

BASIC TEMPLATE
for an
ALASKA SUBREGIONAL CLINIC
EMERGENCY OPERATIONS PLAN

April 2009

Mike Bradley
ANTHC
Emergency Preparedness Coordinator
mjbradley@anmc.org
907 729-3653

Table of Contents

Preface	5
Plan Distribution List	7
Record of Interim Changes	7
Organizational Chart	8
Command Staff	9
General Staff	10
Response Checklists	12

Command Staff

Medical Incident Commander	12
A. Initial Incident Actions	12
B. Incident Commander Ongoing Incident Actions	14
Medical Safety Officer	15
C On-Going Safety Actions	15
Public Information Officer	16
D. Information Dissemination	16
Medical Liaison Officer	19
E. Initial/Recurring Response Planning Meetings Preparation	19
F. Initial/Recurring Response Planning Meetings	21
G. Coordination with Other Agencies	25
H. Technical Support Resources	26
Medical Technical Specialist	27
I. Medical Technical Specialist On - Going Actions	27

Operations

J. Casualty Management	28
K. Medical Evacuation	30
L. Patient Care Documentation and Tracking	32
M. Patient Decontamination	33
N. Care of Special Needs Populations	35
O. Isolation/Quarantine	36
P. Mass Dispensing	38
Q. Critical Incident Stress Management	40

Logistics

R. Inventory/Procurement of Pharmaceuticals, Medical Supplies and Equipment	41
S. Clinic and Medical Resources Protection	43
T. Evacuation Procedures	45
U. Shelter Operations	47
V. Alternate Medical Facility	48
W. Volunteers	50
X. Strategic National Stockpile	51

Finance and Administration

Y. Tracking Expenses		52
Z. Planning Functions	Planning	56
Appendix A Situation Report		57
Appendix B Hazard Vulnerability Assessment		59

NOTES FOR THE FOLLOWING PAGES:

This template was created by the Alaska Native Tribal Health Consortium (ANTHC) for Regional Tribal Health Corporations to develop a regional emergency operations plan.

This template focuses on creating an emergency readiness capacity for a tribal subregional clinic. It is designed to be a stand alone plan however development of a regional plan should be accomplished with other community, regional, YKHC, other health entities and other organizations that would be involved in a disaster response. This plan should be consistent with and complimentary to local and regional plans and emergency response capacities.

Contact: Mike Bradley at 907 729-3653, mjbradley@anmc.org

Preface

This plan describes how [Subregional Clinic Name] will manage its health care responsibilities when a disaster or public health emergency occurs in the region. It defines how the clinic will respond utilizing a series of checklists specific to disasters and emergencies that a region could be threatened with.

Ideally communities in the region, the regional government or entity and the Regional tribal health corporation will also have the capacity and plans to respond to the event and the response will be coordinated with these entities. This plan is also intended to aid in the training of clinic staff and volunteers to maximize their efficiency, effectiveness and timeliness early in an incident response.

A staff member will assume the role of Medical Incident Commander.

Usually this is the senior staff member who is the health corporation director during normal operations. However in the absence of this individual other staff members should be designated to assume the role of the Medical Incident Commander.

IMPLEMENTATION OF THE PLAN

When to Implement: By definition a disaster or emergency occurs when the event is larger than can normally be managed by routine procedures. For example one or two injuries could probably be managed through routine procedures but 4 – 5 could not; that be definition would be a disaster and appropriate elements of the disaster plan should implemented. When a disaster occurs or is imminent, it will be the responsibility of the senior person in charge to implement this emergency operations plan.

Regional and Community Incident Management Teams: The response should begin with a meeting of key community and regional leaders who form Incident Management Teams (IMT) to plan how they will respond to the emergency. Ideally this is described in local and regional plans.

Regional Incident Management Team, Emergency Operations Center: Ideally the region either a borough or other regional entity will have an emergency plan, an incident management team and an emergency operations center. To avoid confusion with the Subregional Clinic Emergency Operations Plan and Subregional Clinic Emergency functions, the regional emergency response capacity will always be referred to as the regional incident management team, regional emergency operations center. The Subregional clinic Plan and functions will be referred to as “Subregional Clinic.”

Checklists: The bulk of the plan is a series of checklists that are used to coordinate and manage the response to the disaster. They also serve as the Incident Action Plan. The Medical Incident Commander should use each checklist when appropriate to assign responsibilities for specific aspects of the response. The tasks under each checklist can be modified by deleting those that are not appropriate and adding other tasks as are appropriate. Most of the checklists have a date/time assigned and a date/time completed. A copy of each checklist should be provided to the Regional IMT and a copy retained for a record of the response.

Medical Liaison Officer: There will also be a Medical Liaison Officer at all community response planning meetings to ensure that health issues are adequately addressed. Because actively practicing health care professionals should always be available to treat patients, the Medical Incident Commander should pre-designate other persons that can assume responsibility for representing the clinic on the IMT. A Clinic Administrator or someone with similar duties, or an inactive Community Health Aide would be ideal as the Medical Liaison Officer.

The Medical Incident Commander will work out of the Subregional Clinic Emergency Operations Center (EOC). The Medical Liaison Officer will work at both the Subregional Clinic where the Subregional IMT is established. Ideally the borough or regional EOP should define how the Medical Liaison Officer will work within the Regional IMT and who the Medical Liaison Officer reports to. For most boroughs or regions it would be either the Incident Commander or the Operations Section Chief. If the region does not have a plan the Medical Liaison Officer will report to the individual directing the response. The role of the Medical Liaison Officer will be to coordinate response efforts with the Regional IMT or community leadership. This would primarily include coordinating needed support from regional or borough or community resources for the medical response.

