

United Indian
Health Services Inc.

EMERGENCY OPERATIONS PLAN

Revised by: Safety Committee

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EMERGENCY OPERATIONS PLAN

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INTRODUCTION

The purpose of this plan is to enable United Indian Health Services (UIHS) to provide timely, integrated, and coordinated responses in the event of an emergency.

UIHS will be prepared to respond to an emergency in a manner that protects the health and safety of its clients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale disaster. All staff will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Supervisors at each level of the organization will ensure that staff is aware of their responsibilities.

Since one plan cannot address all types of disasters or clinic scenarios, this plan should be adapted as needed to meet the requirements of the emergency. This plan is organized into the four phases of emergency management:

- I. Mitigation**
- II. Preparedness**
- III. Response**
- IV. Recovery.**

I. Mitigation

A. Hazard Identification

The hazard vulnerability analysis process will reduce the severity of hazardous impacts that threaten life and property. While the most prevalent natural hazards in our region are earthquakes, wildfires, and landslides, disaster situations may also occur due to other hazardous incidents that include, technology and human events as well as other unforeseen events

Disaster prevention measures can be implemented following analysis of probability and preparedness of hazards that may threaten UIHS sites.

1. The top hazards and threats for **UIHS** as identified from the 2017 Hazard Vulnerability Analysis (HVA) are summarized in the following table:

HVA
9/6/2017

Survey

Natural Events	Probability Average	Preparedness Average
Earthquake	2.57	1.71
Wildfire	2.29	2.0
Landslide	2.36	2.0
Technology Events		
Road Failure	2.64	2.07
Communications failure	2.57	2.29
Information systems failure	2.57	2.29
Human Events		
Mass casualty incident	1.64	2.29
Domestic violence	2.57	1.93
Client threatening violence	2.57	1.86

Score Key:

Probability				Preparedness		
High	Med	Low	None	Poor	Fair	Good
3	2	1	0	3	2	1

The complete HVA for UIHS is located in the Safety Office. The HVA is updated annually.

B. United Indian Health Services Emergency Response Roles

1. UIHS may play a variety of roles in responding to disasters including providing medical care, temporary shelter, or expanding primary care services to meet increased community needs created by damage to other health facilities.
2. UIHS may not be equipped to respond definitively to all disasters. Clinic roles may be constrained by limited resources and technical capability and by the impact of the disaster on the clinic facility.

II. Preparedness

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

A. Continuity of Operations

It is the policy of UIHS to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of clients, visitors, and staff has been assured, the clinic will give priority to providing or ensuring patient access to health care.

1. The clinic will take the following actions to increase its ability to maintain or rapidly restore essential services following a disaster:
 - a. Ensure client, visitor and staff safety.
 - b. Ensure continuous performance or rapid restoration of the clinic's essential services during an emergency.
 - c. Protect health records, to the extent possible, from fire, damage, theft and public exposure. If the clinic is evacuated, provide security to ensure privacy and safety of health records.
 - d. Provide security for closed or damaged clinic via existing alarm system or outside security services in order to prevent uncontrolled access to site.
 - e. Ensure offsite back-up of financial and other important data.
 - f. Maintain a contact list of vendors who can supply replacement equipment.
 - g. Secure equipment to floors and walls to prevent movement during earthquakes.
 - h. Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.
 - i. Relocate services as feasible and appropriate, to prepare for an event that makes the primary clinic facility unusable.
 - j. Identify a back-up site for continuation of clinic business functions and emergency management activities.
 - k. Maintain contact list of utility emergency numbers.
 - l. Ensure availability of a phone and phone lines that do not rely on functioning electricity service.
 - m. Request priority status for maintenance and restoration for all public and utility services.

B. Delegations of Authority

To ensure rapid response to any emergency situation and minimize any disruption, UIHS has pre-delegated authorities for making policy decisions or for taking necessary actions in emergency situations. The identification of delegations of authority for the continued performance of the essential functions is critical, and therefore was established prior to disaster events to avoid lapses in leadership and ensure continuity.

