

Oregon Office of Rural Health
RHC Emergency Preparedness
Plan Workshop
January 17-19, 2023
Sample Forms and Templates



Sample Risk Assessment Tool

Sample Brainstorming Risk Assessment Tool

RHC Emergency Preparedness Risk Assessment

All- Approach Development Tool

(To be used with the Risk Assessment Tool)

The purpose of this tool is to help identify the types of emergency situations which could occur in your community or in your RHC service area. These situations should then be addressed in your emergency preparedness plans, written policies and employee training materials to comply with 42 CFR §491.12.

Weather-related Emergencies

1. What types of weather-related emergencies are common to your geographic area?
What is the risk based on historic events or current conditions?

<input type="checkbox"/>	Thunderstorm	<input type="checkbox"/>	Tornados	<input type="checkbox"/>	Hurricane	<input type="checkbox"/>	Flooding
<input type="checkbox"/>	Drought	<input type="checkbox"/>	Wildfires	<input type="checkbox"/>	Snowstorm/Blizzard	<input type="checkbox"/>	Other Storms _____
<input type="checkbox"/>	Other (List) : _____						

2. What types of emergency situations could develop because of a weather-related or natural disaster emergency? List all situations that could occur in each type of weather-related or natural disaster emergency.
3. What actions would your RHC take in each these emergencies? How would you communicate internally and externally? To whom would you communicate? Would you close the RHC, shelter people in place, or evacuate? Would you need to provide emergency medical care to employees, patients or the community at the RHC? Would your providers be needed to provide emergency medical care at another location?
4. What type of training is needed to prepare your RHC staff for these situations?

EPP Employee Training Checklist

EMPLOYEE EPP TRAINING CHECKLIST

Employee Name: _____

Position/Role: _____ Hire Date: _____

✓	Training Description	Date	Supervisor initials
	Employee knows the location of the EPP binder or can access the EPP through InQdocs		
	Employee knows how to access plan on-line or through a software program/common drive		
	Employee knows how to find a specific emergency response plan in the binder		
	Employee knows where fire extinguishers are located		
	Employee knows RACE and PASS acronyms		
	Employee can identify evacuation routes		
	Employee knows where to find the communication tree and understands how to use it		
	Employee knows any code words or code alerts used in emergency situations		
	Employee knows which room(s) can be used as safe rooms for sheltering in place		
	Employee knows where emergency supplies are kept flashlights, batteries, power packs, first aid kits, etc.		
	Employees know what types of alternative communication are available.		
	Employee understands the concept of delegation of authority.		
✓	Testing Participation, as applicable. Have separate training logs for each exercise, also		
	Employee has participated in a community exercise		
	Employee has participated in a facility wide exercise		
	Employee has participated in a tabletop exercise		
	Employee has participated in an in-service training where training from a community wide or facility wide exercise was disseminated to clinic staff		
	Employee has participated in the activation of a real emergency response plan.		
	Employee has participated in a post-event evaluation or after-action report creation.		
	Employee has attended city, county or state workshops or meetings on EPP		

Severe Weather EP Exercise Template

Severe Winter Weather Tabletop or Workshop Exercise Tool

Instructions: Use this tool to conduct a Severe Winter Weather TTX or workshop event. Use the tool to help brainstorm and discuss how severe winter weather could impact your facility. From the discussion, develop and test an emergency response plan for this event. Review your most recent EPP documents to determine if the existing plan requires revision based on the findings of this exercise.

Facility Name: _____

Address: _____

County: _____

City, State, Zip: _____

Exercise Date: _____ Start Time _____ Stop Time _____

Leader/Facilitator: _____

Participants

(Print names and/or obtain a sign in sheet.)

<u>Name</u>	<u>Role/Position</u>	<u>Department</u>
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Describe the testing Scenario:

Weather Conditions for Exercise
Check all that apply

Severe Winter Weather

- | | | |
|--|---|--|
| <input type="checkbox"/> Freezing Temperatures | <input type="checkbox"/> Snow | <input type="checkbox"/> Sleet/Freezing Rain |
| <input type="checkbox"/> Sub-Freezing Temperatures | <input type="checkbox"/> Ice Accumulation | |
| <input type="checkbox"/> Blizzard Conditions | <input type="checkbox"/> Blowing Snow/Snow Drifts | |

Description of Overall Weather Conditions: _____

Emergency Conditions Which Might Impact the Facility

How would you know to activate this emergency activation? Check all that would apply

- After receiving an alert from a source such as the National Weather Service, Local Media, a state agency or other trusted source.
- After receiving direction or a mandate from a local or state agency.
- After receiving direction from the facility or parent hospital's leadership or management.
- After the clinic administrator/manager or provider on duty make the decision.

