

AAFP PREPAREDNESS MANUAL FOR DISASTERS AND PUBLIC HEALTH EMERGENCIES

Section II: Practice Preparedness

(PRACTICE NAME)

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Introduction

Developing a detailed and documented plan for disaster preparedness is a sound business practice. Preparing your practice for disasters may help you to avoid financial loss or to recover more quickly from losses. Disaster preparedness is also an ethical responsibility of the physician.

This section of the disaster preparedness manual is intended to assist physicians and their staff in taking appropriate advanced measures to ensure the ability to provide for safety and business continuity at the time of a disaster. The extent of a physician's ability to provide medical services during a disaster will depend upon many factors which he or she cannot control. However, planning and preparation can lessen the effects of a disaster upon the practice, the physician, staff and patients.

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1. Risk assessment

Now is the time to assess risks to your practice, how you can protect it, and what you can do if disaster strikes. The following information is provided to assist you in disaster planning. It includes key considerations for each type of disaster, which may be helpful as you complete the assessment that follows.

a. Natural disasters

Several types of natural disasters can affect different regions of the country. Please see Appendix A for examples of some of the most common natural disasters. Review the information in Appendix A to identify the types of natural disasters that may pose the highest risks to your practice. The most common natural disasters is flooding.

b. External forces disrupting business

External disruptive forces may include computer viruses, bomb threats, robbery, child abduction, forced closure requiring relocation, biological hazards, loss of electricity or even mass-transit strikes. Protecting your practice from these or other threats requires planning. For example, as part of your HIPAA security plan, you may already have a computer firewall and other measures in place to protect your data. Annual review of these measures along with periodic software updates serve as reinforcements. While it is not possible to plan for every incident, thoughtful preparedness may provide the resilience to appropriately react and recover from unforeseen events. Consider the likelihood of external disruptions that may affect your practice while developing the practice policies and disaster preparedness plans.

c. Internal forces disrupting business

While planning for disasters and other external disruptive forces, include plans for internal disruptive forces that may affect your business. For example, loss of key personnel can cripple a practice. Is there sufficient cross-training of staff and basic procedures documentation to minimize the burden if a key staff member is unexpectedly absent for an extended period? How many staff members know the billing system in your practice and can help maintain the practice's cash flow? If overhead pipes burst during the night, what would your losses be and how quickly could you recover?

d. Biological hazards/pandemic

As you are developing a preparedness plan to respond to biological hazards or pandemic, you may contact local and state authorities to address the needs of your community. A planning committee might help to ensure that the needs of the clinic are met. Select a committee member to contact other organizations and provide other staff with updated information as it becomes available. A committee member should be appointed the tasks of communicating with the public, if the

need arises, and maintaining a database of contacts. A committee member should be responsible for ensuring staff preparedness and training.

Resources to assist members in preparing for a pandemic are available from the AAFP. Further information regarding a pandemic control plan and AAFP resources is provided on page 37.

e. Identifying risks and responses

Some of the risks already identified in this manual may be very low for your practice. As you complete the risk assessment survey (pp.8), you may ask yourself about the costs of protecting your practice from such disasters. The following lists, adapted from the Homeland Security *Ready Business Mentoring Guide*, provide some items that you might include in you disaster planning based on cost.

Free or low cost

- Meet with your insurance agent to review current coverage and options.
- Create plans to quickly evacuate and shelter-in-place, and practice the plans.
- Educate staff and discuss their roles in the practice's disaster planning.
- Create emergency contact lists of employees, suppliers and other pertinent contacts.
- Plan an alternate business location to be used in the event that your current building is damaged or otherwise not viable.
- Inventory all supplies and equipment, especially computer hardware, software and peripherals.
- Promote personal preparedness to your staff, patients and family.
- Become active in your community's disaster preparedness and response organizations.
- Place heavy or breakable objects on low shelves.

Less than \$500

- Ensure that adequate fire extinguishers, carbon monoxide and smoke detectors are available and inspected regularly.
- Build disaster supply kits with items that are affordable and necessary to your environment. Counsel staff about personal supply kits that might be kept at hand.
- Set up a telephone call tree, password protected staff Web page, specific texting identification, e-mail alert or call-in voice recording to communicate with staff in case of an emergency.
- Use computer anti-virus software and firewalls, and keep them up-to-date.
- Attach equipment and cabinets to walls or other stable equipment.
- Elevate valuable inventory and electric machinery off the floor in case of flooding.
- Keep electronic back-ups of all critical data off-site, preferably in an area unlikely to be affected in case of a disaster.

More than \$500

- Consider additional insurance coverage such as business interruption, flood or earthquake policies.
- Purchase, install and pre-wire a generator to the building's essential electrical circuits. Locate the generator above potential flooding area.
- Provide for other utility alternatives and back-up options.
- Upgrade your building to current standards for wind, fire and seismic resistance.
- Install automatic sprinkler systems, fire hoses, and fire resistant doors and walls.
- Consider hiring a security professional to evaluate and/or create your disaster preparedness and business continuity plan.
- Send key staff members to training courses or conferences (e.g., course on pandemic flu preparation)

Risk assessment survey

| Possible hazards and emergencies | Risk Level | | | | Related considerations for disaster planning |
|--|------------|-----|----------|------|--|
| | None | Low | Moderate | High | |
| Biological terrorist act | | | | | |
| Bomb threat or explosion | | | | | |
| Chemical spill or terrorist act | | | | | |
| Earthquakes | | | | | |
| Electronic data corruption/loss | | | | | |
| Extreme heat | | | | | |
| Fires | | | | | |
| Floods | | | | | |
| Hazardous materials incident | | | | | |
| Hurricanes | | | | | |
| Landslides and debris flow | | | | | |
| Loss of key staff | | | | | |
| Pandemic illness | | | | | |
| Prolonged power outage | | | | | |
| Radiation/nuclear accident | | | | | |
| Thunderstorms and lightning | | | | | |
| Tornados | | | | | |
| Tsunamis | | | | | |
| Violent patient/hostage situation | | | | | |
| Volcanic eruption | | | | | |
| Water shortage | | | | | |
| Wildfires | | | | | |
| Winter storms and extreme temperatures | | | | | |
| Other potential hazards: | | | | | |

2. Preparedness assessment

a. Insurance coverage

Evaluating your current insurance coverage should be one of the first steps in the disaster planning process. Take the time to review your insurance coverage annually. Review all related documents, including insurance policies, leases or mortgage documents for the building and equipment to determine your risk of loss in case of a disaster. Review what is covered by your insurance policy and what is not, and make a list of questions or concerns for your insurance agent. Check your lease or mortgage documents for information on how your practice would be affected in the event of a disaster that destroys or temporarily prevents the use of the facility or equipment. **Business interruption insurance** helps offset the costs in case you are not able to operate out of your office as the result of a disaster. It is usually calculated based on the financial history of the practice; therefore it is important to include all financial information in your evacuation kit or to keep copies of all financial records off-site (preferably out-of-state).

Extra expense insurance coverage adds a cushion of protection for expenses that you may incur beyond normal operating expenses after a disaster. For example, if you are able to continue to operate but must purchase services that are not covered by your other insurance policies, extra expense insurance coverage helps cover additional expenses. Review your deductible and any additional expenses that you may incur in case of a disaster (e.g., batteries, ice, increased telephone charges, a generator, temporary repair supplies), and remember that policies often have a delay of coverage of 48 to 72 hours. Consult with your insurance agent to see if extra expense insurance coverage is right for you, including the replacement costs for vaccine in case of electricity loss.

Review your **liability insurance** coverage. Is it adequate in today's market? Would your coverage include injuries to a patient who is injured on your property during or after a disaster?

Now is also the time to document your property. Videotape the building and equipment. Include equipment serial numbers and the value of items in your inventory list (see inventory form on pp.12). Keep a copy of these records off-site and provide a copy to your insurance agent.

The following form may be helpful in preparing for a discussion with your insurance agent and as a record of important policy information.

Insurance coverage information form

Insurance company _____ Agent _____
 Address _____
 Phone _____ Fax _____ E-mail _____

| Type of Insurance | Policy No. | Deductible | Policy Limits | Coverage (general description) |
|-------------------|------------|------------|---------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Policy last reviewed in 20__
- Policy provides sufficient coverage for replacement costs of lost contents
 Yes No
- Will the depreciation formulas leave you in the negative?

-
- Policy covers all leased and owned equipment and supplies Yes No
 - Policy coverage includes fire and water damage Yes No
 If not, is it needed? Yes No
 - Policy coverage includes flood insurance. Yes No
 If not, is it needed? Yes No
 - Policy covers business interruption Yes No
 If so, list documentation required for compensation:

-
- Policy covers extra expenses following a disaster Yes No
 If so, list documentation required for compensation:

-
- Policy coverage includes earthquake insurance Yes No
 If not, is it needed? Yes No
 - Policy coverage includes debris removal. Yes No
 If not, is it needed? Yes No

Notes:

Practice inventory control form

Your inventory list should include all computer hardware, software and peripherals, in addition to other office equipment and supplies. For hardware, note random-access memory (RAM) and central processing unit (CPU) capacity.

For easy maintenance of the inventory control form, an Excel spreadsheet can be created and backed up regularly to a disc or jump drive. Records of purchase, including warranties and service contracts, should be copied or scanned to a file and kept in a secure location such as a safety deposit box.

| Model or description | Date of purchase | Check or PO # | Purchased from | Serial # | Warranty/service contract | Cost/Value |
|----------------------|------------------|---------------|----------------|----------|---------------------------|------------|
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b. In-house resources

Evaluate the resources that you already have and the ones that you may need in the event of an emergency. Performing inspections and creating an inventory list now can save you time and prevent loss of income in the future. Your practice may already have certain resources that can be built into your disaster preparedness plan.