As a general rule, the pre-determined delegations of authority for UIHS will take effect when normal channels of direction are disrupted and will terminate when these channels have been reestablished.

C. Orders of Succession

An Order of Succession to key UIHS leadership positions was developed to ensure an orderly, and pre-defined, transition of leadership within the facility in the event that individuals occupying them were incapacitated or otherwise unavailable.

The following table documents the Orders of Succession for UIHS unless otherwise delegated by the CEO:

Succession Order	Conditions	Program Responsibility
Chief Executive Officer (CEO) John Reeves	All	All
Chief Operations Officer (COO)	In absence of the CEO	All
Clinical Fiscal Officer (CFO) David Rosen	In absence of COO	All
Chief Clinical Officer (CCO) Dr. Tracy Thompson	In absence of the CFO	All
Community Health and Wellness Director (CHWD) Liz Lara	In absence of the CCO	All
Regional Operations Director-Hum Sandra Jones	In absence of the CHWD	Hum Region All
Regional Operations Director-DN Barbara Pfeifer	In absence of the CHWD	DN Region All
Chief Compliance Officer	In absence of the ROD's	

D. Internal Command Structure (ICS)

UIHS has incorporated the principles of the Standardized Emergency Management System (SEMS), National Incident Management System (NIMS), and the Hospital Emergency Incident Command System (HEICS) into the Emergency Operations Plan to ensure maximum compatibility with other responders such as neighboring clinics, hospitals, or local government agencies. Clinic leadership will be organized to clearly define roles and responsibilities and mobilize all resources to respond quickly. (See **Attachments A-1 Job Action Sheets and A-2 Emergency Incident Command Forms**)

E. Communications

1. Internal Notification
 - a. The clinic will compile and maintain an internal contact list that will include the following information for all staff: name, position title, home phone, cell phone, pager numbers, and preferred method of contact during off hours. **(See Attachment B - Staff Call Back List and Attachment B-1 UIHS Cell Phone List)**
 - b. The Staff Call Back List contains sensitive contact information and will be treated confidentially. The list of staff phone numbers will be kept offsite as well as onsite by key employees and at key locations. It is the responsibility of Directors and Managers to keep an updated call list for their area employees.
 - c. The phone list will have all sites information listed as well as contact information for the Answering Service to use in emergency situations.
2. Primary Communication Methods. Dependable, reliable, and redundant communication systems are essential during emergency situations. UIHS recognizes that the success of facility operations during an emergency situation is dependent upon the identification, availability, and redundancy of critical communication systems to support connectivity to internal organizations, other agencies, tribes, and the general public.
3. The primary means of emergency communication is the local telephone system. If telephones fail, clinic staff will notify the telephone provider by any means available including telephones in another area of the clinic, cell phones, and messenger, e-mail, or satellite phones.
 - a) Handheld radios (walkie-talkies) – The main clinic at Potawot uses handheld radios for internal communications in both routine and emergency situations. The radios are linked to emergency services and Mad River Hospital.
 - b) Del Norte uses 2-way radios and base stations that are located at the Elk Valley, Crescent City and Howonquet clinics. These radios are able to listen to/contact emergencies services and the County Emergency Operations Services as well as the other Del Norte UIHS clinics that have radios.
 - c) Satellite phones are available at all Humboldt and Del Norte clinical sites.
4. If telephone and radio communications are unavailable, runners will be used to take messages to and from the clinic and appropriate agencies rendering assistance.
5. The **Information Systems Manager (ISM)** will maintain and test communications equipment. All communications equipment will be tested twice per year. Defective equipment will be repaired or replaced. Batteries will be replaced per manufacturer's recommendation or as required. Spare batteries will be stored with equipment. The ISM will ensure copies of operating instructions, warranties and service agreements for communications equipment are retained both at the clinic and at an offsite location. The ISM will review communications requirements and equipment annually as a part of the review of this overall plan

and will make recommendations for equipment upgrades or replacement.

