

FLASCO Disaster Plan Proposal
August 2008

Purpose:

1. Continuity and safety of patient care
2. Maintain practice business continuity and financial stability
3. Required by HIPAA
 - a. Contingency planning
 - b. Disaster recovery process

Goal:

1. Provide written disaster plan outline for oncology practices to individualize
2. Establish FLASCO emergency oncology network - oncology practices distributed throughout the state of Florida who agree to be the alternate physician and/or coordinate patient care in your region

Requirements:

1. Leadership
2. Planning
3. Coordination
4. Communication
5. Documentation

PRE-DISASTER

1. Disaster Plan Coordinator Responsibilities
 - a. Written plan
 - i. Have the written plan location identified and the plan available to all staff members. Also available electronically on website, password protected.
 - b. Ensure communication between all entities. Have backup disaster plan coordinator
 - c. Emergency supplies - Establish location in each office known and available to staff.
 - i. Flashlight (two), batteries (include extra), masking tape, first aid supplies (aspirin, Tylenol, bandages, scissors, tweezers, antiemetics, adhesive tape, cold compresses, antibiotic ointment, disinfectant, cleaning solutions, burn treatment aloe, gauze, wound closures, safety pins, rubber gloves, saline, mask and CPR mask, sun block), blood products, blankets, extra clothing, towels, portable radio, bottled water, food, can opener, extension cords, disinfectant agents, biohazard container or bag.
 - ii. Summary contact list of all critical vendors, business entities.
 - iii. Emergency tools - crow bar, hand saw, work gloves, goggles, axe, shovel, hard hats, duct tape, folding ladder for rescue operations, hammer, pliers.
 - iv. Staff telephone list (home and cellular)
 - d. Determine all staff assignments, have defined roles (chain of command)
 - e. Establish and maintain proper training
 - i. Conducted by safety committee representatives, office manager, human resource manager.
 - ii. Practice executive director to review documentation of training annually.
 - iii. Orientation, annual updates - drill at individual office and practice-wide
2. Office Manager
 - a. Organizes emergency supplies
 - b. Prints all critical phone and vendor contact - Contact information for all vendors - name, product/service, contact person, alternative contact person, telephone, fax, email (includes bank,

- chemotherapy supplier, office supplier, biohazard waste disposal agency, CPA, attorney, cleaning service, security service, etc.)
 - c. Secures offsite all practice business documents
 - i. Insurance papers - General, building, personal property, liability, business interruption, flood, hurricane, malpractice
 - ii. Documents - MD and staff diplomas, payroll list, telephone directory, managed care insurance contracts, hospital privileges documents..Office construction documents, blueprints as built. Partnership and employment documents (partnership, real estate, management contracts, stockholder agreements, business leasing agreements (LLC, LLP). Area and regional maps. Equipment and building warranties and service agreements.
 - d. Video and/or photograph all offices, all equipment and furniture inventory. Updated annually by practice manager, and prior to any anticipated disaster (24 hours or more warning). Maintain onsite and offsite
 - e. Computer backup onsite and offsite (office financial records, office patient clinical records, office patient demographic information)
 - f. With HR Manager have computer and written list of all staff contact information - name, job description, home address, home phone, cell phone, email address, alternative phone, alternative email, alternative address, emergency contact person, evacuation zone, initial notification, subsequent notification log
 - g. Have prepared script for office telephone "on hold" message. This can be emailed or faxed to vendor that can update the script for incoming phone calls.
 - h. Have central phone number for a patient to call and alternative phone number (offsite)
3. IT Manager
- a. Secure all medical and business records offsite, hard copy and remote storage.
 - b. Backs up all medical and financial documents from EMR and practice management system, hard copy offsite and coordinates remote storage.
 - c. Ensure offsite backup of office information (patient demographics and insurance information, patient/payment records accounts receivable, bank account statements, managed care contracts, brokerage house statements, vendor statements, staff phone number (home, cell). Staff payroll records, practice management reports, patient medical records (EMR). Practice CPA, practice attorney, practice cleaning service, practice security service, biohazard waste disposal agency, chemotherapy supplier - business name, contact person, phone, alternative phone, 24-hour phone, address
4. Human Resources Manager. Prints out all employee contact information, keeps copy and provides copy to disaster plan coordinator and backup coordinator.
5. Bookkeeper/Accounts payable
- a. Secures offsite all vendor/supplier contact information, invoices, financial documents, insurance documents.
 - b. Contact bank and supply vendors regarding status of accounts payable
6. Nurses, ARNPs, PAs, Medical Assistants, Physicians
- a. Secure all inventory (perishable and nonperishable), medical equipment.
 - b. Removes and stores offsite all medication inventory to generator-serviced site or secure offsite with power, maintains inventory and provides copy to office manager.
 - c. Coordinate patient continuity of care - With Scheduling and Medical Records staff
 - i. Patient Rescheduling / Continued Medical Care

