



— PROTOCOL —

## DISASTER PREPAREDNESS PLAN

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**[Practice Name] Notes:** The practice will establish and maintain a Disaster Preparedness Plan which is designed to manage the consequences of natural disasters or other emergencies that disrupt our ability to provide care. Below is the proper protocol for any disasters/emergency that may occur.

**Purpose:** To conduct business normally, it is important for [Practice Name] to have a strategy on preparation for emergencies. This plan must provide an organizational structure so that [Practice Name] can effectively prepare for both external and internal disasters that can negatively affect its environment of care. The scope of this plan will determine the role of the [Practice Name]'s healthcare team in responding to an emergency.

### Procedures:

#### **DEFINITIONS**

**External Disaster:** A civil catastrophe, either man made or caused by an act of God. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, military action, among other causes.

**Internal Disaster:** An event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of clients and patients, such evacuation will be coordinated with emergency service personnel from the fire and police agencies.

It is the responsibility of the [Practice Manager or Owner] to activate the Disaster Preparedness Plan.

#### **COMMUNICATIONS**

All communication, both within and outside [Practice Name], will be coordinated through the receptionist, as directed by the [Practice Manager or Owner] and Safety Officer.

#### **Chemical Spill:**

If an occurrence involves radioactive materials or hazardous chemical spills requiring outside assistance, the [Practice Manager or Owner] or Safety Officer will contact the licensed and certified hazardous waste contract provider. State radiation safety

authorities will also be contacted in accordance with the laws of the [State of \\_\\_\\_\\_\\_](#).

#### Disaster Procedures for the Healthcare Team:

In the event of either internal or external disaster, the [\[Practice Manager or Owner\]](#) or the Safety Officer can initiate the Disaster Call List (telephone tree). On arrival, healthcare team members will report to their respective department head to be assigned to whatever tasks are required: direct patient care, preparing for evacuation, or other assignments. If a regular work shift ends during the declared emergency period, all healthcare team members will stay at their respective assignments until officially relieved by their department head.

All healthcare team members will report changes of address and telephone numbers, as well as their response time to the clinic, to the Safety Office as soon as a change becomes effective.

The Safety Officer will continually update the Disaster Call List and provide it to the [\[Practice Manager or Owner\]](#).

#### ***Client and Patient Management***

If a disaster or an emergency ensues, all less-than-essential services will be temporarily modified or discontinued until the situation is fully resolved. The [\[Practice Manager or Owner\]](#) will determine whether these less-than-essential services are to be effected and, if so, when. Healthcare team members normally involved in provision of services determined by the [\[Practice Manager or Owner\]](#) or Safety Officer to be less than essential will make themselves available for other duties. These duties may include helping move clients and patients from the affected area of clinic to an unaffected area. These healthcare team members will be responsible for providing any patient transportation or evacuation of patients from the clinic. Facilitation of hospitalized patient evacuation, including transfers, and control of patient information, will be directed by the individual assigned by the [\[Practice Manager or Owner\]](#).

#### ***Disaster Preparedness Drills***

Semiannual drills will be conducted. These drills will be held no less than 4 months and no more than 8 months apart. Healthcare team members will participate as necessary. Feedback concerning any type of drill conducted will be reviewed by the [\[Practice Manager or Owner\]](#) and Safety Officer for necessary actions and adjustments. For each drill, general preparedness and client/patient management will receive specific attention to evaluate the effectiveness of the policy and implementation of policy by healthcare team members.

The Safety Officer will be responsible for communication of any information or recommendations about proposed changes in the emergency preparedness policy. The Safety Officer will see that proposed changes are implemented as specified. The Safety

Officer will, on a random basis, quiz healthcare team members concerning the Disaster Preparedness Plan and their roles in any drill. This process serves as a source of feedback, which the Safety Officer can use for evaluation of the overall effectiveness of the program.

### **INTERNAL DISASTER PROCEDURES**

If there is an occurrence (explosion, gas leak, fire, etc.) in which the evacuation of clients and patients is required, the [Practice Manager or Owner] or Safety Officer will evaluate the area and immediate needs. Department heads will send all available healthcare team members to the [Practice Manager or Owner] for assignment. If additional healthcare team members are necessary, the [Practice Manager or Owner] will evaluate contacting outside support.

Disaster alert status and function will be maintained until “Emergency all clear” is announced or indicated by the [Practice Manager or Owner] or Safety Officer.