With whom would you communicate and how? Who would be in charge?

- We would use the current communication plan in our EPP and follow the order of delegation in the EPP.
- Staff would be notified using the call tree or in person if the plan is activated while the clinic is open.
- Patients will be notified by: _____
- Some other way: _____
- Someone other than an individual listed as a delegate will be in charge:
Name: _____ Role: _____

- Local, county or state officials will be notified if services are impacted or if assistance is needed during the activation. Refer to EPP for contact information or the communication plan.

What will you need to do to prepare your building and parking lot for the emergency?

I. Physical Plant and Equipment

- Salting or Sanding of parking lots, ramps, sidewalks _____
- Winterize plumbing _____
- Service or test generators or back-up power sources _____
- Other: _____ NONE

What will you need to do if there is a disruption to the way healthcare services are delivered during this emergency? What could cause a disruption of services or change the way you perform services?

II. Provision of Services

- Delayed Opening of Facility
- Partial Closure of Services or Departments
- Temporary Closure of Facility

Other factors which might impact the provision of services:

- Providers Storage Nursing Staff Shortage Other Staff Shortage
- Roads impassable/closed Loss of Power Loss of Water
- Loss of Internet Service Supply Chain Disruption Damage to Building
- Loss of Access to EHR/Patient Records Loss of Telephone
- Providers and Staff Transported to Work by Law Enforcement/4WD vehicles
- Providers and Clinical Staff reassigned to another facility or location.
- NONE

How could this emergency impact patient care and the medical management of patients?

III. Patient Care

How could patient care and medical management be impacted? (Discuss and document key points.)

What actions would you take or need to take? Discuss the scenario as a group.

- Telehealth/Telephone Services
- Communication with Patients via social media, local media, phone messages.
- Rescheduled patients Patients were referred to Emergency Department
- Patients transferred or received to/from other facilities
- Law enforcement well checks Home visits Late Opening
- Coordination with other providers and facilities
- Providers and staff worked longer shifts or sheltered at the facility.
- Coordination with law enforcement, first responders, and agencies

Describe specific actions that you would or could take:

Homebound Patients/Patients Using Medical Equipment

Would you need to contact homebound patients known to be using on medical equipment requiring continued power? Would you coordinate with home health agencies, family members or other community stakeholders? Were any measures taken to provide alternative care or to relocate patients? (Describe)

- Not expected to require action by the facility.

Would you use Volunteers during this type of emergency?

IV. Use of Volunteers

Volunteers could be used. Describe how volunteers would be used: _____

No Volunteers Would be used.

How will you ensure that Drugs and Vaccines are stored without a change in temperature or storage conditions?

V. Drugs and Vaccines

Drugs and vaccines would be moved to alternate location

Location: _____

This Location was the one listed in current EPP

This location is not listed in the current EPP Location

Temperature monitoring will be able to be maintained during the emergency.

Temperature monitoring will NOT be able to be maintained during the emergency or it is possible that monitoring will not be reliable.

Drugs and Vaccines will need to be evaluated to determine if they need to be properly discarded after the emergency ends. By whom: _____

Explain how drugs and vaccines will stored and safeguarded during the emergency activation:

What will you do to monitor public utilities and respond if there is a loss of power, internet, or other utility service to the facility?

VI. Water Supply

Water would probably not be disrupted/NA

- Water supply could be compromised or restricted. Discuss and check all possible impacts.
 - Frozen pipes
 - Broken pipes
 - No water
 - Water turned off at facility
 - Water supply/system failure
 - Boil advisory could be issued

VII. Other Utility and Communication Services

ELECTRICITY

- Power could be lost during this emergency.
- Power would probably NOT be lost during this emergency
- A backup generator or alternative power source is available.
- Longest expected period of power disruption: _____

Actions that would be taken if the power was disrupted:

INTERNET

- Internet service could be lost or disrupted during this emergency.
- Internet service probably would NOT be lost or disrupted during this emergency.