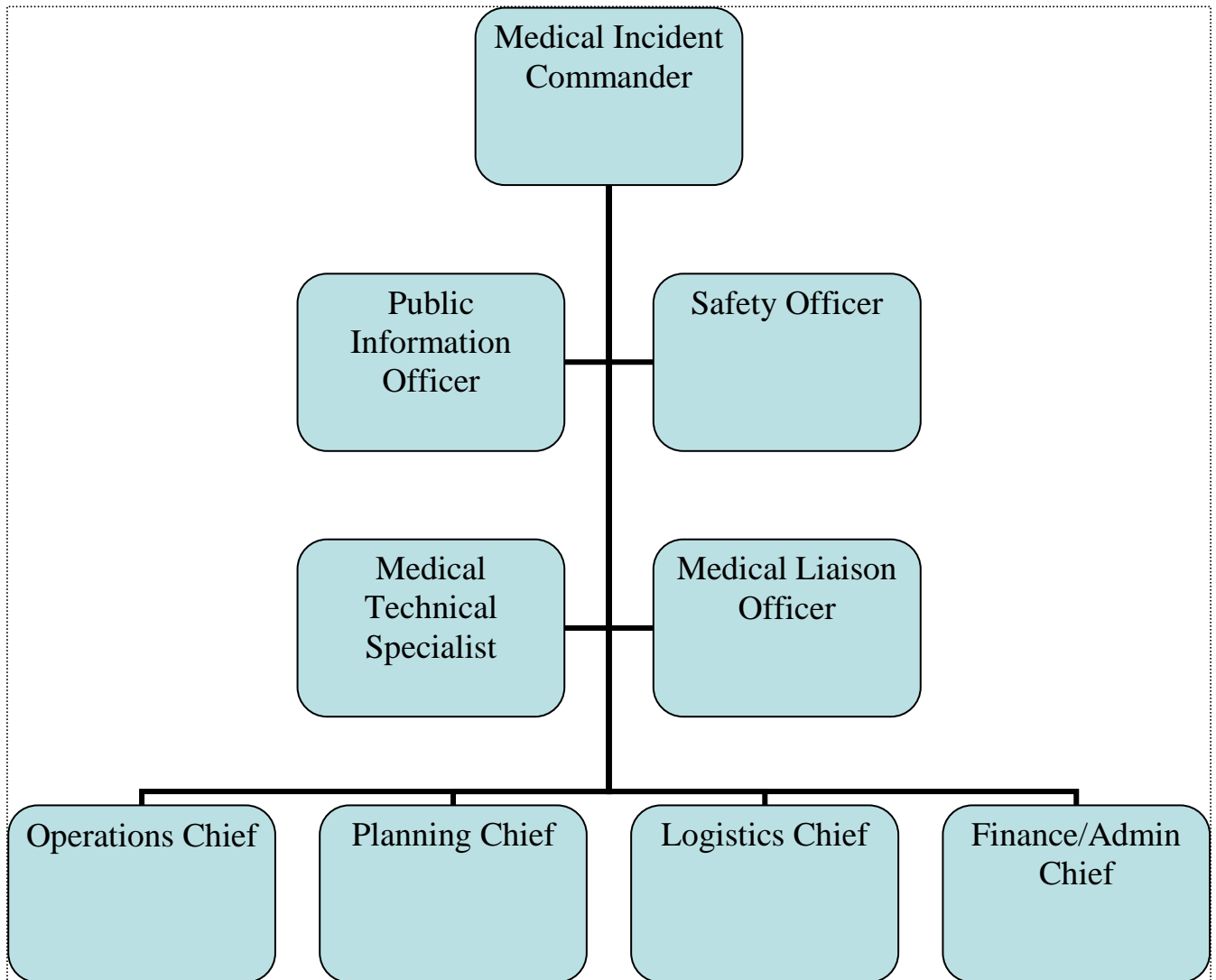
State Support: When a disaster or emergency overwhelms regional capacity to respond the State of Alaska through the State Emergency Coordination Center (SECC) will provide support.

Medical Care for the Regional IMT: Regional IMT members should receive their medical care from an individual assigned this responsibility by the Medical Incident Commander.

HAZARD VULNERABILITY ASSESSMENT:

Appendix B is a hazard vulnerability assessment tool that can be used to identify and prioritize potential hazards and their risk and impact to your region. It can be used to better plan for the types of disasters and emergencies which might occur.

ORGANIZATIONAL CHART



COMMAND STAFF

Pre-designated Medical Incident Commander

Name	Phone #

Pre-designated Medical Liaison Officer in Priority Order

Name	Phone #

Pre-designated Public Information Officer in Priority Order

Name	Phone #

Pre-designated Safety Officer in Priority Order

Name	Phone #

Pre-designated Medical Technical Specialist in Priority Order

Name	Phone #

COMMAND STAFF ASSISTANTS: Depending on the nature and duration of the event assistants may be required to help manage workloads. Each Command Staff member will be responsible for his or her assistants. These positions will include telecommunication assistants who will answer phone calls and a Documentation Recorder/Aide. Telecommunications assistants will report to the Medical Liaison Officer. The Documentation Recorder/Aide will ensure all significant events are recorded/documented and will report to the Medical Incident Commander.

GENERAL STAFF

Pre-designated Operations Chief in Priority Order

Name	Phone #

Pre-designated Planning Chief in Priority Order

Name	Phone #

Pre-designated Logistics Chief in Priority Order

Name	Phone #

Pre-designated Finance and Administration Chief in Priority Order

Name	Phone #

RESPONSE CHECKLISTS

Medical Incident Commander

MEDICAL INCIDENT COMMANDER: The Medical Incident Commander (MIC) is responsible for coordinating all aspects of the response including developing incident objectives and action plans and managing all incident operations. The Medical Incident Commander will determine when to initiate this EOP and what functions are activated. The Medical Incident Commander will ensure that communication with other agencies and entities is established. The Medical Incident Commander will coordinate allocation of resources, request outside assistance when necessary, and authorize release of information to the public and news media via the Public Information Officer. The Medical Incident Commander will declare an "ALL CLEAR" when the disaster situation is over.