F. Participation in Countywide Response

1. The clinic response in a major event will take place in cooperation with the overall county response, which will be coordinated by Humboldt and Del Norte Counties. In an actual emergency, clinics, hospitals, schools, skilled nursing facilities and other health care entities could all have a role to play. Despite tribal status as sovereign nation, Indian clinics are encouraged to work with county representatives prior to an event to understand their roles and responsibilities in an emergency, as well as the overall county response plan.
2. When responding to emergencies at the clinic, personnel will cooperate fully with Emergency Medical Services (EMS), fire, and law enforcement personnel. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the clinic.

G. Acquiring Resources

1. Any additional resources required will be available from the local county Office of Emergency Services (OES).

I. Plan Development and Maintenance

1. Clinic leadership will take the following measures to ensure that **UIHS** will be able to respond during an emergency.
 - Assign emergency response duties to personnel.
 - Provide for ongoing training for clinic staff and new personnel.
 - Ensure staff is trained to perform emergency roles.
 - Ensure the locations of key supplies, hazardous materials, and other supplies or hazards are updated.
 - Ensure that drills and exercises are conducted annually and records are maintained.
 - Review and update this plan annually.
 - Ensure the clinic’s emergency preparedness program meets all accreditation standards.
2. The following table summarizes the review schedule for the UIHS Emergency Management Plan

Activity	Tasks	Frequency
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Hazard Vulnerability Analysis Review	<ul style="list-style-type: none"> Review current HVA for accuracy Incorporate any necessary changes into plan including the development or modification of Procedures or Attachments 	Annually
Plan update and certification	<ul style="list-style-type: none"> Review entire plan for accuracy Incorporate lessons learned and changes in policy and philosophy Manage distribution of plan updates 	Annually
Maintain and update Orders of Succession and Delegations of Authority	<ul style="list-style-type: none"> Obtain names of current incumbents and designated successors Update Delegation of authorities 	As needed, or at least Annually
Checklists and Emergency Contacts	<ul style="list-style-type: none"> Update and revise checklists and emergency contact lists Ensure annual update/validation 	Bi-annually
Update roster of Incident Command Team	<ul style="list-style-type: none"> Update information on members of the Incident Command Team 	Annually
Appoint members of the Incident Command Team (This can be pre-established)	<ul style="list-style-type: none"> Update as members of the Incident Command Team change 	As needed
Review and update supporting Memoranda of Understanding/Agreements	<ul style="list-style-type: none"> Review current and new needs Incorporate changes, if required Obtain signature renewing agreement or confirming validity 	When needed

III. Response

UIHS will mobilize the resources and take actions required to manage its response to disasters.

A. Alert and Notification

The Chief Executive Officer will notify key managers that the plan will or may be activated in response to an emergency.