### **EXTERNAL DISASTER PROCEDURES**

If there is an occurrence or situation outside of the practice, the [Practice Manager or Owner] or Safety Officer will determine the course of action, to possibly include:

- Approving the implementation of the Disaster Preparedness Plan
- Communicating the need for evacuation
- Identifying new designated areas if needed and communicating this information to the healthcare team
- Maintaining a record of assignments made including the healthcare team
- Maintaining a quiet, calm atmosphere
- Communicating needs for the assistance of additional healthcare team members
- Maintaining approved information flow to clients with hospitalized patients

### **EVACUATION PROCEDURE**

In the event that immediate evacuation or cover is required, remove patients who are closest to the danger and move them to a pre-determined area. For transport, place all small dogs and cats in carriers when available. Place all larger dogs on leashes. Each healthcare team member should remove the patients in the area to which they are assigned during that shift. (i.e., Kennel Attendants are responsible for boarding dogs. Surgery Technician is responsible for patients that are hospitalized for surgery, etc.) In the event that the healthcare team member is not able to evacuate their area fully due to a large number of patients, they are to report this to the [Practice Manager or Owner] or Safety Officer to receive assistance. The Safety Officer is responsible for shutting down the air-conditioning, heating, and other utilities to all or part of the facility.

### Safety Areas

The parking lot will be the designated evacuation area except that in the case of inclement weather.

In the case of inclement weather (tornado, hurricane, earthquake, etc.) the [Practice Manager or Owner] or Safety Officer will indicate a secondary evacuation area.

### **COMMUNITY EMERGENCY TELEPHONE NUMBERS**

- Contagious Disease Control:
- Emergency Services : 911
- Fire Department: 911
- Local Law Enforcement:
- Police department :
- Sheriff department:
- Highway patrol/State police:
- Red Cross:
- Casualty Assistance:
- Department of Sanitation:
- Ambulance Services: 911
- Transportation Services:
- Pharmaceutical Supplies:
- Veterinary practice to call for assistance with patient transportation:

### **UTILITY EMERGENCY TELEPHONE NUMBERS**

- Electricity:
- Gas:
- Water

### **SERVICE CONTRACTORS**

- Computer service:
- Security/Alarm System:
- HVAC:
- Plumbing:

### **EMERGENCY ELECTRICAL POWER**

If [Practice Name]'s electrical power supply is compromised or unavailable, the [Practice Manager or Owner] will determine whether the practice should remain open.

If the [Practice Manager or Owner] determines that the power will not be resumed before the end of the business day, he or she may make the decision to close the practice. In such a case, patients will be transferred to the designated practice.

If the [Practice Manager or Owner] determines that it is appropriate for the practice to remain open, emergency lighting and power can be supplied by \_\_\_\_\_ . The [Practice Manager or Owner] will identify a healthcare team member to contact the power supply company and to coordinate delivery of the required generator capacity. This temporary electrical power will usually be used to accomplish only essential business functions.

### ***EARTHQUAKE RESPONSE PROCEDURE***

The actual movement of the ground in an earthquake is seldom the direct cause of death or injury. Most casualties result from falling objects and debris because the shocks can shake, damage, or demolish buildings and generate huge ocean waves, each of which can cause great damage. Earthquakes strike without warning. In most cases, the shock occurs and is ended in seconds, which precludes any personal protective action during the tremor. If the seismic action is a prolonged shaking and rolling, it is prudent to take protective measures such as taking cover in a doorway or under a table. If there is time, people should cover their heads and shoulders and try to protect themselves from falling objects or shattered glass. The scope of this procedure covers response to all types of earthquakes.

#### Injuries are commonly caused by:

- Partial building collapse; collapsing walls; falling ceiling plaster, light fixtures, and pictures
- Flying glass from broken windows and mirrors
- Overturned bookcases, fixtures, and other furniture and appliances
- Fires, broken gas lines, and similar causes, with danger aggravated by the lack of water due to broken mains
- Fallen power lines
- Drastic human actions resulting from panic

#### Immediate response measures:

On detection of shock, remain in place. Remain calm. Think through the consequences of any action. Try to calm and reassure others.

If indoors, watch for falling plaster, light fixtures, and other objects. Watch out for high storage areas, shelves, and tall equipment that might slide or topple. Stay away from windows and mirrors. If in danger, get under a table, desk, or gurney, in a corner away from windows, or in a strong doorway. Encourage others to follow your example. Usually it is best not to run outdoors.