A. INITIAL INCIDENT ACTIONS

- [] The Medical Incident Commander shall implement the Subregional Clinic EOP as soon as an imminent threat to life or property is known to exist or an actual incident occurs without warning.
- [] Select and make IMT team assignments.
- [] Establish an Emergency Operations Center.
- [] Notify YKHC of the incident and that the EOP has been implemented and provide contact information on the IMT that has been established.
- [] With YKHC determine the role YKHC will play in supporting the response.
- [] Contact community clinics that may have been affected by the disaster.
- [] Get a status report from each of these communities.
- [] Establish a schedule for recurring briefings with affected communities
- [] Ensure that other EOCs are contacted and informed that your EOC is up and given contact numbers and names of the Medical Incident Commander and Medical Liaison Officer.
- [] Determine the next level of support for assisting with the response, either a regional IMT, YKHC or the State Emergency Coordination Center. Determine who the Medical Liaison Officer will report to.
- [] Prepare for the initial and subsequent emergency incident action planning meetings (see initial emergency incident action planning meeting checklist E).

Purpose of the initial emergency incident action planning meeting is to assess the incident and develop response plans. Ideally the Medical Incident Commander and Medical Liaison Officer to the IMT would participate in the initial incident action planning meeting. If the response is under way and the Medical Incident Commander is managing clinic emergency operations the Medical Liaison Officer to the IMT would represent the regional tribal health corporation.

- [] Assign responsibilities: Ensure each person pre-designated to accomplish each medical job on the checklists that are implemented are available and if not, assign someone else. Provide the medical checklists with personnel assignments to each individual and to the Regional IMT. Retain copies of all checklists to document response history.
- [] Identify medical shortfalls anticipated in effectively responding to the event (Checklist R). Shortfalls could include personnel, supplies, equipment, engineering, environmental health support and medivac capability. Shortfalls should be identified on the first Situation Report, Appendix A, sent to the [Region/Borough/Alaska Division of Homeland Security and Emergency Management].
- [] Confirm if Regional Incident Management Team (IMT) members are likely to need medical care during the incident response. If they are, determine how this care would be provided and who in the IMT would coordinate this care. Normally this would fall to the Logistics Section of the Regional IMT.
- [] If many casualties occur determine the following: The facility[ies] that will provide health care during the incident and who's in charge [at each] (Checklist. If more than one, identify the types of treatment each will provide.
- [] Notify the Regional IMT
 - where triage will be accomplished
 - where patient decontamination will be accomplished
 - where incident victims will be treated,
 - where alternate medical care will be accomplished if needed
 - where normal village medical care will be provided, and
 - where IMT members will be treated.

B. INCIDENT COMMANDER ONGOING INCIDENT ACTIONS

The Medical Incident Commander will direct and control the medical response.

- [] Continue to get status reports from communities and clinics affected by the disaster.
- [] Schedule Planning meetings to develop objectives and incident action plans. The checklists in this EOP can be used as Incident Action Plans.
- [] Coordinate support for clinics responding to the disaster.
- [] Brief the Staff after the initial emergency incident action planning meeting and as often as needed thereafter.
- [] Continue to identify priority resource needs and advise the IMT and Tribal Health Corporation as appropriate through the Medical Liaison to the IMT.
- [] Augment health care staff if/as needed.
- [] Determine what needs to be accomplished and who is available to manage each emergency function. Use the checklists to assign responsibilities.
- [] Distribute copies of each selected medical checklist with date/time assigned and Date/time completed. Provide checklists to the Regional IMT and maintain completed checklists.
- [] Reassign medical personnel to uncompleted tasks as needed.
- [] Direct the Medical Liaison Officer to meet with the Regional IMT as often as needed but not less than daily (Checklist):
 - Report medical statistics and information for the next Situation Report.
 - Provide copies of the current medical checklists with personnel assignments to the Public Information Officer.
 - Continue to coordinate support for clinic and health care functions.

MEDICAL SAFETY OFFICER

MEDICAL SAFETY OFFICER: The Medical Safety Officer will monitor and/or anticipate hazardous and unsafe situations and develop and recommend measures for assuring safe operations. The Medical Safety Officer will continuously monitor workers for exposure to safety or health hazardous conditions and identify and provide guidance for correction of occupational safety and health hazards. The Medical Safety Officer will alter, suspend, evacuate or terminate activities that may pose immanent safety or health dangers to the staff

C. ON-GOING SAFETY ACTIONS

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

- Continually assess all operations and practices for safety.
- Participate in all planning meetings.
- Advise the Medical Incident Commander on hazard and safety issues.
- Advise personnel on hazards and safety precautions to prevent injury.
- Ensure that clinic leaders in affected communities know you are the safety officer and are available for assistance.
- Ensure safety and personal protective equipment are available and properly utilized.
- Coordinate with the Logistics Chief for facility safety evaluations if structural damage may have occurred.
- Terminate any operations that pose an immediate threat to responders or the general population.

PUBLIC INFORMATION OFFICER

PUBLIC INFORMATION OFFICER: The Public Information Officer (PIO) is responsible for developing and disseminating information to medical and other emergency response staff and to the public. The PIO will interface with PIOs from other agencies, the media and the public on incident-related information. In a large scale emergency the State of Alaska Division of Public Health will serve as lead agency in developing public information. A Joint Information Center may also be established within the State Emergency Coordination Center. The PIO will work with State PIOs in developing and disseminating public messages. The PIO will monitor public inquiries and perceptions about the incident. The PIO will develop and deliver periodic updates and status briefings to medical personnel. The PIO will develop public information releases. All information must be approved by the MIC prior to release.

