

Clinic Emergency Preparedness Project
Emergency Operations Plan Template

Appendices A - G

June 2004

Appendix A: JCAHO STANDARDS - E.C. 4.10 and 4.20

	Compliant	Location in Plan
EC.4.10. The organization addresses emergency management.		
Has a hazard vulnerability analysis been conducted to identify potential emergencies and their impact?	Y N	
Have priorities, roles and a command structure been established with community agencies?	Y N	
Is there a written plan developed by leaders? Does the plan include mitigation, preparedness, staff roles and notification of external authorities?	Y N	
Does it address providing care, logistics & security?	Y N	
Does it cover evacuation, communication & utilities?	Y N	
Does it identify methods for decontamination?	Y N	
EC.4.20. The organization conducts drills regularly to test emergency management.		
Are drills conducted at least 2 x per year to test response systems?	Y N	
If the organization offers emergency services, are drills conducted using simulated patients?	Y N	
Are drills critiqued to identify deficiencies and opportunities for improvement?	Y N	

AltaMed Health Services Corporation

Appendix B: EMERGENCY MANAGEMENT ACRONYMS

AAR	After Action Report
ARC	American Red Cross
BT	Bioterrorism
CALOSHA	California Occupational Safety and Health Agency
CCR	California Code of Regulations
CFR	Code of Federal Regulations
CGC	California Government Code
COG	Continuity of Government
COOP	Continuity of Operations
CPCA	California Primary Care Association
CPR	Cardiopulmonary Resuscitation
DFO	Disaster Field Office
EMSA	California Emergency Medical Services Authority
EAS	Emergency Alert System
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPC	Emergency Preparedness Committee
ERT	Emergency Response Team
ESA	Emergency Services Act
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
GIS	Geographic Information System
ICS	Incident Command System
IFGP	California Individual and Family Grant Program
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
JIC	Joint Information Center
MACS	Multi-Agency Coordination System
MCS	Mass Care and Shelter
MMAA	Master Mutual Aid Agreement
MOU	Memorandum of Understanding
NDAA	Natural Disaster Assistance Act

OA	Operational Area
OES	Office of Emergency Services
ORP	Operational Recovery Plan
PDA	Preliminary Damage Assessments
PPE	Personal Protective Equipment
PIO	Public Information Officer
REOC	Regional Emergency Operations Center
RIMS	Response Information Management System
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan (California)
SITREP	Situation Status Report
SOC	State Operations Center
SOP	Standard Operating Procedures
SSCOT	State Strategic Committee on Terrorism
TSA	The Salvation Army
WMD	Weapons of Mass Destruction

Appendix C: EMERGENCY MANAGEMENT GLOSSARY

A

Action Plan - Documented outline of specific projected activities to be accomplished within a specified period of time to meet a defined need, goal or objective.

After-Action Report (AAR) A narrative report that presents issues found during an incident and recommendations on how those issues can be resolved.

Alternate Database/Records Access - The safekeeping of vital resources, facilities, and records, and the ability to access such resources in the event that the emergency plan is put into effect.

Alternate Facilities - An alternate work site that provides the capability to perform minimum functions until normal operations can be resumed.

Advanced Life Support (ALS) - Procedures and techniques utilized by EMT-P, EMT-II, nursing and physician personnel to stabilize critically sick and injured patients which exceed Basic Life Support procedures

B

Basic Life Support (BLS) - Initial procedures in the care of a patient in cardiac and/or respiratory arrest which may include the assessment of ABCs, opening the airway, artificial respiration and CPR (cardio-pulmonary resuscitation) as needed to maintain life. Basic non-invasive first-aid procedures and techniques utilized by most all trained medical personnel, including First Responder, to stabilize critically sick and injured people

BLS Responder - Certified EMT-I or First Responder

Bioterrorism - The planned, unlawful use or threat of use, of biological weapons made from living organisms with the intent of causing death or disease in humans, animals, or plants. The goal of bio-terrorism is usually to create fear and/or intimidate governments or societies for gaining political, religious, or ideological goals

C

Chemical Attack - The deliberate release of a toxic gas, liquid or solid that can poison people and the environment

Clinic Consortia or Regional Clinic Associations – Consortia are Regional Clinic Associations that represent community clinics and health centers (CCHCs) at the local level and provide a regional clinic voice. They vary in size from representing CCHCs from one county such as the San Francisco Community Clinic Consortium to the Central Valley Health Network that represents 17 counties. These fifteen non-profit organizations also vary in scope of services and work but are united in health care access for all three million CCHC patients.

Command Post - Location where the administrative staff coordinates the other overall operations. The Incident Commander remains here; other area chiefs assemble here regularly for debriefings

Crisis - exists when physical infrastructure is destroyed, political and social systems are ruptured, and economic activity is seriously disrupted; population displacement grows quickly and suffering increases, particularly among the aged, disabled, children and women. Such a situation is often described as a "complex emergency".

Crisis Relocation Plan (CRP) - The contingency planning designed to move populations from high hazard areas to those of lower risk and to provide for their well being (i.e., congregate care housing, feeding, fallout protection, etc.). Also frequently referred to as evacuation planning

D

Deceased - Fourth (last) priority in patient treatment according to the S.T.A.R.T. and other triage systems.

Delayed Treatment - Second priority in patient treatment according to the S.T.A.R.T. and other triage systems. These people require aid, but injuries are less severe. A hospitalized patient may be categorized from "guarded" to "serious"; a patient requiring at least minimal hospital services.

Delegation of Authority - A statement provided to the Incident Manager by the clinic Executive Director delegating authority and assigning responsibility. The Delegation of Authority can include objectives, priorities, expectations, constraints and other considerations or guidelines as needed.

Disaster - A sudden calamitous emergency event bringing great damage loss or destruction.

E

Emergency - A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.

Emergency Medical Services Authority (EMSA) - California agency responsible for coordinating the State's medical response to a disaster.

Emergency Medical Services Agency, Local (LEMSA) - Local EMS agency responsible for coordinating the local response of emergency medical resources.

Emergency Operations Center (EOC) - A location from which centralized emergency management can be performed. The EOC is established by the clinic to coordinate the overall organizational response and support to an emergency.

Emergency Operations Plan (EOP) - The plan that each organization has and maintains for responding to hazards.

Emergency Response Team (ERT) - Staff and volunteers responsible for the operational functions; such as medical, evacuation, communications, supply procurement, shelter, building assessment and mental health services. Assignments are made by determining the needs and skills of those reporting.

Exercise - Maneuver or simulated emergency condition involving planning, preparation, and execution; carried out for the purpose of testing, evaluating, planning, developing, training, and/or demonstrating emergency management systems and individual components and capabilities, to identify areas of strength and weakness for improvement of an emergency operations plan.

F

Finance Section - One of the four primary functions found in all ICS organizations which is responsible for all costs and financial considerations. The Section can include the Time Unit, Claims Unit and Cost Unit.

First Responder - Personnel who have responsibility to initially respond to emergencies such as fire fighter, police officers, California Highway Patrol Officer, lifeguards, forestry personnel, ambulance attendants, and other public service personnel. California law requires such persons to have completed a first-aid course and to be trained in cardiopulmonary resuscitation.

Flip Chart – A chart with several sheets hinged at the top; sheets can be flipped over to present information sequentially.

H

Hazard Mitigation - A cost effective measure that will reduce the potential for damage to a facility from a disaster event.

Hazard Mitigation Plan - The plan resulting from a systematic evaluation of the nature and extent of vulnerability to the effects of natural hazards present in society that includes the actions needed to minimize future vulnerability to hazards.

Hospital Emergency Incident Command System (HEICS) - A management program for hospitals modeled after the Fire Service Plan; Comprised of an organization chart with a clearly delineated chain of command and a preordered job action sheet which assists the individual in focusing upon his/her assigned position function.

I

Immediate Treatment - First level of patient priority according to the S.T.A.R.T. and other triage systems. A patient who requires rapid assessment and medical intervention in order to increase chances of survival. A hospitalized patient who may be classified from "serious" to "critical" condition; requiring constant nursing care.

Incident Command System (ICS) - A flexible organizational structure which provides a basic expandable system developed by the Fire Services to mitigate any size emergency situation. In 1992 California Law mandated this system be used by emergency responders and emergency planning officials within public service. An organization structure designed to improve emergency response operations; it originated with fire service and is now adapted to many different types of agencies, including hospitals.

Incident Manager/Commander (IM/IC) - The individual who holds overall responsibility for incident response and management.

Information Officer - A member of the **Management Staff** responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one Information Officer per incident. This position is also referred to as Public Affairs or **Public Information Officer** in some disciplines. The individual at EOC level that has been delegated the authority to prepare public information releases and to interact with the media.

In-Place Protection Plan (Formerly Community Shelter Plan) - A planning document which includes a published map and emergency public information materials that enable a local government to give people the answers to questions, "Where do I go for shelter?" and "What do I do?" when the warning sounds. The IPP designates specific shelters to be used by people working or living in specific areas of the community, thus allocating the people to the best available fallout protection

L

Level 1 Disaster - A moderate to severe incident where local resources are adequate and available, either on duty or by call-back.

Level 2 Disaster - A moderate to severe emergency where local resources are not adequate and mutual aid may be required.

Level 3 Disaster - A major disaster where resources in or near the impacted areas are overwhelmed and extensive mutual aid is required. A State of Emergency will be proclaimed and a Presidential Declaration of an Emergency or a Major Disaster will be requested.

Liaison Officer - A member of the **Management Staff** responsible for coordinating with representatives from cooperating and assisting agencies. The function may be done by a Coordinator and/or within a Section reporting directly to the EOC Incident Manager.

Logistics - A working group responsible for coordinating the resources and activities associated with relocation planning and deployment of operations and positions during an event. Person responsible for the organization and direction of those operations associated with maintenance of the physical environment, including adequate levels of food, shelter and supplies to support the overall objectives.

Logistics Section - One of the five primary functions found at all SEMS levels. The Section responsible for providing facilities, services and materials for the incident or at the EOC.

M

Management Staff - The **Management Staff** at the SEMS EOC level consists of the Information Officer, Safety Officer, and Liaison Officer. They report directly to the EOC Incident Manager.

Medical Health Operational Area Coordinator (MHOAC) - The Medical Health Operational Area Coordinator is responsible for coordinating all medical and health operations of the Operational Area, including mutual aid, and is located in the County EOC.

Memorandum of Understanding - Agreement between or among government agencies, community organizations, and other entities that define respective roles and responsibilities in preparing for and responding to emergencies.

Minor Treatment - Third priority of patient in the S.T.A.R.T. and other triage systems. A patient requiring only simple, rudimentary first-aid. These patients are considered ambulatory. A hospitalized patient may be considered minor if they are in "stable" condition and capable of being treated and discharged.

Mitigation - Pre-event planning and actions which aim to lessen the effects of potential disaster.

O

Office of Emergency Services (OES) - Agency responsible for the overall coordination of resources. OES can be a city, county, regional, or state level agency

Operations - Function in ICS organization responsible for coordination of medical personnel, treatment and triage areas, social services and evacuation of patients.

Operational Period - The period of time scheduled for execution of a given set of operation actions as specified in the EOC Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Operations Section - One of the five primary functions found in all organizations managed by the Incident Command System. The Section responsible for all tactical operations at the incident, or for the coordination of operational activities at the EOC.

P

Packet Radio - A system of digital transmission of information via radio; information is typed into a computer, transmitted via air waves in short bursts ("packets") and retrieved at the receiving end as a typed document.

Personal Protective Equipment - The equipment and clothing required to mitigate the risk of injury from or exposure to hazardous conditions encountered during the performance of duty. PPE includes, but is not limited to: fire resistant clothing, hard hat, flight helmets, shroud, goggles, gloves, respirators, hearing protection, and shelter.

