

Half of your  
volunteers and  
staff are home ill  
from a pandemic  
flu outbreak....  
the other half of  
your volunteers  
and staff are afraid  
to come to work.

You receive a late-  
night call that your  
building has  
received significant  
storm damage...  
your agency is  
forced to close for  
several days.

Your clients are  
relying on your  
services...

*would your organization be prepared?*

# EMERGENCY PREPAREDNESS GUIDE for COMMUNITY BASED ORGANIZATIONS

If you need this material in an alternative format please call the Minneapolis Health Department at (612) 673-2301 or email [health@minneapolismn.gov](mailto:health@minneapolismn.gov).

Deaf and hard-of-hearing persons may use a relay service to call 311 agents at (612) 673-3000.  
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## Emergency Preparedness Plan

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**Name of Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Web site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Date plan was created:** \_\_\_\_\_

**Plan approved by:** \_\_\_\_\_

**Plan Review:**

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

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## Foreword

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This Emergency Preparedness Plan template was compiled by the City of Minneapolis Health Department to facilitate preparation plans for community based organizations providing services to at-risk populations. We define at-risk populations as those for whom a traditional emergency response system would not work effectively or for whom additional help may be needed as a result of the disaster. This may include individual with functional needs. The functional needs, referred to as CMIST, include the areas of communication, medical, independence, supervision and/or transportation.

Funding for this project was made available by a federal grant for public health emergency preparedness from the Centers for Disease Control.

*This template and the material included should be considered as informational only and are not meant to convey legal advice or counsel. Agencies should involve their legal counsel to advise and assist them in the development of an emergency preparedness plan that meets their specific obligations under laws and regulations governing their programs.*

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*Funding for a portion of this project was made available by a federal grant for public health emergency preparedness from the Centers for Disease Control and Prevention.*

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## GENERAL EMERGENCY PREPAREDNESS

### Introduction

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Some individuals may be more vulnerable in emergency situations, and may rely on the services you provide. The best thing your organization can do in an emergency situation is to continue providing services to your clients – you are the most qualified and trusted. Emergency preparedness planning will increase the likelihood that your organization will continue to be reliable in time of disaster or crisis.

### Emergency vs. Disaster

An emergency is defined as an unforeseen combination of circumstances, resulting in a state that calls for immediate action or an urgent need for assistance or relief. Large-scale emergencies are usually considered disasters.

An emergency can be a temporary disruption of services due to a short power outage, a longer-term situation causing an organization to relocate due to substantial building damage or even a larger scale, city-wide or regional emergency. Depending on the magnitude of the event, services may be provided as usual, services may need to be altered temporarily or, in extreme situations, services may be re-located or even discontinued. In any type of event, the goal is to have plans in place that will:

- minimize damage
- ensure the safety of staff and clients
- protect vital records/assets
- allow for self-sufficiency for at least 72 hours
- provide for continuity of operations

### Emergency Management

Before getting started, it is important to be aware of basic emergency management. Emergency management is made up of four basic activities:

1. **Mitigation** – any activity that is undertaken before a disaster strikes to eliminate or reduce the possibility of an emergency or the impact an emergency may have on a community or facility. Example: if subject to frequent power outages, installing a generator.
2. **Preparedness** – planning and getting ready to handle a disaster when it strikes. Example: stockpiling resources for evacuation and sheltering-in-place.
3. **Response** – all activities undertaken at the time of an emergency to save lives and property and reduce injuries. Example: evacuation.
4. **Recovery** – activities undertaken to return things back to normal after response activities have subsided. Example: repairing a damaged building.

## Tailoring this Template

Given the wide range of sizes of community-based organizations and the services they provide, one preparation checklist will not fit all needs. Choose the areas in this packet that fit your organization, based on the clients you serve and services you provide. The forms may be shortened, expanded and altered to fit the specific needs of your organization. Or you may want to include information unique to your organization not provided in this packet. There are many resources available to develop a more comprehensive plan. The focus of this template is to help ensure that basic needs are covered by providing a starting point for emergency preparedness planning or a supplement to current plans

Developing a plan may seem overwhelming at first. You may consider

- determining what parts of the template pertain to your organization.
- putting together a planning team.
- dividing up the tasks among various staff members, volunteers/board members.
- set goals to get the plan completed one step at a time.

Once completed

- have the plan available for all staff to become familiar with it.
- keep the plan easily accessible to all.
- practice and test it to ensure that the systems you've put in place work. In addition to the fire and severe weather drills you routinely do, set up different scenarios as well.

*Example: due to a severe storm, the power is out and is expected to be out for several days. Taking into account that some land line phones will not be working in a power outage, practice your calling tree to inform staff of alternate plans.*

From this you can learn what works and what doesn't work and make adjustments accordingly.

- update regularly as staff and programs change.
- include a review of the plan in new employee orientation.

## Possible Emergencies

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### [Form 1 >>](#)

One of the first steps in developing an emergency preparedness plan is to think ahead and determine what could go wrong. While it is impossible to plan for every possible event, it is important to look at what the probability is of a specific event happening, and the risks that it would cause. In reviewing each event, consider the following:

- Historical information – has this happened before?  
*Example: frequent power outages*
- Geographic location – is your area prone to a certain type of disaster?  
*Example: flooding*
- Human error – what emergencies could be caused by employees?  
*Example: poor training*
- Physical plant – does the facility enhance safety?  
*Example: properly stored toxins and combustibles*

Upon completion of this checklist, you may find areas where there are things you can do now to mitigate or reduce the risk of an emergency or minimize the damage.

## Personnel

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### [Forms 2-6 >>](#)

Designate one person as the crisis manager ahead of time to be in charge in an emergency situation and **make decisions**. Consider having backup crisis managers (at least 3 deep) in case the first designee is unavailable in an emergency. These people must be familiar with the organization and very familiar with the plan.

