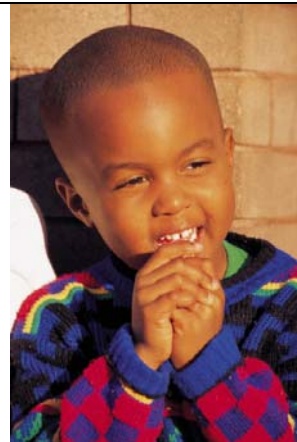


**State of Georgia**  
**Emergency Preparedness Planning Kit**  
for  
**Small Outpatient**  
**Behavioral Health Providers**



Prepared for  
the  
**Georgia Health Community Preparedness Program**  
Georgia Division of Public Health

by  
Clarity Healthcare, Inc.

**January 2008**

Draft 1.2

## Draft 1.2

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Comments and suggestions are welcome and should be directed to Kathleen Hoza Lysak, [kathleen.lysak@clarityhealthcare.com](mailto:kathleen.lysak@clarityhealthcare.com), phone: 678-264-8144.

Introduction	
Disaster Assessment	
Instructions	
Worksheets:	
Shelter-in-Place Plan	
Continuity of Operations Plan	
Plan for Supporting Your Community's Response	
Pandemic Influenza / Contagious Disease Plan	
Individual Continuity of Care Plan Template	
Background Information	Draft 1.2
Incident Command System	
Emergency Shelters	
Sheltering-in-Place	
Continuity of Operations Planning (COOP)	
Pandemic Influenza	
Evaluation of Planning Kit	

This kit is part of the Georgia Health Community Preparedness Program's series of tools for planning for emergencies. It was designed for small behavioral health providers in private practice. By filling out the worksheets in this kit, you can create a plan for how you will deal with different types of emergencies. Worksheets are included to help you develop your:

- Shelter-in-Place Plan
- Continuity of Operations Plan
- Plan for Supporting Your Community's Response
- Pandemic Influenza / Contagious Disease Plan

The Disaster Assessment box on the next page shows you which plan or plans you need to use in each type of emergency.

The background information section at the end of this kit provides more detail on these and other topics about which you should be familiar as you develop your emergency management plan.

You should also develop a Personal or Family Emergency Plan and encourage any employees you have to do so as well. You will be better able to meet your responsibilities to your consumers during an emergency if you know that your family will be okay. This is more likely to occur if you have planned for your families' needs in advance.

In an emergency, it is important to know who is responsible for what and to be able to communicate with others. You can plan this for your own practice, but you should also know how your community handles these things. The Plan for Supporting Your Community's Response Worksheet can help you identify the most important response partners.

### **Behavioral Health Response to Emergencies**

The medical response to a disaster is usually relatively short-lived. Victims physical injuries are treated. Some may be released after treatment, others may be hospitalized for a time. But the behavioral health response to a disaster may go on for years. Understanding the nature of this extended response and the resources your community has for each phase can help you to determine how you can best help your community's response to a disaster.

The ***Immediate*** response to a disaster occurs in the first 24 hours. The focus in this period is on saving lives and treating medical injuries, and restoring a safe environment to avoid secondary injuries. In general, it is not advisable for community behavioral health professionals to go to the scene of the disaster. Their services are more appropriately offered at areas established for families of victims, at shelters for victims with no or only minor physical injuries, or at areas established to support first responders. Hospitals receiving large numbers of victims, may need behavioral health resources beyond what they can provide themselves. But they will most likely augment these resources through Memoranda of Understanding with other organizations because they are responsible for the care provided on their premises.

If you would like to assist in the immediate response, join an organization:

- That is responsible for setting up shelters for victims and their families, or support areas for first responders, (e.g., the American Red Cross) or
- That provides back-up resources for the hospitals in your community that are most likely to receive disaster patients.

You will also need to have arrangements pre-planned to cover your professional and personal responsibilities that can be activated on very short notice.

The **Urgent** response phase of a disaster occurs after the first 24 hours until about a week after the disaster. The focus in this period is on treating medical injuries, setting up shelters, and clearing debris. Depending on the nature of the disaster, some victims may still not have been removed from the scene, and extraction efforts may leave families uncertain whether their loved ones have survived and how badly they are injured. Volunteer behavioral health professionals can be helpful at areas established for families of victims, at shelters for victims who have been unable to return home, or at areas established to support first responders. The influx of patients at hospitals will likely have diminished somewhat, and their need for behavioral health professionals will continue to be met through their own resources or through organizations with whom they have arrangements. If the number of patients exceeds local resources, temporary health care facilities may be set up under the auspices of public health. Disaster Recovery Centers may be opened to help victims apply for aid. Behavioral health professionals can be very useful in these types of facilities, circulating unobtrusively to identify individuals in need of a disaster mental health intervention.

If you would like to assist in the urgent response phase, join an organization:

- That is responsible for operating shelters for victims and their families, or support areas for first responders (e.g., the American Red Cross),
- That provides back-up resources for the hospitals in your community that are most likely to receive disaster patients, or
- With whom public health has arrangements for providing support in temporary health care facilities.

