Activation -** When all or a portion of the plan has been put into motion.

**After Action Report (AAR) -** A report that includes observations of an exercise or real event and makes recommendations for improvements

**Communications Redundancy -** A communications system wherein alternative modes of communication are present in case a component fails.

**Continuity of Operations (COOP) (Business Continuity) -** Planning designed to facilitate the continuance of mission essential functions and the protection of vital information in the event that the organization is faced with a situation that could disrupt operations.

**Corrective Action Plan (CAP) -** The concrete, actionable steps outlined in the Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.

**Decontamination -** To make safe by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

**Delegations of Authority -** Specifies who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

**Emergency Operations Center (EOC) -** A specially equipped facility from which emergency leaders exercise direction and control and coordinate necessary resources in an emergency situation.

**Hazard Vulnerability Analysis (HVA) -** Identifies possible hazards, including their probability, severity, frequency, magnitude and locations/areas affected.

**Health Alert Network (HAN) -** A nationwide program to establish the communications, information, distance-learning, and organizational infrastructure to defend against health threats, including the possibility of bioterrorism.

**Homeland Security Exercise and Evaluation Program (HSEEP) -** Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention, response and recovery capabilities at the federal, state and local levels. HSEEP training courses are free and available online.

**Human-Caused Events -** An event that is a result of human intent, negligence or error, or involving a failure of a man-made system. Includes terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages, fires or any event for which a human is responsible.

**Improvement Plan (IP) -** Identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

**Incident Command System (ICS) -** A standardized, on-scene, all-hazards incident management approach that: allows for the integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; establishes common processes for planning and managing resources

**Isolation -** The separation of an ill patient from others to prevent the spread of an infection or to protect the patient from irritating or infectious environmental factors.

**Key Personnel -** Personnel designated by their department, organization or agency as critical to the resumption of mission essential functions and services.

**Long Term Care Facility -** A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities and long-term chronic care hospitals.

**Mission Essential Functions (Essential Functions) -** Activities, processes or functions which could not be interrupted or unavailable for several days without significantly jeopardizing the operation of the department, organization or agency.

**Mitigation -** The stage of emergency management where activities are conducted that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this might include the installation of generators for backup power, the installation of hurricane shutters or the raising of electrical panels to protect from possible flood damage.

**Mutual Aid Agreements (aka MOA) -** Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as inter-local agreements or Memorandums of Agreement (MOA).

**National Incident Management System (NIMS) -** A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment.

**Natural Disasters -** The effect of a natural hazard that affects the environment and leads to financial, environmental and/or human losses.Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods and wildfire events

**Orders of Succession -** Ensures leadership is maintained throughout the facility during an event when key personnel are unavailable.

**Personal Protective Equipment (PPE) -** Specialized clothing or equipment worn by an employee for protection against infectious materials.

**Preparedness -** The stage of emergency management where activities are conducted to develop the response capabilities needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

**Public Health -** The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring of environmental hazards.

**Public Information -** Information that is disseminated to the public via the news media before, during, and/or after an emergency or disaster.

**Recovery -** The stage of emergency management that focuses on restoring operations to a normal or improved state of affairs. This stage occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

**Response -** The stage of emergency management that includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, triaging and treating patients that have been affected by an incident.

**Standard Operating Guidelines (SOGs) -** Approved methods for accomplishing a task or set of tasks. SOGs are typically prepared at the department or agency level. They may also be referred to as Standard Operating Procedures (SOPs).

**State Medical Asset and Resource Tracking Tool (SMARTT) -** A web-based tool capable of monitoring hospital, Emergency Medical Services (EMS) system and health center resources on a regular basis. SMARTT also serves as a sophisticated communications tool that allows information to be disseminated throughout a state’s healthcare system. SMARTT is a multi-state system in use in the states of Mississippi, North Carolina, South Carolina and West Virginia.

**Strategic National Stockpile (SNS) -** A federal resource to provide medicine and medical supplies to protect the public in the event of a public health emergency as a result of an act of terrorism or a large scale natural or human-caused disaster that is so severe local and state resources are inadequate or become overwhelmed.

