

*Insert your practice/clinic name in the shaded boxes below. If you are using an electronic version of this document, you can un-highlight the text by highlighting the text with your mouse and going to the “highlight, no highlight” tool on the toolbar above. You may **DELETE** this text and most text in italics as you move through the document and make changes as they relate your practice/clinic.*

[Practice Logo or Name]

Emergency Response Plan for Vermont Primary Care Practices

Purpose

[Name of Practice/Clinic] has within its responsibility the safety of staff and patients. This plan was created in order to respond quickly and appropriately to the unusual but potentially devastating effects of an emergency. A prepared and practiced emergency response plan equips the organization to respond to an event with a substantial reduction in property damages and casualties.

This document was prepared by the Council of Community Clinics and by modified by Vermont’s Area Health Education Center (AHEC) Program and the Vermont Department of Health to provide recommended guidelines for primary care practices for use during responses to bioterrorism and other public health emergencies.

Policy

[Name of Practice/Clinic] will be prepared to respond to a suspected case of a public health emergency, including biological terrorism, in a way that protects the health and safety of its patients, visitors and staff, and that is coordinated with a community-wide response to a large-scale disaster. This plan cannot address all types of disasters or scenarios, so it should be adapted as needed to meet the needs of the emergencies that arise.

Procedures

Section 1: Mitigation

Mitigation includes activities such as a hazard vulnerability analysis, communication systems, personal preparedness, and procedures to better understand risk and to lessen the severity and impact of a potential emergency.

Hazard Vulnerability Analysis

Public health emergencies may arise from natural disasters, infectious disease outbreaks, or bioterrorism events. The practice must analyze their risks for potential events. Rural practices/clinics may have less risk for patients contracting diseases as a result of bioterrorism, but could face an influx of people in an urban terrorist event, and therefore may need greater autonomy in an emergency since it may take longer for county and other government resources to reach them.

*Your practice/clinic should assess their probability of a risk by examining their geographic location, historical data, local high-risk industry (such as a nuclear power plant or chemical manufacturer). Consider the worst-case scenarios by referring to **Appendix A**.*

Brief Example Analysis:

[Name of Practice/Clinic] is vulnerable to natural, technological, and societal hazards. The practice/clinic is at risk for flooding due to its proximity to the XYZ River. In addition, [Name of Practice/Clinic] is susceptible to severe winter storms and high winds, which often result in telecommunications failure and/or loss of electrical service for extended periods of time. Telecommunications failure and/or loss of electrical service would affect both the patients and the practice/clinic. There are also several high risk intersections in close proximity where the possibility of hazardous material spills are more likely to occur. The practice/clinic may be at risk for seeing patients who have traveled to an urban area where they were may have been exposed to a bioterrorism agent and return home to their primary care provider to seek initial treatment.

*Once you have created your analysis, you may **DELETE** the italicized text found above.*

Communications

Communications includes telephone systems and backup communication. For most practices the primary means of communication is the local telephone system. If telephones fail, staff will notify the provider by whatever means is available, such as telephones in another area, cell phones, messenger, e-mail or pay phones.

*Outline your practice's/clinic's back up communications technology plan, local communications and response networks, and internal agency and cross agency communication plan here. These plans should include how to reach all staff, community partners, and business contacts. Please find suggestions in **Appendix B**.*

Key phone numbers for staff and emergency contacts should be documented and updated quarterly at a minimum. These phone numbers should also be posted in a location of the practice/clinic where all employees have access to them. Staff home phone/cell phone numbers should be distributed to all staff to keep in a safe and confidential place at home.

*You may choose to create a phone tree or recall system for staff phone numbers. The **phone tree** is a basic method to create a structure outlining who is responsible for calling whom. The **recall system** works much like the phone tree, but staff names and phone numbers are outlined according to the distance the staff members live from the location of the practice/clinic. The persons living closest to the practice/clinic would be notified first.*

Staff should also be trained on who to contact and how to shutdown systems at the practice/clinic, in the event it is necessary.

Personal Preparedness

Certain emergencies may require staff to leave home unexpectedly to assist in an emergency. Making sure their personal life is "in order" first will enable staff to focus on their response assignment. Staff should be prepared to report to the practice/clinic or another off-site location in

the event of an emergency. In addition, staff should prepare themselves and their families with a disaster kit containing supplies for an emergency that might require them to “shelter in place.”

