



# Emergency Preparedness and Continuity of Operations Plan

**Instructions** 

### I. PURPOSE

The purpose of this plan is to protect the health and well-being of patients, employees and clients of (your practice name here) during times of disaster. In addition, this plan is designed to provide for the continuity of operations during the post-disaster period.

# **II. SITUATION AND ASSUMPTIONS:**

This section provides more focus than the general purpose statement provided above. You will need to identify the hazards the plan are intended to address. You will be able to use the hazards your county has identified in the County Emergency Response Plan. You will need to delete those hazards which will not impact animals and add additional hazards which are unique or may be isolated to your practice. In addition you will provide information on items you are assuming to be true as you write the plan. An example is provided below:

The hazards identified in your county's Animal Issues Plan are also the hazards for which this plan is written. In addition, hazards specific to this practice are considered. These include fire, theft, flooding, and traffic and industrial accidents near our location. Our average daily patient population is as follows: This plan is written from a worst-case scenario, which in our county is a hurricane. Our assumptions are as follows:

- A. A plan written for a worst case scenario will provide ample protection for smaller-scale disasters.
- B. Our practice will likely be damaged during the disaster.
- C. Partners and personnel will have personal issues which they need to deal with.
- D. Our facility will be at maximum capacity in terms of hospitalized patients at the time of disaster.
- E. Efforts will be made to discharge or transfer patients to other facilities prior to the disaster.
- F. There will be no local, regional, state, or federal assistance in evacuating our hospital.

### A. Meeting Locations

This section is for the purpose of identifying a location outside of the practice for all employees to meet and a location for local patient evacuation if the practice has to be evacuated on short notice. You may consider selecting two local patient evacuation locations, with one being down-prevailing and one upprevailing winds. Examples of locations which may be suitable as a patient evacuation location includes a colleague's practice or the local fairgrounds. In addition you should identify a more distant patient evacuation location for instances (examples include hurricanes, floods, etc.) when your county is evacuated. Again a colleague's practice located in another county may be a good choice. The important issue to consider when choosing a location is its suitability for continuing patient care for those animals which cannot be discharged. Provide addresses and contact information for all locations. We also recommend that you provide details on the appropriateness of the location for continued patient care.

### B. Employee Information

List all partners, associates, and employees, their contact information, and if they have a personal preparedness plan for their own families. Requiring all involved in the practice to have complete and up-to-date personal preparedness plans will help to insure that all team members will be available and ready to focus on getting your practice through the emergency situation.

# C. Hospitalized Animals

This section should be used to identify all animals in your hospital at the time of the emergency. If you have an electronic medical records system with a patient census option then you should specify that it will be printed out at the time of the emergency. It is also a good idea to print out a daily patient census and have one member of your hospital team take it home with them at the end of the day. This will allow complete patient information to be available should an emergency develop during non-operational periods. If you do not have an electronic medical records system then a table should be added here. The table should include a minimum of patient i.d. and name, a description of the patient and the owner's name and contact information. You may also want to separate the animals into groups to guide transportation requirements. For example, ICU and post-operative patients will likely require staff capable of taking care of their medical needs during transport. Patients that are in the hospital for non-emergent procedures or boarding will require a lesser degree of support during transport. In addition you should identify a team member to populate this table with the information as soon as an emergency or disaster situation is apparent.

D. Other Important Numbers	
Description and Name	Telephone Numbers
Sheriff	
Local Animal Control	
Gas Provider	
Electrical Provider	
Alarm Company	
Emergency Management Coordinator	
Emergency Animal Hospital	
Building Contractor	
Telephone/Internet Provider	
Pharmaceutical Supplier	
Texas State Board of Veterinary Examiners	

# **III. CONCEPT OF OPERATIONS**

### A. Operational Timeline

In this section, define when you practice emergency response and continuity of operations plan will be initiated. For emergencies confined to your place of business or in your community, such as an evacuation for a chemical spill or other hazard, it will be as soon as the emergency situation is apparent. For other situations for which you will have warnings, define the timeline of operations. For example, if your practice is in an area where tornadoes or floods are common, you may specify that certain parts of the plan be instituted when a watch is ordered. The plan is then escalated if and when a warning is ordered. According to the National Weather Service, "a watch lets you know that weather conditions are favorable for a hazard to occur. It literally means "be on guard!" During a weather watch, gather awareness of the specific threat and prepare for action - monitor the weather to find out if severe weather conditions have deteriorated and discuss your protective action plans with your family and hospital team members. A warning requires immediate action. This means a weather hazard is imminent - it is either occurring (a tornado has been spotted, for example) - or it is about to occur at any moment. During a weather warning, it is important to take action: grab the emergency kit you have