You may want to adopt the **Incident Command System**. The state of Minnesota has adopted ICS (Incident Command System) as a framework of NIMS (National Incident Management System) for emergency situations. This essentially involves a larger chain of command with the **incident commander** (the person in charge), delegating to people in charge of the specific areas of **operations** (the person who does the work), **planning** (the person who gathers information and keeps everyone in the know), **logistics** (the person who gathers the resources) and **finance** (the person who tracks all activities and costs). Your crisis manager may be considered the incident commander. For training on NIMS and the Incident Command System, visit: <http://training.fema.gov/emiweb/is/is100b.asp>.

Because it may be necessary to call staff, volunteers and board members during non-business hours, information on these individuals must be readily available and updated, with any private information kept confidential. In addition to basic contact information, you may want to know their ability to work additional hours if needed and what they are trained and licensed to do (e.g. are there retired nurses on the board?). In organizations with a larger number of employees and volunteers, it may be helpful and more efficient to have a calling tree to divide up the calling responsibilities.



## Communication

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### [Forms 7-8 >>](#)

There may be an instance where you will not be able to get to your building or get into it. Keep directions on hand for how to access both voicemail and email remotely. If phones aren't working, you may want to have a plan in place to inform staff to tune to a specific radio or television station, or to meet at a specific location. Consider the loss of service for land line and/or cellular phones.

## Services and Functions

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### [Forms 9-12 >>](#)

In an emergency situation, review all the services your organization regularly provides and determine the following:

- If providing more than one service, which critical services must be maintained and which are less critical services that can be suspended temporarily. *Example: educational classes may be suspended but the meal program needs to stay functioning.*
- Your ability to provide additional services to your clients. *Example: in addition to providing meals, would you be able to provide transportation? If not, to whom would you refer clients if they need this service because of an emergency?*
- Your ability to take on new clients. *Example: should a program similar to yours no longer be able to provide services, can you take on their clients and what adjustments would be needed (additional equipment, supplies, volunteers)?*
- If you are not able to provide your most critical services, do you have agreements with similar agencies to provide back up services or with whom you could share resources - including volunteers? *Example: corporations, neighborhood or faith-based organizations. Network and develop these relationships before an emergency situation arises and have agreements in place.*

## Record Storage/Backup

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### [Forms 13-14 >>](#)

Record storage and backup are key to an organization's survival. If your building becomes inaccessible, having this information will be critical in resuming operations since these are the things you might need to get you back in business. Preparation may include storing important documents in a fireproof box or safe deposit box and backing up electronic records and storing at another location.

## Emergency Contacts

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[Forms 15-18 >>](#)

Client emergency numbers should be readily available and updated in a manner that **ensures confidentiality**. Rather than the attached form, you may use a database printout or whatever system your organization uses to maintain client information. This form may be adjusted to include the information most pertinent to the clients you serve (e.g. the degree to which they are dependent on your services).

Key contact numbers should be available for easy reference. These range from public utility phone numbers, fire/police to media and other non-emergency numbers. You may find this useful to have on hand even for non-emergency situations. Keep a list of vendors on whom you rely to provide your services (e.g. food or medical suppliers) with a list of backup vendors in the event your usual vendors' services/products are unavailable. Also include anyone with whom you contract with or regularly do business (e.g. therapists, consultants, food vendors).

## Physical Plant

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[Form 19 >>](#)

Sketch your facility and note the emergency resources so that everyone is aware of their location and post in an accessible location.

## Evacuation

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[Form 20 >>](#)

Predetermine a location where everyone can go in case an emergency requires evacuation during business hours. If you provide services to clients on site, take into account functional and needs as well as transportation arrangements.

## Extended Relocation

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[Form 21 >>](#)

If your current location is to be inaccessible for an extended period of time, identify a pre-determined alternate location and have an agreement in place ahead of time.

## Shelter-in-Place

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[Form 22 >>](#)

Shelter-in-place means that you stay inside. Severe weather or an event (intentional or accidental) that releases contaminants (chemical, biological or radiological) into the air may cause a shelter-in-place emergency. Authorities will issue a shelter-in-place emergency when necessary. It is important to listen to authorities for directions based on the specific event.

## Disaster Supplies Kit/Go-kits

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[Form 23 >>](#)

Items in your disaster supply kit may include but are not limited to those listed on the form. The disaster supply kit may be adjusted to meet the needs of your agency. Have another disaster supplies kit (go-kit) available for evacuation.

## Individual/Family Emergency Preparedness

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### [Form 24 >>](#)

Your staff is more likely to be available to respond in emergency situations if they know that their family members are safe and being taken care of. Encourage staff to have their own emergency preparedness plans. Encourage clients to prepare, as well. Make copies as necessary for each family member. For more information on individual and family preparedness, please visit [www.minneapolismn.gov/health/preparedness/index.htm](http://www.minneapolismn.gov/health/preparedness/index.htm), [www.redcross.org](http://www.redcross.org) and [www.ready.gov](http://www.ready.gov).

## Drills and Exercises

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### [Form 25 >>](#)

In order for plans to work in an emergency, they must be implemented and practiced regularly. If the plan sits on a shelf until the moment a disaster strikes, the chances of your staff knowing what to do, how to access the plan and how to implement it are limited.

Training and regular exercises will ensure that your plan will be followed when an emergency occurs. Track and document training requirements for staff and their participation in training and exercises. This may include First Aid, CPR, fire drills, etc.

## PANDEMIC FLU PREPAREDNESS

### Introduction

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Pandemic planning is significantly different than other all-hazard planning. Instead of loss of physical structures, we are faced with reduction of workforce and significant human health concerns in the workplace environment. **Due to the unique nature of planning for pandemic influenza or other infectious disease outbreaks, this section has been developed to supplement and build on an existing all-hazards plan.**

This portion of the guide was originally compiled in 2006 by the Emergency Preparedness for Community Based Organizations (CBO's) Workgroup to facilitate preparedness plans for community-based organizations providing services to at-risk populations during a pandemic. The Workgroup included representatives from the Minneapolis Health Department, Minnesota Department of Public Safety Division of Homeland Security and Emergency Management, Catholic Charities of St. Paul and Minneapolis, Minnesota Voluntary Organizations Active in Disaster, Second Harvest Heartland and Greater Twin Cities United Way 2-1-1. It has been updated in consultation with Hennepin County Public Health Emergency Preparedness and other community partners.

