# SAMPLE

**Disaster Recovery Plan**

**TEMPLATE/ small version**

**COMMUNITY HEALTH CENTER EMERGENCY**

**PLANNING GUIDELINES**

**INTRODUCTION........................................................................................ 1**

**A) PREPAREDNESS.............………………............................................... 3**

Getting Organized

Supplies and Equipment

Establishing Emergency Communications Systems

Planning Ahead for Evacuations

Reducing Exposure to Risks and Hazards

*Templates:* Emergency Organization: Team Rosters

Emergency Organization: Headquarters and Supply Locations

Emergency Team Wallet Card Template

Emergency Communications: Establishing Notification Systems

Evacuation Roster: Persons with Disabilities

**B) RESPONSE .........…………………………........................................... 15**

Overview

Emergency Response Actions

To Implement an Evacuation

How to Assist People with Disabilities During and Evacuation

*Templates:* To Report an Emergency Incident

To Get Emergency Information

Community Health Center Emergency Message

Community Health Center Evacuation Maps

Emergency Evacuation Sign-in Sheet

**C) RECOVERY ……………………………................................................ 24**

Support Services and Assistance

Documenting Emergency Outcomes

*Templates:* Summary: Community Health Center Recovery Status

Recovery: Detailed Space Assessment

Recovery: Detailed Equipment Assessment

Recovery: Detailed Personnel Impacts

### INTRODUCTION

Emergencies and disasters can happen at any moment - and, they usually occur without warning. When an emergency strikes, our immediate safety and prompt recovery will depend on the existing levels of preparedness among faculty, staff, and students.

Each Community Health Center at SAMPLE has an important role to play in maintaining the facility’s emergency preparedness and safety. We are an interdependent community.

At SAMPLE, Community Health Center Emergency Plans are written to provide fundamental support for the general medical school Emergency Plan. During a major emergency or disaster, the medical school Emergency Management Team (EMT) will rely on effective communication between the “Emergency Operations Center (EOC)”, corresponding “Community Health Center Operations Centers (DOCs)” in individual campus Community Health Centers.

Clearly, Community Health Center Emergency Plans are an essential building block of the University’s emergency response. They are also part of every unit’s basic health and safety responsibilities and business continuity planning. Community Health Center Emergency Plans outline how an organization will

* Protect the safety of students, faculty, staff and visitors in the Community Health Center,
* Safeguard vital records and resources related to the Community Health Center’s mission, and
* Coordinate with the University’s emergency response and recovery procedures

The “Emergency Handbook” is distributed to every Community Health Center to provide a current copy of the Emergency Plan, and to offer a model for developing local area contingency plans. The guidelines for Community Health Center Emergency Plans will produce comprehensive, yet simple and flexible, procedures that units can apply to a variety of emergency incidents that may occur, including

* Earthquakes
* Fires or Explosions

 Hazardous Materials Releases

 Extended Power or Utility Outages

 Floods

* Mass Casualty Events

Emergencies are classified as minor or major, according to their severity and potential program impact. (Emergency Levels are defined on by the SAMPLE Emergency Plan).

Materials in this Handbook provide guidance for any emergency level. The guidelines will help Community Health Center managers identify key emergency roles and responsibilities, plan ahead for safe building evacuations and effective emergency communications, and develop strategies for resuming normal functions after emergency conditions subside.

### INTRODUCTION

The manual is divided into three sections:

1. PREPAREDNESS
2. RESPONSE
3. RECOVERY

Each section contains information, checklists and forms (marked with a ) that outline the basic components of these three critical areas. The materials can serve as templates to create a new Community Health Center Emergency Plan, or they can be incorporated directly into existing Community Health Center documents. By keeping emergency preparedness plans in a loose-leaf binder, Community Health Centers can easily customize or update the contents

The enclosed forms should be adapted or augmented to fit an organization’s mission, staffing, relative location(s), or other unique circumstances. For example, an emergency plan in a laboratory science Community Health Center will address hazardous materials concerns; while an administrative service unit will address client issues.

Whatever form a Community Health Center Emergency Plan takes, it should include the unit’s policies relating to the emergency “chain of command,” a definition of essential personnel and mission-critical functions, staff release-time policies, and internal emergency communications procedures.