*Guidelines for your staff to follow when creating their family disaster plan & supplies kit should be outlined here. Additional information is available through the American Red Cross. Items to consider in the family disaster kit can be found in **Appendix C**. Items to consider if you as staff are required to leave home unexpectedly, due to an emergency, can be found in **Appendix D**.*

Workplace Preparedness

*In the event that the staff of the practice/clinic is restricted to their office, keeping supplies on-hand such as those included in the family disaster kit, are recommended. Outline your workplace supply kit here, using **Appendix E**.*

*In the event that the practice needs to be evacuated, the practice/clinic should consider the following equipment and systems to ensure business continuity off-site. Suggested items are included in **Appendix F**.*

Security and Lock-Down

Certain emergencies may require security and/or lock-down at the practice/clinic. *Outline your practice’s/clinic’s security/lock-down policy here.*

Personal Protective Equipment (PPE)

Healthcare workers will have access to and be trained on the use of personal protective equipment. Each practice will maintain adequate level C personal protective equipment described by the Occupational Safety and Health Administration (OSHA).

1. The CDC and OSHA have determined that in the event of a bioterrorist attack, level C protection will suffice in most health care situations (OSHA Guidelines CFR 1910.120 Appendix B III). Level C provides protection against most particulate contaminants, and liquid splashes.
2. The suggested PPE for level C: Individualized pre-fitted, N95 HEPA respirator, TYVEK Coverall with hood and booties, with latex booties, goggles or face shield, Nitrile Gloves.

If the practice does not currently have the PPE listed, this should be noted. A section should be added to the plan on how to access PPE. For example, arrangements could be made with the local hospital or nearest practice.

Communicable Disease Reporting

Practices will report diseases resulting from bioterrorist agents, like other reportable infectious diseases, to the Vermont Department of Health at **1-800-640-4374** or **1-802-863-7240**. Immediate reporting of all bioterrorist threat and infectious diseases is critical.

National Health Alert Network (HAN)

A staff person should be assigned to the task of checking the National Health Alert Network (HAN) and the Vermont Health Alert Network (VHAN) on a daily basis.

The Health Alert Network (HAN) is a nationwide communication system designed to support the public health response to bioterrorism and other health threats by: 1) assuring communication and information access for health care professionals in an emergency; 2) promoting public health workforce development and training; 3) developing standards to ensure the organizational capacity to respond at a national, state and local level. The National HAN can be accessed by going to: <http://www.phppo.cdc.gov/han/index.asp>.

The Vermont Health Alert Network is a web-based communication network designed to provide timely information to emergency health care workers, physicians, nurses, mental health practitioners and others in Vermont. It is linked to the National Health Alert Network through the Centers for Disease Control (CDC) in Atlanta. Through this communication system Vermont receives up-to-date information concerning bioterrorism and other health threats. In the event of an emergency, VHAN would alert providers via email (assuming there is access to the Internet). Providers are recommended to check VHAN at: <http://www.vdh.state.vt.us/pubhan.htm>.

Other Emergency Notification Systems

The Centers for Disease Control and Prevention (CDC) has set up a free registry to provide clinicians with real-time information to help prepare for (and possibly respond to) terrorism and other public health emergencies. Participants in the registry will receive regular e-mail updates on terrorism and other emergency issues and on training opportunities relevant to clinicians. To sign up for the registry and receive e-mail updates, go to: <http://www.bt.cdc.gov/clinregistry/>.

It is recommended that your practice/clinic add a policy for checking email, fax, and HAN/VHAN daily. The policy should be outlined here.

Section 2: Preparedness

This includes activities to build capacity and identify resources that may be used should a disaster or emergency occur. This includes organizational planning, cooperative planning with the county and other healthcare organizations, staff training on basic response actions, and drills.