You will also need to have arrangements pre-planned to cover your professional and personal responsibilities that can be activated on relatively short notice.

The **Long Term** phase of a response is more focused on recovery, of individuals and of the community. When this phase begins depends on the nature of the disaster, but the focus is less on providing medical care than in helping individuals and communities get back to “normal”. If there has been a state or federal disaster declaration, Disaster Recovery Centers may be opened to help victims apply for aid. An application may be filed by the State mental health authority to support behavioral health outreach activities.

Individuals recovered from medical injuries and with the framework of their lives restored may begin to exhibit behavioral health problems as they process the impact of the disaster on their lives. At some point, the temporary services set up for the disaster response are closed, and individuals are left with the normal resources of their community.

If you would like to assist in the long term response phase:

- Join an organization that provides staffing for Disaster Recovery Centers.
- Volunteer to provide pro bono services for disaster victims identified during outreach activities as being in need of extended behavioral health services, but without the resources to pay for care.

Even though volunteering in the Long Term phase of the response allows you time to make arrangements to cover your personal and professional responsibilities, it is a good idea to have thought through how you will accomplish this in advance.

With whatever phase of the response you would like to assist, *it is important that you volunteer through an organization*. Unaffiliated volunteers who “self deploy” create a demand for resources for determining their credentials and training, resources that could be used assisting the victims of the disaster. Also, they may not be able to be used most effectively because they must be assigned to areas for untrained volunteers. If you are affiliated with a volunteer organization, credentialing and training occur prior to the event and you can be deployed fully prepared to the area most in need.

Currently, the only organization in Georgia that is able to handle spontaneous volunteers (i.e., volunteers who have not been registered and trained in advance) is the American Red Cross. Plans are underway to allow for other points of intake for spontaneous volunteers. Until these plans are complete, if an event occurs in your community prior to the time that you join a volunteer organization, the Red Cross may provide just-in-time training, and assign you to the area where you can be of most use. Of course, it is better if you join an organization and get your training before a disaster occurs.

### **Pandemic Influenza – A Disaster on a Different Scale**

A significant exception to the above characterization of disaster timelines would occur in an influenza pandemic. (See the Background section at the end of this kit for more information on pandemics.) Unlike most other disasters, which are relatively short-lived and local in nature, each wave of an influenza pandemic will last 8 to 12 weeks and its effect will be global.

Continuity of Operations planning for a pandemic means preparing to meet the needs of your consumers when you may not want to or be able to meet face to face. Critical infrastructure, such as utilities and transportation, may be disrupted. Basic supplies like groceries and gasoline may be in short supply. The impact on the community psyche will be incalculable. Coping with society-wide disruption may exacerbate pre-existing mental health conditions. Individuals in recovery may be more likely to relapse. The need for behavioral health services will never be greater.

As you develop your Pandemic Influenza Plan, you will want to have various ways to continue to serve your patients, depending on how severe the pandemic is. CDC has developed a Pandemic Severity Index for categorizing pandemics. The mildest pandemic, a Category 1, would have a case fatality rate approximately the same as the seasonal flu (<0.1%). However, 30 – 35% of the population will get sick instead of the 5 – 20% that become ill with seasonal flu. In a Category 1 pandemic, you may choose only to implement infection control practices (e.g., cough etiquette or masks) in your office.

A pandemic as severe as the Spanish Flu of 1918 – 19, would have a case fatality of about 2.0%, and would be a Category 5 pandemic. In a Category 5 pandemic, you may want to conduct many of your sessions via the telephone (assuming the telephones are working).

While general planning for your practice can be done in advance, planning for the needs of individual patients well in advance of a pandemic is impractical. Patients leave and enter treatment, and the specific patients you have now may not be the same patients you will have when the pandemic begins.

The Pandemic Influenza/Contagious Disease Plan helps you to develop your plan in advance for continuing care for general categories of patients. A suggested format for an Individual Continuity of Care Plan is included on which you would translate this general plan to the needs of specific patients as a pandemic develops.

Draft 1.2

The Instructions and Worksheets in this kit walk you through the planning steps you need to complete to be prepared for any kind of emergency. The Background Information section includes more detailed information on several of the topics covered by this kit. Additional resource material is available at [www.georgiadisaster.info](http://www.georgiadisaster.info).

This planning kit is a work-in-progress. It will be improved by your experiences in using it. If you have comments or suggestions, please contact:

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## Disaster Assessment

1) Is your facility safe?

- Yes                       No    ⇒ Close facility and Use Continuity of Operations Plan

2) What is happening? (Local officials may instruct you differently based on the circumstances in any particular event.)

Hurricane (coastal areas) Flood Wildfire	⇒ Use Continuity of Operations Plan
Tornado	⇒ Use Shelter-in-Place Plan (for weather, shelter down)
Winter storm Hurricane (inland areas)	⇒ Use Continuity of Operations Plan
Chemical Release	⇒ Use Shelter-in-Place Plan (for chemicals, shelter up)
Contagious disease Flu pandemic	⇒ Use Continuity of Operations Plan - Pandemic

3) Do you have utilities?