D. INFORMATION DISSEMINATION

Assigned by:	
Health Information Contact Assigned to:	
Date/Time Assigned:	

Keeping the public informed during a disaster is one of the most vital functions during a disaster or public health emergency. In a major emergency the Alaska Division of Public Health will take the lead in developing and disseminating information to the public. A Joint Information Center (JIC) may also be established. Community leaders including health care providers may play a very important role in disseminating information to the public.

Two other important sources of information will be available to assist health care providers and community leaders in managing a response and keeping the public informed.

1. The State of Alaska Section of Epidemiology maintains a Public Health Alert Network system that disseminates health information to health care providers. All tribal clinics should receive messages from the Health Alert Network. Registration for the Health Alert Network can be done through the Epidemiology website at:

<http://www.epi.hss.state.ak.us/default.jsp>

2. During a disaster/emergency the State Division of Homeland Security and Emergency Management release Situation Reports (Sitreps). These are available on the Division of Homeland Security and Emergency Management website at: <http://www.ak-prepared.com/homelandsecurity/>

All Tribal Health Corporations should have a policy about release of health information to the public. Most Health Corporations have a designated Public Information Officer and this individual will be responsible for release of information and providing guidance to community clinic personnel on the release of information.

A fairly universal rule is that only one individual in an organization will deal with the media and releases information to the public. Early in the event the PIO should implement health corporation policy on dealing with the media and the release of health information to the public.

PUBLIC INFORMATION

COMMUNITY PUBLIC INFORMATION OFFICER

- Determine who will serve as the Community or Regional Public Information Officer; receive information on the event from the JIC, Sitreps etc and disseminate information to the community?

Name:

Phone:

- Contact the Community or Regional Public Information Officer. Set meetings to coordinate public information dissemination.
- Help ensure that residents who don't have phones, radio, etc. receive information on the event.

HEALTH INFORMATION

HEALTH CORPORATION PUBLIC INFORMATION OFFICER

- Brief the medical staff on rules for release of information and dealing with the media.

- Contacts:

ANTHC Information Officer:

Name:

Phone:

Division of Public Health Information Officer:

Name:

Phone:

Joint Information Center:

Name:

Phone:

- [] Ensure that health care providers contact you for information, media inquiries, rumors etc.
- [] Continue to provide information to all health care providers.

MEDICAL LIAISON OFFICER

MEDICAL LIAISON OFFICER: The Medical Liaison Officer will serve as the point of contact for agency representatives and liaison officers from other agencies and organizations. The Medical Liaison Officer will establish contact with Agency Representatives from other Tribal Health entities that may be impacted by the event. The Medical Liaison Officer will also establish contact with liaison counterparts of each assisting and cooperating agency. The Medical Liaison Officer will keep other Liaison Officers updated on changes and development of responses actions.

E. INITIAL/RECURRING RESPONSE PLANNING MEETING PREPARATION*

* Initial/recurring response planning meeting preparation could be accomplished by either the Medical Incident Commander or the Medical Liaison Officer.

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

- [] Collect all known information about the incident situation (What, where, when).
- [] Help to decide what needs to be done by communities, the region and the regional tribal health corporation.
- [] Identify medical shortfalls anticipated in effectively responding to the event. Shortfalls could include personnel, supplies, equipment, and environmental health support and medevac capability. The Inventory Checklist R under the Logistics Section Chief can be used to inventory resources and identify shortfalls. Shortfalls should be identified on the first Situation Report sent to the Alaska Division of Homeland Security and Emergency Management. (See Appendix A)
- [] Identify to the Regional IMT the facility [ies] that will provide health care during the incident and who's in charge at each. If more than one, identify the types of

treatment each will provide, i.e. Information should include:

- where triage will be accomplished
- where patient decontamination will be accomplished
- where incident victims will be treated,
- where alternate medical care will be accomplished if needed
- where normal village medical care will be provided, and
- where IMT members will be treated.

[] Provide the medical checklists with personnel assignments to the Regional IMT.

[] Determine if Regional Incident Management Team (IMT) members are likely to need medical care during the incident response. If they are, determine how this care would be provided and who in the IMT would coordinate this care. Normally this would fall to the Regional Logistics Section of the IMT.

F. INITIAL/RECURRING RESPONSE PLANNING MEETINGS

Assigned by:	
Assigned to:	
Date/Time:	

Meeting Topics / Objectives – The Initial Response Planning Meeting has two objectives: to assess the scope and magnitude of the event and implement initial incident action plans to manage the response to the event. Additional planning meetings will be devoted to situational assessments, completing Situation Reports (Appendix A) and developing Incident Action Plans. Regional Tribal Health Corporation participation will focus on two issues: an assessment of the health impacts of the event i.e. number of casualties, health threats such as contaminated water or exposure; and the type of support required from the community and others to support clinic operations.

Procedures below should also be used to guide discussions and issues during planning meetings.

PROCEDURES

1. Identify yourself as the Medical Liaison Officer to the Regional IMT.
2. Determine incident management supervision/communications/support channels.
 - a. Who is in charge of the regional response?
 - b. What primary communications means will be used?
 - c. Is there an alternate communication system?
 - d. Obtain a schedule of planning meetings.
 - e. Who will the Medical Liaison Officer report to on the IMT staff; Incident Commander, Operations Section Chief, other?

Contact:

Phone:

3. Provide known casualty information for initial situation report:

c. Numbers/status if known –

i. Minimal:

ii. Immediate:

iii. Delayed:

iv. Expectant:

v. Deceased:

vi. Unknown status:

b. What type of care will they require?

c. How many require evacuation for further treatment?

d. How many more casualties might there be?