Actions that would be taken while the internet service is down:

- Use paper forms to register patients and obtain consent.
- Use paper notes for clinical documentation.
- Contact the hospital or other providers to obtain patient information.
- Other actions to for continuation of healthcare delivery:

GAS

- Gas service could be lost or disrupted during this emergency.
- Gas service not lost/NA

- Natural Gas
- Propane
- None

Actions that would be taken if gas service were disrupted:

PHONE

- Phone service could be lost during this emergency (landline, voice over internet, cell)
- Phone service would probably NOT be lost during this emergency.

Alternative communication methods that could be used in this emergency:

- Cell phones Radios Other _____

Actions that would be taken if phone service was disrupted:

What would you need to do to ensure that the facility was ready to be reopened or to resume full services after the emergency?

- Check the building, parking lot and campus for storm damage. Make necessary repairs.
- Have administrative approval if required.
- Have local or county officials approve reopening if required.
- Verify the integrity of drug, vaccines and supplies if there was a disruption of power. Discard drugs or label for disposal prior to reopening.
- Verify that remaining inventory is available and ready for use.
- Test all electronic and hardware/software systems
- Notify staff of reopening plan or restoration of full-service provision
- Notify patients of reopening plan
- Other: _____

EPP Response Analyzed at End of Exercise

Prepare additional After-Action report or document staff education.

Review the current response actions in the most recently approved EPP. Compare that response to the information discussed and decided during the testing exercise. Based on the exercise, determine if the current response plan for severe winter weather requires any revision or updates.

What needs to be added to the EPP for this hazard or event:

What needs to be removed or revised in the EPP based on this exercise?

No Revisions to EPP required based on this exercise.

Date EPP Reviewed: _____

Date EPP Revised: _____

Date key staff briefed on after action report: _____

Date that providers, employees and staff were retrained on EPP: _____

Other Comments: _____

Name of Person completing this report: _____

Title of Person completing this report: _____

Date Report completed: _____

Signature: _____

Provider and Staff Educational Meeting Held: _____

Sign In sheet completed

Instructions: Conduct a staff training to discuss the details or the exercise. If only one facility representative participated in the tabletop or workshop, you should disseminate the information learned from the exercise and train the staff on the outcomes. Obtain signatures of all providers and staff to document attendance of meeting.

Severe Weather After-Action Report



Severe Winter Weather Activation Document and After-Action Report*

Instructions: Use this document to record the emergency condition which required an activation of your EPP. Attach any supporting documentation. For the *After-Action Final Report, you must conduct a staff training to review the activation and to discuss what worked and what didn't. You should also discuss any revisions or changes to the plan from the lessons learned. **The report is not complete without a sign-in sheet from the staff meeting held after the emergency situation was resolved.**

Facility Name: _____
Address: _____
County: _____
City, State, Zip: _____

Severe Winter Weather Event

Date that severe weather was first predicted/forecasted: _____

Activation Dates (Duration)

Beginning: _____ Ending: _____

**Record of weather advisories, watches or warnings:
Attach copies of official warnings or advisories.**

Date	Type of alert	Source	Action or Impact

Severe Winter Weather Manifestations:

- | | | |
|--|---|--|
| <input type="checkbox"/> Freezing Temperatures | <input type="checkbox"/> Snow | <input type="checkbox"/> Sleet/Freezing Rain |
| <input type="checkbox"/> Sub-Freezing Temperatures | <input type="checkbox"/> Ice Accumulation | |
| <input type="checkbox"/> Blizzard Conditions | <input type="checkbox"/> Blowing Snow/Snow Drifts | |

Description of Overall Weather Conditions: _____

Emergency Activation and Response

I. Physical Plant and Equipment (check all that applied to your preparation and response)

Salting or Sanding of parking lots, ramps, sidewalks _____

Winterize plumbing _____

Service or test generators or back-up power sources _____

Damage to Building (Describe damage, emergency repairs made, and impact to the facility.)