**Vital Records, Files and Databases -** Records, files, documents or databases which if damaged or destroyed would cause considerable inconvenience and/or require replacement or re-creation at considerable expense. For legal, regulatory or operational reasons, these records cannot be irretrievably lost or damaged without materially impairing the organization's ability to conduct business.

**Volunteers in Preparedness Registry (VIPR) -** A secure registration system and database for health professional volunteers willing to respond to public health emergencies

**Vulnerable Populations -** Vulnerable populations are patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

## Acronyms

**AAR** After-Action Report

**CAP** Corrective Action Plan

**CD** Compact Disc

**CDC** Centers for Disease Control and Prevention

**COOP** Continuity of Operations Plan

**DHS** Department of Homeland Security

**EMC**  Emergency Management Coordinator

**EMS** Emergency Medical Services

**EOC** Emergency Operations Center

**EOP** Emergency Operations Plan

**EPA** Environmental Protection Agency

**ESF** Emergency Support Function

**FBI** Federal Bureau of Investigation

**FDA** Food and Drug Administration

**FEMA** Federal Emergency Management Agency

**HAN** Health Alert Network

**HC** Healthcare

**HCF** Healthcare Facility

**HICS** Hospital Incident Command System

**HIPAA** Health Information Portability and Accountability Act

**HSEEP** Homeland Security Exercise and Evaluation Program

**HVA** Hazard and Vulnerability Analysis

**HVAC** Heating, Ventilation and Air Conditioning

**IC** Incident Command

**ICS** Incident Command System

**IP** Improvement Plan

**IS** Independent Study

**JAS** Job Action Sheets

**JIC** Joint Information Center

**JIS** Joint Information System

**MAA** Mutual Aid Agreement

**MEMA** Mississippi Emergency Management Agency

**MOU** Memorandum of Understanding

**MSDH** Mississippi State Department of Health

**NIMS** National Incident Management System

**NOAA** National Oceanic and Atmospheric Administration

**NWS** National Weather Service

**OEPR** Office of Emergency Planning and Response

**PIO** Public Information Officer

**POC** Point of Contact

**POD**  Point of Distribution

**PPE** Personal Protective Equipment

**SHO** State Health Officer

**SMARTT** State Medical Asset Resource Tracking Tool

**SNS** Strategic National Stockpile

**SOG** Standard Operating Guidelines

**SOP** Standard Operating Procedures

**VIPR** Volunteers In Preparedness Registry

## Attachments

Attachment A: Emergency Staffing and Staff Roster

Attachment B: Risk Worksheets

Attachment C: Vendor Contact Information

Attachment D: Mutual Aid Agreements/Memorandum of Understanding in Place

Attachment E: MSDH District Information

### Emergency Staffing and Staff Roster

See attached telephone listing of all available personnel

### Risk Worksheets

**Emergency Preparedness Planning**

Is there an Emergency Planning/Preparedness Committee for the organization/facility that meets periodically to discuss emergency management issues including past incidents, upcoming events, new policies and procedures, potential risks and hazards, preparedness activities, etc.?

Yes

How often does the committee meet?

Weekly

Does the committee coordinate with state/county/city emergency management personnel?

Yes

Primary contact for the Emergency Preparedness/Planning Committee:

Marcy Hayman

**Neighboring Threats**

Neighboring threats constitute a significant hazard or risk that could affect the surrounding community, generally within a five mile radius. The nature of these threats is usually human-related, such as a nearby power generation facility that could experience an accidental spill or release, or a cargo rail line carrying potentially hazardous materials. The operations of a healthcare provider and its capabilities to provide essential services could be significantly impeded during such an event.

Review the list of Neighboring Threats below and check “Yes,” “No” or “N/A” accordingly.

| **Neighboring Threats** | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| Is the facility located near an airport or a flight path of either commercial or private airplanes? |  | x |  |
| Is the facility located near a military base? |  | x |  |
| Is the facility near a major interstate highway? | x |  |  |
| Is the facility near an oil, nuclear power or chemical processing plant? |  | x |  |
| Is the facility located within 5 miles of an ocean or major lake or river? |  | x |  |
| Is the facility located on or near a fault line? | x |  |  |
| Is the facility located in tornado prone areas? |  | x |  |
| Is the area prone to flooding? | x |  |  |
| Is the facility located in an area prone to extreme snow or ice conditions? | x |  |  |
| Is the facility located on the side of or immediately below a cliff? |  | x |  |
| Is the facility located in a rural or urban area? | x |  |  |
| Does the community have a high-density population? |  | x |  |
| Is traffic congestion or significant traffic a consistent problem? |  | x |  |
| Are there train tracks that cross near the facility? |  | x |  |
| Is there a large hospital located within 5 miles of the facility? |  | x |  |
| Are EMS and Fire located within 5 miles of the facility? | x |  |  |