4. Health Care Facility status (Checklist E):

a. Is there any damage to health care facilities? If so, what?

b. Will it prevent or interfere with patient care?

c. If so, can it be repaired?

d. If not, what alternate facilities are available?

5. Medical Supplies and Equipment (Checklist R):

a. What resources are needed?

b. Where will they be obtained?

c. Who will coordinate procurement?

6. Health Care Providers:

a. How many health care professionals are available to respond?

b. Are there health care providers in other clinics that could help?

- c. Are there other available residents with health care experience who could supplement emergency care? (See checklist P Volunteers)
 - d. Who will coordinate using them?
- 7. Will volunteers be needed (Checklist W)?
 - a. Who will be in charge of volunteers?
 - b. Phone number
- 8. Will mass dispensing clinic(s) be required (checklist)?
 - a. Where will it/they be situated?
 - b. Who will be in charge?
 - c. Who else will be able to assist?
 - d. Is outside assistance available?

Public Health Nurse contact:

Name:

Phone:

State of Alaska contact:

Name:

Phone:

- 9. What other health threats could the disaster pose?
 - a. Is there an increased risk from infectious disease?
 - b. Is there an increased risk from injuries?
 - c. Is the water supply system intact?
 - If not, help ensure water disinfecting guidelines are distributed and followed.
 - When: Throughout the incident.
 - Who: _____ Phone: _____
 - d. Are community power systems working?

- e. Is there an increased risk from exposure?
- f. Will a shelter be needed?

G. COORDINATION WITH OTHER AGENCIES

- [] Establish and maintain contact with community clinics involved in the emergency.
- [] Establish and maintain contact with the regional EOC, Other Regional Tribal Health Corporations, SECC, ANTHC others who will be involved in responding to the event.

H. TECHNICAL SUPPORT RESOURCES

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

[] Maintain and update list of contacts:

Function	Name	Phone Number
Community EOC		
Local Medical Evacuation Coordination		
Referral Physician		
Regional Health Corporation		
Regional Environmental Health Officer		
Regional Logistics Center		
Regional Public Information Officer		
Regional Medevac Coordinator		
IT / RPMS Support		
Regional Health Corporation Finance		
Alaska State Troopers		
Regional Alaska Department of Environmental Conservation Office		
Public Health Nurse		
Alaska Tsunami Center		907-745-4212
Poison Control Center		1-800-222-1222
Alaska Native Medical Center		907 729 2662
ANTHC Division of Environmental Health and Engineering		
ANTHC Emergency Coordination Center		
ANTHC Emergency Preparedness Program	Mike Bradley	907 729-3653
ANTHC Regional Service Supply Center	Joe Miljure	907 729-2980
Borough EOC		
State Emergency Coordination Center		1-800-478-2337
State Epidemiology		907 269-8000
ADHSS EOC		

MEDICAL TECHNICAL SPECIALIST

MEDICAL TECHNICAL SPECIALIST: The Medical Technical Specialist should be a health care professional, ideally a doctor or nurse practitioner or physician assistant. The role of the Medical Technical Specialist is to advise the Regional Tribal Health Corporation Command and General Staff on medical and health and public health issues involving the disaster. This could include advising on casualty status, environmental or infectious disease threats and other health issues that may surface during the event.

I. MEDICAL TECHNICAL SPECIALIST ON – GOING ACTIONS

- [] Participate in IMT planning meetings
- [] Assist in developing objectives and Incident Action Plans.
- [] Contact community clinics and inform them of your role in providing health and public health support.
- [] Contact State Epidemiology and inform them of your role as the Medical Technical Specialist.
- [] Establish a surveillance system if necessary to monitor disease and injury trends
- [] Ensure Health Alerts are received and passed on to appropriate health entities.
- [] Report any significant health issues to State Epidemiology.
- [] Assist in developing and implementing public health and preventive programs

OPERATIONS CHIEF

The Operations Chief will organize and direct response actions including patient care, medical evacuation and decontamination.

J. CASUALTY MANAGEMENT

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

- [] Appoint other team members as needed.
- [] If on-scene medical support is required, who will respond, EMTs CHA/P?

Who is the on-scene commander?

How is he/she contacted?

- [] Who will triage patients?
- [] Where will triage occur?
- [] Where will patient care areas be established/who will be in charge?

Immediate:

Location:

Leader:

Delayed:

Location:

Leader:

Minimal:

Location:

Leader:

Expectant:

Location:

Leader:

Deceased:

Location:

Leader:

K. MEDICAL EVACUATION

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

In a widespread mass casualty event, the State Mass Casualty Protocol may be implemented. If this occurs, the State Emergency Coordination Center (SECC), phone 1-800-478-2337, will coordinate all medevac resources.

Appoint other team members as needed.

Who is the medevac coordinator in each community?

Name:

Phone:

Who will coordinate patient transportation to the departure airfield?

Name:

Phone:

Where is the departure airfield Medevac Staging Area and who's in charge?

Location:

Leader:

Phone:

Radio Frequency:

[] Who is the receiving destination contact for medevac flights?

Name:

Phone:

[] If the State Mass Casualty Protocol is implemented determine how medevac will be coordinated.

Name:

Phone:

MEDEVAC CARRIERS

Company	Contact Person	Phone Number

L. PATIENT CARE DOCUMENTATION AND TRACKING

A system to document emergency care given to patients should be developed. Patient care records should accompany the patient during Medevac.

A system to track patients throughout the health care system should also be implemented.

If the State Mass Casualty Protocol is implemented, patient documentation and tracking might be developed through that system.

The Medical Incident Commander should establish medical record keeping and patient tracking procedures.

The individual responsible for casualty management (Checklist J) and for coordinating Medical evacuation (Checklist K) should ensure that emergency record keeping and patient tracking procedures are followed.

