**Earthquake Response Plan**

**Montana Earthquake Resources and Information**

1. **Montana State Emergency Preparedness Resources and Links**

* ShakeOut.org/Montana: Be part of the annual State-Wide earthquake drill. Register your Program Site today at ShakeOut.org/Montana, so that you can participate in drills, receive e-mail updates, and get more information on how to participate with other organizations state-wide.
* [Shakeout.org/healthcare](http://www.shakeout.org/healthcare): Information on how to prepare your healthcare organization from an earthquake. You can evaluate your healthcare site to see if you are prepared for the next earthquake.

1. **Montana Regional Emergency Preparedness Resources and Links**

* [Information by Region - Montana (usgs.gov)](https://www.usgs.gov/natural-hazards/earthquake-hazards/science/information-region-montana?qt-science_center_objects=0#qt-science_center_objects): For regional information, updated hazard map, and a list of all earthquakes from the past 30 days visit,
* [MBMG - Geologic Mapping (mtech.edu)](http://www.mbmg.mtech.edu/MontanaGeology/GeologicMapping/main.asp): Detailed Geologic maps that focus on significant geologic issues, transportation corridors, or on areas where population development is occurring or anticipated.

1. **Montana Local Emergency Preparedness Resources and Links: please add in local information specific to the county or counties where your Health Center (s) are located.**

* [Disastercenter.com/Montana):](http://www.disastercenter.com/montana)) Here you get a direct link from the NWS (National Weather Service), local and regional offices on hazardous weather including any seismic activity located near you.
* [Resilient Workplace](https://resilientworkplace.org/): The difference between an organization that survives a disaster and those that do not, is being prepared before disaster strikes! About 40% of businesses without an emergency plan will fail after an event, with another 25% closing a year later. The purpose of ResilientWorkplace.org is to assist you in making sure your organization does not become a statistic!
* [NSMP - National Strong Motion Project (usgs.gov)](https://www.usgs.gov/natural-hazards/earthquake-hazards/nsmp-national-strong-motion-project?qt-science_support_page_related_con=4#qt-science_support_page_related_con): Strong-motion recordings of damaging earthquakes in densely urbanized areas are critical for designing earthquake-resistant structures to reduce property loss and casualties from future earthquakes.
* [Earthquake - Emergency Management | Montana State University](https://www.montana.edu/emergency/emergency_actions/earthquake.html): Prepare before the next Earthquake. Learn what to do afterwards. Reconnect and Restore.

<Incorporate any of your organization’s existing response plan information throughout these templates.>

<FIND and REPLACE WORDS: Look for the words in GREY. Insert LOGO in the upper right corner of the header.

1. <insert organization’s name> = Your Organization’s Name
2. Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e., patient, resident, participant, client)

<Delete these instructions in RED.>

**Background**

This Earthquake Response Plan provides mitigation, preparedness, response, and initial recovery strategies from an earthquake that can have a significant effect on the program site or sites of <insert organization’s name>.

An earthquake is a sudden, rapid shaking of the ground caused by the breaking and shifting of rock beneath the Earth's surface. This shaking can cause buildings and bridges to collapse; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Earthquakes can occur at any time of the year without warning.

The actual movement of the ground in an earthquake is seldom the direct cause of death or injury. Most casualties result from falling objects and debris. If there is time, people should cover their heads and shoulders and try to protect themselves from falling objects or shattered glass. The scope of this response plan covers response to all types of earthquakes.

**Definitions**

* **Earthquake:** A sudden slipping or movement of a portion of the earth’s crust.
* **Aftershock:** An earthquake of similar or lesser intensity that follows the main earthquake.
* **Fault:** The fracture in the ground where the slipping or movement occurred that caused the earthquake.
* **Epicenter:** The place on the earth’s surface directly above the point of the fault where the slipping or movement originated.
* **Magnitude (Richter Scale):** The amount of energy released during an earthquake. Each whole number on the scale represents an increase in energy released by a factor of thirty from the previous whole number (e.g., a magnitude 4.0 earthquake is thirty times more powerful than a magnitude 3.0 earthquake).