### Influenza Background

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A pandemic occurs when a disease spreads rapidly, affecting most countries and regions of the world. Influenza pandemics have occurred periodically throughout history including a major pandemic in 1918 and smaller pandemics in 1957, 1968 and, more recently, the H1N1 pandemic in 2009. It's important to remember that each pandemic is unique, occurring at any time and varying in severity. To be fully prepared, planning should be guided by the Pandemic Continuity of Operations Assumptions in this section. As we experienced with 2009 H1N1 Novel Influenza, influenza vaccines typically aren't available for six months or more after a pandemic starts and vaccines, as well as antiviral drugs, may be in limited supply.

Influenza viruses are constantly changing, producing new strains. An influenza pandemic occurs when a virus emerges that is so different from previous strains that few, if any, people have immunity. This difference allows the new virus to spread widely and rapidly - potentially affecting millions of people worldwide. There are differences between seasonal, avian and pandemic influenzas.

### Seasonal Influenza

- Occurs every year from October to April.
- For most previously healthy people, seasonal influenza is an unpleasant but not usually a life-threatening infection. However in the United States, on average, tens of thousands die from flu each year.
- Annual vaccine is available.
- Antiviral drugs are available to treat those at special risk.

## Avian Influenza

- Caused by influenza viruses that occur naturally among wild birds.
- Can be transmitted from birds to humans, however, this transmission does not usually occur easily and generally happens through very close contact with birds.
- Is being closely monitored.

## Pandemic Influenzas

- Are novel strains that few, if any, people are immune.
- Can occur at any time of the year.
- Cause people of every age to be at risk of serious illness.
- Vary in severity.
- For information on any developing pandemic or other public health emergency, please refer to the Minnesota Department of Health Website at [www.health.state.mn.us](http://www.health.state.mn.us).

Vaccination against seasonal influenza will not protect against pandemic influenzas. However getting your annual flu shot is one of several things you can do to keep yourself healthy.

## Pandemic Continuity of Operations Assumptions

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- Will have world-wide impact, varying according to the severity of the pandemic.
- Generally occurs everywhere at the same time in the nation and the world, preventing reallocation of resources.
- May exceed the capacity of all existing support systems for multiple waves of several weeks' duration.
- Impacts everyone. The Centers for Disease Control and Prevention estimates that in the U.S. up to 200 million people may be infected during a severe outbreak.
- May cause up to 30 percent of the workforce to be too sick to come to work at some point during a pandemic. Rates of absenteeism could be driven to 40 percent during the peak of a severe outbreak due to employee illness or absence to stay home to care for family members or avoid infection at work. Lower rates of absenteeism will occur before and after a pandemic wave when employees may stay home to care for family members or out of fear of infection at work.
- Emergency response systems will not be able to assist all individuals during a severe pandemic.
- Pre-pandemic preparedness is essential for a successful continuity of operations.
- Assistance from outside organizations will be limited during a severe pandemic.
- Isolation and quarantine recommendations will be made by the Minnesota Department of Health.
- Hospitals and clinics may be overwhelmed by the number of people needing care.

- Families may need to assume responsibility for the care of family members with mild to moderate influenza symptoms in their homes due to a limited availability of the healthcare workforce.

## **Organizational Preparedness**

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Advance planning will be critical to protect employees' health, limit negative economic impacts and ensure the continued delivery of essential services such as food, medicine, water, power supplies and critical services to customers. Government alone will not be able to provide answers to all issues facing companies in the event of a pandemic.

### **Issues to be addressed by every organization include:**

- How will you maintain business operations with up to a 40% reduction in your workforce?
- How will you cope when the other businesses and suppliers you rely on experience the same absentee rates?
- How will you adapt to disruptions in the supply chain for the materials, goods and services you require?
- How can return to work and agency policies be adapted to control the spread of this virus among employees?
- How will you limit the economic impact of a pandemic flu on your organization?

### **Service Continuation Plans for a pandemic should include:**

- Identification of essential business functions (and the core people and skills to keep them operational) and measures to ensure that these are backed up with alternate arrangements.
- Mitigation of business/economic disruptions, including possible shortages of supplies.
- Minimizing illness among employees, vendors, and customers.

## **Pandemic Flu Committee/Coordinator & Response Leadership**

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### [Form 26 >>](#)

Establish a Pandemic Flu Coordinator and/or Committee to prepare your organization. This group may be comprised of key department heads (human resources, information technology, finance, program managers, safety or risk management, health care personnel, and facilities management). Discuss and document who will oversee the activation and implementation of the organization's pandemic flu response plan. The pandemic flu coordinator may or may not be the same as the designated crisis manager for a pandemic or for other all-hazards emergencies (*See details in your Emergency Operations Plan*).

## Pandemic Flu Committee Responsibilities

The Pandemic Flu Committee will be tasked with developing priority service goals.

### Roles of the Pandemic Flu Committee

Ensure that:

- Each work unit understands its responsibilities detailed in the pandemic flu plan.
- Employees receive information about pandemic influenza, including information regarding how to prevent transmission of the virus with hand hygiene, workspace cleaning, and social distancing via brochures, newsletters, global emails, employee notice boards, and information included with pay stubs.
- Workers are cross-trained for Priority Service, Levels 1 and 2 to increase capacity. (Please see Prioritization of Services on pages 52 to 54.)
- Adequate supplies of tissues, hand hygiene products (e.g., soap and water, paper towels, alcohol-based hand rubs), cleaning supplies, and surgical masks (for people who become ill at work) are available for employees.
- Visual alerts with key infection control messages (hand hygiene, covering coughs and sneezes, and social distancing) are posted in the workplace (including entrances, notice boards, conference rooms, break rooms, and restrooms). For materials, please see: <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/>
- Shared work areas such as desktops and tables, and frequently touched surfaces such as door handles, stair rails, etc., are cleaned and disinfected at least between shifts or more often if possible. Specialized cleaning solutions are not needed. Routinely used cleaning products (EPA-registered disinfectants, bleach solution) may be used.