After the initial shock has ended and a reasonable interval has passed with no further shock, survey immediate surroundings to determine injuries and damage. Do not

attempt to move seriously injured persons unless they are in immediate danger of further injury.

If you are in the area of damage and are not seriously injured, your first responsibility is to the patients in your vicinity. If there are obvious injuries from falling objects, shattered glass, or patients or healthcare team members trapped under debris, you must request assistance and perform first aid within your capability where possible until medical personnel arrive to assist in treatment or rescue.

Check for fire or fire hazards from broken electrical lines or short circuits, and follow the fire response procedures if a fire is discovered or can reasonably be expected.

Do not attempt to evacuate any patients until you are directed to do so by the [\[Practice Manager or Owner\]](#). If the practice has not been made unsafe by the earthquake, it is advisable to stay inside until the conditions of the roadways have been determined.

Make sure all clients/team members wear shoes in areas near debris and glass. Immediately clean up spilled medications, drugs, and other potentially harmful materials. Check to see that sewage lines are intact before permitting flushing of toilets. Check closets and storage shelf areas. Open closet and cupboard doors carefully, and watch for objects falling from shelves.

Be prepared for aftershocks. Although most of these are smaller than the main shock, some may be large enough to cause additional damage.

Responsibilities of the [\[Practice Manager and Owner\]](#):

After receiving damage assessment reports, determine the advisability of partial or complete evacuation of the practice. If evacuation is deemed advisable, determine the condition of exit areas and avoid those that are obstructed or otherwise hazardous. Clearly indicate the recommended route of egress. Conduct an immediate check of the telephones to determine what levels of communication can be had. Initiate actions to restore service or use other communication resources, including walkie-talkie, cellular telephones, etc.

- Initiate the implementation of the Disaster Preparedness Plan.
- Ensure that all local emergency service authorities are informed of the degree of damage and extent of injuries sustained by the site, patients, and healthcare team.
- Establish transport teams to assist in transport of patients within the clinic as required.
- Establish the information to be released to media and concerned individuals.
- Establish an injured patients list, and indicate the needs of each patient for the practice to which that patient is being transferred.

- Ensure the establishment and maintenance of a master list of patients and healthcare team members.
- Request additional assistance as needed through the local emergency medical services network.
- Maintain adequate records of healthcare team members arriving and their assignments and of those released from duty.
- Control entrances to the practice.
- Provide for a free flow of emergency vehicle traffic.
- Intensify safeguards for prevention of theft from the pharmacy and controlled substance, along with other clinic and personal property.

### ***SNOW AND ICE REMOVAL***

After major winter storms, a survey of the practice will be conducted to identify specific challenges for snow removal. Fencing, posts, and concrete curbs are some of the items that may be difficult to see after snowfall begins. Pre-winter conditions of these items will be documented.

An average first snowfall date can be ascertained by contacting the local weather service.

The following provisions will be stored at the clinic before the anticipated date:

- Adequate manual equipment, snow shovels, ice scrapers, brooms, and sand
- Enough ice-melt for at least two storms
- Adequate walk-off mats, interior and exterior
- Preventive maintenance on snow and ice removal equipment will be performed before the projected date of first snowfall.

The snow and ice removal contractor is responsible for damage to facility grounds during snow and ice removal activities. The ice and snow removal contractor is:

Contractor:

Telephone Number:

The contractor will tour the grounds with a representative from [Practice Name] to review performance expectations before the projected first snowfall date.

An in-service training for healthcare team involved in snow removal will be conducted covering

- Safety procedures
- Equipment procedures
- Proper body mechanics

Reminders of ice and snow safety will be posted [in the break room](#) before the projected first snowfall date.

### ***SEVERE WEATHER/TORNADO PROCEDURES***

When threatening weather arises, the healthcare team should take precautions to ensure the safety of client, patients, and healthcare team members. Protective measures should be taken when a tornado watch or warning has been announced by local authorities.

*Tornado Watch:* When conditions exist that could develop into a tornado

*Tornado Warning:* When a tornado had been sighted by authorities in a nearby area

When receiving notification through the weather alert system of a tornado watch or tornado warning, the [\[Practice Manager or Owner\]](#) will notify the healthcare team and clients, and then the following steps should be taken:

- The disaster preparedness plan should be activated.
- In the case of tornado warnings, the [\[Practice Manager or Owner\]](#) and Safety Officer will announce that cover should be taken.
- All clear (when authorized by the [\[Practice Manager or Owner\]](#) or Safety Officer) will be announced when the situation has returned to a safe condition as determined by the weather alert system.