**Operational Threats**

Assessing the challenges that could take place within the facility is essential. The ability to mitigate situations that could present major problems and setbacks is critical to ensuring continued operations.  Identification of operational threats presents the opportunity to address issues that have not yet been resolved and validate processes that are already in place.

Review the list of operational threats below and check “Yes,” “No” or “N/A” accordingly.

| **Operational Threats** | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| Does the building have a security system? |  | x |  |
| Does the building have operational smoke detectors? | x |  |  |
| Dose the building have operational carbon monoxide detectors? |  | x |  |
| Does the building have an operational sprinkler system? |  | x |  |
| Are the above detectors and systems frequently tested? | x |  |  |
| Have employees been trained to use the security and safety systems in the building? | x |  |  |
| Does the facility store its medical and personnel records at least 18 inches from the ground? | x |  |  |
| Are plans/checklists for emergency situations in place and stored in a central location? | x |  |  |
| Are individuals who have limited training able to run the plans/checklists if other parties are not available? | x |  |  |
| Does the facility have an established plan/work schedule for 24 hour operations during emergency situations? |  | x |  |
| Are employee recall procedures established? |  | x |  |
| Are employees aware of the work schedule they will be required to fulfill? | x |  |  |
| Do you have out of area contact numbers for all patients and staff members? | x |  |  |
| Is the area around the facility well lit and patrolled regularly by security or police? |  | x |  |
| Does the facility have more than one available road for access? | x |  |  |
| Does the community surrounding the facility have a history of high crime? |  | x |  |
| Is the facility located in a heavily forested area or surrounded with vegetation? | x |  |  |
| Is the facility located above the first floor? |  | x |  |
| Does the facility have a windowless room near the center of the building? | x |  |  |
| Does the building have emergency lighting? | x |  |  |
| Does the building have backup generator power? | x |  |  |
| Is the backup power generator sufficient for emergency operations? | x |  |  |
| Does the office have access to a telephone landline that is not part of the phone system? |  | x |  |
| Are storm drains and culverts kept free from debris? | x |  |  |
| Are there hazardous materials, radiological sources or biohazards in the facility? |  | x |  |
| Are there specific procedures enacted during emergencies to prohibit onsite hazardous materials from becoming dangerous to the public? |  |  | x |

**Historical Events**

Documenting past events and emergencies that have affected the facility establishes a foundation on which to build emergency management planning assumptions. What types of emergencies have previously occurred in the community, at this facility and at other facilities in the area?

| **Previously Occurred** | **Event** | **Notes** |
| --- | --- | --- |
|  | Fires |  |
| x | Severe Weather |  |
|  | Hazardous Materials Incidents |  |
|  | Transportation Accidents |  |
|  | Earthquakes |  |
| x | Floods |  |
| x | Civil Disorder |  |
|  | Hurricanes |  |
|  | Tornadoes |  |
|  | Terrorism |  |
| x | Utility Outages |  |
|  | Mass Casualty Incidents |  |
|  | Train Derailments |  |
|  | Disease Outbreak |  |
| x | Water Contamination |  |
|  | Sinkholes |  |
|  | Mudslides |  |

### Vendor Contact Information

Table XVIII-2
Vendor Contact Information

Please see attached Vendor listing

***Include existing Mutual Aid Agreements and/or Memorandums of Understanding. These have been given to the following individual and am awaiting their return.***

***Fire District 1 – Aaron Cagle***

***Fire District 2 – Mark Aamodt***

***Shoshone Medical Center – Emily Miller***

***Mtn Valley Care of Cascadia – Ira Kulin***

***Silver Wood Good Samaritan – Elle Basham***

***Loving Care & More DME – John Carter***

***Sunny Side Drug – Ron Lavigne***

***Shoshone County Sheriff Office – Mike Gunderson***

***Civic Auditorium Association – Dennis O’brien***

***Local LEPC has just resurrected as of 11/8/2017 and we are awaiting County Commissioners approval. Next meeting is scheduled for December 13, 2017 at the Panhandle Health Building in Kellogg, Idaho at 10:00 am.***