Planning Section (Also referred to as Planning/Intelligence) - One of the four primary functions found in all ICS organizations. Responsible for the collection, evaluation, and dissemination of information related to the incident or an emergency, and for the preparation and documentation of EOC Action Plans. The section also maintains information on the current and forecast situation, and on the status of resources assigned to the incident. The Section typically includes Situation, Resource, Documentation, Message, and Action Plan Units.

Plan Maintenance - Steps taken to ensure the plan is reviewed annually and updated whenever major changes occur.

Preparedness - The preparedness phase involves activities taken in advance of an emergency to ensure an effective response to the emergency, if it should occur.

Primary Facility - The site of normal, day-to-day operations; the location where the employee usually goes to work.

Public Information Officer - An official responsible for releasing information to the public and other stakeholders, usually through the news media. (**Also see Information Officer**).

R

RACES/Radio Amateur Civil Emergency Service - One of several groups of amateur radio operators, commonly referred to as "HAM Radio Operators" RACES is designated by the FCC to provide amateur communications assistance to federal, state and local government agencies in a disaster.

Radiation Threat - The use of common explosives to spread radioactive materials over a targeted area. Also known as, a "dirty bomb," a radiation threat is not a nuclear blast, but rather an explosion with localized radioactive contamination.

Recovery - Activities that occur following a response to a disaster that are designed to help an organization and community return to a pre-disaster level of function. These activities usually begin within days after the event and continue after the response activities cease. Recovery includes government individual and public assistance programs which provide temporary housing assistance, grants and loans to eligible individuals, businesses and government entities to recover from the effects of a disaster.

Relocation Site - The site where all or designated employees will report for work if required to move from the primary facility.

Response - Activities to address the immediate and short-term effects of an emergency or disaster. Response includes immediate actions to save lives, protect property and meet basic human needs.

Risk Communications - Communication of risks resulting from site operations and the implications for the surrounding community. Organization risk communications includes effective processes for risk assessment & management, emergency preparedness, and community dialogue.

S

Safety Officer - A member of the **Management Staff** within the EOC responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.

Search and Rescue, Heavy - Rescue techniques for victims entombed by the partial or total collapse of a structure, done by specially trained teams with mechanical or hydraulic equipment.

Search and Rescue, Light - Rescue techniques for victims trapped by non-structural contents, even if structural damage has occurred, done by trained or non-trained teams (depending on accompanying structural damage) using hand-held tools.

Section - That organization level with responsibility for a major functional area at the EOC, e.g., Operations, Planning, Logistics, Finance.

"Shelter-in-Place" - The process of staying where you are and taking shelter, rather than trying to evacuate.

Situation Report (SITREP) - A written, formatted report that provides a picture of the response activities during a designated reporting period.

START - Acronym for Simple Triage and Rapid Treatment. This is the initial triage system developed by Hoag Hospital and Newport Beach Fire Department, Newport Beach, CA., that has been adopted for use by the California Fire Chief's Association. Field triage system used that allows field care personnel to triage patients into one of four categories within 60 seconds. **Trauma Center Criteria** - A method for deciding which patients need a trauma center, based on the patient's injuries, vital signs, mechanism of injury and the paramedic's judgment.

Staff Protection - Personal Protective Equipment – (See Personal Protective Equipment).

Staff Protection - Decontamination - Decontamination is the physical removal of harmful substances from victims, equipment, and supplies of a HAZMAT or NBC attack. It should be performed whenever there is a risk of secondary exposure from a hazardous substance. Failure to adequately "decon" NBC victims could not only increase the number and severity of casualties, but could also cripple medical response to a terrorist event. Various methods for performing decontamination are available (such as mechanical removal, absorption, degradation, and dilution), with dilution being the most applicable to the medical environment.

Standard Operating Procedures (SOPs) - A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure. Standard operating procedures support an emergency plan by describing in detail how a particular task will be carried out.

Standardized Emergency Management System (SEMS) - As defined in Section 2401 of Title 19 of the California Code of Regulations - A system for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of **five organizational levels** which are activated as necessary: Field Response, Local Government, Operational Area, Region, and State.

Surge Capacity - In times of disaster so called excess capacity contributes to surge capacity which provides the ability to care for large numbers of casualties. **Surge capacity** encompasses potential available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and even the legal capacity to deliver health care under situations which exceed authorized capacity.

T

Technological Hazard - Includes a range of hazards emanating from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, agricultural pesticides, herbicides and disease agents; oil spills on land, coastal waters or inland water systems; and debris from space.

Training and Exercise - These activities include: 1) efforts to educate/advise designated staff on responsibilities, and on the existing plans; and 2), tests to demonstrate the viability and interoperability of all plans

Triage - It literally means "to sort"; commonly means prioritizing patients into categories according to the severity of their condition. Patients requiring life-saving care are treated before those requiring only first aid. The process of screening and classification of sick, wounded, or injured persons to determine priority needs in order to ensure the efficient use of medical manpower, equipment and facilities.

Triage, Expectant Category - A patient who requires too extensive of resuscitation for available resources, but is still alive at that time; this category is used only in catastrophic disasters where personnel and/or medical supplies are too limited to use standard resuscitation guidelines.

Triage Personnel - Trained individuals responsible for triaging patients and assigning them to appropriate transportation or treatment areas.

Triage Tag - A tag used by triage personnel to identify and document the classification, or level, of a patient's medical condition. It is recommended that the triage tag endorsed by California Fire Chief's Association be utilized.

V

Vital Records & Systems - Records necessary to maintain operations during an emergency, to recover full operations following an emergency, and to protect the legal rights and interests of citizens and the Government. The two basic categories of vital records are emergency operating records and rights and interests records.

Appendix D – MITIGATION TOOLS

- D.1** Clinic Hazard and Vulnerability Analysis
- D.2** Management of Environment Hazard Surveillance/Risk Assessment Form
- D.3** Structural and Nonstructural Hazard Mitigation Checklists

Appendix D.1: CLINIC HAZARD AND VULNERABILITY ANALYSIS

Clinic Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Staff availability

Issues to consider for probability include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for response include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

Issues to consider for human impact include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to consider for property impact include, but are not limited to:

- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair
- 4 Time to recover

Issues to consider for business impact include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution
- 8 Reputation and public image

9 Financial impact/burden

Issues to consider for preparedness include, but are not limited to:

- 1 Frequency of drills
- 2 Training status
- 3 Insurance
- 4 Availability of alternate sources for critical supplies/services

Issues to consider for internal resources include, but are not limited to:

- 1 Types of supplies on hand/will they meet need?
- 2 Volume of supplies on hand/will they meet need?
- 3 Staff availability
- 4 Coordination with MOBs
- 5 Availability of back-up systems
- 6 Internal resources' ability to withstand disasters/survivability

Issues to consider for external resources include, but are not limited to:

- 1 Types of agreements with local and state agencies.
- 2 Types of agreements with community agencies/drills?
- 3 Coordination with local and state agencies
- 4 Coordination with proximal health care facilities
- 5 Coordination with treatment specific facilities
- 6 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

Appendix D.1 - HAZARD AND VULNERABILITY ASSESSMENT TOOL								
NATURALLY OCCURRING EVENTS								
SEVERITY = (MAGNITUDE – MITIGATION)								
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
<i>*Threat increases with percentage.</i>								
		RISK = PROBABILITY * SEVERITY						

HAZARD AND VULNERABILITY ASSESSMENT TOOL - TECHNOLOGIC EVENTS								
SEVERITY = (MAGNITUDE - MITIGATION)								
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interuption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure								0%
Generator Failure								0%
Transportation Failure								0%
Fuel Shortage								0%
Natural Gas Failure								0%
Water Failure								0%
Sewer Failure								0%
Steam Failure								0%
Fire Alarm Failure								0%
Communications Failure								0%
Medical Gas Failure								0%
Medical Vacuum Failure								0%
HVAC Failure								0%
Information Systems Failure								0%
Fire, Internal								0%
Flood, Internal								0%
Hazmat Exposure, Internal								0%
Supply Shortage								0%
Structural Damage								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
<i>*Threat increases with %</i>								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

HAZARD AND VULNERABILITY ASSESSMENT TOOL - HUMAN RELATED EVENTS									
SEVERITY = (MAGNITUDE – MITIGATION)									
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)								0%	
Mass Casualty Incident (medical/infectious)								0%	
Terrorism, Biological								0%	
VIP Situation								0%	
Infant Abduction								0%	
Hostage Situation								0%	
Civil Disturbance								0%	
Labor Action								0%	
Forensic Admission								0%	
Bomb Threat								0%	
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	
<i>*Threat increases with percentage.</i>									
		RISK = PROBABILITY * SEVERITY							
		0.00	0.00	0.00					

HAZARD AND VULNERABILITY ASSESSMENT TOOL - EVENTS INVOLVING HAZARDOUS MATERIALS								
SEVERITY = (MAGNITUDE - MITIGATION)								
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
<i>*Threat increases with percentage.</i>								
		RISK = PROBABILITY * SEVERITY						
		0.00	0.00	0.00				

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS								
	Natural	Technological	Human	Hazmat	Total for Facility			
Probability	0.00	0.00	0.00	0.00	0.00			
Severity	0.00	0.00	0.00	0.00	0.00			
Hazard Specific Relative Risk:	0.00	0.00	0.00	0.00	0.00			
This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program.								
Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.								

This spreadsheet can be found online at the website of the California EMS Authority: www.emsa.ca.gov/dms2/kp_hva.xls

**Appendix D.2: MANAGEMENT OF ENVIRONMENT
HAZARD SURVEILLANCE/RISK ASSESSMENT REPORT FORM**

Date: _____ Building: _____

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Safety Management	1. Are grounds clean & free of hazards?						
	2. Are floors clean, dry, in good repair, & free of obstruction?						
	3. Are mechanisms for access (i.e. ramps, handrails, door opening mechanisms, etc.) operational?						
	4. Is the parking area free of potholes or other hazards?						
	SUBTOTALS						PROGRAM TOTAL:
Security Management	1. Are doors functioning & locked as appropriate?						
	2. Are medical records centrally located and accessible ONLY to authorized personnel?						
	3. Are alarms functioning, tested, and maintained in accordance with manufacturer's specifications?						
	4. Are systems/mechanisms in place to quickly notify officials or other staff quickly in the event of a security related problem?						
	SUBTOTALS						PROGRAM TOTAL:
Hazardous	1. Are OSHA Hazard Communication and Exposure Control Documents Available?						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Materials & Waste Management	2. Have all biohazard and toxic substances present been identified?						
	3. Are MSDS sheets quickly available for all identified toxic substances?						
	4. Are all waste contaminated with blood/body fluid considered and handled as infectious?						
	5. Are sharps containers puncture resistant and in accordance with require safety standards?						
	6. Are sharps and disposable syringes placed in approved Sharps containers?						
	7. Are all engineering, personal protective equipment & workplace controls in effect?						
	SUBTOTALS						
Emergency Preparedness Management	1. Is there an updated disaster plan in the department?						
	2. Has a non-fire related emergency drill been performed in the past six months?						
	3. Is staff aware of at least three different types of potential non-fire emergencies and their role in eliminating or reducing the risk of patients, staff and property?						
	4. Is staff aware of the primary and secondary exits from the facility?						
	SUBTOTALS						
	1. Is the evacuation plan posted and can staff demonstrate knowledge of the plan?						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Life Safety Management	2. Are fire extinguishers located in accordance with NFPA standards?						
	3. Are fire extinguishers inspected monthly and documented on/near the extinguisher?						
	4. Are smoke/fire alarm systems functioning, tested, and maintained in accordance with manufacturers specifications?						
	5. Are exit hallways well lit & obstacle free?						
	6. Is emergency exit lighting operational and tested in accordance with NFPA standards?						
	7. Are fire/smoke doors operating effectively?						
	8. No smoking policies are in effect and signs are posted appropriately?						
	SUBTOTALS						PROGRAM TOTAL:
Medical Equipment Management	1. Is there a unique inventory of all medical equipment in the facility?						
	2. Are all equipment evaluated & prioritized 0 (Form EC 1.8) prior to use?						
	3. Has all equipment been tested/maintained according to manufacturer's specifications?						
	4. Are maintenance records complete, are they capable of tracking the maintenance history of a particular piece of equipment, and do they record the results of both electrical safety as well as calibration, as appropriate?						
	5. Are systems/mechanisms in place to respond appropriately to a medical equipment failure?						
	SUBTOTALS						PROGRAM TOTAL:

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
Utility Management	1. Are the lights, emergency lights, and power plugs operational and in working order?						
	2. Does the water/sewage system appear to be working properly and has the water quality been tested within the past year?						
	3. Is the telephone system operational?						
	4. Has the HVAC system been inspected in accordance with manufacturers specifications and have the filters been checked quarterly?						
	5. Are fire suppression (sprinkler) systems checked at least once a year, or as appropriate by a qualified individual?						
	6. Are shut-offs for all utility systems clearly marked, & accessible for all staff in the event of an emergency?						
	7. Are systems/mechanisms in place to respond in the event of a failure of any utility system?						
	SUBTOTALS						PROGRAM TOTAL:
Infection Control Monitoring Issues	1. Is all staff utilizing Universal Precautions (i.e. utilizing appropriate PPE, handwashing, etc.) in the performance of their job duties?						
	2. Are cleaning solutions secured, mixed, and utilized appropriately throughout the facility?						
	3. Are potentially "infectious patients" aggressively identified and processed in a manner which would minimize the risk of infection of staff and other patients?						
	4. Can staff intelligently describe their role in infection control within the organization?						