M. PATIENT DECONTAMINATION

Assigned by:	
Assigned to:	
Date/Time:	

If a hazmat event has occurred, decontamination may be required. A specific location should be designated for decon. The decon area should be protected from inclement weather and have enough space for patient flow from a waiting area to a decon station. Normally just abundant water and soap are required for decon. A scissors to remove contaminated clothes and sheets to cover patients should also be available. A stretcher may be required for patients that are not ambulatory.

There may be people in the community trained in hazmet and decontamination procedures. These could include people with an environmental health background, hazmet training or fire training.

- Are there hazardous substances in or near your region? If so where are they?
- Are material safety data sheets (MSDS) available? Where are they maintained?
- Where will decon be accomplished?
- Who will be in charge of patient decon?

Name:

Phone:

[] Who else in the community can help?

Name	Phone Number/Contact Information

[] Who else can provide advice/assistance?

Position	Name	Phone Number
Regional Environmental Health/Safety Officer		
ANTHC Environmental Health/Safety Officer		
Alaska Division of Environmental Health		907 465-5250
Poison Control Center		1-800-222-1222
Other		

N. CARE OF SPECIAL NEEDS POPULATIONS

Assigned by:	
Special Needs Coordinator:	
Date/Time Assigned:	
Date/Time Completed:	

The Special Needs Coordinator will be responsible for ensuring special needs individuals are identified and are provided appropriate care.

Special needs categories:

Elderly:

Invalids:

Incarcerated:

Nurseries/day-care centers:

Other languages:

Essential workers

Pastors/ministers

Volunteers

Others

O. ISOLATION/QUARANTINE

Assigned by:	
Clinic Quarantine Contact:	
Community Quarantine Official:	
Date/Time Assigned:	

Public health emergencies involving infectious disease threats may require implementation of special infection control procedures.

- Isolation is the separation of patients who may be infectious to others.
- Quarantine is the isolation of those who have come in contact with and may be infected with an infectious agent but are not ill.

If isolation or quarantine is required, areas should be established for both.

Types of quarantine

- **Home quarantine:** Home quarantine would be for potentially exposed individuals who stay in their home for the duration of the potential incubation period.
- **Work Quarantine:** Work quarantine could involve isolating essential workers for the duration of the event.
- **Voluntary Community Quarantine:** A community might decide to implement a community quarantine where no one would be allowed to enter the community for a specified period of time.
- **Statutory Quarantine:** The State has authority to implement a community quarantine under public health law. Quarantine administration would be a State responsibility

[] Appoint other team members as needed.

[] Who in the community will be responsible for coordinating quarantine actions?

Name: Phone number:

[] Who will provide medical screening for those in quarantine?

Name: Phone number:

[] Isolation location(s):

Individual in charge:

Phone:

[] Quarantine Location(S):

_____ Phone, Individual in charge:

_____ Phone, Individual in charge

_____ Phone, Individual in charge

[] Isolation/quarantine assistance contacts:

a. Division of Public Health:

Contact name:

Phone:

b. Public Health Nurse

Contact name:

Phone:

c. Infection Control Officer:

Contact name:

Phone:

P. MASS DISPENSING

Assigned by:	
Clinic Mass Dispensing Leader:	
Date/Time Assigned:	
Date/Time Completed:	
Community Mass Dispensing Leader:	

Public health emergencies involving infectious disease threats may require mass prophylaxis or mass immunization of part or all the population. If that occurs it will be done in a separate, pre-designated clinic. It may be necessary to treat or immunize essential workers and their families first to ensure a healthy emergency workforce to care for others.

[] Appoint other team members as needed.

[] Identify essential workers in the region and communities affected.

Health care professionals:

Village/tribal leaders:

EMS/Fire/Law Enforcement:

Public utilities workers:

Runway road maintenance:

Hamm radio Operators:

Volunteers

Elders:

Others:

[] Determine where will the mass dispensing take place? School, community center, other:

[] Who will be in charge of receiving supplies and equipment?

Individual in charge:

Phone:

[] Will security be required, if so who will be in charge?

Individual in charge:

Phone:

[] Who will be available to help? EMTs, fire fighters, teachers, other:

Q. CRITICAL INCIDENT STRESS MANAGEMENT

Critical Incident Stress Management first evolved as a system to help first responders deal with the emotional stress associated with a disaster. More recently it has evolved to include support for all citizens affected by a disaster.

Several resources may be available to provide emotional support. These include the State of Alaska (through the SECC), the Alaska Native Tribal Health Consortium, Red Cross, religious groups and other entities.

Assigned by:	
Behavioral Health Contact Assigned to:	
Date/Time Assigned:	

- [] Appoint other team members as needed.
- [] If providers, responders or citizens are affected by emotional stress coordinate Assistance through appropriate agencies and entities to provide Critical Incident Stress Management Support.
- [] ANTHC or other contacts available to initiate community Critical Incident Stress Debriefings.

Contact name:

Phone:

- [] Coordinate travel, lodging, meeting rooms, counseling sessions for Critical Incident Stress Debriefings and counseling for community residents.

LOGISTICS OFFICER

The Logistics Chief is responsible for organizing and directing operations required to support the response. This includes providing equipment, supplies people, facilities necessary to maintain the response.

R. INVENTORY/PROCUREMENT OF PHARMACEUTICALS, MEDICAL SUPPLIES and EQUIPMENT

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

During a prolonged response, or a short term response with extreme demands on health care, an inventory of pharmaceuticals and medical supplies and equipment needed in the response should be accomplished. Shortfalls should be ordered. Procurement should be accomplished through normal logistics channels in as much as possible. When that system becomes over loaded alternate emergency procurement should be implemented. Shortfalls can be identified in Situation reports and directed to the SECC for emergency requisition.

- [] Appoint other team members as needed.
- [] When/how often will in inventories be accomplished?
- [] Who is available in each clinic to conduct inventories.
- [] Who will provide needed supplies/ equipment?

