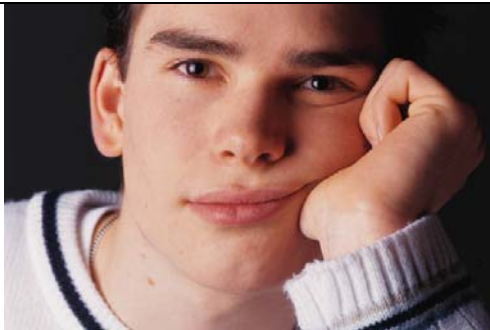
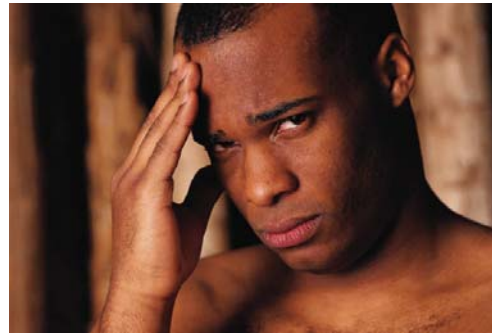


**State of Georgia**  
**Emergency Preparedness Planning Kit**  
for  
**Small Residential Providers**



Prepared for

the

**Georgia Health Community Preparedness Program**

Georgia Division of Public Health

by

Clarity Healthcare, Inc.

**November 2007**

Draft 2.2

## Draft 2.2

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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.

# Emergency Preparedness Planning Kit for Small Residential Providers

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This kit is part of the Georgia Health Community Preparedness Program's series of planning tools for emergencies. It was designed for small organizations with only a handful of employees. 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:

- Evacuation Plan
- Shelter-in-Place Plan
- Continuity of Operations Plan
- Pandemic Flu Plan

The box on the next page shows how you can decide which plan or plans you need to use in a each type of emergency.

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 facility, but you should also know how your community handles these things. The Community Response Partners Worksheet will help you to do this.

You should also encourage your employees to develop Personal or Family Emergency Plans. They will be better able to help you meet your responsibilities to your consumers during an emergency if they know that their family will be okay. This is more likely to occur if they have planned for their families' needs in advance.

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## Disaster Assessment

1) Is your facility safe?

Yes

No ⇒ Use Evacuation 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 Evacuation 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 Pandemic Flu Plan

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

# Emergency Preparedness Planning Kit for Small Residential Providers

## Instructions

**Step 1:** Fill out the Facility Information Worksheet and make four copies. The Community Response Partners worksheet tells you who you should give them to.

**Step 2:** Fill out the Community Response Partners Worksheet so that you have handy the contact information for the organizations with which you need to coordinate in an emergency. The Worksheet also has a space for you to write down some information that you need to get from them to help with your planning. See below for instructions how to get some of your local contacts.

### Local Emergency Management Agency

To find your local emergency management agency, go to [www.gema.state.ga.us](http://www.gema.state.ga.us) ,

- ⇒ Click on Field Programs
- ⇒ Click on Local EMA Info
- ⇒ Click on the area of the map where you are located
- ⇒ Click on your county

### District Public Health Office

To find your district public health office, you can either

- ⇒ Call your local health department and ask them for the name and phone number of the Emergency Coordinator for your public health district.
- ⇒ Contact the Disaster Preparedness Coordinator for the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) at [jedavid@dhr.state.ga.us](mailto:jedavid@dhr.state.ga.us) or (404) 657-2354.

### Local chapter of the American Red Cross

To find your local Red Cross chapter, go to [www.redcross.org](http://www.redcross.org) ,

- ⇒ In the top center of the page, enter your zip code
- ⇒ Click on Find

**Step 3:** Fill out the Evacuation Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to:

- Your staff
- Your local response partners

**Step 4:** Create emergency ID tags to use for your consumers if you need to evacuate. The tags should include their name and any special needs that it would be important for shelter staff or volunteers to know about them, such as medications they take, how best to communicate with them, etc.

There is a template that you can use in this kit. The template is designed so that you can print the name tags on a computer and insert them into plastic name tag holders. Or you can hand write them onto the template. Or you can make your own. The important thing is that information is easily available so that others helping out in an emergency know how to best care for your consumers.

# Emergency Preparedness Planning Kit for Small Residential Providers

## Instructions

**Step 5:** Fill out the Shelter-in-Place Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to:

- Your staff
- Your local response partners

**Step 6:** Using the information on your Evacuation Plan Worksheet, fill out the Worksheet for Emergency Contacts of Consumers. Give a copy to the emergency contacts of all of your current consumers. Include a copy of it in the information you give to the emergency contacts of new consumers.

**Step 7:** Using the information on your Evacuation Plan Worksheet, fill out the Worksheet for Emergency Contacts of Staff. Give a copy to the emergency contacts of all of your current staff members. Include a copy of it in the information you give to the emergency contacts of new staff.

**Step 8:** Fill out the Continuity of Operations Plan Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to your staff.

**Step 9:** Fill out the Continuity of Operations Plan – Pandemic Worksheet. Review it with your staff to be sure they understand it and know what they are supposed to do. Provide a copy of it to your staff.

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 community partners.

This planning kit is a work-in-progress. It will be improved by your experiences in using it. If you think it can be improved, contact:

Jeannette David  
Disaster Preparedness Planner  
Georgia Division of Mental Health, Developmental  
Disabilities, and Addictive Disorders  
Phone: (404) 657-2354  
Fax: (404) 657-2160  
[jedavid@dhr.state.ga.us](mailto:jedavid@dhr.state.ga.us)

Kathleen Hoza Lysak  
Clarity Healthcare, Inc.  
Phone: 678-264-8144  
OR [kathleen.lysak@clarityhealthcare.com](mailto:kathleen.lysak@clarityhealthcare.com)

# **Step 1**

## **Facility Information Worksheet**

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# Emergency Preparedness Planning Kit for Small Residential Providers

## Facility Information Sheet

<b>Name of Provider</b>	
<b>Address</b>	
<b>Primary Contact:</b>	
<b>Name</b>	
<b>Telephone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Other</b>	
<b>Backup Contact:</b>	
<b>Name</b>	
<b>Telephone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Other</b>	

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<b>Number of residents:</b>	
-----------------------------	--

<b>Type of care/services provided:</b>

<b>Description of special needs individuals:</b>

# **Step 2**

## **Community Response Partners**

### **Worksheet**

Draft 2.2

# Emergency Management Plan

## Community Response Partners

### Local Emergency Management Agency

See instructions for how to identify your local emergency management agency. Fill in the information in the table:

Once you know who your emergency management agency is, give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of consumers you serve.

- Ask what types of hazards are identified in your community's Hazard Vulnerability Analysis. These are the hazards you should plan for.
- Find out whether they have materials or resources to help you plan.
- Ask about your community's Incident Command System\* and how you fit into it.

Your local Emergency Management Agency:	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Director:</b>	
<b>Hazards considered most likely in your community's Hazard Vulnerability Analysis/Emergency Operations Plan:</b>	

Draft 2.2

### Local Public Safety Officials

In small communities, the emergency management agency and the fire department may be the same.

- If your area does not have 911 service, make sure you have written down the correct emergency contact numbers for your police and fire departments.
- Make sure your local public safety officials know who you are, what kind of facility you operate, and what type of consumers you serve by filling out the Facility Information Worksheet and giving it to them.

Your Fire Department:	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Chief:</b>	

Your Police Department:	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Chief:</b>	

\* See Background Information section.

## Emergency Management Plan

### Community Response Partners

#### Local Health Department

Fill in the information in the table for your local health department.

Give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of consumers you serve.

- Ask where special needs shelters\* will be set up in your community during a disaster and whether your consumers would be appropriate for them. That way you can plan where you will go if you need to evacuate and how you will get there.
- Find out whether they have materials or resources to help you plan.

<b>Your county health department:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Shelter Coordinator:</b>	

#### District Public Health Office

See instructions for how to identify your district public health office. Fill in the information in the table.

Give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of consumers you serve.

- Ask where special needs shelters\* will be set up in other parts of the district during a disaster and whether your consumers would be appropriate for them. That way you can plan where you will go if you need to evacuate *out of your community* and how you will get there.
- Find out whether they have materials or resources to help you plan.

<b>Your district public health office:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Emergency Coordinator:</b>	
<b>Planned locations of Special Needs Shelters:</b>	
(Put these on your Evacuation Plan Worksheet.)	

\* See Background Information section.

## Emergency Management Plan Community Response Partners

### American Red Cross, Local Chapter

See instructions for how to identify the local chapter of the American Red Cross (ARC). Fill in the information in the table:

Once you have identified your local Red Cross chapter, give them a copy of your Facility Information Worksheet to make sure they know who you are, what kind of facility you operate, and what type of consumers you serve.

- Ask where shelters\* will be set up in a disaster so that you can plan how you will get your consumers and staff to the shelter if you need to evacuate.

<b>The local chapter of the American Red Cross:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Director:</b>	
<b>Possible locations of shelters:</b> (Put these on your Evacuation Plan Worksheet.)	

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### Power Company:

If you have consumers that are dependent on support equipment powered by electricity, you should advise your power company and ask that you be put on the list for priority restoration of service.

- Make sure your local power company knows what kind of facility you operate, and what type of consumers you serve.
- Fill out the information worksheet about your facility and give it to your local power company.

<b>Power company:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Contact:</b>	

\* See Background Information section.

## Emergency Management Plan Community Response Partners

### Volunteers

Are there organizations that provide volunteers to help you with your consumers? It may be a faith-based organization that provides recreational activities, transportation, psychosocial support services, or other types of help.

- Discuss with these organizations how they could help you for different types of disasters (e.g., if you need to evacuate).
- Write how they will help you in the block to the right and on the worksheet for the Plan they will be a part of (e.g., Evacuation Plan).
- Give them a copy of all plans in which they are included.

<b>Community partner:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Contact:</b>	
<b>How they will help in an emergency:</b>	

<b>Community partner:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Contact:</b>	
<b>How they will help in an emergency:</b>	

<b>Community partner:</b>	
<b>Address</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Contact:</b>	
<b>How they will help in an emergency:</b>	

Draft 2.2

# **Step 3**

## **Evacuation Plan Worksheet**

Draft 2.2

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Evacuation Plan**

<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Notes</b>
Individual responsible for activating and implementing the Evacuation Plan				
Backup individual				

**Destination** [Use this section to plan where will you go if you must evacuate your facility.]

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 evacuate to each others' facilities in a disaster affecting only one of you.

<b>Organizations with which you have an MOU</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Attach MOU, directions and procedure</b>
[Local]				
[Distant]				
[Distant]				

Read the section on **emergency shelters** in the Background Information section. Then contact your district public health office to find out whether special needs shelters are planned and the locations where they would be set up. Find out whether your consumers would be appropriate for these shelters and what you need to do to have access to the shelter in an emergency. Fill in the information below on the shelters to which you plan to evacuate.

<b>Planned shelter locations</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Attach Procedure/Requirements and directions</b>

Contact the local chapter of the **American Red Cross** to find out their planned shelter locations so that you can plan how you will transport your consumers there in case you need to evacuate to one of their shelters. Find out whether your consumers would be appropriate for these shelters and what you need to do to have access to the shelter in an emergency. Fill in the information below on the shelters to which you plan to evacuate.

<b>Planned shelter locations</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Attach Procedure/Requirements and directions</b>

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<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Evacuation Plan**

**Transportation**

Do you have enough vehicles to transport your consumers during an evacuation?	Yes	No	If no, list the organizations below with which you have agreements to transport your consumers to and from your destination in case you need to evacuate. Be sure to ask them how many other organizations they have also agreed to help. In an event like a hurricane, when whole communities need to evacuate, they may not be able to help everyone with whom they have MOUs. You should have MOUs with more than one transportation organization because of this.	
Are enough of your staff qualified to drive your vehicles so that there is always someone to drive them in an evacuation, even if the usual driver is away from the facility?	Yes	No		
<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Location of procedure or MOU</b>

**Disaster Kit** [You can find suggestions for what to include in your disaster kit at [www.georgiadisaster.info](http://www.georgiadisaster.info).]

	<b>Location</b>	<b>Who is responsible for bringing it?</b>	<b>Who is responsible for double checking that it is on board?</b>
Basic disaster kit			
Food			
Critical supplies for special needs consumers, including medications			
Critical records, including lists of emergency contacts for your consumers and staff and a copy of the Community Response Partners Worksheet			

**What special needs must you provide for en route (e.g., meds, oxygen)?**

<b>Consumer</b>	<b>Special Needs</b>	You can use the <b>Consumer ID Tags Template</b> to prepare name tags for your consumers. The template has spaces for the consumers' name and the name of your facility on one side. On the other side there are spaces for information that would be useful for staff of a shelter to know about your consumer. The template is designed to be used with plastic name badge holders.

**Volunteers** [Write where your volunteers come from and what they will do in a disaster below.]

<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Volunteer's Assignment</b>

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Evacuation Plan**

**Communication** [Keep in mind that telephones and cell phones may not be working. Plan for back-up methods of communication if these usual methods fail.]

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 the families of your consumers if you have to evacuate your facility?

How do you plan to communicate with the families of your staff if you have to evacuate your facility?

How do you plan to communicate with off duty staff if you have to evacuate your facility?

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How do you plan to communicate with your destination if you have to evacuate your facility?

With whom will you communicate if you have problems en route, and how?

How do you plan to communicate with public safety officials if you have to evacuate your facility?

<b>Last Updated</b>	<b>Date:</b>	<b>Signature</b>

**Train and Practice this Plan!**

# **Step 4**

## **Consumer ID Tags**

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First Name

Last Name

Name of Facility

cut line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

fold line

First Name

Last Name

Name of Facility

cut line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

fold line

Draft 2.2

First Name

Last Name

Name of Facility

cut line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

fold line

First Name

Last Name

Name of Facility

cut line

Disability/Conditions:

Medications:

Allergies:

Communications/Other Instructions:

fold line

# **Step 5**

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

Draft 2.2

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

### 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.

<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Email</b>
Individual responsible for activating and implementing the shelter-in-place Plan				
Backup individual				

### 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, if necessary.
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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, if necessary.

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Shelter-in-Place Plan**

**Disaster Kit** [You can find suggestions for what to include in your disaster kit at [www.georgiadisaster.info](http://www.georgiadisaster.info).]

	<b>Location</b>	<b>Who is responsible for bringing it to the safe area(s)?</b>	<b>Who is responsible for double checking that it is in the safe area(s)?</b>
Basic disaster kit			
Food			
Critical supplies for special needs consumers, including medications			
Critical records, including lists of emergency contacts for your consumers and staff and a copy of the Community Response Partners Worksheet			

**What special needs must you provide for (e.g., meds, oxygen)?**

<b>Consumer</b>	<b>Special Needs</b>

**Volunteers** [Write where your volunteers come from and what they will do in a disaster below.]

<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Volunteers' Assignment</b>

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

### Shelter-in-Place Plan

#### Communication

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 the families of your consumers if you have to shelter-in-place your facility?

How do you plan to communicate with the families of your staff 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?

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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>	<b>Date:</b>	<b>Signature</b>

**Train and Practice this Plan!**

# **Step 6**

## **Worksheet for Emergency Contacts of Consumers**

Draft 2.2

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Worksheet for Emergency Contacts of Consumers**

**Communication**

In an emergency, we will keep the following individuals informed of our whereabouts? This is 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

This is how we plan to communicate with the families of our consumers if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating.

**Destination**

These are the three most likely places to which we would evacuate (so you know in case we cannot reach you or our emergency contact):

Location	Contact Name/Title	Phone Number	Cell Phone/ Pager	Address

<b>Last Updated</b>	Date:	Signature
---------------------	-------	-----------

# **Step 7**

## **Worksheet for Emergency Contacts of Staff**

Draft 2.2

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Worksheet for Emergency Contacts of Staff**

This worksheet describes how we will communicate with you in case a disaster occurs at our facility or in our community. It also tells you the three places we are most likely to go if we have to evacuate our facility, but can't communicate with you. We may be instructed to shelter in place if it is safer to stay indoors than to move to another location. This is called sheltering-in-place and may occur 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.

**Communication**

In an emergency, we will keep the following individuals informed of our whereabouts? This is 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

This is how we plan to communicate with the families of our staff if we have to evacuate our facility or shelter-in-place:

This is who we will communicate with (and how) if we have problems en route while we are evacuating.

Draft 2.2

**Destination**

These are the three most likely places to which we would evacuate (so you know in case we cannot reach you or our emergency contact):

Location	Contact Name/Title	Phone Number	Cell Phone/ Pager	Address

<b>Last Updated</b>	Date:	Signature
---------------------	-------	-----------

# **Step 8**

## **Continuity of Operations Plan Worksheet**

Draft 2.2

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**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.

<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Email</b>
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				

**Essential Services**

What special needs must you provide for your consumers even in a disaster (e.g., meds, oxygen)?