### Tornado Shelter Area

Safe areas to be used as tornado shelters will be designated for the practice.

In the event of a tornado warning, the healthcare team should move clients and patients (if possible) [into the hall and/or](#) away from windows.

### General Rules

- All telephone calls should be avoided during a tornado warning, except for emergency calls.
- Employees should remain calm when dealing with clients and patients during the tornado watch or warning. Panic is contagious and could lead to a more serious situation.
- Directions should be given in a calm, firm manner, and shouting should be avoided.

### Healthcare Team Duties in a Tornado Watch

In the event that a tornado watch is determined, this time should be used to take the necessary precautions, such as:

- Closing window drapes or blinds for protection from flying glass
- Moving unsecured equipment into storage

- Knowing where flash lights are located
- Knowing where the designated safe areas are

#### Healthcare Team Duties in a Tornado Warning

In the event that a tornado warning is determined, this time should be used to take the necessary precautions, such as:

- Informing clients of the warning and telling them to move to a designated area if they are not already in such an area
- Not attempting to open any exterior windows or doors
- Keep doors to areas with outside windows closed in all designated shelter areas
- Doors in non-designated areas should be left open
- Keep away from windows and doors; covering up with blankets, sheets, or curtains; or getting under heavy furniture

#### Healthcare Team Duties when Watch/Warning is lifted

- Return to normal areas (if possible)
- Account for all client, patients, and healthcare team members
- Report any damage or missing persons to the [Practice Manager or Owner] or Safety Officer
- Report any problems, failures, or user errors to the [Practice Manager or Owner] or Safety Officer for investigation, correction, and resolution

### ***SEVERE WEATHER/HURRICANE PROCEDURES***

When threatening weather arises, the healthcare team should take precautions to ensure the safety of the clients, patients, and healthcare team members. Protective measures (as outlined below) should be taken when a hurricane watch or warning has been announced:

Hurricane/Tropical Storm Watch: When conditions exist that could develop into a hurricane situation

Hurricane/Tropical Storm Warning: When conditions indicate that a hurricane or tropical storm is a threat to coastal areas immediately or within 24 hours.

At the beginning of hurricane season, practices located in hurricane-prone areas, will review the plan as necessary.

When there is adequate warning of a potential hurricane, the [Practice Manager or Owner] or Safety Officer will determine the appropriateness of closing the site until the hurricane watch is cancelled. Priority will always be given to patient and healthcare team safety when determining whether the practice should be closed.

When receiving notification through the weather alert system of a hurricane/tropical storm watch or warning, the [Practice Manager or Owner] will notify the healthcare team and clients, and then the following steps should be taken:

- The disaster preparedness plan should be activated
- In the case of hurricane/tropical storm warnings, the [Practice Manager or Owner] and Safety Officer will announce that cover should be taken
- All clear (when authorized by the [Practice Manager or Owner] or Safety Officer) will be announced when the situation has returned to a safe condition as determined by the weather alert system

#### Hurricane/Tropical Storm Shelter Area

In the event of a hurricane warning, the healthcare team should move clients and patients (if possible) into the hall and/or away from windows.

#### General Rules

- All telephone calls should be avoided during a hurricane/tropical storm warning, except for emergency calls.
- Employees should remain calm when dealing with patients and clients during the hurricane watch or warning. Panic is contagious and could lead to a more serious situation.
- Directions should be given in a calm, firm manner, and shouting should be avoided.

#### Healthcare Team Duties when a hurricane/tropical storm watch is announced

This time should be used to take the necessary precautions, such as

- Closing window drapes or blinds for protection from flying glass
- Moving unsecured equipment into storage
- Knowing where flash lights are located
- Knowing where designated safe areas are

#### Healthcare Team Duties when a hurricane/tropical storm warning is announced

- Inform clients of the warning and move them to the designated area if they are not already in such an area
- Do not attempt to open any exterior windows or doors
- Close doors to areas with outside windows in all designated shelter areas; Keeping doors in non-designated areas open
- Move patients (if possible) and clients to a safe area
- Keep away from windows and doors; cover up with blankets, sheets, or curtains; or get under heavy furniture

Healthcare Team Duties when Watch/Warning is lifted

- Return to normal areas (if possible)
- Account for all clients, patients and healthcare team members
- Report any damage or missing persons to the [Practice Manager or Owner]
- Report any problems, failures, or user errors to the Safety Officer for investigation, correction, and resolution