**Policy**

It is the policy of <insert organization’s name> to protect our patients, staff, and others in our program site from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan.

Objectives

* Provide for continuity of care for patients during disaster.
* Provide for the safety of patients, staff, families, and visitors in <insert organization’s name> program site or sites.
* Provide for continuing operational status of the program site if required to shelter in place or if needed, for safe evacuation from the program site.

# Procedures

1. **General Guidelines**

* Staff shall receive training on this Response Plan.
* Staff are required to follow this Earthquake Response Plan and any instructions given by law enforcement, first responders, or management staff.
* Staff are required to follow any instructions given through primary or backup communications systems.
* Staff are required to know the exit routes and assembly points at their program site.

1. **Mitigation and Preparedness**

Survivability for earthquakes relies upon two actions: (1) thorough staff training; and (2) structural engineering and construction to mitigate the threat from earth movements. Structural alterations should only be managed by licensed and insured professionals. Additionally:

* Regularly practice earthquake drills and include all staff so they can effectively respond to an earthquake.
* Structures should be securely fastened to the structure’s foundation. Refer to regional building codes.
* Repair defective electrical wiring and leaky gas lines.
* The installation of automatic shut off valves triggered by strong vibrations is highly recommended.
* Repair or replace inflexible utility connections and fittings.
* Bolt down and secure water heaters, refrigerators, the furnace and/or boilers, large washing machines and dryers, and other gas appliances.
* Place large or heavy items on lower shelves.
* Stock extra fire extinguishers. Multiple small fire extinguishers are best. Smaller, lighter fire extinguishers will make maneuvering through a disaster area easier.
* Utilize fasteners on all cabinets.
  + China, glass bottles and other vessels, and other breakables should be stored low.
  + Heavy items such as canned food should also be stored low or secured in cabinets.
  + Offsetting lights that are directly over patient beds, especially non-ambulatory patients.

1. **Response**

* **During an earthquake**
  + **General:**
    - Remain calm.
    - Reassure patients.
    - Follow orders from the Incident Commander.
    - DO NOT use elevators.
    - DO NOT exit the building.
* **Drop, Cover and Hold On:**
* **DROP** where you are, onto your hands and knees. This position protects you from being knocked down and allows you to stay low and crawl to shelter if nearby.
  + **COVER** your head and neck with one arm and hand:
  + ****If a sturdy table or desk is nearby, crawl underneath it for shelter.
  + If no shelter is nearby, crawl next to an interior wall (away from windows).
* **HOLD ON** until shaking stops:
  + - Under shelter: Hold on to it with one hand; be ready to move with your shelter if it shifts.
    - ****No shelter: Hold on to your head and neck with both arms and hands.
    - Stay on your knees; bend over to protect vital organs until shaking stops and items around you stop swaying/moving.
* **Indoor Strategies:**
* Staff, patients and visitors should stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
* Keep everyone where they are when the earthquake strikes. Patients may require help to hold on. Staff may try to protect residents with pillows or blankets, as safety permits. If patients are under a heavy light fixture that could fall, try to move the patients to the nearest safe place.
* Use a doorway for shelter only if it is near and it is a strongly supported, loadbearing doorway.
* Staff and patients should stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
* Electricity may go out or the sprinkler systems or fire alarms may turn on.
* DO NOT use the elevators.
  + **Outdoor Strategies:**
* Stay there.
* Move away from buildings, streetlights, and utility wires.
* Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury.
* **If in a Moving Vehicle:**
* Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
* Assess patient(s) for any injuries.
* Attempt contact, using primary and/or alternate communications, with dispatch and provide a status report and condition of any patients in the vehicle.
* Obtain instructions on how to proceed from Incident Commander via dispatch, radio, or word of mouth.
* Proceed cautiously once the earthquake has stopped.
* Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
  + **If Trapped Under Debris**:
* Use only flashlights, no flames.
* Do not move about or kick up dust.
* Cover your mouth with a handkerchief or clothing.
* Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.
* **If in an Elevator:**
* If power fails, elevator will stop, and lights may turn off.
* **Drop, Cover, and Hold On** immediately.
* **Exit as soon as possible.**
* Most commercial elevators have earthquake sensors and shut themselves down during an earthquake.
* If the elevator does not move and the alarm doors do not open, press the emergency button for help and wait for assistance. Do not attempt to climb out.
* Wait for response and follow directions from emergency personnel.
* **Wheelchair Strategies:**
  + **Lock** wheels and remain seated until the shaking stops.
  + Always protect your head and neck with your arms, a pillow, a book, or whatever is available.
  + Staff may try to protect patients with pillows or blankets as safety permits. If patients are under a heavy light fixture that could fall, try to move the patient to the nearest safe place.