Emergency Operations Center (EOC)

Management of the response to a large-scale emergency will be centralized at a location to be determined by the government and/or hospital that is equipped with telephones, a computer with internet access and ready access to a fax machine and copier. This could be in an administration office or other location. Individuals' potentially assigned roles in the EOC will be trained on emergency operations, and the Incident Command Structure. **Practices/clinics should be aware of what an EOC is, however this type of center would probably not be set up at a practice/clinic.**

Incident Command Structure (ICS) and the Emergency Response Team

Leadership in an emergency event will be organized to clearly define roles and responsibilities and mobilize all resources to respond quickly. The command structure can be set up using one of the following methods:

1. Incident Command Structure (ICS). This is a standardized structure used by government and hospitals in emergencies. The ICS staff consists of an incident commander, public information officer, liaison officers and security officer.
2. Emergency Response Team. **This model is tailored for the use of clinics and practices and is based on their current staffing structures.** Because clinics and practices are not generally the primary responders in an emergency and do not always have the staff to carry out the ICS system, this structure is tailored to the roles and responsibilities of clinics in most emergencies. The response team usually consists of the Executive Director and/or Medical Director, Operations Manager, Nursing Representative, Human Resources Representative, Facilities Management and any other staff identified as essential response team members. See *Appendix G*.

Staff and Physician Training

1. Staff and physicians have all received documented training on procedures to treat and respond to patients infected with an infectious disease or bioterrorism agent.
2. Staff training includes: their roles and responsibilities in an emergency; the information and skills required to perform their assigned duties during the emergency; awareness of the backup communications systems used in an emergency; and the location and how to obtain supplies during an emergency.
3. All training is evaluated through regular drills, including exercises pertaining to a possible emergency.
4. Staff and physicians receive periodic updates as new information becomes available.

Section 3: Response

These activities are taken in response to an emergency event.

Practice/Clinic Internal Response

1. In case of a natural disaster, infectious disease outbreak, or bioterrorism event, access website resources such as HAN, VHAN, and the CDC. Listen to public radio or television announcements by government officials regarding steps healthcare facilities need to follow to respond to the event.
2. In case of a patient with suspected exposure to a bioterrorist agent or infectious disease, follow current CDC guidelines on how to respond.
3. **Decontamination.** If exposed skin may have come in contact with an unknown substance, recommend washing with soap and water only. If contamination is beyond the practice's/clinic's capability, call 911. Local government, fire departments and hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.

4. **Security.** Crises or emergencies as a result of a natural disaster, infectious disease outbreak, or bioterrorism event can be expected to include large numbers of patients arriving for evaluation and/or treatment. If the practice/clinic has security, it is augmented as necessary. If the practice/clinic does not have security, assign personnel or make arrangements with local law enforcement to provide security. Pedestrian and vehicle traffic will be controlled as necessary by security to ensure unimpeded patient care, staff safety, and continued operations. Checkpoints at building entrances will be established as needed. Ensure all staff wears ID badges to facilitate quick identification in a crisis, and security will issue temporary ID's to staff if needed. Consider having yellow barrier tape and a bullhorn available to assist in crowd control procedures.
5. **Staffing.** Physicians will continue normal patient care. Physicians on call will report immediately to the practice/clinic. Off duty staff will ensure the safety of their home and family first. Unless otherwise directed they will report to work on their next regularly scheduled work shift.
6. **Evidence collection.** In a bioterrorist event the primary goal is to protect and preserve the life and safety of the public, and all else is secondary. But it is also important that evidence is collected when possible to assist law enforcement agencies in performing their duties. Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. When evidence is collected a clinic representative will collaborate with local law enforcement and regional FBI representatives, and will establish lines of authority about who will be responsible for evidence collection. At a minimum:
 - 1) Our clinic/practice has a supply of large, sealable plastic bags, marking pens, and ties to secure the bags.
 - 2) Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, and date of collection and site of collection.
 - 3) An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the clinic and a copy given to the patient.
 - 4) The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency, the facility will document who received them, where they were taken, and how they will be returned to the owner.
7. **Prepare for large influx of patients.** No practice/clinic is ever fully prepared for an immediate influx of patients requiring care. When the number of patients exceeds capabilities, key decisions will have to be made on how to handle the situation. If necessary, practice/clinic leadership will designate an area that can

be converted into a treatment and triage area. Utilize yellow barrier tape to assist in establishing this area if needed.