LEPC involvement includes:

Dan Martinsen – Shoshone County Commissioner in the absence of an Emergency Planner/Coordinator

Emily Miller – Shoshone Medical Center

Ira Kulin – Mtn Valley Care of Cascadia

Nick Mechikoff – Panhandle Health District

Aaron Cagle – district One Fire Chief

Mike Gunderson – Shoshone County Sheriff Office

Emily Miller – SMC

Meghann Johnson – Loving Care and More

Tyler Woods – Silver Wood Good Samaritan

Marcy Hayman – Loving Care and More

Jay Baker – Idaho Emergency Management

Bill Holstein – Shoshone County EMS Corporation

## Annexes

Annex A: Strategic National Stockpile

Annex B: Continuity of Operations (Business Continuity)

Annex C: State Medical Asset and Resource Tracking Tool (SMARTT)

Annex D: Volunteers in Preparedness Registry (VIPR)

### Continuity of Operations (Business Continuity)

**Purpose**

Whether due to natural forces such as a hurricane, a technological event such as an electrical fire, or an event caused by humans such as an act of terrorism, a disaster can have a serious impact on this organization’s ability to provide the healthcare functions that patients and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of Operations (COOP) planning addresses three possible types of disruption to an organization:

* Denial of access to a facility (such as due to damage to a building)
* Denial of service due to a reduced workforce (such as due to pandemic influenza)
* Denial of service due to equipment or systems failure (such due to an IT systems failure)

COOP planning seeks to minimize the potential impact of these events on employees, operations and facilities. This annex will focus on denial of service due to equipment or systems failure with a special focus on information technology (IT) systems.

**Phases of Continuity of Operations Planning**

There are three phases to the COOP process:

* Normal Operations
* COOP Execution (Emergency Operations Period)
* Reconstitution (Return to Normal Operations)

**Normal Operations**

Normal operations are those periods without a declared state of emergency or the period directly following the conclusion of an event. Mitigation and planning activities can be conducted during normal operations to protect systems and prepare for an emergency affecting information systems.

**Mitigation**

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For IT systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files and data redundancy.

**Preparedness**

Preparedness activities develop the response capabilities that are needed in the event that an emergency occurs. These activities may include developing response procedures for the backup and restoration of data, training personnel in those procedures, conducting system(s) tests, executing regular backups of data, developing manual interim process to ensure continuous service of essential functions and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

**COOP Execution**

The COOP execution phase includes the actions that are taken when a disruption or emergency occurs. This includes activating emergency procedures and staff to protect or restore information systems and data for essential functions of the **<Insert name of agency>**.

**Reconstitution**

Recovery focuses on restoring the essential functions to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment and facility repairs.

**Roles and Responsibilities**

The positions responsible for overseeing IT Continuity of Operations are:

|  |
| --- |
| **Primary** |
| **Name** | Mike Hull |
| **Contact**  | 208-512-3821 |
| **Alternate Contact**  |  |
| **Roles and Responsibilities** |  |
| **Backup 1** |
| **Name**  | Marcy Hayman |
| **Contact**  | 208-661-5748 |
| **Alternate Contact** |  |
| **Roles and Responsibilities** |  |
| **Limitations** |  |
| **Backup 2** |
| **Name**  | Lisa Darst |
| **Contact**  | 208-682-3179 |
| **Alternate Contact** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Plans and Procedures**

|  |
| --- |
| **Describe the agency’s plan/procedures for backing up vital data:** |
|  We currently back up to a storage disc. Future plans call for storage to offsite location.  |
| **Describe how personnel trained on the plans/procedures for backing up vital data:** |
| This is currently an Automatic process |
| **Does the agency have an emergency service plan? If so, explain:** |
| On Call Computer Network Services, Dave Ewers is available 24-7 at 509-218-1779 |
| **Describe how the agency plans to minimize service interruptions as a result of necessary scheduled downtime:** |
| Currently all scheduled downtime for network servicing or software updating is done after 5pm at night and on Saturday and Sunday |
|  |
|  |
|  |
|  |
| **Describe how data will be retrieved (whether stored on external hardware, the operating system or as backed up data) in the event of an operational interruption:** |
| IT Coordinator Dave Ewers will be contacted to initial set up on the agencies laptop any web based software and to set up the network data off the backed up discs.  |
| **Describe the process by which data will be entered into the system as soon as it is restored following an outage or disruption:** |
| All data will be entered just as normal in all web based software and following the Incident Commands orders to “Resume operations”.  |