Program	Hazard Surveillance/Risk Assessment Item	1	2	3	4	5	Comments
	SUBTOTALS						PROGRAM TOTAL:
Other Key Safety Monitoring Issues	1. Are Utility Rooms locked, clean and clear of debris?						
	2. Are Storage Rooms secure, clean, and free of flammable?						
	3. Are Emergency Carts present, as appropriate, fully stocked, and checked per schedule?						
	4. Are all medications, including samples, secured and accounted for by lot number?						
	SUBTOTALS						PROGRAM TOTAL:
	OVERALL ASSESSMENT TOTALS						TOTAL:

SCORING LEGEND:

1 = Outstanding 2 = Good 3 = Satisfactory 4 = Marginal 5 = Unsatisfactory

Inspected Conducted By: _____

Reports Noted: _____ Date: _____

Safety Officer

Appendix D.3 - Structural and Nonstructural Hazard Mitigation Checklists

The following are **suggested** checklists (list is not all inclusive) of recommended structural and nonstructural mitigation actions for clinics:

Structural Mitigation

Structural mitigation is reinforcing, bracing, anchoring, bolting, strengthening or replacing any portion of the building that may become damaged and cause injury such as:

- exterior walls – (e.g., use a wind resistant design for tornados or windstorms)
- exterior doors – (e.g., non-combustible materials for wildfires or urban fires)
- exterior windows – (e.g., use shutters on windows for tornados or windstorms)
- foundation – (e.g., brace, anchor or bolt the facility for earthquakes)
- exterior columns/pilasters/corbels – (e.g., steel or concrete columns)
- roof – (e.g., use non-combustible materials for wildfires or urban fires)

STRUCTURAL

_____ *Earthquakes* – anchor/brace (mobile home) or bolt the facility to its foundation and reinforce any portion of the exterior of the facility that may cause injury.

_____ *Floods and flashfloods* – elevate and reinforce the facility but ultimately avoid a floodplain location.

_____ *Landslide and mudflow* – build retaining walls on slopes. Build masonry walls to direct the mudflow around the facility. Bolt the foundation and reinforce the walls of the facility.

_____ *Tsunami* – elevate coastal facilities at risk. Although the strongest building can be damaged by a powerful tsunami.

_____ *Wildfire and urban fire* – use fire resistant materials (e.g., non-combustible roofing material) on the exterior of the facility.

_____ *Tornado* – follow local building codes to use a wind resistant design for your facility.

_____ *Dam failure* – reinforce and floodproof the facility.

Nonstructural Hazard Mitigation

Nonstructural mitigation reduces the threat to safety posed by the effects of earthquakes on such nonstructural elements as building contents, internal utility systems, interior glass and decorative architectural walls and ceilings. These actions involve identifying nonstructural fixtures and equipment, which are vulnerable to an earthquake and which are either essential to continued operations or a threat to public safety.

Nonstructural mitigation is:

- *Retrofit* – refers to various methods for securing nonstructural items. Retrofitting methods are bracing, securing, tying down (tethers or leashes), bolting, anchoring, and soon.
- *Replace* – replacing the item with a new one that is resistant to the hazard.
- *Relocate* – moving items from a hazardous location to a non-hazardous one.
- *Backup Plan* – if there is concern that an essential service will be disrupted, provide for backup service – *it is planning for the consequences of failure.*

Nonstructural mitigation includes all contents of the structure that do not contribute to its structural integrity such as:

- *Systems and elements* which are essential to the clinic operations
- Emergency power generating equipment - plumbing, HVAC
- Fire protection system - fire sprinklers and distribution lines, emergency water tank or reservoir
- Medical equipment - X-ray equipment, respirators and life support, refrigeration units to store pharmaceuticals and blood.
- Hazardous materials – restrain chemicals on shelves, containers stored on braced storage rack or tall stacks, gas tanks with flexible connections, gas tank legs anchored to a concrete footing or slab.
- *Non-essential elements* whose failure could compromise clinic operations, such as:
 - ♦ suspended lights and ceilings
 - ♦ partitions
 - ♦ interior doors
 - ♦ furniture and contents - book shelves, file cabinets, etc.

NONSTRUCTURAL

- _____ Brace light fixtures and other items that could fall or shake loose.
- _____ Secure top and bottom of compressed gas cylinders with a safety chain.
- _____ Store containers of hazardous materials on braced storage rack or tall stacks and restrain the containers with a restraining device such as metal or wire guardrails.
- _____ Secure any desktop equipment such as computers, TV monitors, typewriters, printers, etc.
- _____ Install shatter resistant protective film or blinds on windows to prevent glass from shattering onto people or install safety glass.
- _____ Ensure that any equipment with piping be a flexible connection (e.g., gas pipes, water tanks, sprinkler piping, water heaters,
- _____ Anchor any tall, unsecured furniture to the wall and/or to each other.
- _____ Ensure that cabinets have positive catching latches.
- _____ Secure suspended ceilings with diagonal bracing wires.
- _____ Hang heavy objects away from workstations.
- _____ Secure any larger equipment such as copiers or heavy machinery to the floor or use tethers and attach to the wall.
- _____ Cross brace tall storage racks in both directions or, for racks significantly taller than wide, secure with anchor bolts connected to the concrete slab.
- _____ Ensure the main breaker or fuse box and the utility meters elevated above the anticipated flood level of your facility to prevent damage.
- _____ Secure one-of-a-kind equipment of high value from overturning or sliding.

Appendix E: CLINIC RESPONSE ROLES AND REQUIREMENTS

Emergency Roles	Requirements
<p>Internal Emergencies</p> <p>Protect patients and visitors, staff.</p> <p>Protect facilities, vital equipment and records</p>	<p>Generally requires planning, training and exercises. Also requires internal culture where safety and preparedness are given high priorities. Specific Requirements include</p> <ul style="list-style-type: none"> • Emergency Plans • Training / Drills / Exercises • Emergency / Evacuation Signage • Business Continuity Plans • Security • Internal communications • Staff notification and recall • Emergency procedures distributed throughout the clinic
<p>Mass Casualty Care</p>	<ul style="list-style-type: none"> • Sufficient staff to manage patient surge • Triage capability • ALS capability • Holding • Agreements with receiving hospitals • Integration of clinic into operational area medical response system
<p>Reception and triage</p> <p>During disasters, clinics may become points of convergence for injured, infected, worried, or dislocated community members.</p> <p>Depending on the emergency and availability of other medical resources, clinics may not be able to handle all of the presenting conditions.</p> <p>Minimum clinic role will likely be triage, reporting, stabilization, and holding until transport can be arranged.</p>	<ul style="list-style-type: none"> • Response plan • Staff recall procedure • Procedures to obtain outside additional assistance – volunteers, assistance from county • Crowd management • Location of shelters • Reception area • Triage tags • Triage training • Medical supplies

Emergency Roles	Requirements
<p>Reception of hospital overflow</p> <p>In disasters, hospitals may be overwhelmed with ill and injured requiring high levels of care, while at the same time facing convergence from patients with minor injuries or the worried well.</p> <p>Clinics may be requested to handle people with minor injuries of patients to relieve the pressure on the hospital.</p>	<p>Requirements above for mass casualty care. Prior agreement that defines:</p> <ul style="list-style-type: none"> • Circumstances for implementation • Types of patients that will be accepted • Resource / staff support provided by hospital • Patient information / medical records • Liability releases
<p>Maintaining Ongoing Routine Patient Care – Normal levels and extended surge</p> <p>The community’s need for routine medical care may continue following a disaster.</p>	<p>Clinics should prepare to maintain their service capacity through protection of equipment, critical supplies and medications, and personnel. Requirements include:</p> <ul style="list-style-type: none"> • Continuity of Operations Plan • Procedures to augment resources • In areas subject to frequent power outages, clinics should consider adding generators to ensure operational capacity.
<p>Mental Health Services</p> <p>Clinics can expect the convergence of the “worried well” following a disaster.</p>	<ul style="list-style-type: none"> • Disaster mental health training for clinicians / licensed mental health staff • Internal or external mental health team • External source of trained personnel to augment response
<p>Bioterrorism Agent Initial Identification and Rapid Reporting</p> <p>Clinics may be the “early warning system” for a bio-terrorism outbreak. Clinicians should look for unusual symptoms or other signs of use of BT agents. Rapid reporting is critical.</p> <p>Unusual event may be a single case or multiple cases with the same symptoms.</p>	<ul style="list-style-type: none"> • Infectious disease monitoring procedures and protocols • Zebra Pack - If an infection is suspected, the “Zebra Pack” provides information on precautions and initial treatment. • Procedures for reporting to county health department • Evidence Kits • Training
<p>Staff Protection</p> <p>Provide protection to staff in event of presence suspected Bioterrorism agent.</p>	<ul style="list-style-type: none"> • Adherence to standard precautions • Level C PPE • Training • Infectious disease procedures • Reporting procedures

Emergency Roles	Requirements
<p>Mass Prophylaxis</p> <p>Clinics may be requested to participate in mass prophylaxis managed by the local health department. Clinic participation could include requesting clinic staff to support mass inoculations at other sites.</p>	<ul style="list-style-type: none"> • Availability of staff who can volunteer. • Procedures for determining when clinic staff can volunteer.
<p>Hazardous material response</p> <p>Clinics near major transportation routes, distant from hospitals, or with emergency medical capabilities may be called upon treat injured patients who have been contaminated by a hazardous material.</p> <p>Generally, in urban areas, clinics will not be required to be hazardous material responders.</p>	<ul style="list-style-type: none"> • Protective equipment • Decontamination procedures / capability / equipment • Reporting procedures • Waste holding container
<p>Risk Communications</p> <p>Clinics are often important conduits of health information for the communities they serve. Patients, staff and community members may look to the clinic for answers to their questions about a bioterrorist attack or other emergency.</p>	<ul style="list-style-type: none"> • Communications link with Operational Area • Procedures for communicating with patients, staff and community (in languages spoken in the community).
<p>Provide volunteer staff</p> <p>Clinics may be requested to provide staff to deliver health services at shelters, for mass prophylaxis or at other response sites.</p>	<ul style="list-style-type: none"> • Back-up staff • Policy for receiving requests, polling staff, and releasing staff for non-clinic duties. • Policy on release of staff for volunteer duty
<p>Receive volunteer providers / teams</p>	<ul style="list-style-type: none"> • Reception procedures • Credential / background checks • Logistic support
<p>Community Preparedness</p>	<ul style="list-style-type: none"> • Educational material in appropriate languages • Educators / volunteers • Ability to organize / sponsor Neighborhood Emergency Response Teams

Emergency Roles	Requirements
Sheltering	<ul style="list-style-type: none">• Holding area• Protection from weather• Bedding• Medical supplies• Pharmaceuticals for common conditions (insulin, etc.)