- Yes                                       No    ⇒ Use Continuity of Operations Plan

4) Can your staff get to work?

- Yes                                       No    ⇒ Use Continuity of Operations Plan

**More detailed information on each of these topics is included in the Background Information section.**

**Step 1:** Fill out the Shelter-in-Place Plan Worksheet. Review it with your associates and staff to be sure they understand it and know what they are supposed to do. Give each of them a copy and keep a copy in an easily accessible place.

**Step 2:** Fill out the Continuity of Operations Plan Worksheet. Review it with your associates and staff to be sure they understand it and know what they are supposed to do. Give each of them a copy and keep a copy in an easily accessible place.

**Step 3:** Plan to Support Your Community's Response. \*

A. Join a volunteer organization or network.

- Register for ServGA, Georgia's registry of emergency volunteers at [www.servga.gov](http://www.servga.gov).
- If your professional association has a disaster response network, sign up for it and the training that is offered to volunteers.
- Join an agency (such as the American Red Cross) that is recognized as central to disaster preparedness and response.

B. Understand your community's response systems.

- Be familiar with the Incident Command System. Online courses are available free of charge on the website of the Federal Emergency Management Agency (FEMA) [www.fema.gov](http://www.fema.gov), starting with ICS 100, An Introduction to the Incident Command System.
- Form relationships with the people in key positions who work in disasters: fire and police chiefs, the local and state emergency managers, and the social workers at the **emergency receiving hospital**. The Community Response Partners Worksheet can help you keep their contact information handy. See below for instructions how to get some of your local contacts.
- Know lines of supervision and to whom to report. In disaster situations, collaboration, consultation, and communication are the "3 Cs" of effective decision making.

C. Prepare yourself to be able to support your community's emergency response.

- Receive training in:
  - o Disaster concepts and response interventions, such as psychological first aid mental health field response. Understand the differences between working in an office and working in a disaster environment.
  - o Incident command structures
  - o Weapons of mass destruction awareness

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\* Adapted from Gard and Ruzek, Community Mental Health Response to Crisis, Journal of Clinical Psychology: In Session, Vol. 62(8), 1029-1041, 2006.

- Response to disasters with mass casualties
  - Volunteer with the Red Cross for smaller disasters, such as house fires, to gain experience working in a disaster environment.
  - Have a support network of other behavioral health providers involved in disaster response to talk with about the stresses of working in a disaster environment.
  - Prepare a Go Kit of items to take with you when you respond to a disaster. See [\\_\\_\\_\\_\\_](#) for a list of items you should consider for your go kit.
- D. Prepare your practice for your absence
- Review the phases of response discussed in the Introduction and determine in which phase you will volunteer, based on the specifics of your practice and home situation
  - Be prepared to clear regular schedules for at least several days and up to 2 weeks when volunteering for the Immediate or Urgent phases of disaster work.
- E. Develop a Personal/Family Preparedness Plan. More information is available at a variety of websites, such as:
- [www.gema.state.ga.us](http://www.gema.state.ga.us)
  - [www.redcross.org](http://www.redcross.org)
  - [www.ready.gov](http://www.ready.gov)

Draft 1.2

**Step 4:** Fill out the Pandemic Influenza / Contagious Diseases Plan Worksheet. Review it with your associates and staff to be sure they understand it and know what they are supposed to do. Give each of them a copy and keep a copy in an easily accessible place.

- A. Infection Control – Examples of strategies:
- Teach your associates, staff, and consumers about cough etiquette. Put posters or flyers up in your office to remind them.
  - Provide tissues and wastebaskets and the means to clean hands after using them (soap and water or an alcohol-based hand sanitizer)
  - Provide masks for individuals who are coughing or sneezing and encourage them to use them
  - Wear gloves when emptying wastebaskets.
  - Disinfect with a standard hospital disinfectant at least once a day. Disinfect frequently touched surfaces more often.
  - Exclude individuals with respiratory symptoms
  - Exclude individuals exposed to influenza patients

### B. Social Distancing– Examples of strategies:

- Maintain at least six feet of spacing between individuals
- Avoid shaking hands
- Reduce session frequency, if possible
- Reduce the size of groups
- Replace group sessions with individual sessions
- Conduct sessions over the phone, when possible

### C. Continuity of Care Planning by Category of Consumer (e.g., medication dependent, recovery groups, uncomplicated individual/family therapy)

The Individual Continuity of Care Plan form included in this kit can be used to extend this category planning as the pandemic begins (see Response Steps below). Factors to consider in developing an individual continuity of care plan:

- Clinical profile – diagnosis, length of time in treatment, stability of condition
- Exposure profile – does the individual work in a profession exposed to ill individuals (e.g., health care workers) or exposed to the public (public safety, transportation, or retail workers);
- Vulnerability profile – does the individual have medical conditions that increase their vulnerability to infection (e.g., chronic respiratory conditions, immune system deficiency); do they have children or vulnerable individual in their household; is there an essential worker in the house that should be protected from exposure
- Other factors (e.g., abusive home situation, transportation issues)

### D. Continuity of Essential Services – how will you continue to meet the needs of your consumers if you, your associates or staff cannot work? What will you do if there are disruptions to essential services in your community? How will you communicate changes if telephone and/or cell phone service are not functioning?