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prepared in advance and head to safety immediately. Both watches and warnings are important, but warnings are more urgent". If you live in a coastal community, you will want to define timelines which provide ample opportunity for the hospital and the families of your partners, associates and employees to be protected. Evacuating animals, particularly large animals, requires a significant amount of time and effort. Your plan may need to be instituted at H+72 or earlier. The Texas Animal Health Commission defines H hour as "the time, during tropical storm/hurricane events, when tropical storm force winds (approximately 39 mph) reach the Texas coastline. (This is not the time when the actual eye of a hurricane reaches the Texas coast.)" Therefore, H+72 hours is 72 hours prior to the expected time of development of tropical storm force winds.

# B. Patient/Animal Discharge Procedures

In this section, provide your practice philosophy on admitting and discharging patients when faced with an impending disaster. For example, if you practice in a coastal community, will you accept animals from people who are evacuating? Will you attempt to either discharge animals to their owners or transfer animals requiring continuing veterinary medical supervision and care to an inland practice? If your plan is to not accept any new admissions, discharge all patients able to be cared for by their owners, or transfer more critical patients to inland clinics, then provide your mechanism for informing clients of these procedures and how they will be implemented.

# C. Employee Notification

Provide the mechanism for contacting all members of your hospital team in this section. You will want to avoid having one person contacting all other team members. You may wish to consider establishing a calling tree. A calling tree is a pre-defined mechanism for contacting all members. It can be as simple as a list where each person is responsible for calling the next person on the list. Another option is having one veterinarian responsible for calling all of the veterinarians, one technician responsible for calling all technicians, etc.

# D. Patient Relocation

In this section, detail how your patients will be relocated to the local or regional patient evacuation locations provided above. This should be a detailed part of your plan and include who is responsible for this part of the plan, notification of patient owners, address maintenance of continuity of patient care, and define what all will be needed to accomplish the task. Maintenance of continuity of care will require that medical records and necessary pharmaceuticals and equipment be available at the evacuation location and provisions for providing veterinary medical assistance to critical patients during transport. It will also require that effective patient identification be maintained particularly if you will be transferring care to another veterinarian. Issues to consider when detailing what will be needed to accomplish the task should include go-packs with medical equipment, pharmaceuticals and supplies appropriate for your patients and boarding animals, the vehicles or transportation method to be used, personnel and equipment required for transfer of patients from your hospital to the transport vehicle, confinement of animals during transport, and personnel and equipment for transferring patients from the transport vehicle to the evacuation location. In addition, this part should also include providing for the nutritional support of patients at the evacuation location.

# E. Patient Identification

Provide your method of patient identification here. This can be based on the system typically used in your practice as long as the method supports identification during evacuation. If your current system does not provide continuity of identification during evacuation, then you will need to develop a system for use during emergency situations. This can be as simple as numbered collars, tags, identification cards on kennels or, paint brands (large animals). Limiting animal ID to stall or kennel cards is not recommended as it does not guarantee the same level of continuity of animal identification as a system based on the animals having their ID attached to or applied on them. If you are using a system relying on identification cards on kennels or stalls, then you will need to insure that the transfer of cards occurs simultaneously with the transfer of animals.

### F. Medical Records

In this section, define how your medical records will be preserved in cases where your practice building is damaged or destroyed. If you are using an electronic medical records system, automatic back-up of your medical records to an off-site server or location may occur automatically. In cases where this does not occur, then you will need to develop back-up protocols which include off-site storage. Preserving paper-based medical records systems is more difficult as it will require physically carrying your medical records off-site in cases where evacuation is required.

# G. Inventory

Maintaining a complete inventory of all of your equipment, supplies, and pharmaceuticals is a key component of continuity of operations. Your inventory should include date of purchase, serial numbers, and purchase prices. Having copies of invoices from the time of purchase will also be helpful. An additional step to take is either videoing or photographing your hospital. Having a complete inventory with supporting invoices, video or photographs will assist in filing insurance claims if your hospital is destroyed.