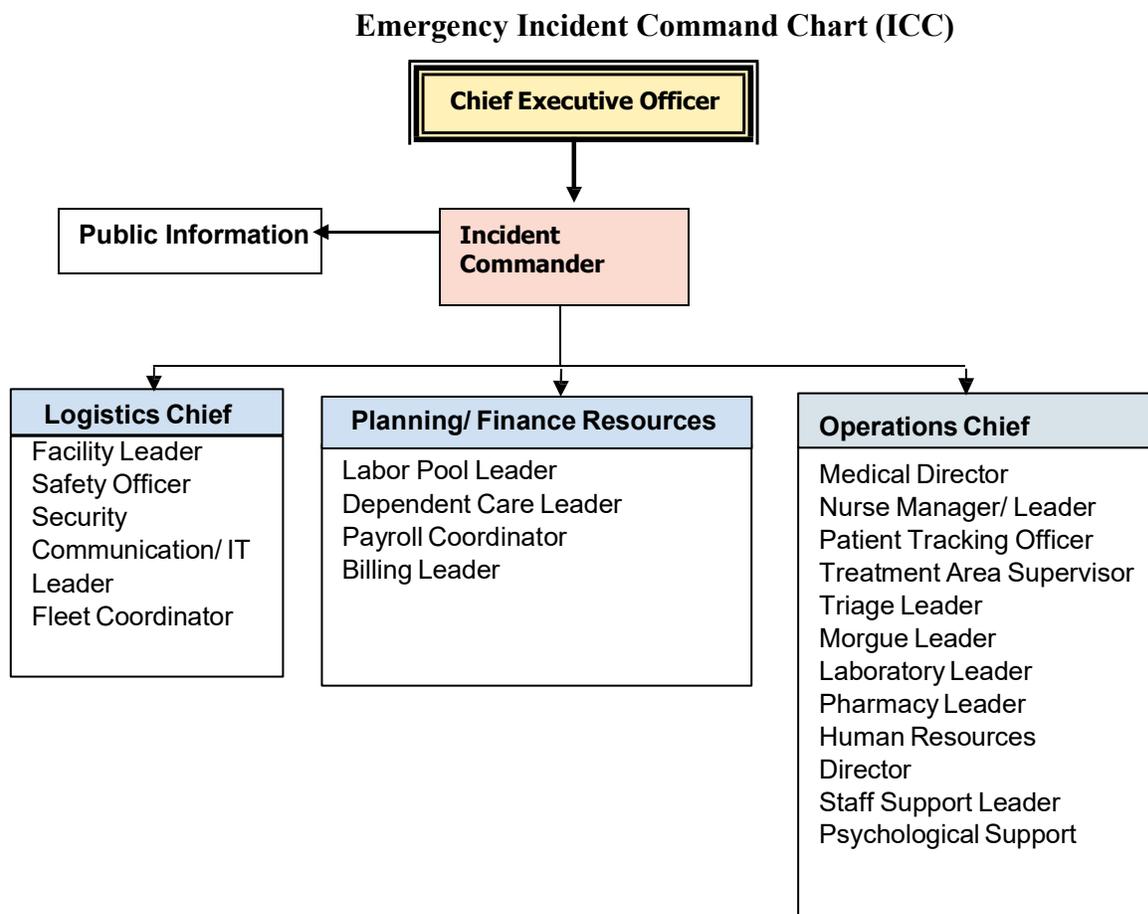
Fires, serious injuries, threats of violence and other serious emergencies should be reported to fire or police by calling 9-1-1. All staff should initiate emergency response actions consistent with the emergency response procedures outlined in (**Attachment D - UIHS**

Emergency Procedures (Flip Chart): Emergency Response Procedures or Attachment D-1 Code SOPs)

If the emergency significantly impacts clinic patient care capacity or the community served by the clinic, the Chief Executive Officer or Incident Commander will notify the County Office of Emergency Services.

B. Emergency Management Organization

The clinic staff will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources utilizing the SEMS format. Under SEMS, an Incident Commander directs the clinic's overall response. The Chief Executive Officer may serve in that role or may appoint another senior clinic manager or clinician to the position.



1. The **Chief Executive Officer** provides guidance and policy direction for the emergency response and recovery strategy assessment. Initiates the Clinic Emergency Incident Command System by appointing the Emergency Incident Commander.