### E. Response Steps - CDC has established triggers (e.g., outbreaks overseas or the first case in North America) for Alert, Standby, and Activate response steps. Suggestions for the actions you should take when these response steps are announced are listed below:

#### Alert

- Notify associates, staff, and consumers (and parents of minors) of pandemic alert status.
- Review infection control and social distancing policies with associates, staff, and consumers (and parents of minors).
- Ensure sufficient infection control supplies are on hand.

# Emergency Preparedness Planning Kit for Small Outpatient Providers

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## Instructions

- Use your Continuity of Care Plans by Category of Consumer to develop a Continuity of Care Plan for each consumer and group. Review the plan with them when you notify them of the Alert status. Obtain their feedback on how well the plan will work for their individual circumstances and make note of changes that need to be made.

### Standby

- Notify associates, staff, and consumers (and parents of minors) of standby status.
- Review infection control and social distancing policies with associates, staff, and consumers (and parents of minors).
- Check that you have incorporated the consumer (parent/guardian) feedback obtained above into the Continuity of Care Plan for each consumer and group.

### Activate

- Notify associates, staff, and consumers (and parents of minors) of activation of pandemic flu plan.
- Review infection control and social distancing policies with associates, staff, and consumers (and parents of minors).
- Implement your Pandemic Influenza Plan and Individual Continuity of Care Plans.

**Step 4:** Prepare your family. No matter what type of disaster occurs and which type of plan you need to implement, you will be better able to meet your responsibilities to your consumers during an emergency if you know that your family will be okay. This is more likely to occur if you have planned for your families' needs in advance.

\*\*\*

Whenever you update or make changes to any of these plans, be sure to explain the changes to your staff and make sure they know what they are supposed to do under the new plan. Give a copy of the new plan to your staff.

# **Step 1**

## **Shelter-in-Place Plan**

Draft 1.2

Your Name

**Emergency Management Plan**

**Shelter-in-Place Plan**

Sheltering-in-place means staying where you are and taking shelter, rather than trying to evacuate. For more information on how to shelter-in-place, see the Background Information section.

**Safe Areas**

What room(s) in your facility will you use if you need to shelter-in-place in a low place in your facility (e.g., for a tornado)

<b>Locations</b>	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, plans for sanitation, power, and communications, how furniture should be arranged for maximum safety. Attach procedures or diagrams, if necessary.

Draft 1.2

What room(s) in your facility will you use if you need to shelter-in-place in a high place in your facility (e.g., for a chemical release)

<b>Locations</b>	Describe your plan for using this space as a shelter (e.g., the number of people who can fit here, plans for sanitation, power, and communications, how you will seal the room. Attach procedures or diagrams, if necessary.

**Train and Practice this Plan!**

<b>Your Name</b>	<b>Emergency Management Plan</b>
------------------	----------------------------------

<b>Shelter-in-Place Plan</b>
------------------------------

<b>Disaster Kit</b> [You can find suggestions for what to include in your disaster kit at <a href="http://www.georgiadisaster.info">www.georgiadisaster.info</a> .]
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	Location	Who is responsible for bringing it to the safe area(s)?	Who is responsible for double checking that it is in the safe area(s)?
Basic disaster kit			
Food and water			
Critical records, including lists of emergency contacts for your consumers and staff and a copy of the Plan for Supporting Your Community's Response (it includes contact information for key community response partners)			

<b>Communication</b>
----------------------

Who will you keep informed of your whereabouts? This should be someone who is in a different geographic area or state to reduce the chances that they will also be affected by the disaster.

Name	Phone	Email

How do you plan to communicate with your consumers if you have to shelter-in-place your facility?

How do you plan to communicate with off duty staff if you have to shelter-in-place your facility?

Who will you communicate with (and how) if you have problems while in your safe area?

How do you plan to communicate with public safety officials if you have to shelter-in-place your facility?

<b>Last Updated</b>	Date:	Signature
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**Train and Practice this Plan!**

# **Step 2**

## **Continuity of Operations Plan**

Draft 1.2

<b>Your Name</b>	<b>Emergency Management Plan</b>
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**Continuity of Operations Plan**

Your Continuity of Operations Plan should describe how you will continue to function even when emergency events directly affect your facility. See the Background Information section for more information on Continuity of Operations Planning.

**Facility**

What will you do if your **office** loses utilities during a disaster?

Electrical Power	
Water	
Gas	
Telephone	

A **Memorandum of Understanding (MOU)** is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not **also** affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to use each others' facilities in a disaster affecting only one of you. This will provide an alternate location(s) to which you could move in the event that your office becomes inaccessible during an emergency.