8. **Managing the psychological aspects of an event.** Following a natural disaster, infectious disease outbreak, or bioterrorism event, anxiety and alarm can be expected from infected patients, their families, healthcare workers, and the worried well. Psychological responses may include anger, fear, panic, unrealistic concerns about infection, fear of contagion, paranoia, and social isolation. When available, mental health workers (psychiatrists, psychologists, social workers, and clergy) can be deployed to help manage the mental health needs of patients and families. The following are some steps that can be taken to address the psychological impact:
 - Communicate clear, concise information about the infection, how it is transmitted, what treatment and preventive options are currently available, when prophylactic antibiotics, antitoxin serum or vaccines will be available, and how prophylaxis or vaccination will be distributed;
 - Provide counseling to the worried well and victims' family members;
 - Provide educational materials in the form of frequently asked questions (FAQ). These are available through the Vermont Department of Health (www.healthyvermonters.info) and/or Centers for Disease Control and Prevention (www.cdc.gov);
 - Explain that it is normal to experience anxiety and fear during a disaster
 - Give important tips to parents and caregivers such as:
 - Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
 - Watch for unusual behavior that may suggest your child is having difficulty dealing with disturbing events
 - Limit television viewing of terrorist events or other disasters and dispel any misconceptions or misinformation
 - Talk about the event with your child
9. **Media.** If a practice/clinic receives a media inquiry, the practice's/clinic's media relations policy will be put into place.

Outline your media relations policy here. For example, In an emergency, one person will be designated as the media contact and will receive approval from the Emergency Response Team, Executive Director, or Medical Director prior to any interviews or media releases.

Participation in Response to Major Event

1. **Response structure.** The practice's/clinic's response in a natural disaster, infectious disease outbreak, or bioterrorist event will take place in cooperation with the overall response, which will be coordinated by the Vermont Department of Health. In an actual emergency, clinics, hospitals, schools, skilled nursing facilities and other health care entities could all have a role to play.

Clinics/practices are encouraged to get involved in planning in their county prior to an event, to better understand their roles and responsibilities in an emergency.

All clinics/practices are encouraged to participate in their Local Emergency Planning Committee (LEPC) to get the most up-to-date information on county roles and responsibilities, as well as the response plan. In addition, practices are encouraged to be aware of the town/city Rapid Response Plan and locations of emergency shelters.

2. **Strategic National Stockpile (SNS).** In a bioterrorist event, if mass quantities of pharmaceuticals are needed then the state will request mobilization and delivery of the Strategic National Stockpile. The CDC has established the Strategic National Stockpile program as a repository of antibiotics, chemical antidotes, life support medications, IV administration sets, airway maintenance supplies including ventilators, and other medical/surgical supplies. The stockpile is designed to supplement and re-supply state and local public health and medical response teams in the event of a biological and/or chemical terrorism incident anywhere in the U.S.

It is not anticipated that practices/clinics will be directly involved with the distribution of stockpile assets. However, practice/clinic leadership should be informed of local level plans and what role, if any, they might be expected to play in the distribution of assets to the community.

3. **Mass prophylaxis.** Medical providers from the region could be called to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, the Vermont Department of Health would establish mass prophylaxis sites throughout the region. These sites would be large facilities such as school gymnasiums or warehouses that accommodate large groups of people. These sites would require a large number of health care providers to administer medications. Staffing for these sites would be a collaborative effort between the Vermont Department of Health, private practitioners, and other medical personnel.
4. **Provider volunteers.** In a countywide or statewide emergency, physicians and nurses who are not needed at their practices/clinics may want to volunteer to provide medical care at a hospital or other location. In order to volunteer, the provider's credentials would need to be verified, and the provider will want to be assured they are protected from liability while performing services. Providers can receive some protections in the following scenario:
 - They are granted emergency privileges by a hospital during an event. Emergency privileges may be granted when the emergency management plan has been activated and the organization is unable to handle the immediate patient needs (Joint Commission MS5.14.4.1). Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has established standards for hospitals on how to do this. Hospitals are responsible for following the

procedures to grant emergency privileges to physicians who are not on their medical staff.

Section 4: Recovery

This includes activities taken to assess, manage, and coordinate the recovery from a public health emergency as the situation returns to normal.

Outline your practice's/clinic's plan for deactivation of emergency, supporting employees, and accounting for disaster-related expenses.