- ii. Contact patients and alternative physician/hospital
 - iii. Print two weeks of patient schedules
 - iv. Provide patient copy of salient medical records and also forward to alternative provider, if identified. Include treatment plan and treatment summary and followup plan documents, current medication list
 - v. Identify alternative physician/hospital sites of medical service (i.e. FLASCO emergency oncology network, contact county, state and national medical societies)
 - vi. Ensure communication of patient medical records to patient and alternative physician/hospital
 - vii. Communicate with alternative physician providing future care
 - viii. Maintain HIPAA compliance
 - ix. Determine availability and ability to administer vaccinations - polio, tetanus, hepatitis B, hepatitis C
7. All Staff (department specific).
- a. All window blinds drawn and closed, remove all flammable candles and lamps from building, all furniture and medical equipment (if feasible) moved away from windows, placed on counters, cabinets (off floor) and covered in plastic sheeting tied or taped in place.
 - b. All electrical equipment unplugged.
 - c. Clean out break room refrigerator. Removes all personal items. Removes all trash from premises.
 - d. Closes and secures all room doors, windows, barricade with sandbags if possible or required.
 - e. Secures all business documents, equipment, inventory

DISASTER EVENT

Any employee can contact 911 regarding any emergency, pull fire alarm with visible fire or suspicious smoke, communicate to office staff and patients present disaster event occurred (fire, smoke, explosion, biohazard exposure, radiation exposure, chemical/toxic fumes, bomb threat [telephone or suspicious object] power outage, etc.).

All staff will assist patients and coworkers outside the building via stairs, elevator not to be used.

1. Disaster Plan Coordinator
 - a. Establish command center - initiate plan, monitor, update, and revise and provide summary report
 - i. Identify various disaster scenarios, hurricane, tornado, flood, bomb explosion, radiation exposure, biohazard exposure - toxic gas, biologic agent, building fire, building collapse, plane crash, wildfires, smoke, terrorism. Objective criteria should be utilized - local, state, federal government evacuation announcement, office disaster event.
 - b. Disaster Plan Coordinator or designee (physician, senior management staff, senior employee) meets the fire department, police department, security, etc. for an office disaster
 - c. Develop and monitor timeline for disaster plan activities
 - d. Identify essential activities/services for patient care and office practice continuity
 - e. Updates practice disaster section on website, with assistance from IT manager, keeping staff, patients, and community informed
 - f. Remain in contact with local/county medical societies, state medical society, state professional societies
 - i. FLASCO, ASCO, ASTRO, ACRO, ASH
 - ii. CMS - Centers for Medicare & Medicaid Services - www.cms.gov

- iii. FEMA - Federal Emergency Management Agency, P.O. Box 70274, Washington DC 20024 - www.fema.gov
 - iv. HHS Department of Health and Human Services - www.dhhs.gov/emergency/index.shtml
 - v. CDC - Centers for Disease Control and Prevention - www.bt.cdc.gov.
 - vi. Pandemic flu - www.pandemic.flu.gov.
 - vii. Agency for Healthcare Research and Quality - www.ahrq.gov/plep.
 - viii. www.un.org/terrorism. www.defenselink.mil/other_info/terrorism.html.
 - ix. FDA - Food & Drug Administration - www.fda.gov
 - x. IRB (if patients on clinical trials)
 - xi. Florida Department of Insurance, 800-528-7094
 - xii. National Flood Insurance Program, 800-358-9616
 - xiii. Small Business Administration, 800-359-2227
 - xiv. Disaster Application Center, 800-462-9029
2. Office Manager Coordinates and Supervises
- a. Contacting media on closing and opening of office after approval from disaster plan coordinator
 - b. Secure equipment, furniture, records, building
 - c. Unplug electricity, waterproof equipment (place in plastic covers, elevate off floor, put on shelves, secure locations)
 - d. Determine if office security system functional, windows and doors closed, locked, evaluate risk of and any evidence of vandalism. Determine and coordinate security of building and property (power, lighting, generator)
 - e. Evaluate need for containment and disposal of biohazard waste, decontamination and radioactive fallout potential
3. Nurses, ARNPs, PAs, Medical Assistants, Physicians
- a. Evaluate disaster site for any personnel injury, death; confirm evacuation of office by all individuals (staff, patients, family members, caregivers, vendors, service representatives).
4. Communication Teams
- a. Determine mobility (car, bus, train, plane, fuel availability)
 - i. Airport name, address, telephone
 - ii. Train station name, address, telephone
 - iii. Bus terminal name, address, telephone
 - b. Determine availability of water, food, electricity, communication, housing
 - i. Water. City water contact information - person, phone number. County water contact information - person, phone number. Website, email address
 - ii. Electricity. City electric/power contact information - person, phone number. County electric/power contact information - person, phone number. Website, email address
 - iii. Shelters. (hospitals, schools, enclosed shopping mall, alternative sites) - person, address, phone number.
 - iv. Relief organizations
 - (1) American Cancer Society. National: 800-ACS-2345.www.cancer.org.
 - (2) American Red Cross. National: 1-800-733-2767.www.redcross.org.
 - c. Communication. Remain in contact with public service communication sources
 - i. TV weather channel number, radio weather channel number.
 - ii. TV news stations, local and national name and number.
 - iii. Security forces.