Considerations:

- Staff contact list
- Inventory of supplies and equipment
- Crank-operated and/or battery-powered radio (weather alert also)
- Heavy-duty boxes to transport files or supplies, if necessary
- Heavy-duty tarps and/or heavy sheet plastic
- Duct tape or other waterproof tape
- Sealable plastic bags of different sizes
- Dust masks, moist towelettes, garbage bags and ties
- Air purifier with HEPA- filter
- Generator (see generator tips below)
- Dry ice (if needed to maintain temperature of vaccines, etc.)
- Off-site storage of items necessary to reestablish business (copies of forms, vendor lists, and basic exam room and office supplies)
- Scanner (scan important documents and save to disc or jump drive for off-site storage)
- Staff with experience in disaster response and/or recovery

Generator tips: There are two basic types available in a variety of styles and price ranges: standby and portable generators. Standby generators are permanently installed and are a part of the building's electrical system. They usually have a transfer switch that is automatically activated when it is needed, and automatically shuts down when it is not needed. The switch prevents feedback, which may occur in a portable generator. Standby generators should only be installed by trained professionals who are knowledgeable about permits and who know who needs to be notified in your area prior to installation. Portable generators are smaller and should be used with caution. Prior to purchasing a portable generator, make sure that it offers enough power to meet your emergency needs.

All generators are powered by gasoline or propane, both of which can be in short supply during an emergency. Consider purchasing and storing gasoline or propane in a safe place prior to storm season.

Guidelines for needed power during an emergency:

Check your utility bill and verify how much energy is used in your practice each month. You may estimate your average daily power usage (but not peak usage) by dividing the average monthly power usage by the number of days of actual business operation.

Check all the electrical appliances or corresponding owners manual to verify needed wattage for operation. Delicate equipment may be permanently damaged by insufficient power source. Follow all manufacturers' directions for generators regarding refueling and usage. Never refuel a running generator.

c. Alternate locations and resources

Now is the time to identify where your practice can relocate to in the event of an evacuation.

Does your budget include provisions to rent an alternative space for your business until your permanent location is available?

Is negotiating with your current landlord for an alternate office space an option?

Is there a local real estate agent who will be prepared to assist you in an emergency?

Would you be able to make a reciprocal agreement with another physician to share his or her office if your office becomes temporarily unavailable?

Would you take all your staff with you to the new temporary location?

Would you have access to necessary equipment?

If the equipment is damaged or inaccessible, do will you have a plan for leasing replacements?

What will be required to restore the patient and business records?

What resources might you share with neighboring practices or businesses?

If patients must be evacuated from your building during inclement weather, would you be able to make arrangements with another business in a nearby building to shelter your patients until it is safe to return or until they are able to leave the area?

d. Current practice policies and resources

What current policies and procedures are documented?

Do you have a clearly defined set of rules and chain-of-command?

Do the practice's employee handbook and operating procedures manual need to be updated?

What emergency instructions have already been given to staff?

Some of the tools which you might already have in relation to laboratory safety, OSHA compliance or other practice operational guidelines may be part of your disaster planning. Do checklists and quick guides already exist for easy reference in an emergent situation?

e. Safety equipment

What safety supplies are already available?

Do you have enough exam gloves, masks, and personal protective equipment (PPE), and heavy gloves for all staff members?

Do all staff members know where fire extinguishers, emergency exit routes, disaster supply kits, and other safety-related supplies and equipment are located?

Do you have a crash cart or kit? If so, is it being checked monthly for expiration dates?

Different practices may have different needs in a crash cart needs. Staff training, as well as the types of emergency your practice might face, should be taken into consideration when purchasing a kit as well as what emergency you might face at your location. For example, a geriatric office may or may not choose to have a pediatric set for their kit, or a stat care clinic may consider purchasing a full intubation set with either an automatic external defibrillator (AED) or a defibrillator with pacing capabilities. However, there is no reason to buy equipment that your staff is not trained to use. The following is a guide that should be adapted to your own individual needs. Appropriate staff should be current in basic life support and/or advanced cardiac life support/pediatric advance life support.

Crash cart considerations

Low-risk setting

- Telephone to call 911
- Stethoscope and blood pressure cuff
- Basic dressing supplies
- Consider AED and mask for mouth-mask ventilations
- Consider oxygen supplies

Moderate setting (most physician offices)

- Airway bag valve mask (adult and pediatric, may consider infant)
- Oral airway tubes
- Oxygen supplies
- Glucometer
- Parental therapy: syringes (1 mL, 3 mL, 10 mL, 60 mL), needles (14, 18, 23 and 25 gauge), alcohol wipes, gauze, tape, normal saline and 5% glucose.
- Medications to consider: aspirin, nitroglycerin spray (may be stored for longer periods than tablets), diazepam, lorazepam, 50% glucose, glucagon, epinephrine 1:1,000 for subcutaneous use and 1:10,000 for intravenous (IV) or endotracheal use, diphenhydramine 50 mg for oral and parenteral use.

When purchasing medications, consider costs and expiration dates as well as administration supplies. Prior to making your purchases, consider what you might need in your setting.

High-Risk Setting

- Intubation equipment: laryngoscopes (two sizes), endotracheal tubes (sizes 3-8), Magill forceps, suction equipment with tonsil-tip catheter, mask, eye shield
- Oxygen supplies: nasal cannulas, non-rebreather masks, tubing, oxygen tank, consider a pulse oximeter
- Consider intraosseous supplies, such as a bone gun and catheter
- Consider continuous positive airway pressure (CPAP) for respiratory emergencies and for patients who have congestive heart failure
- Intravenous supplies: tourniquets, catheters (14, 18, 22, 25), normal saline, IV pole and tubing, alcohol wipes, 4x4 pads, tape
- Cardiac care: electrocardiogram with defibrillator or an AED
- Neonatal supplies: sterile towel, additional oral airway tubes and masks, infant laryngoscope blade, umbilical vein catheters, clamp, infant hat, warming blanket
- Burn supplies: sterile water, sterile 4x4 pads, gauze, tape, burn drape or kit
- Sterile water for eye wash, eyecup or nasal cannula tubing to flush eyes
- Surgical scalpels: numbers 10 and 15, forceps, clamps, suture material (nonabsorbable and absorbable 3-0, 4-0, 5-0)
- Wheelchair and/or stretcher
- Aerosol therapy: nebulizer supplies, three sizes of AeroChamber, or masks
- Extra medications to consider: lorazepam oral and parenteral diazepam, furosemide, morphine, nitroglycerin (0.4 mg spray), adenosine, ammonia inhalant, atropine, digoxin, calcium chloride, ipecac, magnesium sulfate, metoprolol, nifedipine, naloxone

f. Table-top exercises

By now you have identified disasters that may affect your practice and some of the disaster preparedness resources you may already have in your practice. The following forms may aid in the development of supply kits and disaster plans.

By conducting table-top exercises, you will have an opportunity to consider a potential emergency situation and discuss your response preparedness. For instance, you might propose a scenario in which a fire at a nearby manufacturing plant has resulted in an order to evacuate the area. How will you and your staff respond? How can you quickly evacuate patients, secure the premises and notify patients whose appointments will need to be rescheduled? By performing this exercise with your staff, you may discover areas that require additional disaster planning.

Chapter 3 of this section is designed to assist you with a written disaster plan that includes chain of command and assignment of responsibilities. As you work with staff to complete the following forms, consider personnel's interest, ability and experience in a formal disaster plan development. These are the people who may be best relied upon to take responsibilities for disaster preparedness.

Emergency planning table-top considerations

1. Staff member who will be responsible for monitoring health threats (avian flu, etc.):

2. Staff member who will be responsible for monitoring weather conditions:

3. What will be the line of communications in case of an emergency?

4. How will staff know their responsibilities in case of an emergency that occurs during office hours?

5. How will staff be alerted of office closures if an emergency occurs after business hours?

6. Who will conduct staff training on practice safety? How often will training be offered?

7. Will regular practice evacuation and shelter-in-place drills be conducted? How often?

8. How will staff, patients and visitors who are in the office at the time of an emergency be accounted for?

9. In case of an evacuation, where is the staff designated meeting area?

10. How will disabled or high-risk persons be accommodated in case of an evacuation? Do platforms in stairwells have sufficient room to accommodate persons in wheelchairs who might need to wait for rescuers? If not, what are other alternative safe areas?

11. In the event of a shelter-in-place (e.g., severe storm, biological threat), what is the protocol for moving patients and staff to shelter and securing the clinical areas?

12. In what circumstances should staff take the time to secure valuables, drug cabinets, etc.?

13. In what circumstances should precautions such as shutting down computers and servers be taken?

14. In what circumstances should immediate evacuation be undertaken without regard to securing the premises or taking precautions to protect the property?

15. What is the process for staff members to stay in contact during an evacuation period?

16. In case of an extended evacuation period, is there a plan in place for continuity of income, payroll and accounts payable?

17. Is there a secure off-site location where supplies and equipment that are critical to business continuity can be stored for use after an emergency?

18. Staff responsible for maintaining emergency supplies for use in a shelter-in-place emergency:

19. What is the response plan in case of a child abduction or angry patient/visitor?

Other comments/notes:

3. Preparations

a. Internal and external hazards inspection

Whether you own or lease the facility where your practice is located, undertaking an annual hazards inspection may give you the opportunity to avoid some disasters and reduce your risk to others.

The following inspection guide is intended to provide guidelines for conducting an inspection. You may find that not all items apply to your practice or that you have other concerns, which you may add to the form. If you lease the property, you can still use the checklist below and go over it with your landlord. If necessary, discuss possible modifications to secure the property, and ask about the possibility of having annual inspections.