1. **Response and Recovery**

* **Management - After the Shaking Stops**
* Activate the Incident Command System (ICS).
* Incident Management Team (IMT) will report to the Emergency Operations Center
* Liaison Officer shall maintain communications with the local Emergency Operations Center (EOC).
* **The IMT will meet to ascertain damage reports and outside emergency information by contacting the local office of emergency management and by listening to a battery-operated radio or television.**
* All regular staff shall report to the labor pool.
* When possible, report status to the state’s licensing agency.
* DO NOT attempt to use telephones or elevators.
* DO NOT evacuate a building during or after an earthquake unless directed by the Incident Commander or emergency personnel from the fire or police departments unless in eminent danger (fire, flooding). The safety of the building, surrounding areas, and roadways must be assessed before partial or full evacuation can occur.
* If you are in a damaged area and are not seriously injured, your first responsibility is to yourself and then the patients. Reassure them and attempt to keep others calm. If safe to do so, rescue people in immediate danger and assist the injured. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
* Use common sense and keep safety as a top priority when attempting search and rescue.
* Report any casualties to your immediate supervisor or Incident Commander.
* **Open cabinets cautiously as** contents will have shifted.
* **Stay away from damaged areas** unless your assistance has been specifically requested by police, fire.
* Return home only when authorities say it is safe.
* **Be aware of tsunamis if you live in coastal areas.** When local authorities issue a tsunami warning, assume that a series of dangerous waves is on the way. Stay away from the beach**.** Have a higher ground location identified and move there and stay until all clear.
* Identify, isolate, and contain spilled chemicals or other hazards. Do not attempt to clean up these chemicals, but ensure patients and staff stay clear of the area. Leave the area and report if you smell gas or fumes from other chemicals.
* Check for fire or fire hazards from broken electrical lines or short circuits and follow the fire response procedures if a fire is discovered or can be expected.
* Do not attempt to lead or assist any patients to leave the program site until you are directed to do so by the Incident Commander or his or her designee. If the program site has not been made unsafe by the earthquake, it is advisable to encourage patients to stay inside until they have arranged safe transportation home or have determined the conditions of the roadways.
* Make sure all patients and staff wear shoes in areas near debris and glass. Immediately clean up spilled medications, drugs, and other potentially harmful materials.
* If power failure is possible or predicted and standby generators are not available, staff will need to make accommodations to move vaccines and other refrigerated or frozen medications.
* **Inspect Utilities:**
* **Check for gas leaks.** If you smell gas or hear blowing or hissing noise, open a window, and quickly leave the building. Turn off the gas at the outside main valve if you can if safe to do so and report to gas company. If you turn off the gas for any reason, it must be turned back on by a professional.
* **Look for electrical system damage.** If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker if safe to do so. Report to appropriate authorities.
* **Check for sewage and water lines damage.** If you suspect sewage or water lines are damaged, avoid using the bathrooms and water and call a plumber. Emergency water can be obtained; assess bottled water inventory.
* Check closets and storage shelve areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.
* Turn on radios to the following emergency broadcast stations: <Insert Station Numbers>.
* Contact the local Emergency Operations Center (EOC) to obtain latest information and to report the needs of the program site/organization per the Communications Plan .
* Be prepared for aftershocks.
* Await instructions. The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the program site’s standard operating procedures and direction from local police and/or fire departments that have authority in the area.