## Prioritization of Services and Workforce

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[Forms 27-29 >>](#)

A pandemic will impact the ability of many organizations to provide products and services while demand for those products and services will increase. Organizations may also have to plan to provide additional services.

Below are definitions of priority service levels that the State of Minnesota and Hennepin County have used for their pandemic preparedness planning.

Organizations may assign a priority level to the services and the activities within the services that the organization provides. It is expected that even priority one and two services may have components that could be suspended or modified during the peaks of a pandemic.

Consider the following factors when determining priority service levels for their programs:

- Health, welfare and safety of employees and customers.
- Economic and safety impacts of not providing service.
- Whether users of the service are high risk, at risk or low risk persons.
- Ability to provide services during a pandemic.
- Availability of alternate methods of delivering products and services.

In 2007, the State of Minnesota Homeland Security and Emergency Management (HSEM) described four priority levels for guiding planning decisions for continuation of services during a pandemic and updated those definitions in 2009. The State Department of Human Services used the same priority definitions.

Hennepin County government and its Human Services and Public Health Department adopted priorities that are enhancements of these definitions to help guide county human service providers that do not exactly fit the definitions developed by the State.

### **HSEM Level One**

- Immediate threat to public health, safety or welfare. Generally, these would include agencies and facilities that operate 24 hours a day and/or 7 days a week.
- These are activities that must remain uninterrupted or be performed every few hours during an event to prevent an immediate negative impact.
- Services that, if not provided, would result in risk of imminent death or harm. This also includes supportive services needed to maintain Priority One services and to implement emergency response functions.

### **HSEM Level Two**

- Direct economic impact, constitutionally or statutorily mandated time frames, or civil disorder may develop if not performed in a few days.
- Activities that can be disrupted temporarily or might be periodic in nature, but must be re-established within 24-48 hours.
- Services directly affecting economic stability or basic needs (e.g. food, shelter, housing, medical care, payroll)
- Services that will help stabilize or maintain stability for high risk people. Supportive services needed to keep Priority Two services operating.



### HSEM Level Three

- Regulatory services required by law, rule or order that can be suspended or delayed by law or rule during an emergency.
- Activities that can be disrupted temporarily (a few days or weeks) but must be re-established sometime before the pandemic wave is over (<6 weeks).
- Services to maintain stability for at risk or special populations.
- Supportive services needed to keep Priority Three services operating.

### HSEM Level Four

- All other services that could be suspended during an emergency and are not required by law or rule.
- Activities that can be deferred for the duration of a pandemic influenza wave (6-8 weeks).
- Non-essential areas that could reallocate resources to support essential services or to support new work generated by the response to the emergency.

### Client Protection

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[Form 30 >>](#)

To learn more on protecting the health of clients, Please go to [Reducing the Risk in the Workplace](#) on page 18.

### Staff Protection

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[Form 31 >>](#)

### Protect the Health of Employees

Protecting the health of employees by reducing the possibility that they will be exposed to pandemic influenza should be paramount in planning activities.

### Support Disease Containment Measures

The following disease containment measures may impact organizations:

- **Self-shielding:** self-imposed exclusion of infected persons or those who may be infected  
*Example: staying home*
- **Isolation:** restriction of movement/separation of ill/infected persons with a contagious disease.  
*Example: staying home when ill*
- **Quarantine:** restriction of movement/separation of well persons who likely have been exposed to a contagious disease. Residential facilities may wish to consider how isolation and quarantine measures could be enacted within the facility – following guidance from the State Health Department.

- **Social distancing:** reducing interactions between people to reduce the risk of disease transmission, this includes maintaining at least a 6 foot space between individuals. Consider cancelling meetings, or holding meetings via conference call. Guide customers or clients to use social distancing measures by placing notices or tape on the floor to indicate distances where lines form.
- **“Snow” days:** days on which offices, schools, transportation systems are closed or canceled, as if there were a major snowstorm. Consider “snow” days during peaks of the pandemic, if possible.

### **Enable Employees to Work from Home Whenever Possible**

Business continuity measures (e.g., establishing web-based email capability, facilitating access to files and computer drives from home, and updating teleconference and videoconference capabilities) would help disperse the workforce while maintaining many business functions. However telecommuting capabilities may be dependent upon the severity of the pandemic. Businesses considering remote access workers, should test these capabilities prior to a pandemic.

### **Reducing the Risk in the Workplace**

- It is important to educate employees and visitors about the symptoms of influenza so they do not enter the workplace if they are symptomatic. Require all employees infected with the pandemic virus to stay home when ill, following guidelines of the State Health Department in place at the time. Workplace visitors should be strictly limited to those essential for the operation of Priority Service Functions.
- All staff, clients and visitors need to be encouraged to cover their coughs (in their sleeves/elbow) and to wash hands frequently. Consider placing posters available for downloading from the CDC and State Department of Health throughout the facility.
- Organizations might also wish to purchase and place “hygiene stations” throughout the facility that have tissues and alcohol-rub for easy access.
- Plan for increased cleaning of common spaces and commonly used items (e.g. phones, door handles, keypads, copiers, FAX machines, etc.)

## Staff Education

[Form 32 >>](#)

Staff will require training prior to a pandemic to prepare them for both health and emotional issues. Training can be offered as stand alone classes or incorporated into existing wellness or disease prevention courses.

Agency personnel could also consider training on Psychological First Aid (<http://www.health.state.mn.us/oep/responsesystems/pfa.html>) to prepare staff for the emotional issues that a pandemic could generate for workers and clients alike.