Inspection guide - exterior

| Roof | Pass/ Fail | Comments |
|---|------------|----------|
| Shingles, tiles, covering securely fastened | | |
| Roof line sagging or misshaped | | |
| Evidence of water pooling | | |
| Air intakes/vents free of blockage | | |
| Undersides, support framing, soffits in good repair | | |
| Downspouts and/or scuppers drain away from building | | |
| Walls | | |
| Siding secure and in good condition | | |
| Foundation stable and without cracks | | |
| Paint cracked or peeling | | |
| Vegetation trimmed away from walls | | |
| Windows and doors | | |
| Locks and hardware functioning properly | | |
| Caulking/weather stripping in good condition | | |
| Glasses intact | | |
| Grounds and parking areas | | |
| Street address clearly visible and secured | | |
| Signs anchored against up to 40 mph winds | | |
| Trees and bushes trimmed | | |
| Parking surfaces intact | | |
| Walkways intact and clear of debris or obstructions | | |
| Railings/fences firmly grounded | | |
| Outdoor furniture/trash cans/other objects anchored or easily stored if necessary due to storm conditions | | |
| Lighting is sufficient/working | | |

Other comments:

Inspection guide - interior

| Interior structure | Pass/Fail | Comments |
|---|-----------|----------|
| No evidence of leaks | | |
| Interior door locks work | | |
| Switches/outlets working and secure | | |
| Phone jack not linked to phone system available and working | | |
| Generator inspection current, if applicable | | |
| Elevator inspection current | | |
| Exit routes marked/ exit lights functioning properly | | |
| Stairwell clean and unobstructed | | |
| Stairwell lighting sufficient | | |
| Handrails secure in stairwell | | |
| Work areas | | |
| Evacuation maps posted | | |
| Electrical/telephone cords not posing tripping hazards | | |
| Space heaters/other equipment inspected & safely placed | | |
| Surge protectors/power back-ups installed and inspected | | |
| Material Safety Data Sheets readily available | | |
| Pharmaceutical products secured | | |
| Hazardous materials including cleaning supplies securely stored | | |
| Shelves/file cabinets secured | | |
| Sprinkler heads clear of items stacked on high shelves, etc. | | |
| Fire extinguishers secured and inspected | | |
| Laboratory safety precautions in evidence | | |
| Paper records secured from fire/water/wind damage | | |
| Furniture in good repair | | |
| Passageways clear | | |
| Floor surfaces smooth and free of slick areas | | |

Other comments:

b. Emergency supply kits

The following checklist is adapted from the personal supply kit checklist, available in Section I of this manual (Personal Preparedness). You may choose to alter this list according to the size of your practice and potential number of persons who may shelter in your practice.

Use the “kit updated” field to track the kit’s last maintenance date. Some items will need to be replaced regularly due to expiration dates or loss of effectiveness (e.g., batteries).

Kit list last updated _____

Basic kits should include the following supplies:

Essentials

- Water- 1 gallon per person per day for at least 3 to 7 days
- Bleach or water purification method
- Food (requiring minimum heat or water)
- Non-electric powered can opener
- Blankets or sleeping bags
- Portable radio, spare batteries or hand-crank/solar radio
- Flashlight with extra batteries and/or light sticks
- Watch or non-electric powered clock
- Cash and change for emergency use
- Baby supplies: formula, bottles, pacifier, diapers, wipes

Sanitation Supplies

- Large plastic trash bags to be used for waste
- Large trash cans
- Hand cleaner
- Toilet paper and paper towels wrapped in plastic
- Powdered chlorinated lime
- Pre-moistened towelettes
- Feminine hygiene supplies
- Household bleach

Safety and Comfort

- Whistle
- Heavy gloves
- Rainwear
- Candles and waterproof matches

Tools & Supplies

- Axe, shovel, broom
- Adjustable wrench
- Screwdriver, hammer, pliers
- Knife or razor blades, scissors
- Coil of ½” rope
- Plastic tape, staple gun, plastic sheeting

c. Support systems

Neighboring businesses and vendors and associates to your practice may provide you with valuable support before, during or after a disaster occurs. Consider businesses in your area that may provide supplies or services or collaborate with your practice in preparedness planning. In widespread disasters, it may be difficult to obtain services and supplies. You can save time and effort when support is needed by maintaining a list of vendors, contractors and service companies you have contacted regarding inclusion in disaster preparedness and response planning or with whom your practice has a business relationship.

A template table to help you create a list of support contacts is available on the next page. The resources listed are suggestions to assist you in getting started. Each practice may require different resources for business continuity. Customize the list to suit your practice and keep a back-up copy in a safe and convenient outside location (e.g., e-mailed to yourself and archived in a program such as Outlook).

Contact list for supplies & services

Last updated _____

| Name | Resources offered | Contact Information & Customer ID # | Alternate Contact Info. |
|--------------------|--|--|--------------------------------|
| Utilities | Electricity | | |
| | Gas | | |
| | Internet (DSL, etc.) | | |
| | Telephone | | |
| | Water | | |
| | | | |
| Suppliers | Laboratory supplies | | |
| | Medical / business equipment services | | |
| | Medical supplies | | |
| | Office supplies | | |
| | PC/Hardware support | | |
| | Software support | | |
| | Truck/equipment/tool rental company | | |
| | | | |
| Contractors | Carpentry/General Contracting | | |
| | Document Recovery Service | | |
| | Electrician | | |
| | Flooring | | |
| | General Cleaning | | |
| | Heating/ AC | | |
| | Plumbing | | |
| | Recovery Service | | |
| | | | |
| Other | Accountant | | |
| | AAFP Chapter | | |
| | Chamber of Commerce | | |
| | FEMA | | |
| | Leasing agent/realtor | | |
| | Professional Liability Insurance | | |
| | Property Insurance | | |
| | Medical Society | | |
| | Red Cross | | |
| | | | |

4. Written plan

a. Chain of command

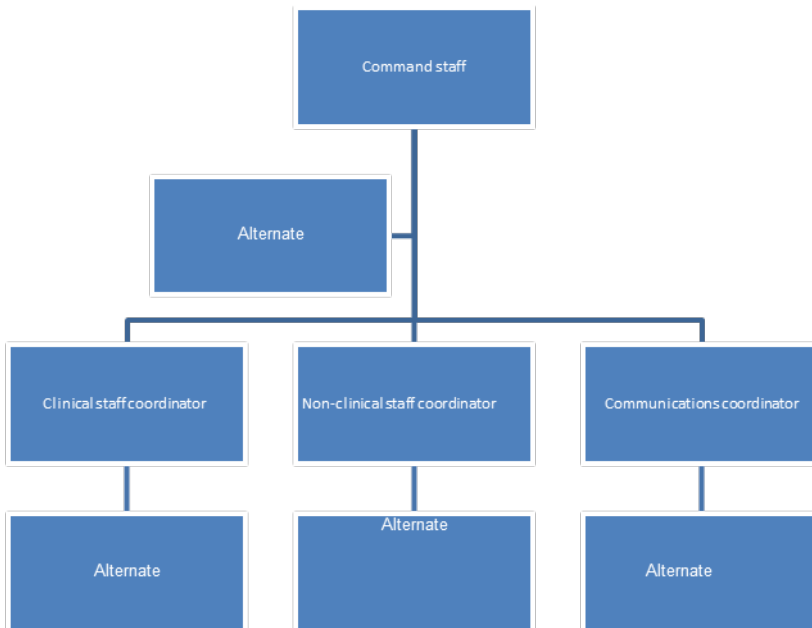
Deciding on a chain of command and designating staff members to be responsible for specific tasks will help ensure efficiency in case of a disaster. A disaster team should be identified and their contact information should be available to other staff members. A contact information sheet should be included in the front of your practice's procedures manual for easy access and posted in locations where staff can easily identify who to contact in the event of an emergency.

The command staff person should be clearly designated. The other following roles should be identified and an alternate command person may be designated to ensure the practice's needs are met in case of an emergency:

- A staff member should be assigned the responsibility of contacting outside organizations and providing updated information to staff members as it becomes available.
- A staff member should be assigned the task of communicating with the public, if the need arises, and maintaining a database of contacts.
- A staff member should ensure staff preparedness and training.

As other needs arise or are recognized, the plan should clearly designate the responsibility of each staff member.

Preparedness team and chain of command worksheet



Committee members:

Areas of expertise:

| | Name | Phone | Cell Phone | E-mail |
|---------------------|------|-------|------------|--------|
| Public health | | | | |
| Communications | | | | |
| Electronics/data | | | | |
| Medical supplies | | | | |
| Patient safety | | | | |
| Employee safety | | | | |
| Accounts receivable | | | | |
| Accounts payable | | | | |
| Laboratory | | | | |
| Other: | | | | |
| Other: | | | | |

b. Staff responsibilities

Your disaster plan should include each staff member’s responsibilities. Duties include but are not limited to the following:

Staff member responsible for accounting for whereabouts of fellow staff, patients and visitors:

Staff member responsible for monitoring weather radio/local news:

Staff member responsible for emergency supply maintenance:

Staff member responsible for monitoring and reporting any reportable events to local health department / Centers for Disease Control and Prevention (CDC) /Occupational Safety and Health Administration (OSHA):

Staff member responsible for securing hazardous materials:

Staff member responsible for overseeing computer and office equipment protection:

Staff member responsible for patient information security:

Staff member who will act as assembly site manager and account for patients, staff and visitors in case of a building evacuation:

Staff member designated as shut-down manager and who will coordinate efficient practice closure and securing of the premises in a non-urgent evacuation:

Staff member designated as shelter manager in case it is necessary to shelter in place:

c. Communications and access to site

As you are developing your disaster preparedness plan, take into account how you will handle communications in case of an emergency, or in the event of an evacuation or building closure.

Contact local hospitals to learn what disaster management policies are in place. Find out how they should be contacted in an emergency and how they will contact you.

Following a disaster, a practice may temporarily lose landline and cellular phone service, and Internet access. Consider alternative means of communication such as satellite phones.

Satellite phones are most likely to operate during a post-disaster recovery period. Additionally, satellite phone services typically offer an emergency plan for an annual fee, which does not include the purchase of the phone equipment. Renting a satellite phone at a daily rate is also an option. However, satellite phone supplies have been quickly depleted following past disasters. If you think renting a satellite phone during a post-disaster period would best meet your needs, consider establishing a relationship with a vendor now and make your rental agreement as soon as the need for service arises.

Voices over Internet Protocol (VoIP) plans are available and may be an option if you are also planning to purchase a generator to supply electricity during an outage. VoIP plans can provide phone and/or fax availability over a satellite Internet connection. The purchase of a satellite dish and service plan is required, in addition to the VoIP service fee.

Communication via your Web site or e-mail might also be maintained if you purchase a satellite Internet service. If you are considering this option, take into account costs related to satellite dish installation and service fees. Stormy weather can interfere with satellite connections.

Considering how important early access to communication networks is to your practice will help you to determine whether or not to invest in back-up systems.

While developing your plan, consider establishing a protocol for communications with staff regarding return to work and site access. Some form of employee identification may be necessary to gain access into the area and/or building.

Emergency employee contact information

| Name | Address | Phone number | Out-of-area contact information |
|-------------|----------------|---------------------|--|
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Communications plan

The communications plan is a crucial part of the _____ (name of the practice) efforts to ensure the safety of patients, staff and practice assets. All staff members are responsible for reviewing the communications plan and for providing updated contact information to _____ (staff member's title/name). A copy of the communications plan is available (e.g., Preparedness Planning Manual, staff intranet, Policies & Procedures Manual):

In the event of an emergency situation that does not involve the sounding of alarms, a staff member who becomes aware of a potential emergency will report to _____ (command staff member's title/name) or _____ (alternate command staff member's title/name), who will initiate action through the chain of command.

Should an emergency require the notification of patients in the office suite, _____ (staff member's title/name) will be responsible for informing patients of necessary actions in the front office area. _____ (staff member's title/name) will notify patients in the back office area. If evacuation is required, _____ (staff member's title/name) has been designated as the assembly site manager and will carry out the practice sign-in /sign-out sheets and verify that all persons are accounted for at the appointed meeting location outside the building.

Patients and others will be notified of unexpected practice closure via _____ or _____. The answering service will be updated by _____ (staff member's title/name). If remote call forwarding is necessary, _____ (staff member's title/name) will activate call forwarding.

Should a situation be likely to involve a large number of patients being transported to local hospitals, _____ (staff member's title/name) will communicate with the ambulance and hospitals as appropriate.

If a situation in which it is unsafe or impossible to open the practice arises, staff will be notified via _____ by _____ o'clock that morning and given instructions of when to expect further notification. Alternatively, staff may contact _____ (staff member's title/name). If possible, _____ (staff member's title/name) will post a notice on the entrance door of the practice providing contact information for authorities, patients and others.

Following a disaster, strict security policies may be put into place at the practice site. Staff members should be prepared to show _____ (employee identification card, badge, etc.) to gain access to the practice. No staff member should attempt to enter the practice prior to receiving instructions to do so.

_____ (staff member's title/name) will be responsible for contacting insurance agent(s), landlord, alternate location resource and/or clean-up and repair services if needed.

d. Evacuation plans - scheduled and emergent

The preparedness team has developed plans for evacuation of the practice in response to an emergency situation. These plans have been developed in collaboration with _____ (neighboring businesses and building owners or maintenance/security staff). Building and site maps are located _____. We have assessed that all exits are clearly marked. Evacuation procedure drills will take place ___ times per year.

Staff will be warned of emergencies by either a warning system, such as the fire alarm, or as indicated in the emergency communications plan. The communications plan will be followed to notify and instruct patients and guests of evacuation procedures.

In the event of a public warning such as the fire alarm, the personal safety of staff members, patients and guests will take priority over asset protection. However, unless danger appears imminent, staff should take time to gather items such as coats and car keys. Should an alarm sound at a time when a patient is undergoing a procedure, _____ (staff member’s title/name) shall contact _____ (staff member’s title/name) to ascertain the nature and location of the cause for alarm and notify the physician performing the procedure who will determine how best to expedite or end the procedure and get the patient to safety.

All persons evacuating from the practice will gather at _____ after exiting the building. Once there, _____ (staff member’s title/name), who is the designated assembly site manager, will verify that everyone is accounted for and report such to _____ (e.g., building manager, fire marshall).

Some situations, such as when a hurricane is approaching or wild fires pose a threat, allow for scheduled evacuation. In such instances, _____ (staff member’s title/name) will monitor news reports and update _____ (command staff member’s title/name) as appropriate. Evacuation order will be given according to the chain of command established for this practice. When evacuation is ordered, _____ (command staff member’s title/name) or _____ (alternate command staff member’s title/name) is the designated shut-down manager.

The shut-down manager’s responsibilities include:

- Assuring that all critical data (patient, payroll, accounts receivable and payable records) are appropriately backed-up to an off-site location (or to a removable storage device and taken from premises).
 - Securing the premises by overseeing lock down and security of drugs, biological hazards and any high-risk supplies.
 - Interacting with communications team to ensure notification of key contacts such as landlord, security service, local radio station and/or key vendors and contractors.
 - Executing asset protection procedures, such as plastic wrapping/bagging of equipment or supplies to prevent wind/water damage, removing small equipment and shutting off utilities if appropriate.
 - Other: _____
-

Shut-down manager's checklist

| | |
|--|---|
| | Critical data backed up to off-site location or removable device |
| | Personal computers and servers shut down and protected |
| | Physicians, nurses, and medical assistants queried regarding urgent patient follow-ups (e.g., recently received INR result which requires prompt action may require evacuation of related patient chart for remote follow-up) |
| | Patient medical records secured (including documents not yet filed) |
| | Practice financial records secured |
| | Security precautions taken for medications, etc. |
| | Equipment unplugged and covered or removed, as appropriate |
| | Utilities shut off, as indicated |
| | Communications plan followed (transfer of phones, etc) |
| | Appointment log removed if not accessible online from remote location |
| | Sign-in/out log reviewed. All persons accounted for |
| | Interior cabinets, windows and doors locked, as appropriate |
| | Exterior secured, as appropriate |
| | Contact information provided on exterior of the office |
| | Communications officer contacted and notification of key contacts assured |
| | Check vaccine supplies – stored under temperature controlled area |

e. Remote location plan

If the facility where the practice operates at _____ (practice location) is not available for occupation for an extended period of time, staff will be notified according to the communications plan. Sites for relocation have been considered, and staff will be notified when information about relocation becomes available.

Possible relocation sites include:

Relocation will be coordinated by acting command staff, shut-down manager and communications team. The relocation team will coordinate the reestablishment of patient records, staffing, services and equipment. Access to up-to-date listings of supplies and resources on-hand, vendors, contractors and services are crucial to business continuity of the practice. _____ (staff member’s title/name) is responsible for maintaining such lists, which are stored (note in-office location and off-site access location):

f. Shelter-in-place plan

Shelter-in-place may be necessary in the event of a severe storm, exposure to hazardous materials, police stand-off or bioterrorism. Shelter-in-place requires that staff and patients take shelter where they are, and remain sheltered until otherwise directed. Warning will be sounded either by public sirens or internal chain of command protocol.

If local authorities believe the air is badly contaminated with a chemical, an order to shelter-in-place and seal the room may be issued. This involves creating a barrier between persons in the practice and outside air. Sources of outside air such as the heating and cooling system must be closed off. Plastic sheets have been cut to fit the windows, doors, and air vents of _____ (list rooms). Duct tape will be used to place the plastic over these sources of outside air.

Shelter-in-place drills will be conducted ____ times per year.

Certain emergency supplies are available in the shelter locations. Staff members are encouraged to keep a small personal emergency supply kit according to their individual needs. Emergency supply kit suggestions can be found at the American Red Cross Web site (<http://www.redcross.org/>).

Storm shelter location:

“Seal the room” location:

In a shelter-in-place situation, the acting command staff member is designated as shelter manager. The shelter manager is responsible for coordinating evacuation to the shelter area and “seal the room” activities, ensuring the safety and comfort of patients, visitors and staff to the extent possible, and working with the communications team to facilitate outside communications and monitoring of the emergency situation.

g. Pandemic control plan

The pandemic control plan should include procedures on how you will monitor and report suspected or confirmed outbreaks. Resources are available on the AAFP Web site if you wish to include them in your plans

(<http://www.aafp.org/online/en/home/clinical/disasterprep/pandemicflu/mdresources.html>

). A Checklist to Prepare Doctor’s Office for Pandemic Influenza and a Business Planning Checklist to Prepare Family Medicine Practices for Pandemic Influenza can assist you in preparing to protect your practice and serve your community in the midst of a pandemic.

5. Train and practice

a. Staff Training

Staff training will include the locations of all fire extinguishers and how to use them. All new staff members will receive a copy of the practice disaster preparedness plans, and attest to having read and understood the plans adopted by the practice. Annual review of the disaster preparedness plans shall be required of all staff members, and all staff members present will be required to participate in practice drills when conducted. Staff members should direct any questions related to preparedness plans to _____ (staff member’s title/name).

Consider developing an easy-to-remember acronym such as RACE for teaching priorities in a fire. R.A.C.E. stands for: 1) Remove patients. 2) Alarm/alert fire department. 3) Contain fire (close doors). 4) Extinguish the fire. Use a check-off sheet to review all employees’ skill and knowledge on disaster preparedness (sample provided page 37).

b. Practice drills

Practice drills will be conducted ___ times per year. Practice drills may include both evacuation and shelter-in-place drills. _____ (staff member’s title/name) will track time spent in evacuation or in “sealing the room,” as well as note any areas where improvement might be needed.

c. Table-top scenario

Consider having a table-top scenario meeting to review plans. This type of exercise may reveal areas where your plans are unclear to staff and may require further development.

Staff emergency preparedness training checklist

Staff members signing below acknowledge that the following are true:

1. I have read and understand the practice disaster preparedness plan.
2. I am aware of fire alarm and fire extinguisher locations.
3. I understand how to use a fire extinguisher.
4. I can identify a proper response to an office fire (e.g., R.A.C.E.).
5. I can identify evacuation routes and the outside meeting place in case of an emergency.
6. I have provided up-to-date contact information to the communications officer.
7. I understand and accept any disaster plan responsibilities assigned to me.