1. **Remain at work unless you are released by your supervisor.** Do not attempt to travel before you have made sure that your supervisor has accounted for you.
2. **Continuity of Operations**

* **Management**
* After an earthquake occurs, the CEO/Executive Director or Incident Commander will assess each program sites ability to continue and maintain operations. This will be accomplished with the aid of the fire department and/or trained building inspectors. The closing of the entire program site or portions of the building will be determined by the Incident Commander.

#### Incident Management Team Roles and Responsibilities

Incident Commander

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Notify program site Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status |
|  | Activate the Emergency Operations Plan, Earthquake Response Plan, and Incident Management Team (IMT) |
|  | Establish operational periods, objectives, and regular briefing schedule. Consider the use of the Incident Action Plan Quick Start for initial documentation of the incident |
|  | **Intermediate Response (2-12 hrs)** |
|  | Activate the Evacuation Plan if needed |
|  | Consider alterations in the provision of patient care services |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Review and revise the Incident Action Plan based on the continued assessment of program site, status of patient care operations, and community impact from the event |
|  | Continue to assess the program site status based on information from Operations Section; determine need for increased evacuation or, if possible, repatriation of clinical sites |
|  | Activate the Business Continuity Plan |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Initiate the repatriation of all evacuated patients, staff, and services |
|  | Determine the ability to resume pre-incident services, including elective procedures and appointments, and direct activation of recovery plans for clinical operations |
|  | Activate the Demobilization Plan and initiate system recovery |
|  | Determine the ability to resume normal operations based on input from all sections, community providers, and regulatory agencies |

Public Information Officer

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Contact the media to gather situational assessment |
|  | Monitor media outlets for updates on the incident and impacts on the program site. Communicate information via regular briefings to IMT and Incident Commander as directed |
|  | Coordinate with community partners in accordance with local policies and procedures to provide incident details, community status, estimates of casualties, and establish process for requesting supplies, equipment, or personnel not available in the program site |
|  | Assist with updating patients, staff, and families/guardians |
|  | **Intermediate Response (2-12 hrs)** |
|  | Continue briefings to patients, staff, visitors, and media as appropriate |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Continue media and staff briefings as indicated |
|  | Address social media issues as warranted; use social media for messaging as situation dictates |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Provide a closing briefing to the media |
|  | Notify patients, staff, and visitors of the return to normal operations |

Liaison Officer

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Coordinate with community partners in accordance with local policies and procedures (e.g., consider local Emergency Operations Center, other area facilities, local emergency medical services) to provide incident details, community status, estimates of casualties, and establish process for requesting supplies, equipment, or personnel not available in the program site |
|  | Communicate with other facilities to determine their situation status, ability to accept patients if they are transferred from you, or if your program site’s evacuation and abandonment is ordered |
|  | **Intermediate Response (2-12 hrs)** |
|  | Continue ongoing communications and information sharing with local response partners, public safety, and emergency management officials |
|  | Provide information regarding the program site’s operational status to public safety and healthcare partners as approved by Incident Commander |
|  | Communicate with local emergency management and utility providers to determine the projected length of outage, if applicable |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Communicate with outside response partners, healthcare organizations, mutual aid providers, and local officials on status of community healthcare infrastructure, community status, projected impacts, and availability of mutual aid |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Notify external partners and stakeholders of the operational status, including the repatriation of patients and the return to normal operations |