The Emergency Plan must be known and understood before an emergency occurs. Community Health Center heads should take immediate steps to:

* Share this important safety information with all faculty, staff, researchers and students annually
* Brief all new personnel as they join the Community Health Center
* Keep multiple copies of the Plan in accessible locations throughout the organization
* Ensure that managers keep a copy of the Community Health Center Plan at home

**A) PREPAREDNESS**

#### GETTING ORGANIZED

The first step in building Community Health Center preparedness is to assemble appropriate human and physical resources to do the job.

Every Community Health Center should have an “Emergency Coordinator” to help develop and implement their Community Health Center Emergency Plan. An Emergency Coordinator must be familiar with the Community Health Center’s programs and physical facilities, and should be a person with the management experience and financial authority to:

* Collaborate with the Community Health Center head to develop and maintain the information in the Community Health Center Emergency Plan
* Recruit a core “Emergency Preparedness Committee” that represents staff, faculty, and principal investigators from the Community Health Center’s major divisions or locations
* Arrange related staff safety education and training
* Purchase Community Health Center emergency supplies and equipment
* Be ready to support the Community Health Center head and business manager during an emergency incident (and be called back to campus if necessary).
* Be ready to help prepare post-disaster impact summaries and insurance claims
* Emergency Coordinators whose supervisors serve at the University Emergency Operations Center will also interface with the Medical Public Affairs as “Information Coordinator” for their area

Some Community Health Centers already have individuals assigned to coordinate safety functions (for example, areas with active “Community Health Centeral Safety Coordinators”), and may already have broad-based Safety Committees. These units can easily incorporate emergency preparedness planning into their programs.

Both existing and newly formed Emergency Preparedness Committees should consider dividing their members into an Emergency Response Team and an Emergency Recovery Group to handle those specialized activities.

* The “Emergency Response Team” should be trained to help disseminate emergency instructions, assist evacuations and security, and provide first aid if necessary.
* The “Emergency Recovery Team” should be prepared to document the effects of the emergency and coordinate facility and program restoration, according to priorities identified by the Community Health Center executive.

**A) PREPAREDNESS**

**SUPPLIES AND EQUIPMENT**

Community Health Centers will need basic emergency supplies and equipment to be as self-sufficient as possible after an emergency. Community Health Center emergency kits will vary in size and composition according to an organization’s structure and function, but all Community Health Centers should have the following essentials in an accessible location:

* First aid supplies, with instructions
* Flashlights/batteries, approved power strips and extension cords
* Portable AM/FM radios/batteries
* Laboratory spill kits
* Portable emergency water
* Employee rosters

Other resources Community Health Centers may consider to add to their emergency supplies include such items as megaphones, two-way radios, rescue tools, stretchers, cots, and packaged emergency rations.

Every manager should encourage employees to keep a personal emergency kit in their work area. These kits should contain the employee’s flashlight, back-up eyeglasses and medications, sturdy shoes, a sweater, a wrapped snack and water packet, and personal emergency contact numbers.

**ESTABLISHING EMERGENCY COMMUNICATIONS SYSTEMS**

The Emergency Plan explains that, during an emergency, Community Health Center heads

* Ensure that life-safety emergencies are reported to Protective Services
* Account for the safety of personnel
* Deliver critical information and instructions to the appropriate personnel
* Forward disaster impact reports to the Emergency Operations Center (EOC) and disseminate EOC disaster instructions

Be certain that your Emergency Plan includes procedures for making critical notifications during business hours and during after hours emergencies.

* Establish “telephone trees” and “distribution” voicemail and email lists to initiate rapid emergency notifications. (Be ready to use your web page for making updates during extended incidents).

##### A) PREPAREDNESS

* Create a Community Health Center “Emergency Hotline” so that faculty, staff, and students can call into your Community Health Center to hear recorded announcements and instructions about emergency effects on your program
* Keep the Emergency Operations Center number at-hand.

**A) PREPAREDNESS**

**DISASTER COMMUNICATIONS AT SAMPLE INSTITUTION**

During a disaster, Community Health Centers with large divisions should have their divisions send emergency impact reports to their Community Health Centeral Community Health Center Operations Center (DOC). Community Health Center Emergency Coordinators will then send prioritized emergency impact reports to the Emergency Operations Center (EOC). The EOC serves as a central coordination point for deploying resources and information to campus locations.

The flow of information in a disaster is shown below:

###### Division A

Emergency Management Team at the central “EOC”

###### Community Health Center

Operations Center **“DOC”**

###### Division B

###### Division C

**PLANNING AHEAD FOR EVACUATIONS**

A building evacuation is mandatory whenever a fire alarm sounds, and building occupants should exit immediately. Building evacuations also follow severe earthquakes, after the shaking stops. After a building has been evacuated, occupants must wait for a safety inspection before re-entry.

If a complete campus evacuation and closure is necessary during a disaster, it will be announced and coordinated by the Emergency Management Team from the Emergency Operations Center. Facility evacuations will be sequential to maintain safety and avoid traffic gridlock.

Note that it may or may not be necessary to vacate the building during minor Level 1 emergency incidents, or even during some major Level 2 events. Occupants in the area may simply be directed remain on-site and shut down systems, or they may be asked to move to other sectors of their floor or building. In some events (such as extended power outages), evacuations are not necessary unless the incident has generated a hazardous materials incident or immediate health and safety risk. In limited emergencies, wait for evacuation instructions and engage your Emergency Response Team to communicate the information throughout the Community Health Center.

##### PREPAREDNESS

PREPAREDNESS FOR BUILDING EVACUATIONS

**Review evacuation information and responsibilities with faculty, PIs, staff and students.**

Conduct evacuation drills annually. Plan evacuation needs with disabled personnel.

Plan where to go during an evacuation, and know the routes to get there

Building evacuees go to your Community Health Center’s designated Emergency Assembly Point (EAP).

EAPs are safe outdoor destinations where personnel meet to notify managers of their safety and get emergency information and assistance.

Contact the General Safety Manager for EAP site selection.

**Know how** **to announce and implement evacuation**

A sample script is: We have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ emergency.

Evacuate to (the EAP)  
 Take your belongings, do not use the elevators.

Use your Emergency Response Team to assist the evacuation.

**Know what to do next**

* Be prepared to account for your personnel.
* Know how to obtain and disseminate emergency information and instructions.

A) PREPAREDNESS

**REDUCING EXPOSURE TO RISKS AND HAZARDS**

The following tips can prevent emergencies from happening in your Community Health Center, and will certainly mitigate their effects when they do occur.

FIRE PREVENTION

Know the location of alarm stations and extinguishers. Know how to use them

Leave fire doors closed at all times

Clear obstructed corridors, aisles and room exits

Use only grounded electrical plugs

Limit use of extension cords and multiple outlets

Do not use mechanical rooms or utility rooms for storage

Do not smoke in facility

LABORATORY SAFETY & PREPAREDNESS

Maintain a clean work environment

Post lab safety work rules, train all personnel

Inventory and label chemicals. Do not purchase excess quantities of chemicals

Segregate incompatible chemicals. Keep flammables in flammable storage cabinets

Keep copies of Material Safety Data Sheets

Back up cultures and data off-site

Investigate emergency power options

Install seismic restraints on chemical storage shelves. Latch cabinet doors

Anchor equipment, animal containers, and furniture. Avoid high storage of heavy items

Chain compressed gas cylinders at 1/3 and 2/3 points

Do not store hazardous materials on mobile carts

Dispose of chemical waste properly

**BEFORE A POWER EMERGENCY**

Identify and prioritize vital power-dependent functions, operations, and equipment

Determine whether you have emergency power outlets in your area. Plan to use them for priority functions only

Determine if there is emergency lighting in your area. Keep flashlights available in all work areas

Do not overload power strips. Extension cords are for emergency use only

Keep offsite duplicates of critical data and cultures

**A) PREPAREDNESS**

EARTHQUAKE PREPAREDNESS

Know how and where to take cover during a quake

Anchor bookcases, cabinets, and files over 42 inches. Do not stack furniture

Move tall furniture away from exits. Do not use tall furniture as room dividers

Secure computers, equipment, and display cases. Store heavy items at floor level

Back-up data and sensitive information, store duplicates off-site

Communicate these important preparedness measures to your students, faculty, researchers and staff. Your Community Health Center’s level of readiness for an emergency situation depends not only on having an up-to-date plan document, but also on keeping your constituents aware of their personal responsibility for safety.

***EMERGENCY PREPAREDNESS PLANNING TEMPLATES FOLLOW…***

**[INSERT COMMUNITY HEALTH CENTER NAME HERE]**

**EMERGENCY ORGANIZATION:**

**TEAM ROSTERS**

**(SEND A COPY TO YOUR COMMUNITY HEALTH CENTER EMERGENCY COORDINATOR AND THE DIRECTOR OF HEALTH AND SAFETY, PHONE #)**

**EMERGENCY RESPONSE TEAMECEEJLSKDFJK**

**EMEEE**

**EMERGENCY RESPONSE TEAM**

**Room & Building Office Phone Home Phone**

**Emergency Coordinator**

**Team Members**

**EMERGENCY RECOVERY TEAM**

**Room & Building Office Phone Home Phone**

**Community Health Center Director**

**Emergency Coordinator**

**Team Members**

**[INSERT DIVISION & COMMUNITY HEALTH CENTER NAME HERE]**

**EMERGENCY ORGANIZATION:**

**HEADQUARTERS AND SUPPLY LOCATIONS**

form last revised on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY HEALTH CENTER EMERGENCY H**

**DIVISION EMERGENCY HEADQUARTERS & Alternate site**

**Building & Room:**

**Phone: Fax:**

**EM:**

**DEAN’S/VICE PRESIDENT’S “COMMUNITY HEALTH CENTER OPERATIONS CENTER (DOC)”**

**& Alternate Site**

**CHAIRPERSON’S COMMUNITY HEALTH CENTER OPERATIONS CENTER (DOC) & Alternate site**

**Building & Room:**

**Phone: Fax:**

**EM: DOC Hotline:**

**COMMUNITY HEALTH CENTER EMERGENCY SUPPLY LOCATIONS**

**Room Building Other**

**First Aid Kit(s)**

**Lab Spill Kit(s)**

**Communications Equipment**

**(megaphones, radios)**

**Other supplies**

**EMERGENCY TEAM WALLET CARD TEMPLATE**

*front panel back panel*

**TO REPORT AN EMERGENCY for buildings**

Police, Fire, Ambulance

Environmental Health & Safety

EMERGENCY ASSEMBLY POINT (EAP)

**INFORMATION HOTLINES (recorded bulletins)**

facility

Community Health Center hotline

**DEPT EMERGENCY TEAM GUIDE**

Business Hours Report emergency conditions

Alert & instruct Emergency Team

Evacuate area as necessary

Disseminate instructions

Account for personnel

Advise emergency responders

Update DOC & EOC personnel

After hours Contact DOC or EOC for status report

Record Community Health Center hotline bulletin

Alert & instruct Emergency Team

**LISTEN TO KZSU (90.1FM) for campus news bulletins**

*interior folding panel*

**CRITICAL CONTACTS**

Phone Fax Protective Services

EMERGENCY OPERATIONS CENTER (EOC)

(phone lines active only if EOC is established)

COMMUNITY HEALTH CENTER OPERATIONS CENTER (DOC)

EMERGENC ROOM

DEPT EMERGENCY TEAM

Name Pager Phone Home

DEPT RECOVERY TEAM

**EMERGENCY COMMUNICATIONS:**

**ESTABLISHING NOTIFICATION SYSTEMS**

**TO CREATE AN EMERGENCY NOTIFICATION LIST**

**(or “distribution list”) USING VOICEMAIL**

You can use an existing phone line with voicemail to record an emergency message for your Community Health Centeral staff. Notify your staff of the number to call to hear recorded update messages from your Community Health Center chair or emergency designee.

Large Community Health Centers may want to create a separate “Hotline” phone number that can handle a large volume of calls in to hear recorded messages. A separate feature can send a recorded message to multiple Community Health Centeral phones. Emergency Telephone Notification Lists and “Hotline” (or bulletin) phone lines must be set up through Telecommunications, and there is an installation fee and monthly service fee for this service. If your Community Health Center is interested in using this service or converting one of your auto-attendant phone lines to be a “Hotline” number, please contact Telecommunications at .

[Record here the instructions on how to create an emergency notification list using voicemail, if your Community Health Center purchases this service from Telecommunications.]

**TO RECORD AN EMERGENCY BULLETIN ON A COMMUNITY HEALTH CENTER EMERGENCY**

**INFORMATION HOTLINE *Hotline# =***

Note:

When you plan your Community Health Center Emergency Information Hotline, consider whether you will use an existing phone line, or whether you will install a designated line. Understand that the phone number will play the Emergency Bulletin until it is returned to normal business use.

**INSTRUCTIONS - if you are using an existing mailbox as a Hotline (****)**

[Call Telecommunications at to find out how to set up a “Hotline” (bulletin) phone line for your Community Health Center. There is an installation fee and monthly service fee for this service.]

[Record instructions here on how to use this Hotline, if the service is purchased by your Community Health Center.

**EVACUATION PLANNING FOR**

**PERSONS WITH DISABILITIES**

form last revised on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List self-identified disabled persons who request evacuation assistance during an emergency.**

**Designate evacuation assistants to wheelchair users to assist them during an emergency.**

NAME: Room/Bldg.: Phone: Disability & Instructions:

**B) RESPONSE**

**OVERVIEW**

Everyone in a facility - staff, and visitors - must take appropriate and deliberate action when an emergency strikes a building, a portion of the campus, or entire campus community. Decisive leadership is essential. Follow these important steps when there is an emergency:

Confirm and evaluate conditions

Report the incident immediately

Follow instructions from emergency personnel precisely

Depending on the nature and severity of the event, activate the

Community Health Center Emergency Response Team

Community Health Center Emergency Recovery Team

Division Managers

All area staff and occupants

Issue clear and consistent emergency notifications. Use all available communications tools

If there is no power or telephone systems are not functioning, emergency communications will be profoundly restricted

will use messengers, radios, cellular phones, fax and email

Coordinate with your Community Health Center Director at the DOC during major emergencies or disasters

When an emergency strikes the facility after normal business hours, or on weekends or holidays - or, if you are off-site during a major emergency, obtain instructions from your Community Health Center Director and monitor the Emergency Information Hotline and media reports.

If you are recalled to campus, be certain that your household safety is assured and that your route to campus is safe and functional. Bring your personal emergency kit and a copy of the Community Health Center plan to campus.

1. **RESPONSE**

**EMERGENCY RESPONSE ACTIONS**

The following are basic instructions for various emergency incidents:

**ACCIDENT Call ####### for emergencies**

* Administer first aid if you are trained to do so
* Do not attempt to move a seriously injured person

**FIRE Call ####### for emergencies**

* **Activate nearest alarm**
* Notify Supervisor and staff
* Feel doors for heat
* If cool, exit carefully
* If hot, do not open the door. Stay where you are
* If you see smoke, crouch near floor as you exit
* If you see fire, confine it by closing doors and windows
* Use extinguishers on small fires only if safe to do so
* Pull the pin in the handle
* Aim at the base of the fire
* Squeeze nozzle, sweep back and forth
* Evacuate DOWNstairs, go upstairs or to roof as last resort only
* Never use an elevator during a fire evacuation
* Go to the Emergency Assembly Point (EAP)

**HAZMAT SPILL**

**MINOR release in the lab**

* Follow lab eyewash, rinse or shower procedures
* Flush affected area continuously for 15 minutes
* Vacate persons in immediate area if necessary
* Clean spill if you have suitable training or call ####### for emergency assistance
* Wear protective equipment
* Use appropriate kit to contain, neutralize and absorb
* Collect, containerize, and label waste
* Call ####### for chemical waste pick-up

**MAJOR release in the Community Health Center**

* **Call ####### for emergencies**
* Report your name, location, phone number, the material spilled, possible injuries
* Assist injured persons.
* Isolate contaminated persons
* Avoid contamination or chemical exposure
* Close doors or control access to spill site
* Alert Supervisor, Community Health Center Chair
* Communicate critical spill information to responders
* Follow evacuation instructions precisely