Date

Name

6. Disaster response and recovery

Staff may return to practice location, when authorities have deemed it appropriate to do so. Staff should follow all warnings and guidelines, such as boil orders or orders to remain in the area during the daylight only. Consider the following during a response and recovery period. In some cases, the following may also be considered prior to evacuation, but remember that it is more important to save lives than property.

a. Respond to public health authorities/other healthcare providers

Physicians may receive requests for patient information related to disaster preparedness activities or related to the care of patients following a disaster. Your written plan should address how you or the rescuers will access patient records. How does HIPAA work in these situations?

For information on disclosure decisions related to disaster preparedness, visit the U.S. Department of Health and Human Services Web site (<http://www.phe.gov/emergency/pages/default.aspx>)

For help with disclosure decisions following a disaster, the Office of Civil Rights has provided the following guidance:

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment.

Treatment includes:

- sharing information with other providers (including hospitals and clinics),
- referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death. The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones. In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

HIPAA Breach- Unfortunately, HIPAA rules still apply in the event of an emergency. <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html>

“Covered entities must notify affected individuals following the discovery of a breach of unsecured protected health information. Covered entities must provide this individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. If the covered entity has insufficient or out-of-date contact information for 10 or more individuals, the covered entity must provide substitute individual notice by either posting the notice on the home page of its web site or by providing the notice in major print or broadcast media where the affected individuals likely reside. If the covered entity has insufficient or out-of-date contact information for fewer than 10 individuals, the covered entity may provide substitute notice by an alternative form of written, telephone, or other means.

These individual notifications must be provided without unreasonable delay and in **no case later than 60 days following the discovery of a breach** and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.”

In the case of a large scale event such as a tornado, it would be possible for a group of physicians in the area to take out one ad in the local paper that lists all of the providers and inform the readers that a possible breach occurred due to the disaster prior to the 60 days notification period. To draft the ad it would be necessary to contact the state for any state specific requirements on breach notification and it might be necessary to consider a legal opinion on the wording. It will still be necessary to notify the government in the annual report of the disaster and breach of information.

b. Secure the structure

Before allowing staff into the building to begin clean-up operations after a disaster, be sure that the building is safe and that there is no gas leak or exposed electrical wiring. If

gas supply was shut off, a professional from the gas company or a contractor must turn it back on and check for leaks. Make sure that everyone entering the practice wears heavy gloves, eye protection, masks and hard hats if appropriate. Staff should assume that all flood water contains sewage waste and mold is present. Remind workers to practice good hygiene methods. Clothes should be disinfected when leaving the area so as not to contaminate others. Clean-up team should watch for allergic reactions, such as runny eyes and nose, sneezing, congestion, fatigue and rash. Air the facility out as much as possible, open drawers, cabinets, etc. Remove and consider replacing wet carpets, furniture, and drapes. Discard wet and soiled supplies. Scrub floors and woodwork within 48 hours and allow to air dry. If walls have become saturated, open and allow water to drain out. Walls may have to be replaced. Check with local vendor on anti-mold and fungus products.

c. Secure the landscape

Check for downed power lines and other hazards. Remove debris as soon as possible. Post warning signs if certain hazards cannot be immediately removed or repaired.

d. Account for people

Account for the people in your practice before, during and after a disaster. By having a plan into place prior to evacuation, staff should be aware of how to maintain communication and be updated regarding recovery efforts. Local newspapers, radio stations and Web sites are good communication venues for maintaining communication with patients.

e. Assess and report loss

Inventory and document any losses after a disaster. Videotape or take photographs (Polaroid pictures are recommended) of damaged assets. Inventory lists can be used to compare losses with what you have available now. Take these documentations and the financial and insurance information when you meet with your insurance agent and file claims as appropriate. Do not forget to keep receipts for all of the additional expenses that you have incurred, such as food, lodging and clean-up supplies.

f. Recovery assistance and funds

Federal disaster assistance is provided in the form of Small Business Administration loans. Loans are available for property loss and economic injury caused by disasters. Your practice and personal financial information will be needed to complete the process. A checklist with information necessary to complete the loan application and associated forms is found on page 42. Business mentors to help in the rebuilding process can be found at <http://www.score.org/>.

g. Review your disaster preparedness plan's effectiveness

How effective was your disaster preparedness plan? Do you need to make adjustments for future events? Did you encounter unexpected barriers to full implementation of your plan? How will you handle emergencies in the future? What can be improved? Shortly after a disaster recovery is the opportune time to document what went well and what you would do differently in the future. Talk to staff members and document ideas on what additional preparedness activities might be considered and what, if any, changes should be made to your preparedness and response plans.

h. Preserve the history

After reviewing your plan's effectiveness, document items that require immediate attention and items for discussion in future planning sessions.

If the disaster resulted in an unrecoverable loss of important data or documents, create a listing of what was lost for future reference. This information may be important for future staff members to be aware of and will also serve as a reminder of what specific information was lost. Otherwise, information that is still available might be considered lost in the disaster when it is not readily found.

Checklist for Small Business Administration Disaster Recovery Loan

Visit the U.S. Small Business Administration Web site to download loan application forms (<http://www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans>).

Forms and information required:

Sole Proprietor

- SBA form 5 – Application
- IRS form 8821 – Tax Information Authorization
- SBA form 413 – Personal Financial Statement
- Current Profit & Loss Statement
- SBA form 2202 – Schedule of Liabilities
- Brief description of damage to real estate and business contents (for physical damage loan)
- Name and telephone number of insurance agent/adjuster if any coverage for losses is available
- Insurance company's name, policy number, Proof of Loss, Declarations page of policy (if available)
- SBA form 1368 (if applying for economic injury loan) – Additional Filing Requirements
- Brief description of economic loss and explanation of how economic injury loan funds will be used

Other Business Entities:

- SBA form 5 – Application
- Last three income tax returns (if business is < 3 years old, all available)
- IRS form 8821 – Tax Information Authorization
- SBA form 413 or other current (within 90 days) personal financial statement – Personal Financial Statement for each proprietor, limited partner with 20% or more ownership, each general partner, each stockholder or entity owning 20% or more of voting stock,
- Most recent federal tax returns for all entities submitting SBA form 413 or current personal financial statement
- Most recent federal tax returns including all schedules for all affiliates including IRS form 8821 signed by authorized individual
- Current Profit & Loss Statement
- SBA form 2202 – Schedule of Liabilities
- Brief description of damage to real estate and business contents (for physical damage loan)
- Name and telephone number of insurance agent/adjuster if any coverage for losses is available
- Insurance company's name, policy number, Proof of Loss, Declarations page of policy (if available)
- SBA form 1368 (if applying for economic injury loan) – Additional Filing Requirements
- Brief description of economic loss and explanation of how economic injury loan funds will be used

Appendix A- common natural disasters

Earthquakes: Earthquakes represent one of the most frightening and costly natural disasters. The actual quake and the after-effects can have untold emotional as well as physical damage.

Ways to prepare your practice for an earthquake include:

- Have your building inspected and repair any defective electrical wiring, leaky gas lines and inflexible utility connections. Keep inspection and repair records to include when filing for insurance reimbursement following an earthquake or other disaster.
- Be sure the building is firmly anchored to its foundation.
- Install flexible pipefittings to avoid gas or water leaks. Flexible fittings are more resistant to breakage.
- Bolt down and secure to the wall studs your water heater, refrigerator, furnace, gas appliances and medical equipment.
- If recommended by your gas company, have an automatic gas shut-off valve installed that is triggered by strong vibrations.
- Place large or heavy objects on lower shelves. Fasten shelves, mirrors, and large picture frames to walls. Brace high and top-heavy objects. Store supplies that are breakable on low shelves that fasten shut. Anchor overhead lighting fixtures.
- Identify safe spots in each room in the building. Look for places where staff and patients can protect themselves, such as under a sturdy table or desk, load-bearing doorway or against an inside corner of a room. Be sure that staff know where these safe spots are located and emphasize them during drills. Advise staff to stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture. Make sure staff is prepared to let patients know where to take cover.

During an earthquake: Most injuries occur when people are hit by falling objects when entering into or exiting from buildings. During an earthquake, staff should minimize movements to a few steps to a nearby safe place. Staff and patients should stay indoors until the shaking has stopped and exiting is safe.

Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on. Staff and patients should not use elevators. In an emergency use the stairs. If a patient is unable to use the stairs, have him or her wait until rescuers come to remove them from the scene, or remove the patient yourself if you can do so in a safe manner to both you and the patient. If you become trapped, do not light a match; there could be gas leaks. Do not move about or kick up dust. Cover your mouth with a handkerchief or clothing. Tap on a pipe or wall to help rescuers locate you. Use a whistle if one is available. Shout only as a last resort - shouting can cause you to inhale dangerous amounts of dust.

After an Earthquake, be prepared for aftershocks. These secondary shock waves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures. Open cabinets cautiously. Beware of objects that can fall off shelves. Stay away from damaged areas unless your assistance has been specifically

requested by police, fire or relief organizations. Be aware of possible tsunamis if you live in coastal areas. When local authorities issue a tsunami warning, assume that a series of dangerous waves are on the way. Evacuate to higher ground if your practice is in an area of danger.

Fires: Each year, more than 4,000 Americans die and more than 25,000 are injured in fires, many of which could be prevented according to the Federal Emergency Management Agency (FEMA). Direct property loss due to fires is estimated at \$8.6 billion annually. Fire spreads quickly. Train the staff to be sure that all have left the building in case of a fire. Take the appointment log to determine who is in the building. Plan ahead and have a designated meeting place. Designate specific tasks to staff members (e.g., determine who will help the patients exit the building). Conduct drills to ensure everyone knows their responsibilities. Plan for evacuation in the case of wildfires if they are likely in your area. Designate a person to be responsible for monitoring proximity of fires and for taking precautions before evacuation.

Ways to prepare for or prevent a fire:

- Make sure that smoke and rate of rise heat detectors are installed and working properly. Alarms and sprinklers are often required by law, check local regulations. During drills, ensure their working capabilities.
- Conduct fire drills on a regular basis.
- Have clearly marked exit signs and be sure to include evacuation of disabled persons in your plans. If your office is located above the first floor, all staff members should learn the processes for evacuation of persons unable to walk down the stairs. This process involves getting the person to a safe area to await assistance from the fire department rescue team. Typically, the stairwell is the safest place to take refuge in a public building. Unless the patient is too unstable to be unattended while awaiting rescuers, staff should proceed with evacuation and notify the assembly site manager that a person is awaiting rescue. Few buildings afford adequate room for more than one wheelchair per landing with room for persons from higher floors to pass by. Therefore, it is important that able bodied persons proceed out of the building and allow rescue workers to return to assist the disabled person.
- During a fire drill, make sure staff members are aware that they need to look at other means of escape, such as windows. Do they know how to open or, if necessary, break the window? Is there something to cover the broken glass as they climb out? Make sure security gratings on windows have a fire safety opening feature so they can be easily opened from the inside. Are escape ladders necessary?
- Make sure that all walkways are clear of equipment and supplies.
- If hazardous or flammable material is stored in the building, check with local fire enforcement officials to find out how to label the building. Provide the fire department with a floor plan of the building and mark where any hazardous or flammable supplies are stored.
- Have fire extinguishers checked annually. Advise all staff of fire extinguisher locations and provide training on how to use them.
- If staff members use space heaters or other heating devices, have them daily check-off that these have been turned off prior to leaving the building. Staff should also check to make sure coffee pots and other appliances have been turned off each day.

Local fire codes may prohibit staff to burn candles in the building; check before allowing them to do so.

- Have a designated smoking area outside and away from the building with a place for the butts and ashes.
- Have electrical wiring inspected. All extension cords should be checked for frayed or exposed wires or loose plugs. Outlets should have cover plates and no exposed wiring. Wiring should not run under rugs, over nails or across high-traffic areas. Do not overload extension cords or outlets. If two or three appliances need to be plugged, a UL-approved unit with built-in circuit breakers can prevent sparks and short circuits. Make sure insulation does not touch bare electrical wiring.

Basic fire tips to share with staff:

- Heat and smoke from fire can be more dangerous than the flames. Inhaling the upper-hot air can sear the lungs. Fire produces carbon monoxide and other dangerous fumes that can make a person disoriented and drowsy. Asphyxiation is the leading cause of fire deaths, exceeding burns by a three-to-one ratio.
- In case of a fire, if someone's clothes catch on fire, he or she should stop, drop, and roll until the fire is extinguished. Running only makes the fire burn faster.
- When trying to escape a fire, closed doors should be checked for heat before they are opened. If escaping through a closed door, they should use the back of their hands to feel the top of the door, the doorknob, and the crack between the door and door frame before opening it. The palm of the hand or fingers should never be used to test for heat; burning these areas could impair one's ability to escape a fire (i.e., ladders and crawling). If the door is hot, it should not be opened. It is best to escape through a window. If not possible, hang a white or light-colored sheet outside the window alerting firefighters to your presence. If the door is cool, it should be opened slowly. If there is fire blocking the path, escape through a window. Crawl low under any smoke to the exit. Heavy smoke and poisonous gases collect first along the ceiling. Remind staff to close doors behind them as they escape to delay the spread of the fire. Once someone is safely out of the building, they should stay out and not reenter.
- Staff should call 911. If you are with burn victims, or are a burn victim yourself, call 9-1-1; cool and cover burns to reduce chance of further injury or infection.
- If heat or smoke is detected when entering a damaged building, staff should evacuate immediately.

If you are a tenant, contact the landlord after a fire. Contact your insurance company immediately. If medical records are still in the building, secure them as soon as possible for HIPAA purposes. Contact the answering service to let patients know that the practice will be closed and to provide contact information. Have plans for where the practice can relocate temporarily, such as another physician's office, or make plans for another physician to see your patients until you are able to do so.

Floods: Floods are one of the most common hazards in the United States. FEMA manages the National Flood Insurance Program, which makes federally backed flood insurance available in communities that agree to adopt and enforce floodplain management ordinances to reduce future flood damage. Flood insurance is available in most communities through insurance agents, but there is a 30-day waiting period before

flood insurance goes into effect, so do not delay. Flood insurance is available whether the building is in or out of the identified flood-prone area.

Some floods develop slowly, sometimes over a period of days. However, flash floods can develop quickly, sometimes in just a few minutes and without any visible signs of rain. Be aware of flood hazards no matter where you are located, but especially if you are in a low-lying area, near water or downstream from a dam. Even very small streams, gullies, creeks, culverts, dry streambeds, or low-lying ground that appears harmless in dry weather can flood. Every state is at risk from this hazard.

Ways to prepare for flooding are:

- Avoid building in a floodplain unless your office will be elevated and reinforced.
- Elevate the furnace, water heater, and electric panel if susceptible to flooding. Install "check valves" in sewer traps to prevent floodwater from backing up into the drains of your office. Construct barriers (levees, beams, flood walls) to stop floodwater from entering the building. Seal walls in basements with waterproofing compounds to avoid seepage.
- Protect equipment and medical records by storing them on upper shelves or prepare to relocate them in the event of a flood.
- Plan an alternate means of communication with staff and patients in the event of closure due to flooding.
- If a flood watch is issued, start preparing for evacuation. Have staff tune in to National Oceanic and Atmospheric Administration (NOAA) weather radio, commercial radio or television for information.
- Consider canceling office to aid in possible evacuation.
- If a flash flood is reported and if locals businesses are advised to evacuate, do so quickly. If you feel the need to evacuate and are not in imminent danger, ensure the safety of practice assets. If time is available, consider taking medical records and equipment. If unable to take medical records and equipment, take priority items, such as the appointment log to be able to contact patients and cancel appointments.
- If time is available, turn off utilities at the main switches or valves, back-up computers onto an USB flash drive, tape or CD, and disconnect equipment and electrical appliances. Do not touch electrical equipment if you are wet or standing in water.
- Remind staff and patients not to walk or drive through moving water. Six inches of moving water can make someone fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away. Every year many people die while trapped in their vehicles. Only six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling. A foot of water will float many vehicles. Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups.

Precautions after a flood:

- Listen for news reports to learn whether the community's water supply is safe to drink.

- Stay out of buildings that are surrounded by floodwaters. Avoid floodwaters; water may be contaminated by oil, gasoline or raw sewage. Water may also be electrically charged from underground or downed power lines. Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car. Stay away from downed power lines, and report them to the power company.
- Return only when authorities indicate it is safe.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals. Wet supplies need to be discarded. Medical patient records can be laid out flat to dry in a secure area. Consider using clotheslines and clips in the office.
- Contact your insurance.
- Develop a communications plan to let patients know when you will be able to operate again and how they can receive care in the meantime.

Hurricanes: Scientists can now predict most hurricanes, but if your practice is located in coastal communities, you should develop evacuation plans. Develop a communications plan to contact and to be contacted by employees and patients. If you are forced to evacuate, designate a contact person to provide your staff with updates.

Ways to prepare for Hurricanes:

- Have your checklist and supply kit ready in case the need of an evacuation arises.
- During a watch advise staff and patients of ways to communicate with you in case of an evacuation. Have staff listen to the NOAA weather radio or the news for developments.
- Prepare equipment and records for evacuation. Download records from the computers to take with you. If possible, remove equipment. If not possible, unplug equipment and move it top shelves to protect it from floodwaters.
- Cover windows to protect from high winds.
- Tell staff where you will be sheltering and learn where they will be sheltering. Familiarize yourself with alternate escape routes.
- Call or e-mail the "out-of-state" contact in your communications plan and let them know where you will be sheltering.
- Leave a note to advise others of when you left and where you will be sheltering.

If you are not able to evacuate, stay indoors, away from all windows. Take shelter in an interior room with no windows, if possible. Be aware that there may be a sudden lull in the storm as the eye of the hurricane moves over. Stay in your shelter until local authorities say it is safe to exit. Local authorities might not immediately be able to provide information on what is happening and what you should do. But try to stay informed. Listen to NOAA weather radio, watch TV, listen to the radio, or check the Internet often for official news and instructions as they become available. Be alert to tornadoes and flooding. If you see a funnel cloud or if local authorities issue a tornado

warning, take shelter underground, if possible, or in an interior room away from windows.

If you are able to evacuate, return only when local authorities say it is safe to do so. Even after the hurricane has passed and after flood waters recede, roads may be weakened and could collapse. Buildings may be unstable, and drinking water may be contaminated. Use common sense and exercise caution.

Landslides: Landslides can occur anywhere and have been reported in all U.S. states and territories. In a landslide, masses of rock, earth or debris move down a slope. Landslides can be either small or large and fast or slow. They are often activated by storms, earthquakes, volcanic eruptions, fires and human modification of land.

Ways to minimize your risks of danger in a landslide:

- Do not build near steep slopes, close to mountain edges, near drainage ways, or natural erosion valleys. Get a ground assessment of your property. Consult an appropriate professional expert for advice on corrective measures.
- Minimize hazards by having flexible pipefittings installed to avoid gas or water leaks, as flexible fittings are more resistant to breakage.
- Recognize landslide warning signs such as patterns of storm-water drainage on slopes (especially in places where runoff water converges), land movement, small slides, flows, or progressively leaning trees, utility poles or retaining walls. Other signs include doors or windows that stick or jam for the first time, and new cracks that appear in plaster, tile, brick, or foundations. Be alert to outside walls, walks, or stairs pulling away from the building. Inspect for slowly developing, widening cracks on the ground or on paved areas such as streets or driveways. If you suspect underground utility line breakage, contact the utility company immediately. Look for bulging ground appearing at the base of a slope. Sometimes water breaks through the ground surface in new locations can be spotted.
- When a slide is headed in your direction, you should listen for a faint rumbling sound that increases in volume and is noticeable as the landslide nears and quickly move to higher ground. Other signs can include the ground sloping downward in one direction and beginning to shift in that direction under your feet. Unusual sounds, such as trees cracking or boulders knocking together might indicate moving debris.
- Move away from the path of a landslide or debris flow as quickly as possible. Curl into a tight ball and protect your head if escape is not possible.