Educate managers, supervisors and all staff about the pandemic plans of the organization and how this could impact the agency, customers, clients and staff.

## Health Information

Protective Measure	Applicability
Hand and respiratory usage and ventilation	Everyone, all the time
Self-shielding	Everyone, whenever possible
Social distancing	Everyone, all the time (leverage technologies) At least 6 feet of distance.
Room Arrangements	Arrange waiting rooms so that people are not facing each other.
Protective barriers: <i>The use of masks is dependent upon the agent or virus. Recommendations for use will come from the CDC or the Minnesota Department of Health (MDH). Please check the MDH website for current information at the time of a pandemic.</i>	To avoid close contact with the public
Disposable surgical mask	May be recommended for persons with influenza symptoms to prevent spread of droplets.
Disposable particulate (N95) respirators,* eye protection, gloves, gown *requires certified fit testing	May be recommended for employees in close contact with humans known or suspected of being infected with pandemic flu.

## Staff Absenteeism and Human Resources Issues

---

### [Form 33 >>](#)

Human Resource (HR) policies must be carefully evaluated and written to ensure compliance with State and Federal Labor Laws. Consult with your HR staff, HR consultants or contractors, union representatives and attorneys as necessary.

HR policies that do not conflict with existing laws or contracts may need to be reviewed prior to a pandemic to consider whether there may be a desire to suspend or modify policies during the peaks of the pandemic. Examples of this could include:

- Policies related to maximum accrual or use of vacation or sick leave
- What the organization will do for employees who are sick but no longer have any sick or vacation time available
- Expanding the number of individuals that have authority to sign or authorize time cards, sick leave or other time off
- Reassigning employees or changing shifts to cover absences
- Sending sick employees home

## Information Systems and Technology

---

### [Form 34 >>](#)

Consider how telecommunications might be used to reduce the need for employees to gather at a workplace (social distancing). Companies will need to evaluate current technology capacity and make necessary adjustments to support the organization's pandemic plan.

## References/Resources

---

1. Agency Emergency Plan – A Simplified Version for Community-Based Organizations: [www.kingcounty.gov](http://www.kingcounty.gov) (Search “Agency Emergency Plan”)
2. American Red Cross of Southwestern Pennsylvania: Emergency Planning Guide for Facilities with Special Populations: <http://www.cityofportsmouth.com/health/pandemic-info/6-EmergencyPlanningSpecialPopulations.pdf>
3. American Red Cross: [www.redcross.org](http://www.redcross.org)
4. CARD (Collaborating Agencies Responding to Disaster) of Alameda County: <http://cardcanhelp.org>
5. CDC Panflu Information and Checklists: [www.flu.gov](http://www.flu.gov)
6. Centers for Disease Control and Prevention: [www.bt.cdc.gov](http://www.bt.cdc.gov)
7. ECHO (Emergency and Community Health Outreach): [www.echominnesota.org](http://www.echominnesota.org)
8. FEMA – Federal Emergency Management Association: [www.fema.gov](http://www.fema.gov)
9. Institute for Business and Home Safety: <http://www.ibhs.org/open-for-business/>
10. Minnesota Department of Health: [www.health.state.mn.us](http://www.health.state.mn.us) or [www.health.state.mn.us/macros/topics/emergency.html](http://www.health.state.mn.us/macros/topics/emergency.html)
11. Minnesota Voluntary Organizations Assisting in Disaster: [www.mnvoad.org](http://www.mnvoad.org)
12. MN HSEM (Homeland Security and Emergency Management): [www.hsem.state.mn.us](http://www.hsem.state.mn.us)
13. Nonprofit Coordinating Committee of New York, Inc.: [http://www.npccny.org/info/disaster\\_plan.htm](http://www.npccny.org/info/disaster_plan.htm)
14. OSHA Employee Protection Information: [www.osha.gov/dsg/guidance/avian-flu.html](http://www.osha.gov/dsg/guidance/avian-flu.html)
15. San Francisco CARD (Community Agencies Responding to Disaster): <http://sfcard.org>
16. U.S. Department of Homeland Security: [www.ready.gov](http://www.ready.gov)
17. U.S. Government Weather Information: [www.nws.noaa.gov](http://www.nws.noaa.gov)

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Be Healthy

Be Safe

Be Ready

**EMERGENCY  
PREPAREDNESS  
GUIDE  
or  
COMMUNITY BASED  
ORGANIZATIONS**

**PREPAREDNESS FORMS**

## FORM 1: Mitigation – Risk Assessment

Rank the following event accordingly:

H=High Risk    M=Moderate Risk    L=Low Risk    O=No Risk

### Possible Emergency Events

- |   |  |
|---|--|
| <input type="text"/> Bomb threat                        | <input type="text"/> Radiological – internal     |
| <input type="text"/> Civil disorder                     | <input type="text"/> Radiological - external     |
| <input type="text"/> Cold-extreme temp.                 | <input type="text"/> Supply Shortage             |
| <input type="text"/> Criminal disorder                  | Terrorism:                                       |
| <input type="text"/> Electrical failure/power outage    | <input type="text"/> Biological                  |
| <input type="text"/> Fire - internal                    | <input type="text"/> Chemical                    |
| <input type="text"/> Fire - external                    | <input type="text"/> Nuclear                     |
| <input type="text"/> Flood - internal                   | <input type="text"/> Radiological                |
| <input type="text"/> Flood - external                   | <input type="text"/> Thunderstorm                |
| <input type="text"/> HAZMAT (chemical spill) - internal | <input type="text"/> Tornado/straight line winds |
| <input type="text"/> HAZMAT (chemical spill) - external | <input type="text"/> Transportation              |
| <input type="text"/> Heat-extreme temperatures          | <input type="text"/> Water contamination         |
| <input type="text"/> Labor action/strike                | <input type="text"/> Winter storm                |
| <input type="text"/> Mass casualty - trauma             | <input type="text"/> Other _____                 |
| <input type="text"/> Medical – infectious disease       | <input type="text"/> Other _____                 |