**B) RESPONSE**

**POWER OUTAGE**

* Assess the extent of the outage in your area
* Report the outage to Facilities ##########
* To obtain information about a prolonged outage, call the Emergency Operations Command Center at XXX-XXX-XXXX
* Help co-workers in darkened work areas move to safe locations
* If practical, secure current experimental work, then move it to a safe location.
* If you move chemicals on carts between floors, get assistance.
* Hazardous spills are a significant risk during transport
* Keep lab refrigerators or freezers closed throughout the outage
* Unplug personal computers, non-essential electrical equipment and appliances
* Open windows for additional light and ventilation
* If you are asked to evacuate, secure any hazardous materials and leave the building
* Release of personnel after an extended outage is determined by the Community Health Center chair

**EARTHQUAKE**

* Take cover immediately, direct others around you
* Under a desk, table, or chair
* Between seating rows in lecture halls
* Against a corridor wall (cover head and neck)
* Outdoors--in open area, away from buildings
* Be alert for aftershocks, avoid potential falling hazards

**MINOR QUAKE** (brief rolling motion)

* Restore calm. Examine your area for damage
* Report damage/hazardous materials releases
* Review safety procedures and kits
* Await instructions, evacuations are unlikely

**MAJOR QUAKE** (violent shaking)

* Restore calm. Assist others
* Report injuries to #############
* Report damage to Community Health Center Director
* Evacuate carefully, be alert for aftershocks
* Take emergency supplies
* Do not use elevators
* Meet at Emergency Assembly Point (EAP)
* Do not enter buildings until they are examined
* Report status to Emergency Operations Center
* Await instructions, be patient, help others

**B) RESPONSE**

**TO IMPLEMENT AN EVACUATION**

These directions will help to make the process effective and safe for you and your staff.

**Keep calm. Evaluate the situation carefully.**

**Alert Community Health Center Emergency Response Team to assist Protective Services in the evacuation**

**Use communications tools that are appropriate for the type of incident and the time of occurrence:**

Alarms

Phone trees or voicemail broadcast

Messengers

**Communicate clearly and succinctly**

“We have a\_\_\_\_\_\_\_\_\_\_\_\_emergency.

Evacuate to (the EAP)

Take your belongings, do not use the elevators.”

**Check offices, classrooms, laboratories, restrooms**

**Turn equipment off, if possible**

**Take emergency supplies and staff rosters, if possible**

**Keep exiting groups together**

**Account for personnel**

**WAIT AT THE EAP FOR FURTHER INSTRUCTIONS**

**B) RESPONSE**

**HOW TO ASSIST PEOPLE WITH DISABILITIES**

**DURING AN EVACUATION**

**TO ALERT VISUALLY IMPAIRED PERSONS**

Announce the type of emergency

Offer your arm for guidance

Tell person where you are going, obstacles you encounter

When you reach safety, ask if further help is needed

**TO ALERT PEOPLE WITH HEARING LIMITATIONS**

Turn lights on/off to gain person's attention, or

Indicate directions with gestures, or

Write a note with evacuation directions

**TO EVACUATE PEOPLE USING CRUTCHES, CANES, OR WALKERS**

Evacuate these individuals as injured persons

Assist and accompany to evacuation site if possible, or

Use a sturdy chair (or one with wheels) to move person, or

Help carry individual to safety

**TO EVACUATE PEOPLE USING WHEELCHAIRS**

Non-ambulatory persons' needs and preferences vary

Individuals at ground floor locations may exit without help

Others have minimal ability to move--lifting may be dangerous

Some non-ambulatory persons have respiratory complications

Remove them from smoke and vapors immediately

Wheelchair users with electrical respirators get priority assistance

Most wheelchairs are too heavy to take down stairs

Consult with person to determine best carry options

Reunite person with the chair as soon as it safe to do so

***EMERGENCY RESPONSE TEMPLATES FOLLOW...***

**TO REPORT**

**AN EMERGENCY INCIDENT**

**TO REPORT AN EMERGENCY INCIDENT**

**FIRE---POLICE---MEDICAL AID (All life-safety emergencies)**

**CALL ###############**

**HAZARDOUS MATERIALS RELEASE ##########**

**FACILITIES OPERATIONS & MAINTENANCE #############**

***WHEN YOU CALL TO REPORT AN EMERGENCY****:*

**Tell the Operator**

**1. The type of emergency**

**2. If there are victims**

**3. The location of the emergency**

**4. Your name, location, and phone number**

**Stay on the phone until the Operator ends the call**

During a major emergency or disaster, use the provided COMMUNITY HEALTH CENTER EMERGENCY REPORT/FAX FORM to update your Community Health Center Chair’s DOC and the Medical School’s.