<b>Consumer's Name</b>	<b>Description of their critical needs</b>	<b>Plan for meeting their needs</b>	<b>Staff member responsible</b>

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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 evacuate to each others' facilities in a disaster affecting only one of you.

<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Attach MOU and/or procedure</b>

What will you do if your staff can't get to work?

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Continuity of Operations Plan**

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

Electrical Power	
Water	
Gas	
Telephone	

**Disaster Kit** [You can find suggestions for what to include in your disaster kit at [www.georgiadisaster.info](http://www.georgiadisaster.info). Your disaster kit should also include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.]

	Location	Who is responsible for Maintaining it?
Basic disaster kit		
Food		
Critical supplies for special needs consumers, including medications		
Critical records, including lists of emergency contacts for your consumers and staff and a copy of the Community Response Partners Worksheet		

**Communication**

How do you plan to communicate with the families of your consumers if telephone service is disrupted?

How do you plan to communicate with the families of your staff if telephone service is disrupted?

How do you plan to communicate with off duty staff if telephone service is disrupted?

How do you plan to communicate with public safety officials if telephone service is disrupted?

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>
<b>Continuity of Operations Plan</b>				
<b>Non-essential Services</b> [List the things you normally do that may not be important enough to continue during an emergency. Describe how you will use the staff and other resources that normally assigned to these tasks to make sure that your essential services continue.]				
<b>Volunteers</b> [Write where your volunteers come from and what they will do in a disaster below.]				
<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Volunteers' Assignment</b>
<b>Last Updated</b>	<b>Date:</b>			<b>Signature</b>

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# **Step 9**

## **Continuity of Operations Plan for a Pandemic Worksheet**

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<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Continuity of Operations Plan - Pandemic**

<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Notes</b>
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				

**Essential Services**

**What special needs must you provide for your consumers during a pandemic that could last 8-12 weeks (e.g., meds)?**

<b>Consumer's Name</b>	<b>Description of their critical needs</b>	<b>Plan for meeting their needs</b>	<b>Staff member responsible</b>

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Do you have a plan for infection control during a pandemic?	Yes	No
Do you have a plan for increasing social distance while delivering services to consumers during a pandemic?	Yes	No

What will you do if your community has disruptions in utilities during a pandemic?

Electrical Power	
Water	
Gas	
Telephone	
Internet	

What will you do if your staff can't get to work?

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Continuity of Operations Plan - Pandemic**

**Pandemic Kit** [You can find suggestions for what to include in your disaster kit at [www.georgiadisaster.info](http://www.georgiadisaster.info).]

30 day supply	Location	Who is responsible for Maintaining it?
Basic pandemic kit		
Food		
Critical supplies for special needs consumers, including medications		
Critical records, including lists of emergency contacts for your consumers and staff and a copy of the Community Response Partners Worksheet		

**Communication**

How do you plan to communicate with the families of your consumers if telephone service is disrupted?

How do you plan to communicate with your staff if telephone service is disrupted?

How do you plan to communicate with public safety officials if telephone service is disrupted?

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**Non-essential Services** [List the things you normally do that may not be important enough to continue during an pandemic. Describe how you will use the staff and other resources that normally assigned to these tasks to make sure that your essential services continue.]


**Volunteers** [Write where your volunteers come from and what they will do in a pandemic below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment

<b>Last Updated</b>	Date:	Signature

**Train and Practice this Plan!**

# **Background Information and Planning Kit Evaluation**

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### 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 children
- Portable O2 in use;
- Kidney dialysis patients.

Keep in mind that special needs shelters may not be available in all communities. You should also know about the plans for regular shelters in your community in case the special needs shelter is too far away.

### 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 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 family [disaster supplies kit](#) and make sure the radio is working.
- 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.
- 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.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room.
- 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 your employees use to get to work
- 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 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.

### **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 \_\_\_\_\_

Please return your completed evaluation to:

Dennis Jones  
 Georgia Division of Public Health  
[dljones1@dhr.state.ga.us](mailto:dljones1@dhr.state.ga.us)  
 Fax: (404) 463-5395  
 Phone: (404) 597-9836

OR

Kathleen Hoza Lysak  
 Clarity Healthcare, Inc.  
[kathleen.lysak@clarityhealthcare.com](mailto:kathleen.lysak@clarityhealthcare.com)  
 Fax: (303) 495-3846  
 Phone: (678) 264-8144