After a landslide or debris flow, stay away from the slide area. There is often a danger of additional slides. Carefully check for injured and trapped persons near the slide, but do not enter the direct slide area. Instead, direct rescuers to their locations. Watch for associated dangers such as broken electrical, water, gas and sewage lines, and damaged roadways and railways. Damaged ground should be replanted as soon as possible. Erosion caused by loss of ground cover can lead to flash flooding and additional landslides in the near future. Seek advice from an expert for evaluating landslide hazards or designing corrective techniques to reduce landslide risks.

Thunderstorms and Lightning: Thunderstorms are dangerous because they produce lightning. Every year hundreds of people are injured and approximately 80 people are

killed by lightning. Although most lightning victims survive, people struck by lightning often report a variety of long-term, debilitating symptoms. Other dangers associated with thunderstorms include tornadoes, strong winds, hail and flash flooding. Flash flooding is responsible for more fatalities than any other thunderstorm associated hazard. Dry thunderstorms, prevalent in the western states, do not produce rain that reaches the ground. Falling temperatures cause raindrops to evaporate, but lightning can still reach the ground and start wildfires.

After a lightning storm, contact your insurance agent for a damage inspection. If you think the building was struck, consider calling the fire department. A strike can start a slow burn that takes awhile before visible smoke and flames can be spotted, often by the time the fire is out of control.

Tornados: Tornados are one of nature's most violent storms. They can cause fatalities and devastate a neighborhood in seconds. The rotating winds in a tornado can reach 300 miles per hour. Destruction paths from a tornado can be in excess of one mile wide and 50 miles long. Every state is at some risk from this hazard. Some tornados are clearly visible, while rain or nearby low-hanging clouds obscure others. Occasionally, tornados develop so rapidly that little, if any, advance warning is possible.

Prior to a tornado, the wind may die down and the air may become very still. Sometimes a cloud of debris will mark the location of a tornado; this can occur even if the funnel is not visible. Tornados generally occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado. They may appear nearly transparent until dust and debris are picked up or a cloud forms in the funnel. Tornados usually move southwest to northeast, but they have been known to move in any direction. The average forward speed of a tornado is 30 miles per hour, but may vary from stationary to 70 miles per hour. Tornados are most frequently reported east of the Rocky Mountains during spring and summer months. Peak tornado season in the southern states is March through May; in the northern states, it is late spring through early summer. Tornados are most likely to occur between 3 p.m. and 9 p.m., but can occur at any time.

Ways to prepare for a tornado:

- Designate a staff member to be responsible for the safety of patients and other staff. This person should monitor a weather radio and coordinate evacuation to a safe area if necessary.
- Designate other staff members to forward phones, shut down computers and take other precautions to protect records, equipment and supplies.
- Develop a communications plan for patients and staff to be able to contact you if storm damage occurs to your practice during non-office hours.

Tsunamis: Tsunamis, also known as seismic sea waves, are a series of enormous waves created by an underwater disturbance such as an earthquake, landslide, volcanic eruption or meteorite. They can move hundreds of miles per hour in the open ocean and contact the coastline with waves as high as 100 feet or more. From the spot of origin, the waves travel outward in all directions. Once the wave approaches the shore, it builds in height. The size of the wave can be influenced by the structure of the coastline and the ocean floor. Tsunamis can produce more than one wave, and succeeding waves may be larger

than the first one. That is why a small tsunami at one beach can be a giant wave a few miles away. Any coastline can be affected by a tsunami, but the most destructive tsunamis have occurred along the coasts of California, Oregon, Washington, Alaska, and Hawaii.

The most common cause of death from a tsunami is drowning. The waves and receding water are destructive to building structures and can sweep victims and debris in the wake. Other problems associated with tsunamis include flooding, contamination of drinking water, and fires from gas lines.

Planning for a response to a tsunami warning should include an evacuation plan similar to that of a hurricane. Develop a communications plan to contact staff and patients once you have evacuated. Take important records and, if possible, download patient medical records. After a tsunami, be sure to stay away from flooded and damaged areas until officials say it is safe to return. Avoid debris in the water, which may pose a safety hazard to boats and people.

Volcanic eruption: A volcano is a vent through which molten rock escapes to the earth's tectonic plates. When pressure from gases within the molten rock becomes too great, an eruption occurs, these can be quiet or explosive. Dangers include lava flows, flattened landscapes, poisonous gases, fires, and flying rock and ash. While not immediately dangerous to most adults, the acidic gas and ash can cause lung damage to small infants, to older adults, and to those suffering from severe respiratory illnesses. The ash can also build up damaging machinery, including engines and electrical equipment. When mixed with water, ash buildup becomes heavy and can collapse roofs. Eruptions can occur with other disasters including earthquakes, mud flows and flash floods, rock falls and landslides, acid rain, fire, and, under certain conditions, tsunamis.

Places that have volcanoes live with the possible threat of eruption. If you are in area that has a volcano, take protective measures such as:

- Develop a communications plan and a plan to secure records and equipment.
- Add goggles and breathing masks to your standard evacuation kit. Long-sleeved shirts, long pants and goggles can help protect against falling ash. In case of a volcanic eruption, advise patients and staff to remove contact lenses. A dust mask or a damp cloth held over the face can help with breathing.
- Advise staff and patients to stay away from areas downwind from the volcano to avoid volcanic ash. Staff and patients should stay indoors until the ash has settled, unless there is a danger that the roof might collapse. Doors, windows, and all ventilation in the office should be closed. Clear heavy ash from flat or low-pitched roofs and rain gutters.
- Advise staff and patients to avoid running car or truck engines in case of a volcanic eruption. Driving can stir up volcanic ash that can clog engines, damage moving parts and stall vehicles. Driving in heavy ash fall should be avoided unless absolutely required. If you have to drive, keep speed down to 35 miles per hour or less.

Winter weather emergencies: Heavy snowfall and extreme cold can immobilize an entire region. Even areas that normally experience mild winters can be hit with a major

snowstorm or extreme cold. Winter storms can result in flooding, storm surge, closed highways, blocked roads, downed power lines, and hypothermia.

If a winter storm watch has been issued:

- Tune in to NOAA weather radio, commercial radio or television for more information.
- Include rock salt to melt ice on walkways, sand to improve traction, and snow shovels and other snow removal equipment in your disaster kit supplies if these are not provided by the building management,.
- Prepare for possible isolation in your office; consider having an alternate heat source. Many delicate pieces of equipment can be damaged in extreme cold. Have your office winterized to improve the life of your fuel supply by insulating walls and attics, caulking and weather-stripping doors and windows, and installing storm windows or covering windows with plastic.
- Remind staff and patients to dress for the weather and consider closing early if this might allow for you and your staff to safely travel home. Advise staff to wear several layers of loose fitting, lightweight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent. Advise staff to wear mittens, which are warmer than gloves, and a hat. Cover your mouth with a scarf to protect your lungs.
- Develop a plan for closing in case of adverse weather, including a chain of staff contacts.
- During severe blizzards make sure that the roof is stable before allowing staff to return to work.
- Make sure that walks and driveways are cleared before patients are allowed to return.

Extreme heat: Normally, the office will not have to be evacuated during a heat emergency, but you may need to consider whether your sick or elderly patients should come into the office during the hottest part of the day. You might also have staff check on those patients who you recognize to be at risk during extreme heat. Be prepared for a large number of heat related illnesses in your practice. Make sure staff is trained to recognize potential heat-related conditions. Advise staff to let you know if they suspect that a patient does not have air-conditioning.

Water shortage: A water shortage can be caused by prolonged drought, poor water supply management or contamination of a surface water supply source or aquifer. Drought can affect vast territorial regions and large population numbers. Drought also creates environmental conditions that increase the risk of other hazards such as fire, flash flood, and possible landslides and debris flow. Conserving water means more water available for critical needs for everyone.

Resources

American Academy of Family Physicians (AAFP) Resources

<http://www.aafp.org/online/en/home/clinical/disasterprep/prepare.html> - Links to information and resources you need to be prepared for disasters of many kinds.

<http://www.aafp.org/fpm/990900fpm/26.html> - Article about how medical practices can prepare for disasters from *Family Practice Management*, a publication of the American Academy of Family Physicians.

<http://www.aafp.org/online/en/home/publications/news/news-now/practice-professional-issues/20110527disasterprep.html> - Article by *AAFP News Now (ANN)* on “Preparing for Emergencies can Help Avoid business Losses.”

American Medical Association (AMA) Resources

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/center-public-health-preparedness-disaster-response/ama-resources-policies.page> - Information on the National Disaster Life Support Program and AMA activities related to disaster preparedness.

Business preparedness

<http://www.ready.gov/business> - The Department of Homeland Security Web site offers information on how you can prepare your business to protect assets and survive a disaster.

<http://readyrating.org/> - The American Red Cross Web site offers basic preparedness information for businesses.

<http://www.sbaonline.sba.gov/services/disasterassistance/disasterpreparedness/index.html> - Resources related to disaster preparedness from the U.S. Small Business Administration.

Disaster response organizations

<http://www.redcross.org> & <http://www.prepare.org> – These two American Red Cross Web sites include information on disaster preparedness, disaster response activities, and volunteer opportunities and training.

General preparedness information

<http://www.disastercenter.com> - The Disaster Center Web site offers information on a wide array of threats, including fire, air quality, avian flu threat, flight information, possible storm threats and more. The site provides links to National Weather Service (NOAA), Federal Emergency Management Agency (FEMA), Federal Aviation Administration (FAA), U.S. Environmental Protection Agency (EPA), state transportation Web sites, and the World Health Organization (WHO).

<http://www.fhwa.dot.gov/webstate.htm> - Links to state transportation Web sites. Learn more about transportation issues affecting your state and possible evacuation routes in case of a disaster.