APPENDICES

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Appendix A

Place a check next to the potential hazards to your practice/clinic and your patients:

Natural Hazards	Technological Hazards	Societal Hazards
<input type="checkbox"/> Flood (due to _____ River and/or _____ Lake) <input type="checkbox"/> High winds <input type="checkbox"/> Lightning <input type="checkbox"/> Multi-structure fire (urban) <input type="checkbox"/> Severe winter storms <input type="checkbox"/> Tornado	<input type="checkbox"/> Telecommunications failure <input type="checkbox"/> Loss of electrical service <input type="checkbox"/> Loss of water service (also consider frozen pipes) <input type="checkbox"/> Loss of gas service <input type="checkbox"/> Hazardous materials (sites, locations of release, high accident locations) <input type="checkbox"/> Radiological materials <input type="checkbox"/> Air crash/aviation accident	<input type="checkbox"/> Crime <input type="checkbox"/> Civil disturbance <input type="checkbox"/> Terrorism <input type="checkbox"/> Economic crisis <input type="checkbox"/> High unemployment rate

Appendix B

Fill in your communications plan.

Staff Contact Phone Numbers

	<u>Home Phone</u>	<u>Cell</u>	<u>Pager</u>
[Name] Executive Director (if applicable)	_____	_____	_____
[Name] Medical Director	_____	_____	_____
[Name] Office Manager	_____	_____	_____
[Name] HR Director (if applicable)	_____	_____	_____
[Name] Finance Director (if applicable)	_____	_____	_____
[Name] Facilities Director (if applicable)	_____	_____	_____
[Name] Risk Manager (if applicable)	_____	_____	_____
[Name] Staff #1	_____	_____	_____
[Name] Staff #2	_____	_____	_____
[Name] Staff #3	_____	_____	_____
[Name] Staff #4	_____	_____	_____

Emergency Contact Phone Numbers

<u>Organization</u>	<u>Contact</u>	<u>Phone</u>	<u>Cell</u>
State Health Department	1-800-640-4374 or 1-802-863-7240 <i>24 hours a day, 7 days a week</i>		
Local Health Department: [town/city]	_____		
	<i>Monday – Friday</i>		
Nearest Practice or Clinic: [name of practice]	_____		
Nearest Hospital: [name of hospital]	_____		
Administrative:	_____		
Emergency Room:	_____		
Infection Control:	_____		
Hospital Safety Officer:	_____		
Key Town Official [name] of health officer	_____		
Police	911	_____	_____
Fire	911	_____	_____
Electrical System Support	_____		
Telephone System Support	_____		
Internet Provider Support	_____		
Computer System Support	_____		
Water/Sewer System Support	_____		
Ventilation System Support	_____		
Furnace/Heating System Support	_____		
Patient Care Equipment/Systems Support	_____		

Appendix C

Suggested items to include in the family disaster kit:

Water ___ One gallon of water per person per day (for at least 3 days)	Food ___ At least a 3-day supply of non-perishable foods	First Aid Assemble a first aid kit which includes at least: ___ Bandages, ___ Antiseptic ___ Non-prescription drugs	Clothing & bedding ___ At least one complete change of clothing and footwear per person, ___ Blankets ___ Seasonal outerwear	Tools & supplies ___ Cups, plates, utensils ___ Battery operated radio ___ Extra batteries ___ Can opener ___ Matches ___ Toilet paper ___ Personal hygiene items ___ Soap, detergent and disinfectant	Special items ___ Medications ___ Eye glasses ___ Formula, diapers and bottles ___ Entertainment (games and books) ___ Important family documents
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Items to consider when creating a family disaster plan:

___ Meet with your family to discuss how to plan and prepare	___ Plan how your family will stay in contact if separated by disaster	___ Post emergency phone numbers and learn how to shut off water, gas, and electrical switches	___ Learn first aid and CPR	___ Practice and maintain your plan
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Appendix D

Items to consider if you as staff are required to leave home unexpectedly, due to an emergency:

<p><input type="checkbox"/> Anticipate potential arrangements for the care of all dependents should you be called for additional/unexpected duty</p>	<p>Assemble or update your personal “go bag” including personal items you will need for your estimated length of duty. Some items to include:</p> <p><input type="checkbox"/> Extra clothes (pair of jeans)</p> <p><input type="checkbox"/> Sleeping bag</p> <p><input type="checkbox"/> Boots (rubber or work)</p> <p><input type="checkbox"/> Charged cell phone</p> <p><input type="checkbox"/> Work Identification Badge</p> <p><input type="checkbox"/> Seasonal outerwear</p> <p><input type="checkbox"/> Personal items</p>	<p>Ensure that your family members:</p> <p><input type="checkbox"/> Know your destination</p> <p><input type="checkbox"/> How to contact you in the event of a family emergency</p>	<p><input type="checkbox"/> Determine what communications procedures should be followed so that you can contact your practice/clinic</p>
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Appendix E