**Critical Information Technology, Systems, Equipment and Databases**

The chart below identifies critical IT systems, equipment and databases that are used by the organization and describes what function the system serves, where it is located, who manages the IT needs of the system, equipment or database, and what those responsibilities are.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Essential Function** | **Name of Critical System/Equipment/Database** | **Location** | **Managed By** | **Responsibilities** |
| *Inventory Management* |  Spreadsheet | Jeanettes | Jeanette |   |
| *Patient Management*  | DISCO/Sandata | Server | Terry Walker/Sandtrax, Inc.  |   |
|  |  |   |   |   |
| *Communications Systems*  |  Located in the back furnace room |  104 Windriver |  Marianne Groth |   |
| *HVAC* |  Back furnace room off the kitchen | 104 Windriver | Ron Marek |   |
| *Security Systems*  | On premise lighting only | 104 Windriver |  George Hemphill |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
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|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

### Volunteers in Preparedness Registry (VIPR)

In an emergency, natural disaster, or public health incident, volunteers with the right training are invaluable. Volunteers are needed all across Idaho. Whether or not you have medical training, you can become an everyday hero by registering with the Medical Reserve Corps (MRC) in your area. Volunteer training is free. Join the Medical Reserve Corps by registering at: [volunteeridaho.com](http://volunteeridaho.com/). Volunteer Idaho is even on [**Facebook**](https://www.facebook.com/VolunteerIdaho208)!

### What is the Medical Reserve Corps?

Formed in 2002, the MRC is a nationwide program comprised of private citizens, medical and public health professionals who sign up to serve as community volunteers during natural disasters, emergencies, and public health incidents.

WMedical Reserve Corps of North Idaho is housed through Panhandle Healths preparedness office.    Link is <http://volunteeridaho.com/>

### Why was the MRC created?

In an emergency, the immediate deployment of emergency medical personnel is critical. However, such events can quickly overwhelm hospitals and health systems with individuals urgently in need of care. In addition, it is often difficult in the midst of a disaster to locate qualified volunteers and coordinate large volunteer efforts. The MRC was created to engage volunteers to strengthen public health preparedness, emergency response, and community resilience.

### Who can join the MRC?

 While doctors, nurses, and other medical professionals are a core part of the MRC, the MRC does not limit membership to those in the medical community. Individuals without medical training can fill essential supporting roles. Simply put, any citizen with an interest in helping keep their community prepared for an emergency is qualified to be in the MRC.

### What do I need to do if there is an emergency?

In the event of a disaster, you will receive an alert requesting volunteers. You will then have the chance to accept or decline the volunteer request. There is no obligation to participate in an activation.

**What are the Benefits to the Volunteer?**

Individuals who volunteer under the volunteer registry will have the opportunity to use their experience and training in providing critical services to fellow Idahonians in a disaster situation.

**Requesting Volunteers**

* If the agency experiences staffing shortages and/or patient surge conditions due to a disaster situation, a representative of the agency should first submit the request for staffing assistance to the local Emergency Management Agency.
* The request should be specific, indicating the number of staff needed, specific expertise needed and the estimated number of days the assistance will be required.
* From the local Emergency Management Agency, the request will be channeled to the Medical Reserve Corp.