Alternate Location	Contact Name/Title	Phone Number	Cell Phone/ Pager	Attach MOU

**Continuity of Care**

List the other providers with whom you have agreements for assisting with each other's consumers during an emergency.

Name of Other Provider	Address	Phone Number	Cell Phone/ Pager	Attach agreement and/or procedure

**Train and Practice this Plan!**

<b>Your Name</b>			
<b>Emergency Management Plan</b>			
<b>Continuity of Operations Plan</b>			
<b>Communication</b>			
<input type="checkbox"/> Develop an emergency contacts list that includes public safety officials and contact information for your consumers and staff			
<input type="checkbox"/> Put a copy of your emergency contacts list in your disaster kit and write here where else the list is kept:			
How do you plan to notify your consumers if you need to close or relocate your office, or if other providers will be covering for you during an emergency? Be sure to include how you will notify them if telephone and/or cell phone service is disrupted.			
How do you plan to notify your staff if you need to close or relocate your office, or if other providers will be covering for you during an emergency? Be sure to include how you will notify them if telephone and/or cell phone service is disrupted.			
<b>Critical Records</b>			
You should have back-up copies of critical records off-site in a location away from your office (i.e, not in a building across the street that could also be affected by an emergency). Make sure that this back-up location is someplace likely to be accessible to you in an emergency. Remember that patient records will need to be secured to conform to HIPAA requirements. You may also want to consider having a second back-up location .			
Draft 1.2			
<b>Location</b>	<b>Contact Name/Title for Access</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>
<b>Disaster Kit</b>			
You may want to consider developing a disaster kit in your office in case you are stranded there during an emergency. You can find suggestions for what to include in your disaster kit at <a href="http://www.georgiadisaster.info">www.georgiadisaster.info</a> . Document below where you keep your disaster supplies.			
	<b>Location</b>		
Basic disaster kit			
Water for 3 days			
Food for 3 days			
<b>Last Updated</b>   Date:			Signature

**Train and Practice this Plan!**

# **Step 3**

## **Plan for Supporting Your Community's Response**

Draft 1.2

<b>Your Name</b>	<b>Emergency Management Plan</b>
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<b>Plan for Supporting Community Response</b>
---

<b>Join a volunteer organization or Network</b>
---

Organization	Contact Name	Phone	Email	Notes

<b>Understand Community Response Systems</b>
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Organization	Contact Name	Phone	Email	Notes
Local Emergency Management Agency				
Fire Department				
Police Department				
District Public Health Office				
Local Chapter, American Red Cross				
Who supervises behavioral health volunteers during a response in your community?				
Where and to whom should behavioral health volunteers report?				

<b>Prepare yourself</b>
-------------------------

Type of Training	Date Taken/ To Be Taken	Location	Type of Training	Date Taken/ To Be Taken	Location
ICS100*			Weapons of Mass Destruction		
Psychological First Aid*			Response to Disasters with Mass Casualties		
Mental Health Field Response*					
CISM/CISD					

\* Should be taken by all who plan to volunteer

**Go Kit** [See references page to find out where you can find suggestions for what to include in your Go-Kit.]

Where do you keep your Go Kit?	
--------------------------------	--

<b>Prepare Your Practice</b>
------------------------------

**Train and Practice this Plan!**

<b>Your Name</b>						<b>Emergency Management Plan</b>					
<b>Plan for Supporting Community Response</b>											
For what phase of the response will you volunteer? (See Introduction for information on phases of the response.)						Immediate		Urgent		Long Term	
List the partners or associates who can cover all or parts of your regular schedule if you are away from the office volunteering for a response.											
Indicate who will re-schedule appointments that cannot be covered by partners or associates to a later time.											
Describe arrangements for addressing emergencies among your patients while you are away from your office in support of your community's response.											
<b>Personal Responsibilities:</b>											
Do you have dependents or pets? (If no, skip this section)						Yes		No			
(Write NA for time periods in which you will not be volunteering.)		<b>First 4 hours</b>		<b>4 – 24 hours</b>		<b>24 hours – 72 hours</b>		<b>Days 4 – 7</b>		<b>&gt; 7 days</b>	
Who will care for your children or other dependents?				Draft 1.2							
Who will care for your pets?											
Who will look after your home (if no one will be there)?											
Other											
If the event involves a risk of exposure to an infectious disease, will you come home between shifts or stay elsewhere to minimize the risk of exposing your family?						Come Home		Stay Elsewhere			
If you will be coming, describe the steps you will take to minimize the chances that you will expose your family											
If you will be staying elsewhere, indicate where you will be staying.											
Last Updated						Date:		Signature			

**Train and Practice this Plan!**

# **Step 4**

## **Pandemic Influenza & Contagious Disease Plan**

Draft 1.2

Your Name

**Emergency Management Plan**

**Pandemic Influenza / Contagious Disease Plan**

**Infection Control Plan**

Infection control practices to be implemented. (See Instructions for examples of infection control practices. Additional information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov))

Strategy	Supplies Required	Amounts in inventory/where stored	Training conducted/received

**Social Distancing Plan**

Social distancing strategies to be implemented. (See Instructions and the Background Information section for a discussion of Social Distancing. Additional information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov))


**Continuity of Care Plan by Categories of Consumers**

Category of Consumer (e.g., medication dependent, recovery groups, uncomplicated individual/family therapy)	Plan for meeting their needs during a pandemic

**Continuity of Essential Services Plan**

What will you do if you, your associates or your staff can't work?

--

Describe your arrangements for addressing emergencies among your patients if you are unable to work.

--

List the other providers with whom you have agreements for assisting with each other's consumers during a pandemic.

Name of Other Provider	Contact Name/Title	Phone Number	Cell Phone/ Pager	Attach MOU and/or procedure

**Train and Practice this Plan!**

<b>Your Name</b>		<b>Emergency Management Plan</b>
<b>Pandemic Influenza / Contagious Disease Plan</b>		
What will you do if your <b>community</b> has disruptions in utilities during a pandemic?		
Electrical Power		
Telephone		
Internet		
<b>Communication</b>		
How do you plan to notify your consumers if you need to close your office, or if other providers will be covering for you, during a pandemic? Be sure to include how you will notify them if telephone and/or cell phone service is disrupted.		
How do you plan to notify your staff if you need to close your office, or if other providers will be covering for you, during a pandemic? Be sure to include how you will notify them if telephone and/or cell phone service is disrupted.		
<b>Response Steps</b>		
Describe the steps you will take when CDC announces each of the following triggers as a pandemic develops (see examples in Instructions):		
<b>Alert</b>	Draft 1.2	
<b>Standby</b>		
<b>Activate</b>		
<b>Last Updated</b>	Date:	Signature

**Train and Practice this Plan!**

# Continuity of Care Plan

Patient/Consumer's Name: \_\_\_\_\_

<p><u>Clinical Profile</u> (diagnosis, length of time in treatment, stability of condition)</p>	<p><u>Exposure Profile</u> Rate the exposure risk of the consumer and others in their household. The higher the exposure rating, the more beneficial it would be to minimize contact by switching group sessions to individual, or conducting sessions over the phone.</p> <p><input type="checkbox"/> High - Exposed to sick individuals (e.g., a health care worker)</p> <p><input type="checkbox"/> Medium - Exposed to the public in enclosed places (e.g., retail worker, teacher)</p> <p><input type="checkbox"/> Low - Other</p>
<p><u>Vulnerabilities Profile</u> Rate the vulnerability risk of the consumer and others in their household. The higher the vulnerability rating, the more beneficial it would be to minimize contact by switching group sessions to individual, or conducting sessions over the phone.</p> <p><input type="checkbox"/> Immuno-compromised</p> <p><input type="checkbox"/> Respiratory condition (e.g, asthma, COPD)</p> <p><input type="checkbox"/> Age &lt; 19</p> <p><input type="checkbox"/> Essential worker (with low exposure, e.g., utility worker)</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Other Factors</u></p> <p><input type="checkbox"/> Public transportation used to get to sessions? (Transportation services may be limited during a pandemic.)</p> <p><input type="checkbox"/> History of family violence</p> <p><input type="checkbox"/> Other _____</p>

<p><b>Regular session is</b></p> <p><input type="checkbox"/> Group</p> <p><input type="checkbox"/> Individual</p>	<p><b>Pandemic sessions will be</b></p> <p><input type="checkbox"/> Group</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Over the phone</p>
<p><b>Frequency:</b></p>	<p><b>Frequency:</b></p>
<p><b>Notes:</b></p>	<p><b>Notes:</b></p>

# **Background Information and Planning Kit Evaluation**

Draft 1.2

### INCIDENT COMMAND SYSTEM

The Incident Command System, or ICS, is a system used throughout the country for managing the response to emergencies. ICS creates a temporary organizational structure that can be as large or as small as is needed for the type and size of the event, and includes all of the responding organizations. It is used from the time an incident occurs until the requirement for management of emergency operations no longer exists.

You should be familiar with the Incident Command System. Online courses are available free of charge on the website of the Federal Emergency Management Agency (FEMA) [www.fema.gov](http://www.fema.gov). If you are not already familiar with the Incident Command System, you may wish to take ICS 100, An Introduction to the Incident Command System.

### EMERGENCY SHELTERS

During a disaster, the Red Cross is responsible for running the shelters that most people go to. District public health offices are responsible for running shelters for individuals with special needs. Special needs shelters are for people that need to be watched for potentially life-threatening conditions or who require bedding or bathroom facilities not available in a regular shelter. Here are some examples of the types of individuals who should go to a special needs shelter:

- Incontinent persons or those requiring assistance with toileting;
- Those with limited mobility who cannot sleep on a cot or transfer;
- Brittle diabetics or epileptics;
- Oxygen dependent persons;
- Those with severe dementia or uncontrolled mental illness,
- Persons in withdrawal.

Some individuals can go to a regular shelter if it has a separate wing or room that provides privacy and has enough staff to help. Here are some examples of the types of conditions or needs that people might have, but still be able to go to a regular shelter:

- Communicable diseases like chicken pox or roseola;
- Undergoing chemotherapy or radiation;
- Drug controlled TB;
- Moderate Alzheimer's or dementia;
- Requiring assistance from family member/ caretaker in activities of daily living and have that person with them;
- Accompanied developmentally disabled persons
- Portable O2 in use;
- Kidney dialysis patients.

Keep in mind that special needs shelters may not be available in all communities, or they may be co-located with congregate shelters (shelters for the general population).

### SHELTER-IN-PLACE

You may be instructed to shelter in place if it is safer to stay indoors than to move to another location. This may occur in severe weather, or if a chemical or other hazardous substance has been released into the air. Sheltering-in-place means going to a small, interior room, with no or few windows. It does not mean sealing off your entire facility. The Red Cross provides the following guidelines for sheltering in place:

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems.
- Close the fireplace damper.
- Get your [disaster supplies kit](#) and make sure the radio is working.
- For chemicals, shelter up: Go to an interior room without windows that's above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed. Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room.
- For weather, shelter down: Go to an interior room without windows that's below ground level, if possible.
- It is ideal to have a hard-wired telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

### CONTINUITY OF OPERATIONS PLANNING (COOP)

The purpose of Continuity of Operations Planning is to ensure that you can continue to function even when emergency events directly affect your facilities, your staff, or your community.

Examples of the types of events that your COOP should cover include:

- a loss of electrical power for hours or days
- an accident or chemical spill that, while it doesn't affect your facility, blocks the transportation routes that you, your employees, and consumers use to get to your office.
- a flood that results in the loss of your facility for weeks or months
- an infectious disease outbreak (such as a pandemic) that results in high levels of absenteeism among staff

### PANDEMIC INFLUENZA

A pandemic is a worldwide outbreak of a disease. A flu pandemic occurs when a new flu virus “emerges” in humans, causes serious illness, and then spreads easily from person to person worldwide.

Pandemics are different from seasonal outbreaks or “epidemics” of the flu.

- *Seasonal outbreaks* are caused by subtypes of flu viruses that already exist among people.
- *Pandemic outbreaks* are caused by new subtypes or by subtypes that have never circulated among people, or that have not circulated among people for a long time.

### Flu Pandemics During the 20th Century

During the 20th century, the emergence of new flu virus subtypes caused three pandemics:

- In 1918-19, the “**Spanish flu**,” caused the highest number of known flu deaths. More than 500,000 people died in the United States. Up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of complications later. Nearly half of those who died were young, healthy adults. For every 1,000 people who got the Spanish flu, 20 died.
- In 1957-58, “**Asian flu**,” caused about 70,000 deaths in the United States. First identified in China in late February 1957, the Asian flu spread to the United States by June 1957.
- In 1968-69, “**Hong Kong flu**,” caused about 34,000 deaths in the United States. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. For every 1,000 people who got the Hong Kong flu, 5 died.

Both the Asian flu and the Hong Kong flu pandemics were caused by new viruses created when a human flu virus and a bird flu virus combined. It is now believed that the 1918-19 pandemic virus was also caused by an avian flu virus, with similarities to the H5N1 strain of the avian flu virus that is currently circulating in Asia and other parts of the world.

### *Preparing for the Next Pandemic*

Preparing for a pandemic involves doing things to reduce the number of people who get sick, take care of the people who do get sick, and minimize the effect on the functioning of your community. Doctors and hospitals will struggle to take care of the large numbers of people who get sick. Because a lot of workers will get sick, it will be difficult to keep all of the necessary services in your community going. That is why an important part of the government’s plan for a pandemic is to take steps to keep people from getting sick in the first place.

### Why Drugs Aren’t the Answer

- *A vaccine probably will not be available in the early stages of a pandemic.*

Once a potential pandemic strain of flu virus is identified, it takes several months before a vaccine will be widely available. Vaccines were available for the 1957 and 1968 pandemic viruses, but arrived too late to do much good.

➤ *Antibiotics don't work against viruses*

There are two types of germs - bacteria and viruses. Antibiotics can only kill bacteria - they don't kill the viruses which cause colds and flu. But if a person is already ill with a cold or flu, they may also become ill with an infection caused by bacteria - when this happens a doctor may prescribe antibiotics to treat the bacterial infection.

➤ *Antiviral medications will be in short supply, and may not work if the virus becomes resistant.*

Four different flu antiviral medications are approved by the U.S. Food and Drug Administration (FDA) for the treatment and/or prevention of flu. However, sometimes flu virus strains can become resistant to one or more of these drugs, and the drugs may not always work.