Safety Officer

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Identify safety hazards and mitigation strategies based on program site assessment; complete HICS 215A for distribution |
|  | Notify the Incident Commander and Operations Section Chief of any internal or external areas that are unsafe for occupancy or use |
|  | With the Operations Section, ensure that unsafe areas are restricted by signage or barrier tape, or by posting staff to monitor entry points |
|  | Monitor the Operations Section for compliance with safety equipment and actions during damage assessment and search procedures |
|  | **Intermediate Response (2-12 hrs)** |
|  | Monitor ongoing operations to ensure the safety of patients, staff, and visitors as well as response personnel |
|  | Ensure that safe work practices, including use of personal protective equipment, are utilized in search and rescue operations and at alternate care sites |
|  | Assess onsite caches of chemicals and other hazardous materials; initiate measures to render safe any spills or damages. Update HICS 215A based on the evaluation |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Continue monitoring of operations for site safety |
|  | Initiate a reassessment of program site and campus if aftershocks occur |
|  | Collaborating with an Engineer or Seismic Specialist, assess the entire program site and campus for seismic safety and provide assessment data, safety issues, repair needs and long-term impacts to the Incident Commander |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Provide a final briefing to IMT |
|  | Determine the need for continued alterations in operations to ensure a safe workplace |
|  | Assess if all areas used in expansion of services are safe for the return to normal operations |
|  | Prepare final HICS 215A for inclusion in Demobilization Plan |

Operations Section Chief

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Initiate surge and response specific treatment plans:   * Activate triage and treatment areas and teams * Assess injuries to current patients, visitors, and staff * Activate the Surge Plan * Initiate the discharge of patients if community infrastructure allows * Activate the Fatality Management Plan   Assess scheduled outpatient appointments and procedures for postponement |
|  | Assess damage to program site infrastructure, including:   * Status of all utilities * Ability to sustain operations with current impact on infrastructure and utilities * Activate utility contingency plans * Activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries * Safety status of external sites including landing zones, exterior shelter sites, all buildings on campus, parking structures, fences and gates, external lighting, roadways, and sidewalks   Status of negative pressure isolation rooms |
|  | With Safety Officer, identify areas of program site and campus to be secured against access by patients, staff, and visitors; ensure notification of IMT for dissemination of information |
|  | Provide situational specific information to Public Information Officer for messaging to all staff |
|  | Determine the need for subject matter expertise (e.g., structural, or seismic engineer) and request personnel |
|  | Secure all entry and exit points |
|  | Assess the status of all alarms, cameras, and security systems internal and external to the program site |
|  | Activate search teams if needed; integrate efforts with local public safety personnel |

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|  | **Intermediate Response (2-12 hrs)** |

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|  | If evacuation is required:   * Prioritize areas for evacuation based on the Safety Officer’s evaluation of the threat to life * For partial (lateral or vertical) evacuation: * Prepare and ensure transfer of patient records, medications, and valuables to transfer location * Provide patient information as appropriate * If evacuation is from secondary fire or explosion, evacuation must be to a fire compartment at least two compartments away (horizontally or vertically) from the fire or explosion * Reassign personnel to ensure adequate staffing in area receiving patients   For complete evacuation:   * Prepare and ensure the transfer of patient records, medications, and valuables to holding or assembly areas * Confirm the transfer and timeline with the receiving program site, providing patient information as appropriate * Establish safe holding or assembly areas to place patients, patient belongings, and staff until transferred   Reassign staff to accompany patients to alternate locations to ensure adequate staffing for patient care |
|  | Continue patient care services; expand triage and treatment teams as needed |
|  | As needed, activate crisis standards of care guidelines for patient services |
|  | Activate Fatality Management Plan, if appropriate |
|  | Continue to monitor the need for partial or complete program site evacuation |
|  | Consolidate damage reports and initiate repairs |
|  | Activate the patient information center |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Continue the monitoring of patient care services and the need for alteration of service delivery |
|  | Identify additional supply, equipment, and personnel needs to maintain patient care services |
|  | Continue or reactivate a damage assessment based on program site size, occurrence of aftershocks, and impact on infrastructure |
|  | Assess the event impact on security systems and the ability to maintain safe and secure operations |
|  | Assess the need for continued operations based on long-term impacts to the program site and community |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Ensure that all documentation, including damage assessments, repair costs, and tracking materials, are submitted to the Planning Section |
|  | Ensure all patients have been repatriated, discharged, or transferred |
|  | Deactivate all sites used to support clinical operations and return them to pre-event status, including cleaning and repairs as needed |
|  | Deactivate the triage and treatment areas for return to normal services |
|  | Give the “all clear” to reschedule canceled surgeries, procedures, and outpatient appointments |
|  | Prepare a final report of damage assessment and a plan for repairs, as needed |
|  | Complete a damage report, progress of repairs, and estimated timelines for restoration of program site to pre-incident condition |
|  | If record keeping included use of paper-based records, ensure all clinical information is entered into electronic medical records |
|  | Ensure a notification of status to all family members; demobilize patient notification center |