Based on this assessment, the following are most likely to be of concern for our organization:



## FORM 2: Crisis Manager/Authorized Spokesperson

---

1. The Crisis Manager (Incident Commander) for our organization in an emergency is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

2. In the absence of the crisis manager, the first alternate crisis manager is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

3. In the absence of the first alternate crisis manager, the second alternate crisis manager is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

4. The authorized spokesperson (if different from crisis managers) is:

Name: \_\_\_\_\_

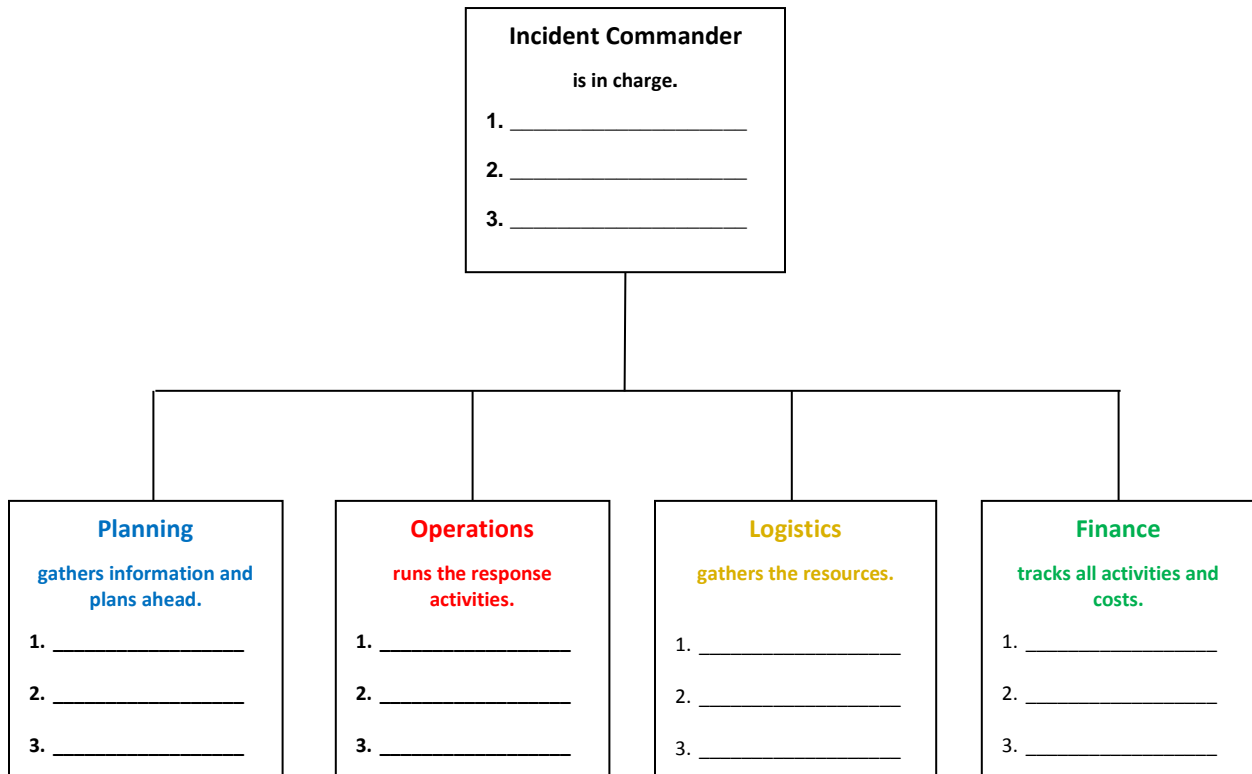
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

### FORM 3: Incident Command Organization Chart

---



## FORM 4: Employee Emergency Information

Copies may be made as necessary for each employee. Ensure confidentiality of private information.

---

**Name:**

---

**Title:**

---

**Key Responsibilities:**

---

**Home Address:**

---

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

---

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

---

**Work E-mail Address:**

---

**Home E-Mail Address:**

---

**Emergency Contact Name:**

---

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

*Double-click on the checkbox to select.*

---

Do you and your family have an emergency preparedness plan?  Yes  No

---

Do you and your family have an emergency preparedness kit?  Yes  No

---

In an emergency situation would you continue to work assigned duties?  Yes  No

---

In an emergency situation would you be willing to work additional days or hours?  Yes  No

---

In an emergency situation would you be able to work from your home?  Yes  No

---

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?  Yes  No

**Certifications:**     Nursing (assistant or registered)                       CPR                       First Aid  
                                  Emergency Medical Technician                       LPN/RN                       Other

## FORM 5: Volunteer Emergency Information

---

Copies may be made as necessary for each volunteer. Ensure confidentiality of private information.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Key Responsibilities:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Work E-mail Address:** \_\_\_\_\_

**Home E-Mail Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

*Double-click on the checkbox to select.*

Do you and your family have an emergency preparedness plan?  Yes  No

Do you and your family have an emergency preparedness kit?  Yes  No

In an emergency situation would you continue to work assigned duties?  Yes  No

In an emergency situation would you be willing to work additional days or hours?  Yes  No

In an emergency situation would you be able to work from your home?  Yes  No

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?  Yes  No

**Certifications:**  Nursing (assistant or registered)  CPR  First Aid  
 Emergency Medical Technician  LPN/RN  Other

## FORM 6: Board Member Information

Copies may be made as necessary for each board member. Ensure confidentiality of private information.