### H. Cash, Financial Instruments, and Financial Transactions

In this part of your plan, you should detail how you will support required hospital operations during emergency situations. Having a secure supply of cash may prove helpful, particularly if electronic financial methods are unavailable. You should plan for the security of your credit cards and the ability to accept credit cards in locations remote from your practice.

# I. Insurance

The insurance section of your emergency preparedness and continuity of operations plan should begin with annual reviews of your hospital operations with your insurance agent. Your agent will be able to guide you on maintaining appropriate levels of coverage and obtaining any additional riders. In this section you should also provide a list of insurance of your insurance policies, policy numbers, name of the insurance agent(s) and contact numbers. In addition these policies should be physically protected by maintaining copies in a water and fire-proof safe or a secure off-site location such as a safety deposit box. In addition, copies of your insurance policies should accompany you as you evacuate your location.

# J. Continuity of Operations (Your facility with limited infrastructure)

This section should define how you will maintain operations in your hospital with limited infra-structure. Examples of limited infra-structure include loss of electrical power or water supply. Factors to consider include emergency generators, a stockpile of water and food for patients and employees, and maintaining an acceptable working temperature in your hospital. If your plan includes owning emergency generators then emergency generator selection should be done with input from an electrician. This will insure that the unit you select will accomplish what you want. You will also need to plan for maintaining a fuel supply for the generator. We recommend having enough fuel for a 5-7 day period. You will also need to detail the steps you will take to insure that your generator will actually perform when it is required.

### K. Continuity of Operations (local facility other than your practice)

Your approach to this section of the plan will be dependent on the type of facility chosen for your local evacuation point. If your local evacuation point is a non-veterinary medical facility, you will need to plan for all that is needed for you to provide patient care in your temporary facility. You will also need to decide on the level of veterinary care you will provide. This plan should detail the source of your equipment, supplies, and pharmaceuticals, your method of patient confinement, maintenance of medical records, security of controlled pharmaceuticals, and methods used for financial transactions. In a sense, you will have to go through the entire process of planning and designing a clinic in the temporary facility. If your local evacuation point is at a colleague's facility, you will need to detail how clients will be handled (will you each only see clients who have traditionally come to your practice), the pricing structure to be used, inventory control, and use of employees. This section of the plan should be developed jointly with your colleague and be as exhaustive as possible in preventing potential points of conflict.

### L. Continuity of Operations (regional facility other than our practice)

Your approach to this section should be the same as that used in the section above.

# M. Security (to include fire protection and hazardous material security)

In this section, detail how you will secure your facility in emergency situations. You should approach this from two different perspectives. First, what steps will you take to provide structural security during an emergency? Examples may include installing storm shutters or placing plywood over windows, securing all outside items which may become projectiles in high winds, and locking gates and doors. Additional steps to consider include installing alarm systems and notifying law enforcement officials when you are evacuating the premises. An additional area to define is how you will maintain appropriate control of your controlled drug inventory. You should also provide plans for securing any hazardous materials that are present in your practice environment.

You will also need to detail the security considerations required if you are evacuating to a temporary facility. Planning for the security of your employees, patients, and inventory is always important. In disaster or emergency situations, this will likely be even more important. Establish rules such as no employee travel alone, insure that your management of controlled drug security conforms to an applicable laws, and detail your procedures for releasing patients to their owners.

# IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Provide an organizational structure which will be used while your plan is in operation. This should include providing a list of partners, associates, and employees with assignment of specific responsibilities for each person.

# **V. ADMINISTRATION AND LOGISTICS:**

# A. Financial Tracking and Documentation

In this section, define how you will track and document expenses associated with the emergency situation. Identify the specific person(s) responsible for this task.

# B. Nutritional Support (patients and employees)

Provide details of how you plan to meet the nutritional needs of your patients, partners, and employees during the disaster. This should include plans for being completely self-sufficient for a 3-5 day period. Identify the specific person(s) responsible for coordinating this task.

# C. Housing and Sanitation (patients and employees)

Provide details of how you will meet the housing needs of patients and employees during the emergency period. Again, you should plan for being self-sufficient for a 3-5 day period. Identify the specific person(s) responsible for coordinating this task.

# D. Pharmaceuticals and Medical Supplies

Provide your plans for replenishing your stocks of pharmaceutical and medical supplies. Identify the specific person(s) responsible for coordinating this task.

# VI. PLAN MAINTENANCE

Define how you will keep this plan current and who will be primarily responsible for accomplishing this task. Identify the specific person(s) responsible for coordinating this task.