Name:

Phone:

- [] Who will order needed supplies?

Name:

Phone:

[] How will they be sent to the community?

[] Who will receive and redistribute them?

Name:

Phone:

Contacts:

Source	Contact	Phone Number
Community Contacts		
Regional Logistics Chief		
ANTHC Regional Supply Service Center		907 729-2980
Other		

S. CLINIC AND MEDICAL RESOURCES PROTECTION

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

Following a disaster where structural damage could occur clinics and other buildings that support emergency health care should be assessed for damage. Structural integrity of buildings and utilities should be evaluated. Also equipment, supplies and medical records should be assessed for damage. Ideally someone in the clinic or community pre-identified who has a background in construction should do the assessment.

- Evaluate medical treatment facilities for damage or potential damage:

When: As soon as possible after the event has occurred.

Who:

Office & Home Phone:

- Determine an alternate site to provide medical care if the current facility is likely to become unusable or isolated from its users (Checklist).

When: As soon as possible if an alternate site has not been pre-designated.

Who:

Office & Home Phone:

- Ensure a 14-day supply of fuel for back-up generators if available.

- Assess pharmaceuticals and medical supplies and equipment for damage. Prepare to move these stocks to an alternate site if needed (Inventory Checklist).

Who:

Office & Home Phone:

- Order any shortages using normal methods unless they won't arrive in time. In that case, identify these shortages and the normal supplier to the [Community Name] Incident Management Team (IMT) and ensure they are listed as a Priority Need on the next Situation Report.

When: As soon as possible.

Who:

Office & Home Phone:

- [] Protect all medical records by ensuring they are in a safe place.

When: Immediately and at the time each new record is created.

Who:

Office & Home Phone:

- [] Advise the Regional Incident Management Team of clinic status daily or more frequently if needed. Include damage and actual or forecasted shortages of pharmaceuticals, supplies and/or equipment and the normal supplier(s) and any other health-related issues.

When: Throughout the incident.

Who:

Office & Home Phone

- [] Identify critical medications, supplies and equipment to bring during the evacuation.
- [] Ensure clinics and medical equipment, supplies, resources are secured prior to evacuation.

U. SHELTER OPERATIONS

If a shelter must be established health care staff would provide health care during shelter operations.

A shelter manager should be appointed to open and manage shelter operations. The health care staff will work under the shelter manager.

Assigned by:	
Shelter Medical Officer:	
Date/Time Assigned:	

Determine who the Shelter Manager is

Name:

Phone Number:

Appoint other team members as needed.

Participate in shelter team meetings

Assist in establishing the shelter

Set up a medical care location in the shelter

Set up an isolation room if needed.

Contact community clinics that serve evacuees to determine special medications evacuees may require and ensure the shelter has stocks of these medications.

Identify medical equipment, supplies, pharmaceuticals transported to the shelter

V. ALTERNATE MEDICAL FACILITY

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

An alternate site for a medical care facility should be designated in case the current facility is damaged beyond use or isolated from the community. The school, community center, armory, hotel or bed and breakfast could be possible sites. The plan should also include details to relocate medical supplies and equipment to the alternate site.

Who will be in charge of the alternate care site?

Name:

Phone:

Appoint other team members as needed.

Where will the alternate clinic be located?

Location:

Phone:

Is there an MOA for use of that facility? If so it should be implemented.

Who will be in charge of directing the move?

Name:

Phone:

[] Who will help move supplies, equipment, patients?

Name:

Phone:

W. VOLUNTEERS

Some Alaska communities have trained and maintain a list of volunteers who will be able to augment health care staff and other community professional in an emergency.

Assigned by:	
Clinic Volunteer Coordinator:	
Date/Time Assigned:	

- Who is the community volunteer coordinator?
 Name:
 Phone:
- Appoint other team members as needed.
- Contact the Community Volunteer Coordinator if needed.
- Contact and organize health care volunteers.
- Contact the IMT if needed for their assistance in providing volunteers.
- Provide clinical/health training and guidance to volunteers as required.

COMMUNITY VOLUNTEERS

Name	Phone Number	Specialty

X. STRATEGIC NATIONAL STOCKPILE

Assigned by:	
Clinic SNS Coordinator:	
Date/Time Assigned:	
Date/Time Completed:	

The Strategic National Stockpile (SNS) is a reserve of emergency medical supplies and equipment that can be airlifted to the site of a disaster.

It would be flown into Anchorage, broken down, repackaged and shipped to each community needing supplies and equipment.

Communities should take responsibility for receiving the SNS. This would include receiving the shipment, providing transportation, providing security, possibly providing storage and possibly assisting with distribution.

Dispensing pharmaceuticals/vaccines will be accomplished as defined by Checklist P.

Who will be the Community Coordinator?

Name:

Phone number:

Appoint other team members as needed.

Will security be necessary? If so who in the community will provide security?

Name:

Phone number:

Where will the SNS be stored?

Location:

Phone number

FINANCE AND ADMINISTRATION CHIEF

THE FINANCE AND ADMINISTRATION CHIEF: The Finance and Administration Chief will manage and monitor the utilization of financial assets and the accounting of financial expenditures. The Finance and Administration Chief will also supervise the documentation of expenses and cost reimbursement activities and submit invoices for allowable response reimbursements.

X. TRACKING EXPENSES

Assigned by:	
Assigned to:	
Date/Time Assigned:	
Date/Time Completed:	

In State and Federally-declared disasters, communities can be reimbursed for eligible incident expenses. Eligibility is determined by the State and Federal governments. It is therefore important to track all personnel and equipment time and expendable supplies used in the response. Volunteer time should also be tracked as it is an excellent means for the community to show in-kind contribution value for which no reimbursement is expected.

- [] Appoint other team members as needed.

- [] Who will be responsible for tracking personnel hours? (Utilize the attached health care worker hours table.)
 - a. Name:

 - b. Phone:

- [] Who will be responsible for tracking supply, equipment, transportation costs? (The individual responsible for managing inventories would probably be the best person for this, see checklist R)
 - Name: _____ Phone: _____

- [] Ensure separate cost codes are established for all disaster related expenses.

- [] Who can help with advice and preparation of documentation and invoices for

recouping expenses?

Finance Chief State Emergency Coordination Center

Name:

Phone:

HEALTH CARE WORKER HOURS WORKSHEET

Clinic Name:	Dates From:				To:		
POSITION	MON	TUES	WED	THUR	FRI	SAT	SUN
Clinic Administrator							
Nurse practitioner							
Nurse practitioner							
Nurse practitioner							
Physician Assistant							
Physician Assistant							
Physician Assistant							
Physician Assistant							
CHA/P							
CHA/P							
CHA/P							
CHA/P							
Dental Health Aid							
Behavioral Health Aid							
Clinic Assistant							
Clinic Assistant							
Admin Assistant							
Admin Assistant							
Volunteer							
Volunteer							
Volunteer							
Volunteer							
Volunteer							
Volunteer							
Time Keeper:	Name:				Phone #:		

EQUIPMENT, SUPPLIES, MISC. EXPENSES WORKSHEET

SUPPLIES	EQUIPMENT Type	EQUIPMENT Hours	FACILITY EXPENSES (Fuel etc.)	TRANSPORTATION	OTHER

PLANNING CHIEF

PLANNING SECTION CHIEF: The Planning Section Chief will oversee all incident related data gathering activities, conduct planning meetings, record objectives, prepare incident action plans and compile situation reports.

Z. PLANNING FUNCTIONS

- [] Appoint other team members as needed.
- [] Schedule planning meetings in conjunction with the Medical Incident Commander
- [] Facilitate planning meetings, set agendas, keep discussion on track, record minutes.
- [] Record Objectives developed during each planning meeting
- [] Ensure checklists and assignments that serve as Incident Action Plans are generated and maintained.
- [] Maintain all logs, records other documents, generated during the response.
- [] Complete Situation Reports

Appendix A

SITUATION REPORT

Incident:	Date/Time of this Report:	Prepared By:
------------------	----------------------------------	---------------------

1. JURISDICTION NAME:

2. GENERAL SITUATION:

3. CASUALTY STATUS:

- a. **Dead:**
- b. **Missing:**
- c. **Injured needing transport for medical treatment:**
- d. **Injured within local medical treatment capability:**
- e. **Comments:**

4. SHELTER STATUS:

- a. **Number of shelters open during past 24 hrs:**
- b. **Number people sheltered during past 24 hrs:**
- c. **Comments:**

5. AIRPORT/ROAD CLOSURES:

6. PRIORITY NEEDS:

SITUATION REPORT (cont.)

1. INTENTIONS (any notes below supplement attached checklists):

2. WEATHER:

3. INITIAL DAMAGE ASSESSMENT:

1. Emergency Response

2. Public Services

3. Individual & Family Property

10. EOC LOCATION:

Hours of Operation:

Contacts:

a. Phones:

1. Commercial:

1) Primary

2) Secondary

2. Cell:

1) Primary

2) Secondary

3. Satellite:

b. Fax:

1. Primary:

2. Secondary:

c. E-mail:

1. Primary:

2. Secondary:

Appendix B Hazard Vulnerability Assessment

[Regional Tribal Health Corporation Name] Hazards Analysis

The first disaster emergency preparedness step is to understand the threats facing the region. Common hazards are identified below. You may add others and delete those that don't apply. Then use the guide on the following page to quantify the relative risk posed by each. Enter a "1," "2" or "3" in each box opposite each hazard below depending on whether the severity is low, medium or high for each risk factor. Total the scores to determine "Overall Risk." Reorganize the table in priority order from highest to lowest Overall Risk.

The following table identifies the hazards with which [the Regional Tribal Health Corporation Name] is threatened. They were prioritized by degree of risk as shown on the next page, to enable decisions on what to prepare for first. Our threat of greatest concern is the one with the worst possible outcome/we face most often. We will base our exercises of this plan on scenarios that focus on that threat until we are confident in our ability to face it. We will then move on to focus on the next threat of concern.

NATURAL DISASTERS				
Hazard	History	Vulnerability	Max Threat	Overall Risk
Avalanche				
Mudslide				
Coastal Storm				
Blizzard Winter Storm				
Drought				
Earthquake				
Wildland Fire				
Flood				
Thin Ice - Immersion				
Tsunami				
Volcanic Eruption				
Volcanic Ashfall				
Extreme Cold				

Epidemic				
Other				
MAN MADE DISASTERS				
Electric Power Interruption				
Water Waste Water Utility breakdown				
Aircraft Accident				
Other Transportation Accident				
Fuel Shortage				
Oil/Fuel Spill				
Hazmat Release				
Civil Disturbance				
Structural Fire				
Lost Individuals/Search and Rescue				
Other				

Hazard Risk Factors

History: The number of occurrences of each hazard in the past 100 years.

Severity Rating	Criteria
Low	0-1 event per 100 years
Moderate	2-3 events per 100 years
High	4 + events per 100 years

Vulnerability: The usual percentage of population and amount/value of property that is at risk from each hazard.

Severity Rating	Criteria
Low	<1 % affected
Moderate	1-10 % affected
High	>10 % affected

Maximum Threat: The maximum percentage of population and property that could be impacted under a worst case scenario.

Severity Rating	Criteria
Low	<5 % affected
Moderate	5-25 % affected
High	>25 % affected

Overall Risk: The sum of history, vulnerability, maximum threat score.