- (1) Police Department
- (2) Fire Department
- (3) Sheriff
- (4) Florida Highway Patrol
- (5) Homeland Security - Florida: Thomas J. McInerney, Homeland Security Advisor, PO Box 1489, Tallahassee, FL 32302-1489 Phone: 850-410-8300-
www.fdle.state.fl.us/osi/DomesticSecurity/
- iv. National Guard
- d. Utilize practice website, telephone, fax, cellular phone, for keeping patients informed.
 - i. On website have section permanently established with disaster plan protocol for staff and patients.
5. Conducting Research in Emergency Situations
 - a. Scenarios
 - i. Ongoing research disrupted by a disaster
 - ii. Studies approved in anticipation of a disaster
 - iii. Studies done on victims of a disaster
 - iv. Emergency use authorization situations
 - b. Principles from the Belmont Report To Be Maintained
 - i. Respect for person - individual autonomy, protection of individuals with reduced autonomy
 - ii. Benefits - Maximize benefits and minimize harms
 - iii. Justice - Equitable distribution of research risk and benefits
 - c. Research in disaster situation
 - i. Secretary of HHS declares emergency
 - ii. FDA authorizes emergency use of drugs/devices
 - iii. Federal Register notice is required plus information on the FDA website
 - iv. Terminates in one year or less (unless approved to continue emergency situation by Secretary of HHS and approved by FDA)
 - v. No IRB approval necessary, but records must be kept and submitted
 - vi. No written consent required
 - d. Questions / Concerns
 - i. Will research involve unapproved products or unapproved use of products?
 - ii. Patients need to be kept informed and safe
 - e. Goals
 - i. To protect continuity in FDA-regulated studies
 - ii. To protect communication with regulatory authorities
 - iii. To keep patients informed about what to do
 - iv. PI (principal investigator) must maintain compliance with 45CFR46
 - (1) Unanticipated problems involving risk to patients or others
 - (2) Suspension of trials
 - (3) Termination of trials

POST DISASTER - RETURN TO OFFICE OPERATIONS

1. Disaster Plan Coordinator
 - a. Determines when to return to office, monitors progress, provides summary analysis and report, recommendations for any revisions of plan and personnel

2. Office Manager
 - a. With HR Manager contacts staff to initiate responsibilities to re-establish practice
 - b. Contacts all vendors, banks, insurance companies, construction contractors and engineers, cleaning companies. Business name, contact person, phone. Alternative contact person, phone number. Email address and fax number. 24-hour phone number. Street address, city, state, zip. Website. Inform them to discontinue supplies and then resume supplies and services.
 - c. Photographs and video tapes damage to practice. Damage assessment report, coordinated with other managers and staff, document with pictures, video
 - i. Lost items - replacement - cost
 - ii. Damaged items - repair/replacement - cost
 - iii. Recommendations, oversees repairs, replacement
 - d. Determines status of security, power
 - e. Contacts insurance company representatives for appraisal and report, as needed
 - f. Oversees return and restock of inventory, office supplies, medical supplies. Prioritize retrieval of office supplies, equipment with offsite location, monitor, and return
 - i. Medication that requires refrigeration
 - ii. Computer servers and equipment
 - iii. Medical equipment
 - iv. Furniture
3. Scheduling Staff
 - a. Contact patients to reschedule appointments onsite, offsite or alternative site (other providers)
4. Nurses, ARNPs, PAs, Medical Assistants
 - a. Reorder and restock chemotherapy and medication supplies
5. IT Manager - Evaluates and re-establishes computer network, telephone, security system
6. Laboratory personnel - Evaluates functionality of equipment, recalibrate, quality control testing, reorder, restock inventory

CHALLENGES FOR FLASCO EMERGENCY ONCOLOGY NETWORK

1. Need participating physicians to create network
2. Need central database of network
3. Financial impact to providing treatment to uninsured patients, out of insurance network reimbursement
4. Having adequate staff, facility, drugs for influx of new patients
5. Availability of accurate medical records, treatment plan, authorization forms, clinical trial protocol, clinical trial drugs, authorization/consent forms
6. Ability to communicate with patient's referring physician
7. Providing treatment to uninsured patients (indigent drug availability)
8. Coordination of care when patient returns back to referring physician