**TO GET EMERGENCY INFORMATION**

**1. Receive bulletins from your Community Health Center Chair**

DOC Phone#

DOC Hotline#

**2. Call Emergency Hotlines**

Emergency Information Hotline XXX-XXXX

Hospital Information Hotline X-XXXX

This Community Health Center’s hotline is

**3. Read emergency announcements and updates posted on the web page**

**4. Listen to radio for emergency bulletins**

**5. Listen to community Emergency Alert System (****) radio**

**stations** KXXX XXX

(formerly known as the Emergency Broadcast System)

**6. Follow televised reports:**

**TV (Channel XXXX)**

ERGENCY MESSAGE

**SAMPLE**

**DIVISION EMERGENCY MESSAGE**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF PAGES IN THIS REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( a.m. p.m. )**

***TO:* COMMUNITY HEALTH CENTER EMERGENCY OPERATIONS CENTER (DOC)**

**FAX:**

**PH:**

***FROM:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name & title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dept & bldg**

**FAX: \_\_\_\_\_\_\_\_\_\_\_\_**

**PH: \_\_\_\_\_\_\_\_\_\_\_\_**

**------COMMUNITY HEALTH CENTER’S EMERGENC**

**Y MESSAGE-----Division’s Emergency Message**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMUNITY HEALTH CENTER EVACUATION ROUTES**

INSERT A COPY OF YOUR EVACUATION MAP HERE

**This Community Health Center’s Emergency Assembly Point is at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building**

**Community Health Center / Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY EVACUATION SIGN-IN SHEET**

(Use this form to account for personnel at the EAP when a roster is not available)

**Please Print**

**Name Community Health Center/Division Faculty or Staff?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

page \_\_\_\_\_\_of \_\_\_\_

**C) RECOVERY**

**SUPPORT SERVICES AND ASSISTANCE**

After a major emergency or disaster, many people in our community will be distressed by personal and professional difficulties. It is likely that affected students, faculty and staff may need some scheduling flexibility or other temporary help in order to return to their customary activities. The following are only some of the resources available on campus and in our community:

**University Resources**

Counseling for employees –

Through Employee Assistance Program, People Resources

Counseling for students –

Through Health Services,

Short and long-term loans

Credit Union (members)

Housing listings

Transportation information

Child care referrals

Special service referrals

Academic assistance

**Community Resources**

Disaster relief & referrals

Transportation information

Counseling/Mental Health

Claims information FEMA, 1-800-299-1160

**C) RECOVERY**

**DOCUMENTING EMERGENCY OUTCOMES**

Once the safety and status of your staff has been assured, and emergency conditions have abated, assemble your Community Health Center Emergency Recovery Team to support the Emergency Management Team and the Facilities Management Community Health Center in the restoration of the Community Health Center’s programs. Your Team’s earlier work on defining critical mission-critical operations and staffing will be a starting point for the recovery process.

It will be important to begin a timely and comprehensive assessment of the emergency’s physical and operational effects. Plan ahead for how you will collect this important impact information. Be aware that

Your Community Health Center will need ongoing status reports from your unit during the emergency to estimate when your program can be fully operational and to identify special facility, equipment, and personnel issues or resources that will speed business resumption

The SAMPLE may need detailed facilities data for the area to estimate temporary space reallocation needs and strategies

Most insurance and FEMA assistance claims will require extensive documentation of damaged facilities, lost equipment and resources, and special personnel expenses. Workers’ Compensation claims may arise if there are injuries in your Community Health Center.

All of your documentation on emergency impacts should be coordinated with your Community Health Center Chair and the Emergency Management Team. The following forms provide formats for summarizing this crucial information.