2. The **Incident Commander** oversees the command/management function (command at the field level and management at all other levels). It is the function that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding clinic staff and organizational units.
3. The **Emergency Incident Command System (ICS)** employs three functional sections (operations, planning / finance, logistics) in its organizational structure. A detailed description of staff roles and functions is included in **Attachment A-1, Job Action Sheets**.
 1. **Operations Section** — Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section. (See **Attachment A-1 Job Action sheets and Attachment A-2, Emergency Incident Command System Forms**)
 2. **Planning and Finance** — Collects, evaluates and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; tracks personnel and other resource costs associated with response and recovery, and provides administrative support. (See **Attachment A-1 Job Action sheets and Attachment A-2, Emergency Incident Command System Forms**)
 3. **Logistics Section** — Provides facilities, security, oversees safety logistics, equipment and materials to support response operations. The Logistics Section also manages volunteers and the receipt of donations. (See **Attachment A-1 Job Action sheets and Attachment A-2, Emergency Incident Command System Forms**)

C. Clinic Command Center (CCC)

Management of the response to an emergency will be centralized at **Potawot Health or Village and/or TAA-AT-DVN Clinic in Crescent City**. These location are equipped with telephones, a computer with internet access and ready access to a fax machine and copier, copies of this disaster plan, forms for recording and managing information, frequently used telephone numbers, marking pens, floor plans and alternative communications equipment. Staff potentially assigned roles in the CCC will be trained on emergency operations, and the internal command structure.

D. Additional Supplementing Staff

The Chief Executive Officer Chief Medical Officer, or Nurse Manager of the clinic will activate the clinic's procedures for supplementing staff during a large-scale disaster or public health crisis that results in extending the clinic hours of operation. The type of disaster or public health crisis will determine the minimum number and categories of personnel needed to care for patients. (See **Attachment G -Supplementing Staff in a Disaster or other Emergency.**)

E. Medical Management

1. To the extent possible, patients injured during a disaster will be given first aid by the clinic staff. If the circumstances do not permit treating patients at the clinic, they will be referred to the nearest emergency room unless their injuries require immediate attention.
2. If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 911 will be called and the patient will be sent by ambulance to the nearest emergency room. If 911 services are not available, a request for medical transport will be conveyed to County Office of Emergency Services.
3. Employees, visitors or volunteers who require medical evaluation or treatment will be treated and then referred to their physician for follow-up care. If their injuries are beyond the clinic's capabilities they will be transferred to the nearest hospital in accordance with clinic procedures.
4. When the number of patients exceeds the clinic's capabilities, Chief Medical Officer or designee will activate the clinic's triage and treatment policy. **(See Attachment H, SOP: Triage and Treatment in a Disaster Resulting in an Influx of Patients.)**

F. Increasing Surge Capacity

The Chief Executive Officer, Chief Medical Officer, or Nurse Manager/Leader of the clinic will activate the clinic's procedures for increasing surge capacity when (1) civil authorities declare an emergency or other disaster that affects the community and calls on UIHS to serve in that capacity or (2) clinic utilization or anticipated utilization substantially exceeds clinic day-to-day capacity with or without the occurrence of a disaster. **(See Attachment I, SOP: Increasing Surge Capacity in a Disaster or other Emergency.)**

G. Disaster Behavioral Health

In a major disaster, effective behavioral health response requires the delivery of both clinical and administrative services in ways that differ from services typically provided by behavioral health professionals. The primary objective of disaster relief efforts is to restore community equilibrium. Disaster behavioral health services, in particular, work toward restoring psychological and social functioning of individuals and the community, and limiting the occurrence and severity of adverse impacts of disaster-related behavioral health problems (e.g., post-traumatic stress reactions, depression, or substance abuse). The Chief Executive Officer or Chief Medical Officer will activate the clinic's behavioral health response plan. **(See Attachment J, SOP: Behavioral Health in a Disaster or other Emergency.)**

H. Increased Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and

continued operations. If the clinic management has determined that security is necessary the **Security Officer (See Attachment A-1, Job Action Sheets)** will ensure the following security measures are implemented:

1. Security will be provided initially by existing security services or by personnel under the direction of the Security Officer. Existing security may be augmented by contract security personnel, law enforcement, clinic staff or, if necessary, by volunteers.
2. Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.
3. Supervisors will ensure that all clinic staff wears their ID badges at all times. Security will issue temporary badges if needed.
4. Security staff will use yellow tape and a bullhorn to assist in crowd control, if needed.
5. The Security Officer will ensure that the clinic site is and remains secured following an evacuation.