Because drugs will not be the answer, our most important weapons in a pandemic will be other steps that each community can take. The goal of these steps is to make sure that as few people as possible are exposed to the flu virus. This will give scientists time to develop a vaccine. These steps will include:

- Voluntary isolation of the sick - This is the only thing recommended for all pandemics. People who are sick with a contagious disease should always stay home and away from other people. But because of the lack of sick benefits or just a desire to “tough it out”, a lot of people go to work when they are sick. In a pandemic, we will have to create strong community-based pressure to stay at home when you are sick.
- Voluntary quarantine of exposed individuals - What this means is that all members of a household should stay home when *any* member of the household has the flu. People with the flu are contagious before they have symptoms. Family members of those who are sick could infect classmates or co-workers before they themselves get sick.
- Child social distancing, including school closures - Research shows that it is important that schools be closed *before* a lot of people in your community have the flu. **It will not help very much if the schools wait to close until a lot of children are absent from school.** In all but the mildest pandemic, schools will probably be closed for some period of time. If schools are not closed, they will focus on infection control in the schools.
- Adult social distancing - Adult social distancing means doing things like:
  - Canceling public gatherings, (for example, closing theatres or canceling sporting events),
  - Increasing the space between people by changing work schedules to reduce the number of people in a work space, and
  - Decreasing the number of times people are together (having teleconferences instead of face-to-face meetings, letting people work from home, praying at home or watching services on television instead of going to church.).

### *Community Responsibility*

So far, we have focused on things that officials would do to close schools or cancel public events. But these official steps are a small part of any community's toolbox for protecting its people during a pandemic.

Responsibility for controlling a pandemic must be shared across your community. **Voluntary** isolation of the sick depends on individuals making the choice to stay at home when sick. **Voluntary** quarantine of exposed individuals depends on individuals and families making the choice to stay at home when a family member is sick. In order for them to be able to make that choice, employers must not penalize employees who want to make the right choice for the community. Other members of the community must be willing to support people that are staying away from the rest of the community by delivering food, medicine, or other supplies. Otherwise someone in the household might need to go to a store, possibly infecting others. That is why community-wide planning is so important.

The first task of community leaders and public officials is providing information, as it is available. Just as importantly, they must help the organizations in their community to work together to increase their effectiveness.

### *Response Steps*

The steps between recognition that a pandemic is imminent and the decision to activate specific response plans are critical. CDC has defined three response steps to reflect the escalation of response action given specific triggers:

- *Alert* includes notification of critical systems and personnel of the impending activation of response plans (Trigger: overseas outbreaks of a new influenza virus that is easily transmitted among humans);
- *Standby* includes initiation of decision-making processes for imminent activation, including mobilization of resources and personnel, (Trigger: outbreaks of a new influenza virus that is easily transmitted among humans in North America);
- *Activate* refers to implementation of the specified pandemic mitigation measures (Trigger: laboratory-confirmed cluster in a state or region).

The CDC has developed a Pandemic Severity Index that is based on the case fatality rate (the percentage of the people who get the disease who die). This Index is designed to facilitate the development of response plans that are contingent upon the severity of the pandemic. Table 1 below shows the expected impact on Georgia of pandemics of various severities using the Pandemic Severity Index. The numbers of deaths expected assumes a 30% illness rate during the pandemic. The three pandemics that occurred in the last century are shown for reference purposes.

The more severe the pandemic, the more important it will be to implement community containment measures, including changes to the way you operate your practice, such as those suggested in the Pandemic Influenza / Contagious Diseases section of this kit.

**Table 1: Pandemic Severity Index**

Category	Case Fatality Rate	Expected Number of Deaths in Georgia	20 <sup>th</sup> Century U.S. Experience
1	<0.1%	< 2,722	*
2	0.1 - <0.5%	2,722 - 13,609	1957, 1968
3	0.5 - <1.0%	13,609 - 27,218	None
4	1.0 - <2.0%	27,218 - 54,435	None
5	=> 2.0%	=> 54,435	1918 Pandemic

\* Seasonal influenza has approximately this case fatality rate, but an illness rate of only 5 – 20% because some individuals will have immunity from prior exposure to the specific influenza virus circulating in any given year.

### CONTINUITY OF OPERATIONS PLANNING FOR A PANDEMIC

Planning how you can continue to function during a pandemic is different from planning for other types of events because a pandemic will last so much longer than a typical disaster. Each wave of a pandemic is expected to last 8 – 12 weeks. Essential services in your community may be disrupted for that long.

Social distancing measures will mean that normal community support systems may be disrupted as well. The stress of dealing with the disruptions, and the illness or death of family members may make some consumers symptoms worse.

More information on how a pandemic will affect your community can be found in the section on Pandemic Influenza planning.

Name of kit being evaluated \_\_\_\_\_

Feel free to attach additional pages if more space is required.

1. How easy was the Planning Kit to use?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Quite difficult

Please describe the features that made it easy or difficult to use the kit.

2. How complete was the planning kit?

- Very complete
- Mostly complete, but a few minor issues were not covered well
- A good start, but significant issues still need fleshing out
- Significant issues not addressed at all

Please list issues or topics that you feel should have been covered that were not.

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Please describe the areas that could be improved.

3. Were there areas in which the model presented in the kit did not work well in your community?

- Yes     No    If yes, please describe.

If you are willing to be contacted for further discussion on your comments, please complete the following:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

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