**Liability Protections for Volunteers**

Volunteer immunity is available for good faith acts associated with volunteer services. However, there is no immunity for acts or omissions that are intentional, willful, wanton, reckless or grossly negligent

## Incident Specific Annexes

Incident Annex A: Biological Terrorism Event

Incident Annex B: Bomb Threat

Incident Annex C: Earthquake

Incident Annex D: Extended Power Outage

Incident Annex E: Extreme Temperatures

Incident Annex F: Fire

Incident Annex G: Floods

Incident Annex H: Pandemic Influenza

Incident Annex I: Severe Weather

Incident Annex J: Tropical Cyclones (Hurricanes)

Incident Annex K: Winter Storms

### Incident Annex: Biological Terrorism Event

A bioterrorism attack is the deliberate release of viruses, bacteria or other germs (agents) used to cause illness or death in people, animals or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

Assuming Incident Command has activated Incident Command Systems it would be time for…

####  Assessment

* What is the nature of the incident
* What hazards are present: ie: How will it affect our clients, staff

\*Do warnings need to be issues

\*Are people in need of evacuation due to these hazards

\*Do Emergency Personnel need to be notified of those requiring evac?

\*Is there Water, power, telephone

\*Is the clients level of risk (Low-Med-High)

\*How long can we anticipate a disruption of business

\*will we need additional supplies

\*will we need volunteers

\*will staff require Protective gear

\*Is the office secure, are business operations affected

### 2. Determine objectives/mitigation/response

* Ensure business operations can continue
* What are our clients needs,
* We need to warn or inform
* We need to inform local/state officials of those who need sheltered
* We need to track their relocations
* Prioritization of clients based on Risk in the affected areas
* Monitor media reports

####  Response

* Ensure Incident command Site is secure and operational
* Activate Staff notification
* Mobilize resources
* Obtain protective equipment
* Establish safe zones/routes
* Issue warnings
* Contact emergency personnel re: Evacuations that are needed, special needs and risk factors
* Establish Liaison with local/state/federal authorities as needed
* Track patients relocations
* Track supplies
* Be prepared for surge

#### Recovery

* Follow up with clients ensure clients are secure
* Followup with Staff – debrief
* Follow up with Local/State/Federal authorities
* HOTWASH
* After Action Report

### Incident Annex: Bomb Threat

A bomb threat can be delivered as either a written or verbal notification of intent to detonate an explosive or incendiary device with the intent of causing harm to individuals or of causing damage to or the destruction of physical property. Such a device may or may not exist. While a good number of bomb threats are pranks, bomb threats made in connection with other crimes such as extortion, hijacking and robbery are quite serious. ‘

Assuming Incident Command has activated Incident Command Systems it would be time for…

####  Assessment

* What is the nature of the incident
* What hazards are present: ie: How will it affect our clients, staff

\*Do warnings need to be issues

\*Are people in need of evacuation due to these hazards

\*Do Emergency Personnel need to be notified of those requiring evac?

\*Is the clients level of risk (Low-Med-High)

\*How long can we anticipate a disruption of business

\*will we need additional supplies

\*will we need volunteers

\*will staff require Protective gear

\*Is the Incident command site secure, are business operations affected

### 2. Determine objectives/mitigation/response

* Ensure business operations can continue
* What are our clients needs,
* We need to warn or inform
* We need to inform local/state officials of those who need sheltered
* We need to track their relocations
* Prioritization of clients based on Risk in the affected areas
* Monitor media reports

####  Response

* Ensure Incident command Site is secure and operational
* Activate Staff notification/Client notifications if needed
* Mobilize resources
* Obtain protective equipment
* Establish safe zones/routes
* Issue warnings
* Contact emergency personnel re: Evacuations that are needed, special needs and risk factors
* Establish Liaison with local/state/federal authorities as needed
* Track patients relocations
* Track supplies
* Be prepared for surge

#### Recovery

* Follow up with clients ensure clients are secure
* Followup with Staff – debrief
* Follow up with Local/State/Federal authorities
* HOTWASH
* After Action Report

### Incident Annex: Earthquake

Earthquakes are among the most unpredictable and devastating of natural disasters. An earthquake can be defined as a sudden movement of the earth as the result of the abrupt release of pressure. This release of pressure can result at fault lines where two tectonic plates collide or separate; it can occur as the ground lifts or sinks due to underlying pressures, or pressure can be released in thrust faults or folded rock. An earthquake is also referred to as a “shaking hazard.”

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Assuming Incident Command has activated Incident Command Systems it would be time for…

####  Assessment

* What is the nature of the incident
* What hazards are present: ie: How will it affect our clients, staff

\*Do warnings need to be issued

\*Are people in need of evacuation due to these hazards

\*Do Emergency Personnel need to be notified of those requiring evac?