Suggested items to include in the workplace supplies kit:

<p>Water</p> <p><input type="checkbox"/> One gallon of water per person per day (for at least 3 days)</p>	<p>Food</p> <p><input type="checkbox"/> At least a 3-day supply of non-perishable foods</p>	<p>First Aid</p> <p>Assemble a first aid kit which includes at least:</p> <p><input type="checkbox"/> Bandages</p> <p><input type="checkbox"/> Antiseptic</p> <p><input type="checkbox"/> Non-prescription drugs</p>	<p>Clothing & bedding</p> <p><input type="checkbox"/> At least one complete change of clothing and footwear per person</p> <p><input type="checkbox"/> Blankets</p> <p><input type="checkbox"/> Seasonal outerwear</p>	<p>Tools & supplies</p> <p><input type="checkbox"/> Cups, plates, utensils</p> <p><input type="checkbox"/> Battery operated radio</p> <p><input type="checkbox"/> Extra batteries</p> <p><input type="checkbox"/> Can opener</p> <p><input type="checkbox"/> Matches</p> <p><input type="checkbox"/> Toilet paper</p> <p><input type="checkbox"/> Personal hygiene items</p> <p><input type="checkbox"/> Soap, detergent and disinfectant</p>	<p>Special items</p> <p><input type="checkbox"/> Medications</p> <p><input type="checkbox"/> Eye glasses</p> <p><input type="checkbox"/> Formula, diapers and bottles</p> <p><input type="checkbox"/> Entertainment (games and books)</p> <p><input type="checkbox"/> Important family documents</p>
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Appendix F

Equipment and systems to ensure business continuity:

<p>__ An emergency box (<i>telephone books, expense forms, blank time sheets, fax cover sheets, lined paper, reams of paper, pencils/pens, envelopes, manila folders, calculator, white out, stapler, paper clips, scotch tape, duct tape, antiseptic wipes, flashlight, extra batteries for flashlight, cell phone, extra battery for cell phone</i>)</p>	<p>__ Remote phone number to access voicemail system or answering machine</p>
<p>__ Phone lists of key employees and community partners</p>	<p>__ Call forwarding system for your main business line</p>
<p>__ Back-up system for computer data. Make sure back-up tapes are kept off-site</p>	<p>__ Use UL-listed surge protectors and battery back up systems</p>
<p>__ Utilize a NOAA Weather Radio with a tone alert feature</p>	<p>__ Consult your insurance agent about special precautions to take for disasters that may directly impact business operations</p>

Appendix G
Response Team Roles

<p>Executive Director Notified of all emergencies. Provides staff with frequent updates.</p>	<ul style="list-style-type: none"> • Chairperson of the Response team. • Designates Team Leaders. • Secures transfer agreements with local hospitals. • Authorizes changes in clinic staff and operations needs. • Maintains the documentation from Response Team checklists following a bioterrorism event. • Responds to media inquiries.
<p>Medical Director Notified of all emergencies.</p>	<ul style="list-style-type: none"> • Co–Chairperson of the Response Team. • Designates Provider Team Leaders. • Provides clinicians the updates from the CDC and Health Department standards for the detection, diagnosis, and treatment of bioterrorism agents. • Monitors <i>HAN</i> for updates. • Determines the clinical staffing needs in cooperation with the Executive Director.
<p>Operations Manager</p>	<ul style="list-style-type: none"> • Ensures that personnel teams are current. • Assigns designated leaders at each site. • Identifies clinic areas to be used in the event that large numbers of patients need to be triaged, treated, or vaccinated.
<p>Human Resources</p>	<ul style="list-style-type: none"> • Maintains and keeps current the personnel team lists (add new hires, delete terminations). • Provides staff training on the Emergency Preparedness Plan. • Prepares staff instructions on who to contact if they suspect a bioterrorism event.
<p>Facilities Management</p>	<ul style="list-style-type: none"> • Assists the local fire, police, and HazMat teams with securing the effected area. • Assists in other physical plant needs.