<http://www.72hours.org/> - Disaster preparedness resources from the city of San Francisco. This Web site provides planning resources distinct to the first 72 hours following a disaster (the period in which emergency response services are most likely to not be immediately available).

Health Insurance Portability and Accountability Act (HIPAA) & Disaster Response

<http://www.hhs.gov/ocr/hipaa/decisiontool/> - Information on disclosure of protected information in an emergency from the Office of Civil Rights.

Physician preparedness & response planning resources

<http://www.bt.cdc.gov/> - Links to various preparedness topics from the Centers for Disease Control and Prevention (CDC).

Physician disaster defense organizations

<http://www.physiciansforcivildefense.org/about.php> - This non-profit organization provides resources and information related to nuclear, environmental and biochemical disasters.

Disaster planning for persons with mobility impairments

<http://www2.ku.edu/~rrtcpbs/powerpoint/> PowerPoint presentations and posters from the researchers of the Nobody Left Behind disaster preparedness project of the University of Kansas.

http://www2.ku.edu/~rrtcpbs/resources/Executive_summary.pdf - Executive summary from the second working meeting of the National Consortium on Disaster Preparedness and Emergency Response for People with Disabilities.

Recovery

<http://www.fema.gov> – The Federal Emergency Management Association Web site includes planning resources, information on recovery aid and information for those recovering and rebuilding after a disaster.

Sample disaster preparedness plans

<http://www.wnylrc.org/documentView.asp?docid=35> - Western New York Disaster Preparedness and Recovery Manual.

Staff preparedness

<http://www.prepare.org/home/> - List of supplies for personal workplace disaster supply kits from the American Red Cross.

Storm and hurricane preparedness

http://www.nhc.noaa.gov/HAW2/english/disaster_prevention.shtml - The National Hurricane Center Web site provides predictions, forecasts, and preparedness information for disasters related to tropical storms.

Appendix B -ACTIONS TO TAKE AFTER A DISASTER

Below is a check-off of issues to consider in the event a practice is severely damaged or destroyed. The list is not all-encompassing, but may provide an overall guide in the event a catastrophic disaster occurs. You may want to add, modify, change the order or take out some of these items depending on your practice and the extent of the disaster. Whatever checklist you formulate, you may want to keep it off-site where it would not be damaged and could be easily accessed.

Post-Disaster Checklist

| Item to be done | By whom | Date done |
|---|---------|-----------|
| Physicians and/or office manager contact employees regarding the extent of the disaster and what action employees should take in the short-term. The physicians within the practice and/or the office manager should notify all employees regarding whether the practice will open and to ensure employees can be notified about future actions. | | |
| Secure all business and medical records | | |
| In the event of loss of records requiring compliance with HIPAA breach notification –notify patient, ad in paper & within 1 year notify government. Also notify your malpractice insurance carrier of this loss. http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html | | |
| Contact landlord and, if necessary, fire department for a general assessment of the damage. The physicians and/or office manager should contact the landlord or owner of the building to determine the extent of the damage to office spaces occupied by the practice. If the practice owns the spaces, contact the local fire department for an assessment of the damage. If it appears that the damage is not significant enough to cause a major disruption to practice’s business, employees should be notified of this. If, however, the damage is such that the practice may have to relocate for a significant amount of time (weeks or months), or permanently, the steps below should be considered. | | |
| Reroute mail and phone calls. Mail to the practice should be rerouted immediately if the practice cannot operate. One avenue may be to obtain a post office box and have the mail rerouted to it. The mail should then be picked up daily. The practice should also consider where phone calls to the practice should be rerouted. Upon notification, a recorded message may be made available by your phone service provider until a temporary phone line can be established. Contact your phone service provider for options. | | |
| Contact insurance carrier. When the insurance company is notified, the event that has occurred and initial damage assessment should be relayed. The company should also be asked how quickly it can have an assessor sent to the location for a full assessment of the damage to the building and facilities. It is important that such an assessment occur as quickly as possible. The practice should request that the property damage | | |

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| assessment be videotaped to ensure all damage is recorded. Provide any list or records available of equipment, medical supplies, and any other data that might be available to determine the value of the practice. Your accountant may provide copies of invoices, depreciation schedules, and other useful valuation documents. | | |
| .Keep an accounting of all damage-related costs. The practice should track, and encourage all employees to track, all damage-related costs that may be incurred in the event of a disaster. Such costs might include mileage driven by employees, long-distance phone calls, equipment, mailing, leasing equipment, etc. Such costs should be reported, with receipts, to the practice's bookkeeper as they may be reimbursable by the insurance company or tax deductible losses. | | |
| Contact accountant and bank to reconstruct financial records. Contact billing service if one is used. | | |
| Conduct salvage operations. Keep damaged goods on site until seen by an insurance adjuster. Once it is safe to enter the premises, the practice should assign personnel to conduct salvage operations as soon as possible. Any items or equipment that can be saved should be removed after being seen and documented by an insurance adjuster. If it is believed damaged property can be used again, it should be protected from further damage while remaining on the premises. Take pictures and or record everything to help determine loss at a later point. | | |
| Call a meeting of Key Employees. Once the extent of the damage is known and the insurance company has been notified, the practice should call a meeting of all employees or, if a large practice, the principal supervisors. Such a meeting may be held at a location outside of the practice should the practice's spaces be unusable. While the following list is not all-inclusive, it is a suggested list of topics that may be discussed at the meeting: <ul style="list-style-type: none"> • Damage assessment • Status of employees • Medical records access • Financial resources • Information processing • Office space needs – temporary/permanent • Immediate equipment needs • Contacting patients and suppliers | | |
| Obtain new office space. After priorities are established, the practice should look into obtaining temporary/permanent office space. The landlord should be contacted regarding whether the office spaces will be able to be occupied in the near future. If not, a search for new office space should be conducted | | |
| Equipment needs for temporary office space. Consideration should be given regarding what equipment will be needed, both in the short-term and the long-term in the event the office equipment is damaged or destroyed. The practice should consult the list of equipment and assets kept for insurance purposes to have a good idea of what might be needed. | | |

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| Contact patients. Once the extent of the damage and priorities are determined, the practice's patients should be contacted. Depending on circumstances, patients should be told about the damage and where inquiries regarding treatment and records should be made. This may be done by an ad in the newspaper, on the radio or some sort of mailing to existing patients if such a mailing list is kept off-site. You may also want to consider contacting other medical providers to find suitable alternatives for the care of your patients. | | |
| If considering permanently closing the practice after a disaster, please consider the following in addition | | |
| Maintaining medical records and providing a method for patient's to access medical records. | | |
| Office Space: 1. Space Leased by Physician a) Review the office lease for specifics on termination. 2. Space Owned by Physician a) Consult with advisors to determine if property should be maintained or sold. | | |
| Contact attorney and accountant. | | |
| Look at accounts receivable and the possibility of aging. Speed up collection process | | |
| Administrative Records 1. Malpractice policy, corporation/practice documents, liability policy should be maintained indefinitely. 2. Contact your attorney and/or accountant regarding retention of business records (billing slips, encounter forms, accounts receivable, remittance advices from insurance payors), bank records, employment records, tax records and legal documents. 3. Insurance Plans - Check the contracts for all payors to determine the method for termination of contract. | | |
| Patient Letter 1. Should be prepared and sent to active patients (generally those seen within the last 36 months). 2. Letter should include (a sample letter is at the end of this document): a) Date of closure b) List of recommended physicians (if known) c) An authorization to release records d) Where records will be stored once practice is closed. 3. Keep a copy of the letter, the mailing list and returned envelopes. Advertisement in local paper regarding office closure. | | |
| Office Equipment and Furniture Sources for the sale of office equipment and furniture should be explored if not destroyed. | | |
| Miscellaneous Letters (Operations/Maintenance) 1. Utility Companies (gas, water, sewer , electricity, etc.) 2. Telephone 3. Answering service (you may continue to maintain 60-90 days after closing date.) | | |

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| <p>4. Janitorial service</p> <p>5. Linen service</p> <p>6. Landscaping service</p> <p>7. Plant service</p> <p>8. Vending machine service company</p> | | |
| <p>Bank Accounts</p> <p>1. Accounts will probably need to remain open for at least 90 days.</p> <p>a) Accounts payable need to be resolved</p> <p>b) Final bills need to be paid</p> <p>c) Estimated outstanding revenue should influence this decision. Any payments issued annually such as Medicare PQRI may extend this time.</p> | | |
| <p>DEA Office</p> <p>Contact local DEA Office for approved method of drug disposal.</p> <p>Destroy any remaining prescription pads.</p> <p>DEA License</p> <p>Call the DEA at 1-800-771-9539 for instructions or how to change your address.</p> | | |
| <p>Professional Liability</p> <p>1. Inform the carrier of the intent to close the practice and the physician's plans (no longer practice, locum tenens, new practice, etc.)</p> <p>2. Depending on the type of policy, arrangements may be needed for tail coverage.</p> | | |
| <p>Creditors</p> <p>1. Notify all creditors of closure in writing</p> <p>a) Request a final bill</p> <p>2. Keep a record of all correspondence with creditors</p> | | |
| <p>Notify Board of Medical Examiners</p> <p>1. A downloadable form is available by going to:</p> <p>a) www.state.tn.us/health</p> <p>b) Click on Forms and Publications</p> <p>c) Click on Board of Medical Examiners</p> <p>d) Click on Name and Address Change Form</p> <p>OR</p> <p>a) Affidavit of Retirement</p> | | |
| <p>Mandatory Profile Practitioner Questionnaire</p> <p>1. Also referred to as Health Care Consumer Right-to-Know Act of 1998.</p> <p>a) Any changes to the original practitioner profile should be sent to: Healthcare Provider Information Manager</p> <p>http://www.fsmb.org/directory_smb.html</p> | | |
| <p>Professional Organizations</p> <p>1. Local and State Medical Society</p> <p>2. American Medical Association</p> <p>3. Specialty Society – board certification</p> | | |