I. Response to Identified Hazards

General Response to:

1. **Earthquakes** – Drop, Cover and Hold. Go to www.dropcoverholdon.org for videos and advice of how to whether an earthquake in various situations. (See Attachment N: SOP – “Code Black – External Disaster”). Be prepared to assist clients during and after an earthquake.
2. **Wildfire** - Under extreme fire behavior, forest fires are a serious threat to our communities. High winds can feed fires that travel over five to ten miles or further within an hour. In steep terrain, chances of outrunning and surviving an active dependent or independent crown fire (blowup) are very low. In such events, communities or residents may have to be evacuated to safer locations; this is usually a multi-agency effort that includes law enforcement, Fire and Rescue, U.S. Forest Service, and other community service efforts. It is critical that, you follow the directions these professionals may give you during an emergency. UIHS will monitor the County Emergency Services and other outlets to stay up to date on the situation.

Air quality in the clinic and clients homes can be adversely impacted. In facilities that are OSHPD-3 Maintenance will shut down the air intakes and recirculate air within the facility. This will keep the air clean and filtered multiple times per hour. Clinics that do not have an OSHPD-3 system a manual disruption of air in-take will occur with air scrubbers being placed in the clinics. There will be a very limited number of HEPA air purifiers that may be passed out to clients that are severely medically impacted by the air quality in their home. NIOSH rated N-95 masks will be available for staff and clients. These masks are located in UIHS storage in Humboldt and Del Norte counties.

3. Road Failure/Landslides

Highway 101, 199, 299 and 96 are prone to landslides and road bed failure. Before

driving on any roads that may be impacted by snow, landslides or road bed failure check the Caltrans website for road conditions <http://www.dot.ca.gov/cgi-bin/roads.cgi>. The UIHS Safety Officer will also post alerts through the UIHS e-mail system as they come in.

- If you are caught in an active slide and cannot escape, stay in your vehicle and curl into a tight ball and protect your head.
- After a slide watch for associated damages – electrical, water, gas and sewage lines.

(See Attachment N, SOP: Code Black - External Disaster)

4. **Communications Failure** – see section II. Preparedness E. Communications
5. **Informations Systems Failure** - see section II. Preparedness E. Communications
6. **Mass Causality Incident** – A mass causality maybe in the form of an epidemic/pandemic which is when an infectious disease spreads rapidly through the community or an event which could be a result of natural or man-made event (ex. earthquake or plane crash). Response to a mass causality event would be as directed by the County Public Health Departments and the County Emergency Operations Services. The Incident Command Structure (ICS) as outlined in this document would be put into place and followed until the event is resolved. **(see Attachment A-1 Job Action sheets and Attachment A-2, Emergency Incident Command System Forms)**
7. **Domestic Violence** – Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. UIHS screens all clients for domestic abuse. If an employee suspects a client is a victim of domestic violence notify the Behavioral Health Section. Individuals who identifies themselves or have been identified by a UIHS employee as a victim of domestic violence or sexual assault will be assessed for safety and offered assistance in implementing a safety plan. **(see Attachment O, SOP: Domestic Violence and Sexual Assault Prevention)**. There are times domestic violence situations arise within the clinic. It is often in the form of an upset partner that may use verbal or physical threats against their partner or an UIHS employee. If a combative person is on UIHS grounds call a Code Green **(see Attachment N-1, SOP: Code Green – Combative Person)**. It is important to always keep locked doors closed and locked. The abused partner can be brought in an area behind locked doors. Call for security to assist or if need be call 9-1-1 and have the authorities handle the situation. Always fill out an Incident/Accident form after a situation like this.