\*Is there Water, power, telephone

\*Is the clients level of risk (Low-Med-High)

\*How long can we anticipate a disruption of business, power, telephone

\*will we need additional supplies

\*will we need volunteers

\*will staff require Protective gear

\*Is the office secure, are business operations affected

### 2. Determine objectives/mitigation/response

* Ensure business operations can continue
* What are our clients’ needs/staff needs,
* We need to warn or inform
* We need to inform local/state officials of those who need sheltered
* We need to track their relocations
* Prioritization of clients based on Risk in the affected areas
* Monitor media reports

####  Response

* Ensure Incident command Site is secure and operational
* Activate Staff notification/client notifcations
* Mobilize resources
* Obtain protective equipment
* Establish safe zones/routes
* Issue warnings to clients
* Contact emergency personnel re: Evacuations that are needed, special needs and risk factors
* Establish Liaison with local/state/federal authorities as needed
* Track patients relocations
* Track supplies
* Be prepared for surge

#### Recovery

* Follow up with clients ensure clients are secure
* Followup with Staff – debrief
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* HOTWASH
* After Action Report

### Incident Annex: Extended Power Outages

Extended loss of electrical services can be fatal for a frail and compromised population in a healthcare facility. While the occasional interruption of the electrical utility grid is part of life, steps need to be taken to protect vulnerable patients during times of any loss of power. Utility service can be interrupted by natural disasters, industrial accidents at power generation facilities or damage to power trans mission systems.

Assuming Incident Command has activated Incident Command Systems it would be time for…

####  Assessment

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\*Do warnings need to be issues

\*Are people in need of evacuation due to these hazards

\*Do Emergency Personnel need to be notified of those requiring evac?

\*Is there Water, power, telephone

\*Is the clients level of risk (Low-Med-High)

\*How long can we anticipate a disruption of business, power, communications?

\*will we need additional supplies

\*will we need volunteers

\*will staff require Protective gear

\*Is the office secure, are business operations affected

### 2. Determine objectives/mitigation/response

* Ensure business operations can continue
* What are our clients needs,
* We need to warn or inform
* We need to inform local/state officials of those who need sheltered
* We need to track their relocations
* Prioritization of clients based on Risk in the affected areas
* Monitor media reports

####  Response

* Ensure Incident command Site is secure and operational
* Activate Staff notification
* Mobilize resources
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* Establish Liaison with local/state/federal authorities as needed
* Track patients relocations
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### Incident Annex: Extreme Temperatures

The loss of the HVAC (Heating, Ventilation and Air Conditioning) system in a healthcare facility is a serious technological failure, under certain conditions. During times of mild weather, the failure of these systems would present a minor nuisance. During times of extreme weather, such as a frigid cold winter or usually hot summer, the failure of these systems can create harmful and fatal conditions for

patients.

Assuming Incident Command has activated Incident Command Systems it would be time for…

####  Assessment

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\*Is there Water, power, telephone

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\*How long can we anticipate a disruption of business

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* What are our clients needs,
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* We need to inform local/state officials of those who need sheltered
* We need to track their relocations
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* Monitor media reports

####  Response

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* Track patients relocations
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### Incident Annex: Fire

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates and releases toxic vapors. Fire does not have to be in immediate proximity to be fatal. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

Assuming Incident Command has activated Incident Command Systems it would be time for…

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* Track patients relocations
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### Incident Annex: Floods

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms and high winds.

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### Incident Annex: Pandemic Influenza

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

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### Incident Annex: Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm. Severe weather includes the following:

* Hail
* Intense cloud to ground lightning
* Torrential rain
* Strong winds (micro-bursts, straight line winds)
* Tornadoes

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### Incident Annex: Severe Weather

Winter storms are often an underestimated threat. Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The healthcare facility may find itself completely on its own for several days.

**National Weather Service Spokane Office:**

**Front Desk………………….509-244-6395**

**Fax…………………………..509-244-0554**

**Forecast Desk………………509-244-0537**

**Toll Free……………………..800-483-4532**

**Internet…………………….htto://www.wrh.noaa.gov/otx/**

Assuming Incident Command has activated Incident Command Systems it would be time for…

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