Other: _____

II. Provision of Services

Delayed Opening of Facility on these dates _____

Partial Closure of Services or Departments. Describe: _____

Other factors impacting provision of services:

Providers Storage Nursing Staff Shortage Other Staff Shortage

Roads impassable/closed Loss of Power Loss of Water

Loss of Internet Service Supply Chain Disruption Damage to Building

Loss of Access to EHR/Patient Records Loss of Telephone

- Providers and Staff Transported to Work by Law Enforcement/4WD vehicles
- Providers and Clinical Staff reassigned to another facility or location.

III. Patient Care

How was patient care and medical management impacted? (Describe)

- What actions were taken? Telehealth/Telephone Services
- Rescheduled patients Patients were referred to Emergency Department
 - Patients transferred or received to/from other facilities
 - Law enforcement well checks Home visits Late Opening
 - Coordination with other providers and facilities
 - Providers and staff worked longer shifts or sheltered at the facility.
 - Coordination with law enforcement, first responders, and agencies

Describe: _____

Where homebound patient on medical equipment contacted? Were any measures taken to provide alternative care or to relocate patients? (Describe)

IV. Use of Volunteers

Use of Volunteers Describe how volunteers were used: _____

No Volunteers Used

V. Drugs and Vaccines

- Drugs and vaccines had to be moved to alternate location

Location: _____

- Location was the one listed in EPP
- Location was NOT the one listed in EPP

- Temperature monitoring was maintained during the emergency.
- Temperature monitoring was NOT maintained during the emergency.
- Drugs and/or vaccines were discarded

Explain how drugs and vaccines were stored and safeguarded during the emergency activation.

VI. Water Supply

- Water not disrupted/NA
- Water supply was compromised.
 - Frozen pipes
 - Broken pipes
 - No water
 - Water off at facility
 - Water supply/system failure
 - Boil advisory

Date water supply restored: _____

Date boil advisory lifted: _____

Date water system tested/approved: _____

VII. Other Utility and Communication Services

ELECTRICITY

Date power lost: _____ Date power restored: _____

- Power not lost/NA

Actions taken while power was disrupted: _____

INTERNET

Date internet service lost: _____ Date service restored: _____

 Internet service not lost/NAActions taken while the internet was disrupted: _____

GAS

Date gas service lost: _____ Date gas service restored: _____

 Gas service not lost/NAActions taken while gas service disrupted: _____

PHONE

Date phone service lost: _____ Date phone service restored: _____

 Phone service not lost/NA Alternative communication used Cell phones Radios Other _____Actions taken while phone service was disrupted:

AFTER ACTION ANALYSIS AND REPORT

After reviewing our EPP for severe weather and the actual response, the following conclusions were made.

What worked and does not need to be changed:

What did not work and needs to be changed:



What needs to be added to the EPP for this hazard or event:

Date EPP Reviewed: _____

Date EPP Revised: _____

Date key staff briefed on after action report: _____

Date that providers, employees and staff were retrained on EPP: _____

Other Comments: _____

Name of Person completing this report: _____

Title of Person completing this report: _____

Date Report completed: _____

Signature: _____

Provider and Staff Educational Meeting was held on _____, 202____.

The attendance roster is attached.

Attach copies of any documentation which supports the activation event including as applicable:

- Weather advisories
- Emergency declarations by county, state and federal agencies
- Inspection Reports required for reopening or restoration of utilities
- Photos supporting the conditions, response, or damage
- Temperature logs, drug discard logs, repair logs
- Correspondence with local or state agencies
- Incident reports
- Employee training records

One Page After-Action Report Template

AFTER ACTION REPORT

Name of Facility:		
Name/Title of Person Completing Report:		
Date:	Start Time:	End Time:
Drills/Exercises or Incident response: <input type="checkbox"/> Drill or Exercise <input type="checkbox"/> Actual Event/Incident		
<input type="radio"/> Fire <input type="radio"/> Power Outage <input type="radio"/> Evacuation <input type="radio"/> Flood <input type="radio"/> Lockdown <input type="radio"/> Extreme Weather		
<input type="radio"/> Other (specify): _____		
Participation: Provide a list of individuals and agencies participating in the event: 		
Timeline of events: Provide description of events and activities 		
Lessons learned: Provide an overview of lessons learned related to personnel, training, coordination, logistics, etc. 		
Discussion and recommendations: Provide any recommendations for improvements or changes to the emergency plan and procedures and how they will be addressed. 		

Attach any additional documentation.

Signature of Person Completing the Report: _____