Appendix F: EMERGENCY RESPONSE TEAM

Appendix F.1: <Name of Clinic> DAY-TO-DAY ORGANIZATION CHART

(PLACE HOLDER)

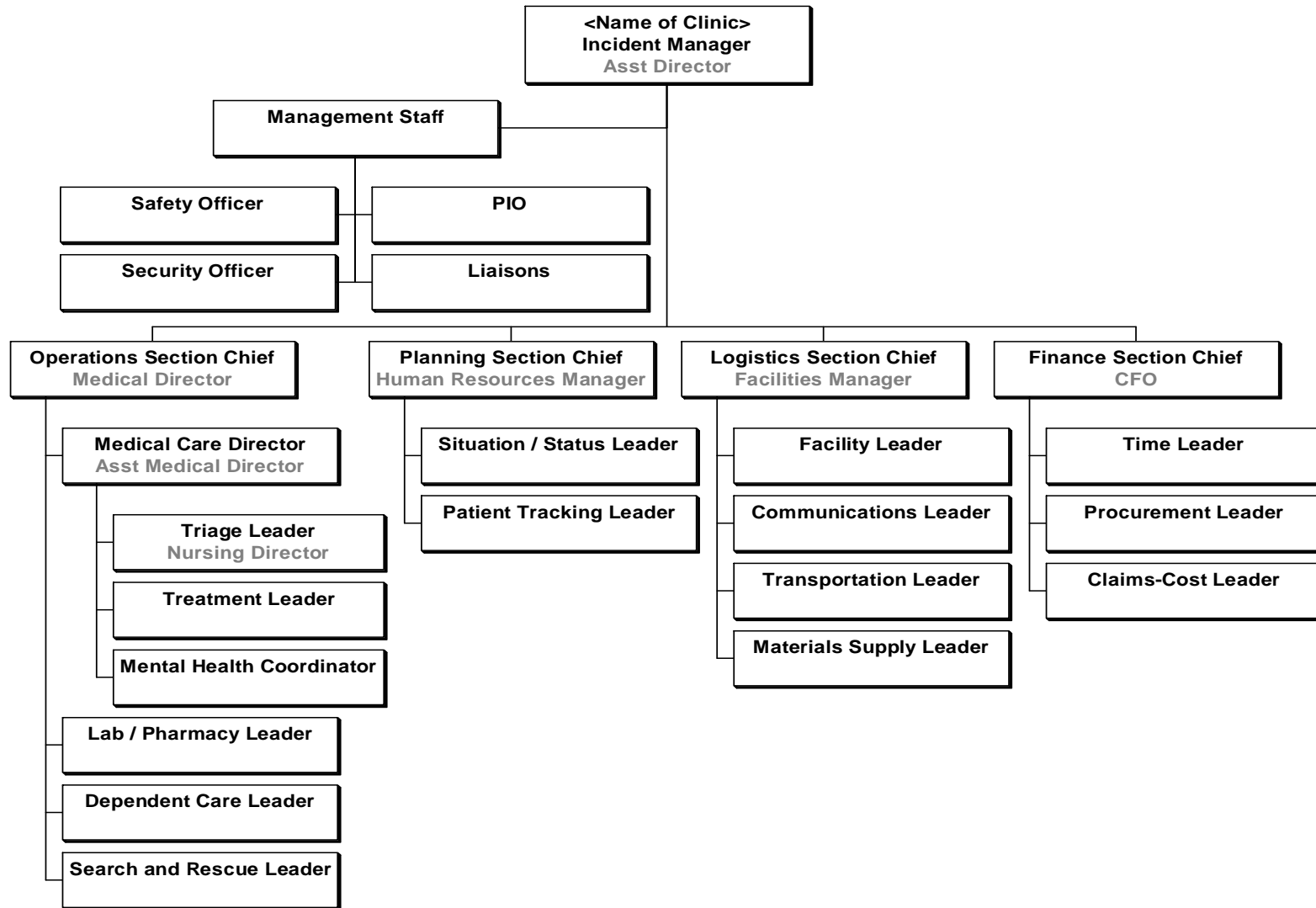
The day-to-day organization chart provides a starting point for selection of staff to fill Emergency Response Team (ERT) positions and to identify potential ERT backups and replacements.

EMERGENCY RESPONSE TEAM POSITION ASSIGNMENTS

NAME	POSITION & LOCATION	DAY-TO-DAY ROLE	DISASTER ROLE

EMERGENCY OPERATIONS ORGANIZATION

Appendix F.2: EXPANDED ICS ORGANIZATION w/ Possible Assignments



Appendix F.3:

EMERGENCY RESPONSE/RECOVERY TEAM JOB ACTION SHEETS

LIST OF POSITIONS

Clinic Executive Director
Incident Manager
Public Information Officer
Legal Counsel
Liaisons
Safety Officer
Security Officer
Operations Section Chief
Planning and Intelligence Section Chief
Logistics Section
Finance and Administration Section

CLINIC EXECUTIVE DIRECTOR

Line of Authority

The line of authority flows from the Clinic Executive Director and then to the Incident Manager, and finally to the Section Chiefs in the EOC.

Responsibility and Duties

The Clinic Executive Director and the EOC Incident Manager should confer during major emergencies, providing overall guidance and policy direction for emergency response and recovery strategy assessment, including:

- ❑ Identifying the operations still at risk
 - ❑ Establishing clinic operations restoration priorities
 - ❑ Authorizing expenditure of funds for emergency acquisitions and for additional personnel expenditures, as needed
-

The Clinic Executive Director has three main roles to achieve during emergency response and recovery operations. The Executive Director:

- ❑ Acts as a bridge to the world outside of Clinic operations so that outside influences do not interrupt the recovery process
- ❑ Provides information to the external authorities when they ask about the status of Clinic emergency operations
- ❑ Acts as the spokesperson for Clinic when the PIO is asked to provide a management representative for Clinic at press briefings and for media announcements

The Clinic Executive Director (if not the Incident Manager) does not interfere or contradict the operations of the EOC, but rather supports and provides guidance as needed. In order to accomplish this, the Director will receive periodical updates, including provision of copies of the latest status reports and the operational period Action Plan.

CLINIC EXECUTIVE DIRECTOR (continued)

ACTIVATION DUTIES	
	Approve the activation of the EOP, the ERT, and the EOC.
	Have initial briefing with the EOC Incident Manager.
	Review the Executive Director’s responsibilities and open a logbook.
	Determine where Executive Director will be during recovery, and set up that position.
	Meet with the PIO to: <ul style="list-style-type: none"> ■ Develop protocols and a schedule for news briefings ■ Establish schedule for delivery of Action Plan updates, status reports, and news releases ■ Establish a policy on visitor’s access to Clinic during emergency response and recovery operations ■ Develop a policy on contacts with the operational area response actions during disasters while emergency response and recovery is in progress.
	Track the overall progress of recovery
	Review the needs for resources and staffing if the EOC goes on shift support for 24-7 operations. Ensure the overall budget for the clinic can support the effort.
	Attend any meeting as requested by the EOC Incident Manager.

OPERATIONAL PERIOD DUTIES	
	Continue to receive briefings on the latest status reports and Action Plan.
	Assist with outside agency coordination, when an upper-level management presence is required.
	If retiring for the day, ensure the EOC Incident Manager knows where you will be, and what number you can be reached at all hours. This should also be shared with the PIO and other key staff.

DEACTIVATION DUTIES	
	Evaluate the recovery progress. If it has been reduced to minor activities that can be handled by staff in their day-to-day functions, request the Incident Manager to start deactivation of resources, including staff.
	Request a timeline for deactivation.
	Close out your logbook.
	Determine what follow-ups staff addresses, in order to ensure closure is met.
	Ensure an event critique is scheduled, held, and well attended by EOC staff.
	Ensure that an After Action Report is prepared and filed.

EOC INCIDENT MANAGER

Line of Authority

The Incident Manager reports to the Clinic Executive Director. The five EOC Section Chiefs report directly to the Incident Manager—including sometimes through the EOC Incident Manager. The EOC provides additional recovery management functions through the Liaison, the PIO, the Safety Officer, and Security.

Duties

The Incident Manager is responsible for: activating the Clinic EOP, activating and deactivating the EOC, disseminating information to the EOC Incident Manager, management staff and Section Chiefs, directing specific actions as required, approving issuance of press releases, and providing liaison with other agencies. A summary list of overall responsibilities follows.

The Incident Manager is responsible for response and recovery activities including to:

- ❑ Develop and implement strategic decisions and approve the ordering and releasing of resources.
- ❑ Obtain situation briefing from prior shift Incident Manager (if running more than one shift).
- ❑ Assess situation regularly—using threat action checklists for basic actions to take
- ❑ Conduct initial briefing for all staff.
- ❑ Activate elements of ICS as needed.
- ❑ Brief management staff and section chiefs.
- ❑ Ensure planning meetings are conducted.
- ❑ Approve and authorize implementation of recovery Action Plan.
- ❑ Determine information needs and inform management personnel of needs.
- ❑ Coordinate staff activity.
- ❑ Manage overall operations.
- ❑ Approve requests for additional resources and requests for release of resources.
- ❑ Authorize release of information to news media.
- ❑ Approve plan for demobilization.

INCIDENT MANAGER (continued)

ACTIVATION DUTIES	
	Notify the Emergency Response/Recovery Team to activate and report to the EOC.
	Determine appropriate stage of EOC activation.
	Notify the staff needed to activate the EOC.
	Establish a sign in sheet for the operational period.
	Ensure the EOC is set up and ready for operations, including habitability.
	Brief the EOC staff after obtaining a situation report from the Section Chiefs and the PIO
	Review the Incident Manager's responsibilities
	Open a chronological logbook of your activities.
	Determine status of telephone and other communications: <ul style="list-style-type: none"> ■ Established ■ Tested ■ Assess linkage adequacy ■ Advise Logistics Section Chief to have IT address any communications problems
	Schedule an action-planning meeting for the first operational period with your staff and the Section Chiefs.
	Determine whether the EOC needs representation from other organizations.
	Estimate the emergency's duration.
	Plan for shift operations of no more than a 12-hour duration if the emergency is going to be more than one day in duration.
	Consider additional EOC support personnel for extended operations.

OPERATIONAL PERIOD DUTIES	
	Establish and maintain contacts with other Clinic facilities and with outside social services and disaster response agencies.
	Confer with your support staff and the EOC Section Chiefs. <ul style="list-style-type: none"> ■ Establish the goal for the first operational period. Recommendation: for an initial goal, determine the situation; cause, effects, impacts, projected impacts, countermeasures planned and begun. ■ Establish the steps needed to reach that goal, and ■ How long they should take. Use Action Planning and Intelligence forms attached to this Plan.
	Consider Clinic guidelines for information releases.
	Ensure the Clinic Executive Director is regularly informed.
	When information starts to flow, keep the Clinic Executive Director advised.
	<ul style="list-style-type: none"> ■ Establish regular Action Planning and Intelligence meetings with the Section Chiefs. Consider inviting others with specialized technical expertise, as needed. ■ Get the staff and Section Chiefs' recommendations for the next operational period. ■ Use the Action Planning and Intelligence forms attached to this Plan.
	Prepare and brief relief at shift change. Use the Action Planning and Intelligence Form and Situation Status Reports.
	Sign out at change of shifts.

INCIDENT MANAGER (continued)

DEACTIVATION DUTIES	
	Downgrade EOC activation to reduce staffing when practicable, based on the situation reports and with the team's concurrence.
	Authorize deactivation of sections when they are no longer required. Ensure Section Chiefs debrief their teams and secure their logbooks.
	Notify the Operational Area Medical/Health Coordinator.
	Collect copies of logbooks and critical records from EOC personnel.
	Note incomplete actions to be cleared after deactivation.
	Deactivate the EOC and close out your own logs.
	Keep your notes for After Action Reports, reviews and analyses.
	Establish a time, date, and place for an Incident Critique.
	Ensure all EOC management positions and Section Chiefs attend the Critique.
	Ensure an After Action Report is completed.

HOW TO DETERMINE THINGS ARE RETURNING TO NORMAL

1. Conditions may persist, but are stable and no longer worsen.
2. Normal communications are restored and stable.
3. The Clinic Executive Director requests the deactivation of the ERT.

PUBLIC INFORMATION OFFICER (PIO)

Line of Authority

The Public Information Officer is a staff assistant to the Incident Manager, and is not in the direct line of authority.

Duties

The Public Information Officer (PIO) advises the Incident Manager on the potential effects of proposed actions on external and internal relations. The PIO serves as the dissemination point for all news releases from the Clinic. Other Clinic groups that want to release information to the public, employees, stakeholders, or regulators should coordinate through the PIO. The PIO reviews and coordinates all information releases from other Clinic sources. The PIO coordinates to ensure that: employees, their families, regulators, and other stakeholders receive timely and accurate information about the Clinic's situation. The PIO should follow the communications guidelines already established for the Clinic for emergencies. The PIO also prepares fact sheets about the Clinic with sidebars about the Clinic's business continuity program before interruptions occur.

The PIO, a member of the management staff, is responsible for the formulation and release of information about the response and recovery to the news media and other appropriate agencies and organizations, including the Clinic Director. During an emergency response and recovery the PIO should:

- ❑ Obtain briefing from the Incident Manager
- ❑ Contact other involved agencies to coordinate public information activities
- ❑ Establish single recovery information point of contact whenever possible
- ❑ Arrange for necessary workspace, materials, telephones, and staffing for PIO staff
- ❑ Prepare initial information summary as soon as possible after arrival
- ❑ Observe constraints on the release of information imposed by the Incident Manager.
- ❑ Obtain approval for release from the Incident Manager.
- ❑ Release information to news media and post information in EOC and other appropriate locations
- ❑ Attend meetings to update information releases
- ❑ Arrange for meetings between media and Clinic Executive Director
- ❑ Provide escort service to the media and VIP's
- ❑ Respond to special requests for information

PUBLIC INFORMATION OFFICER (PIO) (continued)

ACTIVATION DUTIES	
	Sign the attendance roster upon arrival at the EOC.
	Report to Incident Manager; obtain a briefing on the situation.
	Review the Public Information Officer’s responsibilities and open a chronological logbook of your activities.
	Establish an electronic media monitoring position outside the EOC. Instruct the person monitoring what to look for and report to you (e.g., watch local TV or listen to local radio)
	Meet with the Logistics Section Chief; <ul style="list-style-type: none"> ■ Obtain briefing about on-site and external communications capabilities and restrictions; ■ Establish operating procedures for use of telephone and radio systems; ■ Determine established priorities and make any special requests for services you need; and ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief.
	Track events of public information significance by the Incident Manager’s briefings and the status boards in the EOC (or from Incident Manager). Record that information in your log.
	Get estimates of the time for recovery
	Consider adopting shifts for PIO staff.
	Attend and monitor the meetings by the Incident Manager with the other Section Chiefs.

OPERATIONAL PERIOD DUTIES	
	Confer with the Incident Manager about the information available and when it is appropriate for release.
	Confer with the Section Chiefs and other staff. Obtain and provide information the Clinic’s stakeholders need to know. Stakeholders include: <ul style="list-style-type: none"> ■ Employees—through Personnel ■ Other key medical/health organizations—with the Executive Director ■ Clinic’s customers – with Operations Section Chief ■ Media who may cover the event ■ Local / State government agencies other than regulators – with Liaison ■ Vendors ■ Insurers
	Determine if there are requirements to staff Public Information 24-7, if so, request the support required to: <ul style="list-style-type: none"> ■ Develop a media briefing schedule ■ Prepare briefing materials ■ Clear the releases with the Incident Manager
	Prepare final news releases and advise media representatives of points-of-contact for follow-up stories.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

PUBLIC INFORMATION OFFICER (PIO) (continued)

OPERATIONAL PERIOD DUTIES	
	Coordinate with the Incident Manager for concurrence that you can begin to close down Public Information's functions.
	Ensure that continuing media questions will be directed to Public Information.
	Leave forwarding phone number(s) where you can be reached.
	Periodically brief the ERT and the Clinic Executive Director about issues raised by reporters, and external situations the media are covering that are likely to affect the Clinic.
	The Incident Manager may call Section Chief meetings to determine the goals and objectives for subsequent operating periods. Attend and monitor those to determine potential impacts and requirements for Public Information.
	Use the information from broadcast media monitoring to develop follow-up news releases and rumor control. Be alert for the need to establish a rumor control branch.
	Provide copies of all releases to the Incident Manager; ensure file copies are maintained of all information released.
	Keep the Incident Manager advised of all unusual requests for information and all major critical or unfavorable media comments; provide an estimate of their impact and severity and consider / recommend actions.
	Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
	Sign out on the EOC attendance form.
	Ensure your comments and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique.

LEGAL COUNSEL

Line of Authority

The Legal Counsel advises the Emergency Response and Recovery Team (ERT) and the Emergency Operations Center (EOC) Director. The Legal Counsel is not in the direct line of authority, but reports directly to the Incident Manager.

Duties

The Legal Counsel is responsible for scanning situation information, guidelines, directives, and Action Plans for potential legal exposures including, but not limited to liability, compliance with existing contracts and statutory compliance. The Legal Counsel may or may not be situated in the physical EOC, but must be available for support as needed.

The Legal Counsel, a member of the management staff, is responsible for the review of policies that are adopted and adapted by the Incident Manager to ensure business continuity and emergency response and recovery. Legal Counsel can ensure that there is no specific act of malfeasance, non-feasance, or misfeasance. This may include review of mandates under law and regulation that must be completed even under crisis conditions. Legal Counsel may also be asked to review and approve agreements that are used or developed for the recovery effort. During an emergency response and recovery effort the Legal Counsel should:

- ❑ Sign in at the security check point, then tell the Logistics Section Chief you are present
- ❑ Obtain briefing from Incident Manager
- ❑ Establish a worksite location to support the EOC, without being in the EOC, unless necessary
- ❑ Attend key briefings and updates from the Incident Manager
- ❑ Prepare legal reviews for the Incident Manager and Section Chiefs as requested
- ❑ Assist the PIO, as requested, regarding news releases that may need legal impact considerations
- ❑ Attend media briefings to observe commitments or comments that may have legal impacts on Clinic operations
- ❑ Approve contract language, as requested
- ❑ Keep a log book during the event that reflects decisions and actions taken under Legal Counsel advice
- ❑ If deactivated, let the Incident Manager know where you will be, including a phone number
- ❑ Provide notes and materials to the Incident Manager
- ❑ Attend the event critique
- ❑ Assist with crafting the After Action Report

LEGAL COUNSEL (continued)

ACTIVATION DUTIES	
	Check in upon arrival at EOC.
	Report to Incident Manager; obtain a briefing on the situation.
	Review Legal Counsel's responsibilities.
	Determine your operating location in the EOC.
	Open a chronological logbook of your activities.
	Clarify any issues regarding your authority and assignment, and what others in the EOC are tasked with. Especially note your assignment from the Incident Manager for the first operational period.
	Meet with Logistics Section Chief: <ul style="list-style-type: none"> ■ Obtain briefing about on-site and external communications capabilities and restrictions; and ■ Establish operating procedures for your use of telephone and radio systems; determine established priorities and make any special requests for services you need. ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief.
	Track emergencies for the potential legal significance in the EOC and note that information in your logs.
	Estimate the emergency's duration and consider adopting shifts for legal support.

OPERATIONAL PERIOD DUTIES	
	Attend action-planning meetings called by the Incident Manager.
	Coordinate with the Operations Section Chief to determine potential legal impacts in the developing situation.
	If there are problems in communicating, provide that information to the Logistics Section Chief.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES	
	Coordinate with the Incident Manager to close down the Legal function.
	Ensure that remaining staff will complete any ongoing actions.
	Close out your logbook.
	Leave phone number(s) where you can be reached.
	Ensure your comments and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique.

LIAISON OFFICER

Line of Authority

The Liaison Officer is a staff assistant to the Clinic Executive Director, and is not in the direct line of authority.

Duties

The Liaison Officer provides direct support to the Executive Director. The Liaison Officer is responsible for: answering telephone calls and managing messages from other organizations in government and the private sector; coordinating with key stakeholders in government, including regulators and those with direct service agreements with Clinic; requesting assistance directly to other organizations when there is no formal emergency declaration; and keeping the Clinic Executive Director and Incident Manager informed about concerns and pressures from outside organizations.

The Liaison Officer is a member of the management staff, and is the point of contact for the assisting and cooperating agency representatives. This includes government agency representatives from other social services-related agencies, administrative agencies, law enforcement, regulators, colleges and universities, non-profit and private sector interests involved with Clinic operations. The Liaison Officer works very closely with the PIO.

- ❑ Obtain initial briefing from the Incident Manager or EOC Incident Manager.
- ❑ Provide point of contact for assisting/ cooperating agency representatives.
- ❑ Identify agency representatives from each agency including communications links and locations.
- ❑ Respond to requests from Clinic staff for inter-organizational contacts.
- ❑ Monitor recovery operations to identify current or potential inter-organizational problems.
- ❑ Assist the Incident Manager to craft strategies for coordinating with other organizations.

LIAISON OFFICER (continued)

ACTIVATION DUTIES	
	Sign the attendance roster upon arrival at the EOC.
	Report to Incident Manager and get a briefing on the situation.
	Review the Liaison Officer's responsibilities and open a chronological logbook of your activities.
	Establish a working position near the Director and Incident Manager so they can be reached immediately as outside requests and concerns come to the EOC.
	Meet with the Logistics Section Chief to: <ul style="list-style-type: none"> ■ Obtain briefing about on-site and external communications capabilities and restrictions; ■ Establish operating procedures for use of telephone and radio systems; ■ Determine established priorities and make any special requests for services you need; and ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief, especially if key stakeholders cannot be contacted.
	Track events of inter-agency concern by attending the Incident Manager's briefings and by monitoring the status boards in the EOC. Record that information in your log.
	Get estimates of the time for recovery to share with concerned outside agencies.
	Consider adopting shifts for the Liaison Officer position.
	Attend and monitor the meetings by the Incident Manager with the other EOC Section Chiefs.

OPERATIONAL PERIOD DUTIES	
	Confer with the Incident Manager about the policies regarding other organization's roles.
	Establish contact names and numbers for all possible agencies that might call for information or be asked to assist with or adjust to the Clinic recovery operations.
	Confer with the Section Chiefs and other staff. Obtain and provide information that the external stakeholders need to know. Stakeholders to consider include: <ul style="list-style-type: none"> ■ Operational Area ■ Mental Health ■ Operational Area Medical/Health Coordinator ■ Emergency Medical Services
	■ Determine if there are requirements to staff the Liaison position 24-7.
	Prepare an operational strategy for managing external organization requests.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES	
	Ensure all continuing coordination or questions from external organizations will be forwarded to the Public Information office.
	Sign out on the EOC attendance form and inform the Incident Manager you are deactivated.
	Ensure your comments and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique.
	Assist with the After Action Report.

SAFETY OFFICER

Line of Authority

The Safety Officer is a staff assistant to the Incident Manager, and is not in the direct line of authority.

Duties

The Safety Officer provides direct support to the Incident Manager. The Safety Officer is responsible for: developing the medical plan; continuously monitoring the work environment to ensure the health and safety of the Clinic personnel and visitors; developing safety strategies for the recovery along with the Incident Manager and the Logistics Section Chief; coordinating the provision of Critical Incident Stress management for staff; and providing direct medical attention to ill or injured personnel until professional medical help can arrive .

The Safety Officer is responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety. Although the Safety Officer may exercise emergency authority to stop or prevent unsafe acts when immediate action is required, the Safety Officer will generally correct unsafe acts or conditions through the regular line of authority. The Safety Officer maintains awareness of active and developing situations, approves the medical plan, and includes safety messages in each Action Plan.

- ❑ Obtain initial briefing from the Incident Manager or EOC Incident Manager.
- ❑ Identify hazardous situations associated with the response/recovery to ensure personnel avoid them or are prepared to manage operations in that environment without harm.
- ❑ Participate in all planning meetings.
- ❑ Develop the medical plan. (NOTE: Medical plan refers to treatment of injuries at the EOC or related to response and recovery actions).
- ❑ Review Action Plans.
- ❑ Identify potentially unsafe situations.
- ❑ For all reportable injuries conduct an initial investigation and write a report and submit it to appropriate officials within required timeframes.
- ❑ Exercise emergency authority to stop and prevent unsafe acts.
- ❑ Investigate accidents that have occurred within the response / recovery operations area, including arranging for investigation of accidents in field operations involving Clinic personnel.

SAFETY OFFICER (continued)

ACTIVATION DUTIES	
	Sign the attendance roster upon arrival at the EOC.
	Report to Incident Manager and get a briefing on the situation.
	Review the Safety Officer's responsibilities and open a chronological logbook of your activities.
	Establish a central worksite with access to phones for 911 calls and for a Clinic emergency first-aid kit and fire extinguisher.
	Meet with the Logistics Section Chief to: <ul style="list-style-type: none"> ■ Obtain briefing about on-site and external communications capabilities and restrictions ■ Establish operating procedures for use of telephone and radio systems ■ Determine established priorities and make any special requests for services you need ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief, especially for connections to local medical response and Cal OSHA.
	Track events of safety significance by the Incident Manager's briefings and the status boards in the EOC (or from Incident Manager). Record that information in your log.
	Get estimates of the time for arrival of medical support if there are injuries, and ensure security is in place to direct arriving teams.
	Consider adopting shifts for the Security Officer position.
	Attend and monitor the meetings by the Incident Manager with the other EOC Section Chiefs.

OPERATIONAL PERIOD DUTIES	
	Confer with the Incident Manager about life safety issues that are found deficient or threatening during the recovery process.
	Confer with the Section Chiefs and other staff. Obtain and provide information the EOC staff and field staff needs to know to remain safe. Information can include: <ul style="list-style-type: none"> ■ Threatening weather and dangers from heat, cold, lightning, sunburn, etc. ■ Toxic chemical conditions and proper response to exposure ■ Recommendations to evacuate or shelter in place ■ Physical threats to avoid, such as after an earthquake, flood, or fire ■ Family preparedness guides to ensure the employees' families are also prepared ■ How to watch for and avoid tripping hazards and slipping hazards ■ How to avoid back strain by lifting correctly, even during emergencies
	■ Determine if there are requirements to staff the Safety Officer position for 24-7.
	Prepare safety reports, injury reports, and insurance application reports each operational period.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

SAFETY OFFICER (continued)

DEACTIVATION DUTIES	
	Coordinate with the Incident Manager for concurrence that you can begin to close down Safety Officer's position.
	Ensure that continuing safety questions will be directed to the Incident Manager.
	Provide copies of all safety actions, reports and assessments to the Incident Manager; ensure file copies are maintained for long-term issues of workers compensation and insurance.
	Sign out on the EOC attendance form.
	Leave a location and forwarding phone number(s) where you can be reached
	Ensure your comments and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique.
	Assist with the After Action Report.

SECURITY OFFICER

Line of Authority

Security reports directly to the Incident Manager, and is not in the direct line of authority. When Clinic site security is supplanted or enhanced by outside security (CHP, local law enforcement, FBI), then the line of authority will be a point of coordination between Clinic security and external agency security.

Duties

Security provides direct support to the Incident Manager. Security is responsible for: controlling ingress and egress into the area, including the maintenance of a sign-in and out log; controlling the location of parking and general traffic around the clinic HQ site after a major emergency; verifying identification and reason to enter the EOC or recovery area; preventing criminal acts upon Clinic staff or facilities; providing protection for the Executive Director, PIO and Incident Manager during public press briefings or general public briefings regarding recovery operations. Security is also responsible for preparing a security plan in coordination with the Logistics Section Chief.

Security must ensure that only authorized personnel are allowed access to Clinic during emergency operations. Their responsibilities include that they will:

- ❑ Receive initial briefing from Incident Manager
- ❑ Coordinate with Logistics Section Chief
- ❑ Establish and maintain a controlled entry area, including the use of a formal entry log
- ❑ Verify identification and entrance needs for all wishing to enter the EOC area
- ❑ Ensure staff wear ID badges. Provide badges for visitors and staff, as necessary.
- ❑ Deny entrance when there is reason to suspect the need for admittance is not warranted
- ❑ Coordinate with building security and/or law enforcement, if present
- ❑ Request external law enforcement assistance as needed
- ❑ Record staff entering for response / recovery activities in the entry log. This includes entrance and exit times.
- ❑ Provide a copy of the log to the Logistics Section Chief before the end of each operational period in order to track staffing.
- ❑ Provide a copy of the log to the Finance and Administration and Administration Section Chief so they can track time for possible reimbursement

SECURITY (continued)

ACTIVATION DUTIES	
	Set up and sign-in on the attendance roster upon arrival at the EOC.
	Report to Incident Manager to get a briefing on the situation.
	Review Security’s responsibilities, the site safety plan, and then open a chronological logbook of your activities.
	Establish perimeter control, including the verification of locked doors and entries other than controlled entrances used by staff.
	Establish an electronic media monitoring position if security cameras are in place and allow for simultaneous control of ingress and egress (e.g., an entry kiosk with video display deck).
	Meet with the Logistics Section Chief; <ul style="list-style-type: none"> ■ Obtain briefing about on-site and external communications capabilities/restrictions; ■ Establish operating procedures for use of telephone and radio systems; ■ Determine established priorities and make any special requests for services; and ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief, especially if 911 cannot be used, or law enforcement is not reachable.
	Get estimates of the time for recovery in order to plan staffing.
	Consider adopting shifts for Security staff.
	Attend meetings called by the Incident Manager only if specifically requested to attend.

OPERATIONAL PERIOD DUTIES	
	Confer with the Incident Manager about security information of concern including possibilities of bomb threats, nearby disorders, reports of hazmat spills, violence in the workplace, and intruder alerts.
	Confer with the Section Chiefs and other staff. Obtain and provide information the staff needs to know. Security information includes: <ul style="list-style-type: none"> ■ Sign In Log protocols ■ Identification protocols for entry, and then work within the EOC ■ Entry protocols for visitors, including vendors, government stakeholders, and the media ■ Violence control strategies, should staff or visitors be endangered ■ Conduct for working with outside law enforcement that may be involved ■ Coordination with arriving responders such as EMS, Fire, public health, and law enforcement ■ Personal effects search and seizure policies for entry during recovery operations
	Determine if there are requirements to staff Security 24-7, if so, request the support required to: <ul style="list-style-type: none"> ■ Protect all primary entrances ■ Control entry through a log ■ Support the Incident Manager’s need for security status information
	Update the security plan, as needed, during the recovery process.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

SECURITY (continued)

DEACTIVATION DUTIES	
	Coordinate with the Incident Manager for concurrence that you can begin to close down Security support.
	Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
	Ensure that continuing security concerns will be directed to regular on scene security.
	Leave a location and forwarding phone number(s) where you can be reached.
	Sign out on the EOC attendance form.
	Ensure your comments and a copy of your log and the sign in log are made available to the Incident Manager for the After Action Report, and to the Finance and Administration and Administration Section Chief to verify staff support hours for reimbursement, when available.
	Attend the event critique.

OPERATIONS SECTION CHIEF

Line of Authority

The Operations Section Chief is in direct line of authority, reporting directly to the Emergency Operations Center (EOC) Incident Manager.

Duties

The Operations Section Chief oversees continuity of Operations, assesses response and recovery support situations, and oversees operational response and restoration throughout the Clinic's facilities, coordinating with the other Section Chiefs.

The Operations Section Chief should contact, inform, and coordinate with the other Clinic units. Initial contacts should be oriented on needs evaluations. Second priority should be to establish care and shelter operations.

The Operations Section Chief should consult with the Logistics Section Chief and the Planning and Intelligence Section Chief. Together they determine if full or partial closure of Clinic facilities is likely (both HQ and field sites). They then determine how to ensure effective response and recovery strategies and tactics.

The Operations Section Chief, a member of the general staff, is responsible for the management of all operations directly applicable to the primary response and recovery missions. The Operations Chief activates and supervises organization elements in accordance with the Action Plans and directs their execution. The Operations Chief also directs the preparation of Operations Section plans, requests or releases resources, makes expedient changes to the Action Plans as necessary and reports such to the Incident Manager.

- ❑ Obtain briefing from the Incident Manager.
- ❑ Develop operations portion of the Action Plans
- ❑ Brief and assign operations personnel in accordance with the Action Plan.
- ❑ Supervise Operations Section staff and activities to move the recovery forward.
- ❑ Determine response / recovery action needs and request additional support resources.
- ❑ Review the suggested list of resources to be used in response and recovery and initiate recommendations for when the resources will be used and for what purpose.
- ❑ Assemble and disassemble teams assigned to Operations Section.
- ❑ Report information about special activities, events, and occurrences to the EOC Incident Manager.

OPERATIONS SECTION CHIEF (continued)

ACTIVATION DUTIES	
	Check in upon arrival at the EOC by signing in and letting Logistics Section Chief know you are present.
	Report to the Incident Manager and obtain a briefing on the situation.
	Review your position's responsibilities and open your logbook.
	Ensure the Operations section is set up properly with needed equipment, and supplies in place -- including maps and status boards.
	Review the rest of the EOC organization and establish who has information or support you will need.
	Clarify any issues you may have regarding your authority and assignment, and those of others in the EOC, with the Incident Manager or EOC Incident Manager.
	Meet with the Logistics Section Chief: <ul style="list-style-type: none"> ■ Get briefed about on-site and external communications capabilities and restrictions. ■ Establish operating procedures for your section's use of telephone and radio systems; make any priorities or special requests known. ■ Assess communications adequacy for your section's needs and advise the Logistics Section Chief.

OPERATIONAL PERIOD DUTIES	
	Attend the Action Plan meeting with the Incident Manager to determine: <ul style="list-style-type: none"> ■ What the objectives are in the Action Plan ■ The steps needed to complete the objectives in the Action Plan ■ A timeline for completing the objectives (It may cover several operational periods.).
	Meet with Planning and Intelligence Section Chief to obtain and review major events, and to obtain additional operational information that can impact your section's operations.
	Track events throughout the Clinic by their event number assigned by Incident Manager, identifying: <ul style="list-style-type: none"> ■ Locations ■ Situation Status ■ Operational capabilities at risk from each event activity
	Estimate the response or the recovery process duration
	Consider adopting shifts for your section.

OPERATIONS SECTION CHIEF (continued)

OPERATIONAL PERIOD DUTIES	
	<p>Make a list of key issues currently facing your section. Considerations:</p> <ul style="list-style-type: none"> ■ Business functions impaired or lost ■ Continued operability of the EOC, including staffing ■ Relocation restrictions ■ Reestablishment of data ■ Communicating with critical stakeholders
	Set action items that match the current operational period's Action Plan's goal and objectives
	Ensure your logbook is maintained and key actions are recorded with time/date references.
	Determine if there is a need for representation or participation from outside organizations as part of Operations actions.
	Provide the Incident Manager, and the Planning and Intelligence Section Chief, with periodic reports about progress on the objectives.
	<p>Think ahead to anticipate situations and problems before they occur using advanced planning information from the Planning and Intelligence Section.</p> <p>Examples: threat changes in respect to Clinic operations, shortages of resources critical to operations, heat/cold, darkness, weather changes, personnel burnout, next period's goal and objectives.</p>
	Direct requests for resources, staffing, and facility support to the Logistics Section Chief.
	Refer media requests to the Public Information Officer.
	Attend and participate in Incident Manager's Action Planning and Intelligence meetings.
	Work with the Planning and Intelligence Section Chief to develop recommendations for the next operational period's Action Plans.
	<p>Ensure all fiscal and administrative issues are attended to and discussed with the Finance and Administration and Administration Section Chief, including:</p> <ul style="list-style-type: none"> ■ Extraordinary expenditures caused by this emergency ■ Time of hourly employees applied to this emergency ■ Other expenses that may be reimbursable by government or insurers.
	Brief the Incident Manager on major issues which require immediate resolutions or are foreseeable to occur in the near future when they may cause issues of health and safety, or major interruption of operations capabilities.
	Share received information with the other Section Chiefs. Confirm that their critical issues match yours.
	If there are problems in communicating, provide that information to the Logistics Section Chief.
	Keep notes to brief your relief at change of shift.
	Sign out at the EOC attendance roster at change of shift.

OPERATIONS SECTION CHIEF (continued)

DEACTIVATION DUTIES	
	Ensure any ongoing actions come to you for completion – or are transferred to another Section Chief or the Incident Manager.
	Close out your logbook.
	Leave phone number(s) where you can be reached.
	Ensure your comments and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique.

PLANNING AND INTELLIGENCE SECTION CHIEF

Line of Authority

The Planning and Intelligence Section Chief is in direct line of authority, and reports directly to the Incident Manager.

Duties

Responsibilities include: collecting, analyzing and displaying situation information; preparing periodic situation status reports with the Incident Manager, and the other Section Chiefs; and developing goals and objectives for the forthcoming operational period's Action Plan (please see the Action Planning and Intelligence forms attached to this plan and document the Action Plan on the Action Planning and Intelligence forms). During each operational period, begin advance planning for forthcoming periods. As the workload decreases, begin planning for deactivation and demobilization. Provide information management and related support to the other Section Chiefs and staff support positions in the EOC. Keep the Incident Manager updated on significant Planning and Intelligence findings (e.g., advance planning reports, serious changes in weather or safety issues, and projected reductions in resources or support, etc.).

The Planning and Intelligence Section Chief, a member of the ERT general staff, is responsible for the collection, evaluation, dissemination and use of information about the development of recovery and status of resources. Information is needed to: 1) understand the current situation; 2) predict probable course of recovery events; and, 3) prepare alternative strategies and control operations for the recovery. Raw data must be prepared and analyzed into meaningful information known as intelligence. The Planning and Intelligence Section Chief is responsible to:

- ❑ Obtain initial briefing from Incident Manager.
- ❑ Activate Planning and Intelligence Section.
- ❑ Establish information requirements and reporting schedules for all organizational elements for use in preparing the Action Plans.
- ❑ Post the names of the activated staff in the EOC, including names and locations of assigned personnel. The names should be available from the Logistics Section.
- ❑ Establish a weather data collection system, and other threat assessment techniques, as necessary. This could include traffic, fire, hazmat, and flood reports.
- ❑ Supervise preparation of Action Plans as facilitator for the action-planning meeting.
- ❑ Assemble information on alternative strategies for response and recovery.
- ❑ Identify need for use of specialized resource(s) for Logistics.
- ❑ Provide periodic predictions on recovery schedule status—evaluate milestones and % completion of objectives.
- ❑ Compile and display on status boards the response or recovery status summary information.
- ❑ Advise general staff of any significant changes in response or recovery status.

PLANNING AND INTELLIGENCE SECTION CHIEF (continued)

- ❑ Provide a traffic plan, including safe routes for evacuation to another site, or return to Headquarters, or the field station.
- ❑ Prepare and distribute the Action Plan and other written orders from the Director.
- ❑ Ensure that normal agency information/ reporting requirements are being met.
- ❑ Prepare recommendations for release of resources for the Director/Deputy.

ACTIVATION DUTIES	
	Sign the attendance roster on arrival at the EOC.
	Report to the Incident Manager and get a briefing on the situation.
	Review the Planning and Intelligence Chief’s responsibilities and open your logbook.
	Determine where in the EOC you will be operating and set up.
	Review the EOC ‘s organization and who has the information or support you will need.
	Meet with the Logistics Section Chief to: <ul style="list-style-type: none"> ■ Obtain a briefing about on-site and external communications capabilities and restrictions ■ Establish operating procedures for use of telephone and radio systems ■ Determine established priorities and make any requests for services you need ■ Assess the communications linkages provided for adequacy and advise the Logistics Section Chief.
	Meet periodically with the Operations and Logistics Section Chiefs to exchange available situation information.
	Track events throughout the Clinic involving recovery and normal operations. Identify: <ul style="list-style-type: none"> ■ Event number (from Incident Manager) ■ Locations that are being used for mass care and shelter by facility name ■ Maps of the site locations, physical descriptions, and directions on safe routes to and from those facilities ■ Maps and details of other locations related to emergency response and recovery
	Estimate the emergency event’s duration, and track objective status by % completion
	Consider adopting shifts for the Planning and Intelligence Section.
	Request additional personnel for your section if necessary to maintain a 24 hour-a-day operation.
	Attend and provide inputs to all Incident Manager meetings, especially for Action Planning and Intelligence. Take notes to add to your log, prepare the next situation status report, and the Action Plan.

PLANNING AND INTELLIGENCE SECTION CHIEF (continued)

OPERATIONAL PERIOD DUTIES	
	Anticipate situations and problems likely to occur, such as: interruptions of power, H/VAC failure, darkness, weather changes, personnel burnout, aftershocks, etc., that will impact the current and the next operational period's goal and objectives.
	Advise the Incident Manager about your section's status, including progress toward the operational period goals and objectives.
	Maintain current data displays, and ensure reports or displays you prepare are understandable.
	Ensure all contacts with the media are referred to the Public Information Officer.
	Share information received with the other Section Chiefs. Confirm that their information about critical issues matches your information.
	Make fiscal and administrative issues known to the Finance and Administration and Administration Section Chief. Examples: <ul style="list-style-type: none"> ■ Extraordinary expenditures this emergency causes. ■ Time of hourly employees applied to this emergency. ■ Other expenses that may be reimbursable by government or insurers.
	Prepare input to, and facilitate the Action Planning and Intelligence session. The goal of the meeting is to cover the following topics: <ul style="list-style-type: none"> ■ Time period the plan covers (operational period) ■ The mission priorities (health and safety always #1) ■ Listing of objectives to be accomplished (should address the priorities and be measurable in some way so Clinic knows when they are finished) ■ Statement of strategy to achieve the objectives (identify whether there is more than one way to accomplish the objective, and which way is preferred) ■ Assignments necessary to implement strategy ■ Organizational elements to be activated to support the assignments ■ Organizational elements that will be deactivated during or at the end of the period ■ Logistical or other technical support required, who will provide it, and time needed
	Attend the Incident Manager's Action Planning and Intelligence meetings for Section Chiefs and provide situation briefings with your section staff. Update the situation status report.
	Brief the Incident Manager on major problem areas (which now need or will require solutions), and then confer with the other Section Chiefs to develop recommendations.
	Keep notes and brief your relief at shift change time.
	Sign out on the EOC attendance roster.

PLANNING AND INTELLIGENCE SECTION CHIEF (continued)

DEACTIVATION DUTIES	
	After agreement by the Incident Manager to deactivate the Section, close out your logbook.
	Ensure any open actions are assigned to remaining EOC staff, and that the Incident Manager is informed.
	Sign out on the attendance roster.
	Advise the Incident Manager where you can be contacted and leave a phone number.
	Ensure your notes and materials are made available to the Incident Manager for the After Action Report.
	Attend the event critique and assist with the After Action Report.

LOGISTICS SECTION CHIEF

Line of Authority

The Logistics Section Chief is in direct line of authority, and reports directly to the Incident Manager.

Duties

Responsibilities include: transportation, coordination with security, and logistics resources to match the other Section Chiefs' needs.

The Logistics Section Chief, a member of the general staff, is responsible for providing facilities, services, and material in support of the emergency. The Section Chief participates in development and implementation of the Action Plans, and activates and supervises the work within the Logistics Section. During response and recovery the Section Chief should:

- ❑ Obtain a briefing from the Incident Manager.
- ❑ Plan the organization of the Logistics Section.
- ❑ Provide work locations for all ERT personnel, whether in or out of the EOC.
- ❑ Record and track the activated ERT members, including names and locations of assigned personnel.
- ❑ Participate in preparation of Action Plans for support and service elements.
- ❑ Identify service and support requirements for planned and expected operations.
- ❑ Provide input to and review communications plan, medical plan, and security plan.
- ❑ Coordinate and process requests for additional resources with other sections.
- ❑ Estimate all Section's needs for next operational period.
- ❑ Ensure Communications Plan is prepared.
- ❑ Assist Planning and Intelligence Section to develop an EOC Demobilization Plan.
- ❑ Recommend release of resources in conformity with the Demobilization Plan.
- ❑ Ensure general welfare and safety of all EOC personnel in coordination with the Safety Officer.
- ❑ Assist the Security Officer with any needs for establishing and maintaining security of the EOC and ERT staff, which could include escorts to and from personal vehicles.

LOGISTICS SECTION CHIEF (continued)

ACTIVATION DUTIES	
	Check in with the Incident Manager on arrival and establish the sign-in-sheet process with Security at all controlled entries to the EOC
	Report to the Incident Manager and get a briefing on the current situation.
	Review the Logistics Section Chief's position description and responsibilities; open your log.
	Set up maps, diagrams and status board for Planning and Intelligence Section.
	Order additional supplies and equipment as needed.
	Evaluate the current EOC organization for adequate staff and advise the Incident Manager of any shortfalls or special need, including 24-7 coverage, if required.
	Meet with the Incident Manager to clarify any issues you may have regarding your authority and assignment, and what others in the EOC do.
	Meet with the Planning and Intelligence Section Chief to obtain the most recent situation information and establish the Logistics Section's intelligence needs.
	Meet with all Section Chiefs to review their logistics needs
	Establish guidelines for coordination of logistics requests from the Sections.
	Attend and provide inputs to the Incident Manager Action Planning and Intelligence and briefing meetings. Take notes and use them to plan for upcoming resource requests, or for withdrawing resources no longer needed in order to control costs. This can include staffing reductions.
	Track events, requests, etc. that require action by Logistics Section. Identify: <ul style="list-style-type: none"> ■ Event number (from Incident Manager). ■ Time you received the request. ■ Location where the resource is needed, who will accept it, and who will use it. ■ Description of the resource: number, type, size, weight, etc. ■ Track when the resource Action was assigned, time, and to whom for completion ■ Track and report at Action Planning and Intelligence meetings about the status of the resources assigned.
	Have a habitability survey of the work site done. Consider: <ul style="list-style-type: none"> ■ Hazardous materials, including nearby sources ■ Air quality, including heating, cooling, and oxygen content ■ Structural integrity (As-built drawings available from the building owner) ■ Posted instructions for employees, to include escape routes, safe havens, and assembly points. ■ Disabled employees' issues ■ Utilities ■ Fire protection
	Meet with the Finance and Administration and Administration Section Chief regularly to review financial and administrative support needs and guidelines, including the purchasing authority and limits of the Logistics Section Chief.