Unfortunately children can be used as a tool in domestic abuse. Either they are abused or in the case of guardianship issues the partner without guardianship may try to gain access to the child or kidnap them. If a child appears to be

missing or abducted call a Code Yellow immediately (**see Attachment N-2, SOP: Code Yellow – Abduction/Missing Person, Infant or Child**).

8. **Client threatening violence** - People who come to UIHS may have physical, emotional or spiritual pain. This can cause people to act out in a threatening manner. Steps to take when being threatened are:
 - A. **Gauge the urgency of the threat.** Decide how certain you are that the threatening person will follow through on his or her words. There is a wide margin between a person yelling at you and a person standing in front of you holding a knife. The way that you react will necessarily depend upon the immediate danger of the situation.
 - B. **Evaluate the situation.** If the threat is immediate, then quickly put a locked door between yourself and the threatening individual and call a Code Green: Combative Person (**see Attachment N-1, SOP: Code Green – Combative Person**) or if they have a weapon call a Code Silver: Weapon (**see Attachment N-3, Code Silver: Weapon**) and call 9-1-1.

If the threat is more abstract, then try to get a clearer picture of what exactly is going on.

- C. **Talk to the person.** Stay calm and speak to the person softly. Try to calm them down and find out what you can do to help them. If someone is close by have them call a Manager or Security to assist.

IV. Recovery

This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

J. Deactivation of Emergency

The Chief Executive Officer or designee will call for deactivation of the emergency when the clinic can return to normal or near normal services, procedures, and staffing. Post- event assessment of the emergency response will be conducted to determine the need for improvements.

K. Establishment of an Employee Support System

Human Resources will establish employee support systems as needed. Human Resources will coordinate critical incident stress debriefing sessions and transition to employee assistance programs as needed. The clinic recognizes that clinic staff and their families are impacted by community-wide disasters. The clinic will assist staff in their recovery efforts to the extent possible.

L. Account for Disaster-Related Expenses

The Chief Fiscal Officer will account for disaster related expenses. Documentation will include: direct operating cost; costs from increased use; all damage or destroyed equipment; replacement of capital equipment; and construction related expenses.

M. Restoration of Services

UIHS will take the following steps to restore services as rapidly as possible:

- If necessary, repair clinic facility or relocate services to a new or temporary facility.
- Replace or repair damaged medical equipment.
- Expedite structural and licensing inspections required to re-open.
- Facilitate the return of medical care and other clinic staff to work.
- Replenish expended supplies and pharmaceuticals.
- Decontaminate equipment and facilities.
- Attend to the psychological needs of staff and community.
- Follow-up on rescheduled appointments.

N. After-Action Report

UIHS will conduct after-action debriefings with staff and participate in consortium and operational area after-action debriefings. The clinic will also produce an after-action report describing its activities and corrective action plans including any recommendations for modifying procedures, additional training and improved coordination.

V. Emergency Drills and Training - Disaster Drills, Table Top And Functional Exercises

Scheduled and unscheduled disaster drills test emergency response plans in advance of a disaster to reduce problems or mistakes that can occur in a hazardous setting. Drills can will take place at each individual site and may or may not involve outside agencies.

Scheduled Tabletop exercises test the administrative and procedural process of emergency operations. The objective of safety drills and Table Top/Functional Exercises will be to:

- clarify roles and responsibilities
- evaluate plans and procedures
- develop teamwork
- enhance individual skills
- access resource capabilities
- identify needs

- create solutions
- obtain feedback
- implement needed changes

Drills will take place quarterly (see **Attachment P: Safety Drill Calendar, Attachment P-1: Annual Safety Drills/Exercise Tracking Form/ and Attachment P – 2: Emergency Drill Sign-in Sheet**). Post drill assessments will be kept by the Safety Officer.

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P-2: EMERGENCY DRILL SIGN-IN SHEET

Section 5: TSUNAMI MAPS – HUMBOLDT AND DEL NORTE COUNTIES

Section 6: CLINIC SITE EVACUATION ROUTE MAPS