Take note that you should also plan to photograph or videotape facility or equipment damage in your Community Health Center to provide a visual supplement for the written impact data.

It is very important that you record the emergency’s physical effects before you clean your area or make repairs.

***EMERGENCY RECOVERY TEMPLATES FOLLOW...***

Stanford University

SUMMARY: COMMUNITY HEALTH CENTER EMERGENCY STATUS

**SAMPLE**

**SUMMARY: COMMUNITY HEALTH CENTER EMERGENCY STATUS**

**Date/time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of pages in this report\_\_\_\_\_\_\_**

**To: Emergency Management Team EOC FAX:**

**Community Health Center Chair: FAX:**

**DOC site FAX:**

**From: Div. Head/Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:**

**Dept/Bldg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT OPERATIONAL SITUATION**

***Immediate facility and space needs:***

***Urgent equipment requirements to become operational:***

***Critical personnel issues:***

**Clear All Dept Specific Info from Plan**

**RECOVERY: DETAILED SPACEASSESSMENT**

Use this form to describe damage to utilities, fixtures, ceilings, walls, floors, windows, etc. on each floor of your Community Health Center’s building(s). Send the information to your Community Health Center Chair/DOC Emergency Coordinator. The Community Health Center Chair or Community Health Center Emergency Coordinator should then send a prioritized list to the Emergency Operations Center with a signed cover memo.

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM\_\_\_\_\_\_\_\_\_\_\_\_**

**DAMAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM\_\_\_\_\_\_\_\_\_\_\_\_**

**DAMAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM\_\_\_\_\_\_\_\_\_\_\_\_**

**DAMAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM\_\_\_\_\_\_\_\_\_\_\_\_**

**DAMAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM\_\_\_\_\_\_\_\_\_\_\_\_**

**DAMAGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

page \_\_\_\_\_of\_\_\_\_\_

**RECOVERY: DETAILED EQUIPMENTASSESSMENT**

Use this form to describe all damaged furnishings, office-laboratory-research equipment, and materials

expended during the emergency. Send the information to the Emergency Management Team, with the Community Health Center head’s signed cover memo.

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM\_\_\_\_\_\_\_\_\_**

**Item\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model#\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory#\_\_\_\_\_\_\_\_\_\_\_\_\_Original Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Damage description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Est. repair$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. replacement$ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM\_\_\_\_\_\_\_\_\_**

**Item\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model#\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory#\_\_\_\_\_\_\_\_\_\_\_\_\_Original Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Damage description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Est. repair$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. replacement$ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM\_\_\_\_\_\_\_\_\_**

**Item\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model#\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory#\_\_\_\_\_\_\_\_\_\_\_\_\_Original Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Damage description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Est. repair\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. replacement \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM\_\_\_\_\_\_\_\_\_**

**Item\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Model#\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory#\_\_\_\_\_\_\_\_\_\_\_\_\_Original Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Damage description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Est. repair\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. replacement \_\_\_\_\_\_\_\_\_\_\_\_\_**

page \_\_\_\_\_of \_\_\_\_\_

**RECOVERY: DETAILED PERSONNELIMPACTS**

Use this form to describe the emergency’s impact on staffing. Describe personnel issues related to program resumption. Document employee overtime related to your emergency response and recovery. Send this information to the Emergency Management Team, with the Community Health Center head’s signed cover memo.

***Summary*: EMERGENCY IMPACTS TO COMMUNITY HEALTH CENTER STAFFING**

**SUMMARY: EMERGENCY IMACTS TO COMMUNITY HEALTH CENTER STAFFING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST: STAFF OVERTIME HOURS RELATED TO THE EMERGENCY**

**gency duties performed. Include data for temps hired for emergency recovery**

**LIST STAFF OVERTIME HOURS RELATED TO THE EMERGENCY**

**And emergency duties performed. Include data for temps hired for emergency recovery.**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_\_\_

OT Rate \_\_\_\_\_\_\_\_\_\_\_\_

Benefits % \_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Worked Hours Duties Performed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_\_\_

OT Rate \_\_\_\_\_\_\_\_\_\_\_\_

Benefits % \_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Worked Hours Duties Performed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

page \_\_\_\_\_of\_\_\_\_\_