LOGISTICS SECTION CHIEF (continued)

OPERATIONAL PERIOD DUTIES	
	Check with the Planning and Intelligence Section Chief to reinforce your plans; think ahead to anticipate situations and issues involving facilities and resources.
	Based on what's known and forecast, estimate probable logistics needs for: <ul style="list-style-type: none"> ■ Supplies ■ Equipment ■ People (skills and knowledge) ■ Services (vendors) ■ Transportation (for moving people, furnishings, supplies, and other resources)
	List the high priority issues for Logistics and provide to the Planning and Intelligence Section Chief for the Action Planning and Intelligence Meeting.
	Check with the Planning and Intelligence Section Chief to reinforce your proactive attitude; think ahead to anticipate situation, issues, and recommendations.
	Determine security requirements and advise the Security Officer if additional security is needed.
	Ensure your section's logbooks and all EOC files are being maintained.
	Determine needs for additional communications and inform staff responsible for providing additional capabilities.
	Ensure reports your section prepares are clear, accurate and concise.
	Ensure orders for additional logistics are coordinated with other sections and placed in time.
	Anticipate the need for evacuations--coordinate sealing off dangerous areas and consider access control.
	All contacts with the media should be directed to the PIO.
	Consider the need for executive security for the Clinic Executive Director and Incident Manager--provide security recommendations to Incident Manager when appropriate.
	Resolve issues with the other Section Chiefs; brief the Incident Manager on major issues, and coordinate with Section Chiefs to request the Incident Manager resolves unresolved issues.

DEACTIVATION DUTIES	
	Confer with Planning and Intelligence Section Chief to anticipate issues in order to prepare for likely logistics requests.
	Advise Incident Manager you plan to deactivate as workload permits.
	Prepare notes and logbooks so they can provide input to the After Action Report.
	Close out your logbook.
	Sign out with the Incident Manager, and provide a location and phone number where you can be reached.
	Ensure your notes and materials are made available to the Incident Manager.
	Attend the event critique and assist with the After Action Report.

FINANCE AND ADMINISTRATION SECTION CHIEF

Line of Authority

The Finance and Administration and Administration Section Chief is in direct line of authority, and reports directly to the Emergency Operations Center (EOC) Director.

Duties

The Finance and Administration and Administration Section Chief should: monitor incoming information and Action Planning and Intelligence in the Emergency Operations Center (EOC) in order to identify and assess potential impacts on the Clinic's financial status, including but not limited to: cash flow, extraordinary expenses, budget impacts, and needs for funding to meet the emergency's requirements. The Chief advises the Incident Manager about these impacts and recommends actions to mitigate them. The Chief assists the other Section Chiefs in developing means to identify potential impacts and ways to reduce them. The Chief works closely with the Logistics Section Chief to ensure that expenses related to the emergency are captured and recorded in the formats desired for governmental and insurance reimbursements. The Chief maintains contact with salvage and clean-up contractors to ensure they work effectively to minimize the Clinic's costs. The Finance and Administration and Administration Section Chief should also participate in Action Planning and Intelligence sessions and ensure the Finance and Administration and Administration Section Chief is supporting other elements consistent with priorities established in the Action Plans.

The Finance and Administration and Administration Section Chief is responsible for all financial and cost analysis aspects of the recovery and for supervising members of the Section. The other primary responsibilities include, but are not limited to:

- ❑ Obtain initial briefing from Incident Manager.
- ❑ Develop an operating plan for Finance and Administration and Administration Section for response and recovery.
- ❑ Ensure that personnel time records are tracked and processed according to policy.
- ❑ Processing purchase orders and contracts in coordination with Logistics Section Chief.
- ❑ Purchase/order needed food, lodging and transportation support for response and recovery.
- ❑ Processing Workers Compensation claims related to Clinic emergency response and recovery activities.
- ❑ Handle travel and expense claims.
- ❑ Attend planning meetings to gather information and to provide input on financial and cost analysis matters.
- ❑ Brief Section Chiefs on all response or recovery-related business management issues needing attention, and follow-up prior to closure of recovery.
- ❑ Ensure that all obligation documents initiated during response and recovery are properly prepared and completed.
- ❑ Participate in all demobilization planning.

FINANCE SECTION CHIEF (continued)

ACTIVATION DUTIES	
	Sign the attendance roster on arrival at the EOC.
	See the Incident Manager to get a briefing on the situation.
	Review the Finance and Administration and Administration Section Chief's responsibilities and open your logbook.
	Determine where in the EOC you will be operating and ensure the Finance and Administration and Administration Section is set up with your database and status board and telecommunications in place.
	Clarify any uncertainties about your authority and assignment. Clarify what others in the EOC are tasked with performing.
	Review the rest of the EOC's organization to determine who has the information and support you need.
	Track events with potential significance for Finance and Administration and Administration by their EOC event numbers (issued by Incident Manager). Record that information in your logbook.
	Estimate the emergency's duration to determine whether you need to adopt shifts for the Finance and Administration and Administration Section.
	Meet with the Logistics Section Chief to: <ul style="list-style-type: none"> ■ Get briefed on on-site and external communications capabilities and restrictions; and ■ Find out the operating procedures for using telephone and radio systems. ■ Determine the established priorities and make special requests for any services you need. ■ Assess the adequacy of the communications linkages provided and advise the Logistics Section Chief.
	Attend and provide input to the Incident Manager's Action Plan meeting and briefings.

FINANCE SECTION CHIEF (continued)

OPERATIONAL PERIOD DUTIES	
	Track events throughout the Clinic by Incident Manager-issued event numbers. Identify: <ul style="list-style-type: none"> ■ Contact names, addresses and phone numbers of critical vendors (via the Resources List) ■ Budget status to address needs being projected by the other Section Chiefs.
	Verify with the Logistics Section Chief whether there are personnel casualties. Then, ensure records exist to meet the needs for compensation claims and investigating agencies.
	List the key issues facing your section and set action items that match the operational period's goal and objectives. Considerations: <ul style="list-style-type: none"> ■ Records acceptable to auditors. ■ Records for regulatory agencies – with the Liaison ■ Cost accounting and tracking acceptable to insurance companies and other potential sources of reimbursement/funding.
	Keep the Incident Manager advised of your section's status with progress reports related to the operational period's goal. Brief the Incident Manager on major issues that require resolutions now or are foreseeable that might delay or disrupt response or recovery.
	Anticipate situations and problems likely to occur, such as: budget shortfalls, vendor inability to deliver/refuse to vend, lack of purchasing authority, lack of contracting authority, etc.
	Attend action-planning meetings called by the Incident Manager.
	Ensure these Finance and Administration and Administration issues are coming to your section from the other sections: <ul style="list-style-type: none"> ■ Extraordinary expenditures caused by this emergency. ■ Time of hourly employees applied to this emergency. ■ Other expenses that may be reimbursable.

DEACTIVATION DUTIES	
	Coordinate with the Incident Manager for concurrence that you can begin to close down the Finance and Administration and Administration Section's functions.
	Close out your logbook.
	Provide your notes and logbook to the Incident Manager for input to the After Action Report.
	Determine what follow-ups might be required and inform the Incident Manager before leaving to ensure that financial recovery processes continue and are completed.
	Sign out and advise the Incident Manager where you can be contacted, including phone and location.
	Attend the event critique.
	Assist with the After Action Report.

Appendix G: EMERGENCY MANAGEMENT TRAINING AND EXERCISES

PURPOSE

The purpose of this guide is to define a successful method for the clinic to meet its emergency training needs. There are many reasons organizations, like the *<Name of Clinic>*, provide training for its emergency staff. The training provided for members of the Emergency Response Team (ERT) has three primary purposes, which are to:

- Know their role and responsibilities;
- Possess the skills and knowledge needed to perform respective functional responsibilities; and
- Understand the disaster management processes to achieve effective coordination and communications.

DESIRED OUTCOMES

There are three major outcomes that *<Name of Clinic>* will expect from this training. These are to ensure that:

- The emergency organization performs effectively in protecting health and safety, property and the environment;
- *<Name of Clinic>* staff is prepared to work effectively with other emergency response and recovery organizations, by appropriate and timely use of resources, and by recovery of damages and operating costs, to the extent possible; and
- The emergency organization members work in a safe manner to prevent injury to themselves and others.

CURRICULUM DEFINED

A curriculum defines the approaches to training and delivery methodologies—which may include:

- Reading assignment
- Briefing
- Classroom instruction (with or without examinations)
- Videotape
- Online instruction
- Demonstration
- Drill/Exercise

A curriculum also defines the types of training materials that will be used, which may include:

- Written materials (e.g., manuals, checklists, guides, graphics)
- Audio materials (e.g., cassette tapes or computer sound files)
- Audio/Visual materials (e.g., slide shows, videotapes, movies)

A curriculum defines content and purpose for each training approach and the materials. The contents are defined with specific:

- Goals
- Objectives (including knowledge and skill to be achieved)
- Materials needed (printed, A/V, testing devices, etc.)
- Location Requirements
- Prerequisites for the Participants
- List of Assigned Positions
- References (source of the curriculum content)

LEGAL REQUIREMENTS

Hazardous Materials Training Requirements

The clinic must decide what level of training is appropriate for hazardous materials and bioterrorism events, including use of personnel protective equipment. The clinic should identify the types of actions expected of *<Name of Clinic>* personnel at a scene (especially in bio-hazard and chemical treatment situations). Training decisions should be based on whether the *<Name of Clinic>* personnel will be in the vicinity of materials that are causing the event. References exist in the following documents:

OSHA 29 CFR 1910.120(q)

CALOSHA Title 8 CCR 5192(q)

General Safety Training

All *<Name of Clinic>* staff are required to have general safety training and training in appropriate actions to take in an emergency. Safety Team members are required to have additional training in safe work practices, building evacuation, first-aid, fire safety, and CPR. The *<Name of Clinic>* training personnel should work with the Safety Officer to integrate safety training with disaster response training.

CURRICULUM DEVELOPMENT PROCESS

Identification of the Organization

<*Name of Clinic*> must first identify an Emergency Response Team (ERT) roster. **Appendix F.1** is the day-to-day organization of the clinic from which the Executive Director will identify staff to fill the emergency management positions.

Identification of Skill and Knowledge Needs by Position

The clinic can use tools such as **Appendix F.2**, above to match the staff to the positions based on their daily assignments, current skills, and knowledge. This will help identify where gaps need to be addressed by training. It is common practice to use a spreadsheet to indicate the kind of knowledge to be provided by training for the entire emergency organization. These training topics should match with requirements noted in law and regulations, and include other abilities required to operate an organization during disasters.

Identification of Delivery Methodologies

The curriculum delivery methodologies must then be developed to match the skill and knowledge needs that have been identified. The methodologies may include:

- Reading assignments
- Briefings in person in the office or at field locations
- Classroom instruction (with or without examinations)
- Videotapes
- Online presentation (video or slide show)
- Demonstrations
- Drills (unevaluated activities for developing skills)
- Exercises (evaluated activities for testing skills)

Combined, these elements can provide the required training needs. In addition, there can be credit for training by performance during the coming training cycle for all who performed in real emergency operations, whether at <*Name of Clinic*> or as assigned to other organizations and facilities as a <*Name of Clinic*> employee.

Reading Assignments

Reading assignments are appropriate when the material is general in nature, timely, and requires immediate attention (rather than waiting for the next training cycle). These assignments can include:

- Revised sections of the Plan and SOPs that are relevant to the readers