---

**Name:**

---

**Title:**

---

**Key Responsibilities:**

---

**Home Address:**

---

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

---

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

---

**Work E-mail Address:**

---

**Home E-Mail Address:**

---

**Emergency Contact Name:**

---

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

*Double-click on the checkbox to select.*

---

Do you and your family have an emergency preparedness plan?  Yes  No

---

Do you and your family have an emergency preparedness kit?  Yes  No

---

In an emergency situation would you continue to work assigned duties?  Yes  No

---

In an emergency situation would you be willing to work additional days or hours?  Yes  No

---

In an emergency situation would you be able to work from your home?  Yes  No

---

With personal protective equipment (PPE), would you be willing to work with individuals who have a communicable disease?  Yes  No

**Certifications:**  Nursing (assistant or registered)  CPR  First Aid  
 Emergency Medical Technician  LPN/RN  Other

## FORM 7: Communication

---

**Directions for remote voicemail:**

**Directions for remote e-mail:**

**If phones are not working, our backup communication plan is as follows:**  
*(include provisions for land line and cellular phones)*

## FORM 8: Sample Calling Tree

Adapt as needed for your organization



## FORM 9: Essential Services

List each service and/or program your agency regularly provides. Consider what services or programs would need to be or could be suspended in an emergency period. If it must be maintained, indicate in the far right column whether any adjustments or additional resources are needed.

Service or Program	Suspend (x)	Maintain (x)	Adjustments or Additional Resources Needed to Maintain



## FORM 10: Providing Additional Services

Identify services needed by your clients that your agency does not routinely provide and indicate whether you will respond to them as well as who is responsible. If not able to provide the service, list an agency to where you can refer your clients.

Service or Program Needed	Will do? (Y or N)	If yes, who is responsible? If no, refer to:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:
		Contact Name: Phone #: E-mail: Other:



## FORM 12: Agencies Providing Additional/Backup Services

---

<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:
<b>Name of Agency:</b>		
Service Provided:		
Phone:	Cell Phone:	Email:

## FORM 13: Off-Site Storage of Hard Copy Vital Records

---

Copies of vital records are stored at:

Vital Records may include but are not limited to:

- |   |   |
|---|---|
| <input type="checkbox"/> articles of incorporation            | <input type="checkbox"/> financial statements (bank accounts, credit cards) |
| <input type="checkbox"/> artwork e.g. stationery, logo        | <input type="checkbox"/> 501 (c) (3)  |
| <input type="checkbox"/> blank checks and account information | <input type="checkbox"/> insurance information                              |
| <input type="checkbox"/> board minutes and rosters            | <input type="checkbox"/> inventory of organization equipment                |
| <input type="checkbox"/> bylaws                               | <input type="checkbox"/> leases/deeds                                       |
| <input type="checkbox"/> client records                       | <input type="checkbox"/> licenses   |
| <input type="checkbox"/> computer passwords                   | <input type="checkbox"/> mission statement                                  |
| <input type="checkbox"/> contracts                            | <input type="checkbox"/> personal records/payroll information               |
| <input type="checkbox"/> corporate seal                       | <input type="checkbox"/> photographs of the facility and key equipment      |
| <input type="checkbox"/> diagram of building layout           | <input type="checkbox"/> tax exemption status certificate                   |
| <input type="checkbox"/> donor records                        | <input type="checkbox"/> vendor records                                     |
| <input type="checkbox"/> emergency plan                       | <input type="checkbox"/> volunteer records                                  |

Other documents:

## FORM 14: Off-Site Storage of Backed-up Electronic Records

---

Electronic records are backed up how often?

---

Backed up records are kept at:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_

If accounting and payroll records are destroyed, continuity will be provided in the following ways:

Backed up electronic records include the following:



## FORM 15: Client Emergency Information

---

This form serves primarily as a reminder to have client emergency information readily available, ensuring confidentiality.

Client Name	Phone Number	Caregiver	Caregiver Number	Alt. Number	Comments or Special Needs

## FORM 16: Key Contacts

---

**Emergency Management Agency:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attorney:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Accountant:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing/Invoice Service:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Creditor:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payroll Processing:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Benefits Administrator:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Claims:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Building Manager/Owner:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Building Security:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumber:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Electric Company:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrician:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Generator Rental:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Gas Company:**

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Phone Company:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**E-mail/Internet Service Provider:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**IT/Computer Service Provider:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Web Site Provider:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Fire Department:  
(non-emergency)**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Policy Department  
(non-emergency)**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Hospital:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Mental Health/Social Services Agency:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Pharmacy:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Grocery Store:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Hardware Store:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Hazardous Materials:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Local Newspaper:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Poison Control Center:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Public Works Dept.:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Other:**

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---





## FORM 18: Suppliers and Contractors

---

Copies may be made for each supplier or contractor.

**Name of Organization:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Service/Materials Provided:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

If this company is not able to provide the services or supplies we need, we will obtain them from the following organization:

\_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Service/Materials Provided:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



## FORM 20: Evacuation Plan

---

During business hours, everyone in the building will go to:

Name of Site: \_\_\_\_\_

Site Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Directions to site:

Agency person in charge at evacuation site:

---

### Responsibilities Checklist:

- Conduct attendance at site
- Bringing emergency documents and phone lists
- Bringing emergency kit
- Other

-

Are there people who will need assistance evacuating your facility? If so, what assistance is needed?

-

Who will be responsible for the care of clients at the alternate site?

-

**What will your clients need that may not be available at a temporary location?**

-

**Transportation for moving program clients to a temporary location or to their homes will be provided by:**

**Company:**

Contact Name:

Phone:

Cell Phone:

Email:

**Alternate Company:**

Contact Name:

Phone:

Cell Phone:

Email:

## FORM 21: Extended Relocation

---

If current location is not accessible for an extended period of time, operations will be moved to the following location:

Name of Site: \_\_\_\_\_

Site Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Directions to relocation site:

## FORM 22: Shelter-in-Place

---

If a “shelter-in-place” emergency is issued, we will move to the following room:

Ensure the following:

- All doors and windows are closed
- Cracks around doors or windows are sealed with duct tape or plastic sheeting
- All vents are closed and sealed
- Any ventilation systems, motors or fans are turned off
- Disaster supplies kit is available
- Listen to radio or television and follow directions given by authorities until an “all-clear” has been issued.

## FORM 23: Disaster Supplies Kit/Go-Kit

---

Items in a disaster supplies kit may include but are not limited to the following items. Adjust these items to meet the needs of your agency.

*Double-click on Checkbox to select.*

- Batteries – extra ones for flashlights and radios
- Blankets/sleeping bags/mylar “space blankets”
- Bottled water (1 gallon per person per day)
- Can opener (manual)
- Cash in small denominations (include correct change for pay phones)
- Duct tape
- Fire extinguisher
- First aid kit (scissors, tweezers, band-aids, cotton balls, gauze pads/roller gauze and tape, anti-bacterial wipes, first aid ointment, vinyl gloves, non-aspirin pain reliever, safety pins, first aid book)
- Flashlight/light sticks
- Food/snacks (ready to eat canned goods, raisins, granola bars, etc.)
- Gloves
- Hand sanitizer
- NOAA weather alert radio
- Office supplies (note pads, pens)
- Paper plates, cups, utensils
- Paper towels, wipes
- Personal hygiene items
- Plastic bags – all size re-sealable bags and garbage bags
- Plastic sheeting
- Radio – battery operated
- Rope
- Tool kit (pliers, screwdriver, hammer, nails, crow bar, adjustable wrench, etc.)
- Water
- Whistle
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_



## **FORM 24: Individual and Family Emergency Preparedness Planning**

---

**Encourage your organization's staff and membership to create their own emergency plans and kits.**

City of Minneapolis Public Health Emergency Preparedness -  
<http://www.minneapolismn.gov/health/preparedness/index.htm>

1. Family Emergency Plan - <http://www.ci.minneapolis.mn.us/health/preparedness/hcg>
2. Home Care Guide - <http://www.ci.minneapolis.mn.us/health/preparedness/hcg>

Red Cross – <http://www.redcross.org/prepare/location/home-family/preparedness>

Ready.gov – [www.ready.gov](http://www.ready.gov)

## FORM 25: Drill/Exercise Evaluation Form

---

Type of drill/exercise:

---

Date and time:

---

Objectives of drill/exercise: (should be measurable.)

1.

Staff participating:

1.

Assessment:

What worked well?

-

**What needs improvement/correction action?**

- 

**Plan for improvement/corrective action:**

- 

**Planned re-test date:** \_\_\_\_\_

**Evaluation completed by:** \_\_\_\_\_

## FORM 26: Pandemic Influenza Coordinator/Committee Members

The pandemic influenza coordinator will keep updated on the pandemic situation in the community and be the point of contact for the organization during a pandemic situation. This **may or may not** be the same person as the designated crisis manager for all-hazard emergencies. Two alternates, or more, may be designated or a Pandemic Influenza Planning Team may be formed.

**1. The Pandemic Coordinator for our organization is:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

**2. The Pandemic Planning Coordinator for our organization is:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

**3. Alternate coordinator:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

**4. Alternate coordinator:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

**5. Team members:**

Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____



## FORM 27 - Prioritization of Services: Grant/Contractual Obligations

List clients/agencies to whom you have obligations, i.e. services for which you are liable by contract.

Service	Client/Agency	Alternate Service Provider	Type of Obligation	Adjustments Needed (i.e. change in hours of operation)



**FORM 29: Prioritization of Additional Services**

---

List services that will be added during a pandemic situation. Rank based on priority level.

Priority Level	Service	Staff Member(s) Responsible	Skills/ licenses needed	Back-up staff (3-4 deep)	What additional training is needed for back-up staff?	Can service be coordinated from an off-site location?

### FORM 30: Client Protection

---

Our plan for client protection during a pandemic situation is

<b>Visual Cues</b>	•
<b>Hand Hygiene</b>	•
<b>Infection Control Measures</b>	•
<b>Site Cleaning</b>	•
<b>(Other)</b>	•
	•
	•
	•
	•



## FORM 31: Staff Protection

---

Our plan for staff protection during a pandemic situation is

<b>Personal Protective Equipment</b>	•
<b>Social Distancing</b>	•
<b>Working from Alternate Sites</b>	•
<b>Hand Hygiene</b>	•
<b>Site Cleaning</b>	•
<b>Flexible Work Schedules</b>	•
<b>Computers &amp; Computer Technology</b>	•
<b>(Other)</b>	•
	•

## FORM 32: Staff Education

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Our plan for staff education during a pandemic situation is

<b>General Awareness Campaign</b>	•
<b>Personal Protective Equipment</b>	•
<b>Hand and Site Hygiene</b>	•
<b>Identifying Signs and Symptoms of Influenza</b>	•
<b>When to Stay Home</b>	•
<b>Lay Home Care</b>	•
<b>Healthy Life and Work Practices</b>	•
<b>Staff role in Agency's Plan</b>	•
<b>(Other)</b>	•

### FORM 33: Staff Absenteeism and Human Resources Issues

During a declared pandemic emergency, our vacation and sick leave policy will be adapted as follows:

Vacation Policy	•
Sick Leave Policy	•
Reassigning Employees Policy	•
Policy on Sending Sick Employees Home	•
(Other)	•
	•
	•
	•
	•

Who has decision making authority to make policy changes?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## FORM 34: Information Systems and Technology

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Consider the following when planning for telecommunications.

*Double-click on checkboxes to select.*

### Accessing Department Computer Systems

- Identify current remote access capabilities.
- Determine capacity required during pandemic event.
- Enhance resources to meet needs.
- Provide remote access procedures to staff.
- Provide information/URL to employees on how to access e-mail via Internet.
- Require employees with laptop computers to bring them home nightly, so they are prepared to work from home at any given time.

### Accessing Department Phone Systems

- Provide voice mail remote access instructions to employees.
- Provide instructions to employees for transferring work telephone line to telephone at alternate location (home or cell phone).

### Computer Systems Support

- Determine required support of computer systems. Can systems be maintained remotely or is on-site staff required?
- Document procedures for remote monitoring (if applicable).
- Identify required level of on-site support required.

### Other

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_