Planning Section Chief

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Establish operational periods, incident objectives, and the Incident Action Plan in collaboration with the Incident Commander |
|  | Gather internal situation status including supply and equipment status, current staffing, and visitor census |
|  | Gather internal situation status including patient census and bed status |
|  | Initiate the gathering of situational status, program site census data, and infrastructure status for inclusion in Incident Action Plan |
|  | **Intermediate Response (2-12 hrs)** |
|  | Continue to gather program site status information as well as external community status information and advise the IMT as indicated |
|  | Begin a projection of the situational status and impact for a minimum of 96 hours of operations without community support |
|  | Track staff and equipment; develop projected usage patterns |
|  | Track patients and beds; develop projected usage patterns |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Ensure the Demobilization Plan is being readied |
|  | Continue staff, equipment, and materials tracking |
|  | Continue patient and bed tracking |
|  | Maintain and update the situational status boards, Incident Action Plan, and other documentation tools for timeliness and accuracy of information received |
|  | Collect and archive all data and paperwork generated during response and recovery actions |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Finalize and distribute the Demobilization Plan |
|  | Conduct debriefings and After-Action Review with:   * IMT * Administrative personnel * All staff * All volunteers |
|  | Draft an After-Action Report and Corrective Action and Improvement Plan for submission to the Incident Commander, describing:   * Summary of the incident * Summary of actions taken * Actions that went well * Actions that could be improved * Recommendations for future response actions |
|  | Deactivate the patient and bed tracking units and provide a final report to Demobilization Unit |
|  | Ensure all electronic and paper documents created in event response are collected and archived |
|  | Prepare a summary of the status and location of all patients, staff, and equipment. After approval by the Incident Commander, distribute it to appropriate external agencies |
|  | Ensure the documentation of all data, actions, and situational status is addressed and incorporated into the Demobilization Plan |

Logistics Section Chief

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Assess the status of information technology systems; initiate repairs and downtime procedures if necessary |
|  | Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations Section to ensure safe patient relocation, if necessary |
|  | Inspect all onsite supplies and equipment for inventory and for damage and necessary repairs |
|  | Assess all onsite communications equipment for operational status; activate contingency plans as needed |
|  | **Intermediate Response (2-12 hrs)** |
|  | Activate staff to assess personnel resources, receive volunteers, and provide personnel support to operations as needed |
|  | Establish sheltering and feeding services for staff, family members, and if necessary, people seeking shelter |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Reassess the status of communications and information technology services if aftershocks occur |
|  | Assess the status of onsite supplies and equipment and ability to maintain services for up to 96 hours without community support |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Inventory the program site Emergency Operations Center and program site supplies and replenish as necessary, appropriate, and available |
|  | Deactivate nontraditional areas used for sheltering and feeding and return to normal use |
|  | Assess all deployed supplies and equipment for necessary repairs, cleaning, and restocking |

Finance/Admin Chief

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| **Checkmark** | **Immediate Actions (0-2 hrs)** |
|  | Track all costs including those associated with personnel time, loss of revenue, repairs, acquisition of supplies and equipment, and altered operations |
|  | **Intermediate Response (2-12 hrs)** |
|  | Continue to track staff hours associated with the emergency response |
|  | Activate the policy and procedures to procure additional supplies and equipment |
|  | Activate the documentation of all damages, prepare insurance and other claim reports, and work with state and federal partners on documentation and tracking of all costs |
|  | Continue tracking of all costs and project costs for continued operations without community support |
|  | **Extended Response (Greater than 12 hrs)** |
|  | Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damages |
|  | Continue tracking of expenses and expenditures (e.g., personnel, equipment, and supplies) |
|  | **Demobilization/Recovery (Greater than 24 hrs)** |
|  | Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff |