



Medical Society of the State of New York
Physicians Emergency Preparedness Toolkit
**EMERGENCY PLANNING CHECKLIST FOR
MEDICAL OFFICES AND CLINICS**

1. Surveillance and Reporting

- A system is in place to report infectious and communicable disease outbreaks to the local health department (LHD) using the most current reporting criteria from the LHD and/or New York State Department of Health (NYSDOH).
https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm
<https://www.health.ny.gov/professionals/diseases/reporting/communicable/>

2. Communications

- Telephone, email and fax list has been created for essential local healthcare providers (e.g., local hospitals/health facilities, home health care agencies, social service agencies, emergency medical services, commercial and clinical laboratories, relevant community organizations).

3. Staff Education

- Staff education and training has been conducted or arranged on infection control measures to prevent the spread of infectious and communicable diseases.

4. Patient Education

- Materials have been provided for patients on infectious and communicable diseases.

5. Triage

- A system has been created and implemented to triage patients using phone and/or e-mail where appropriate to identify those who require an office visit for a medical evaluation, those who should be referred to a hospital emergency department and those who can be treated at home. Consider extending hours of operation to include telephone triage of patients during a community outbreak.

6. Surge Capacity and Employee Absenteeism

- The office's essential functions and necessary staffing have been identified and cross training has occurred to allow for potential absenteeism.
- Staff members have been encouraged to develop their own family care plans.

7. Infection Control

- Language-appropriate signs have been posted directing patients and those accompanying them to:
 - Notify reception if they have symptoms
http://www.health.ny.gov/diseases/communicable/ebola/#hospital_signage
- Patient contact procedures are as follows:
 - Clean/Wash hands
 - Put on medical/surgical mask and gloves
 - Put on eye protection; gown if there is a risk of exposure to bodily fluids
 - Remove personal protective equipment and wash hands after seeing patient
 - Clean and disinfect personal/dedicated patient equipment between patients
- For Aerosol-generating procedures (nebulized treatment, CPR, suctioning, intubation, bronchoscopy):
 - Limit room entry to essential staff only
 - Put on gown and N-95 respirator if available
 - Put on eye protection and then put on gloves
 - Perform procedure in adequately ventilated room (negative pressure room, if available)



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- After the patient leaves the office:
 - Patient equipment is disposed of or cleaned
 - Surfaces are cleaned with approved disinfectant
 - Viral contaminated waste is disposed of as trash
 - Bag linen is disposed of at point of origin

8. Vaccination

- A plan for the safe handling and storage of vaccines has been developed. More information about appropriate vaccine storage and management can be found at:
www.nyhealth.gov/prevention/immunization/supply_storage.htm
- A plan is in place to become familiar with Vaccine Adverse Event Reporting System (VAERS) and how to report adverse events from vaccination. For more information, visit the VAERS website at:
<https://vaers.hhs.gov/index>

9. Treatment/Antiviral Medications

- Antibiotics
 - Amoxicillin/clavulanic acid (trade name Augmentin; generic available)
Generally used for urinary tract infections, respiratory infections, skin and soft tissue infections, sinus infections, cat scratches, infections caused by the bacterial flora of the mouth, such as: dental infections, and infected animal bites
 - Trimethoprim/sulfamethoxazole (trade names Septra or Bactrim; generics available).
Generally used for upper and lower respiratory tract infections, renal urinary tract infections, gastrointestinal tract infections, skin and wound infections.
- Antivirals
 - Oseltamivir (Tamiflu)
 - For treatment of influenza
 - ◆ NYS DOH will issue guidance and information on supply of antivirals

10. Occupational Health

- An occupational health plan has been developed that includes a sick leave policy for personnel who have symptoms of or documented infectious disease. The policy considers:
 - Requiring staff with febrile respiratory illness to remain home until they are no longer infectious (afebrile for 24 hours without antipyretic medications).
 - Excusing staff members who become ill at work immediately.
 - Policies for personnel who need to care for ill family members.

11. Supplies

- Supply needs have been anticipated (e.g., masks, gloves, hand hygiene products, medical supplies) and a plan has been developed to address possible shortages.
 - Providers are encouraged to contact their local health department if they have difficulty securing needed supplies.

Resources:

- New York State Department of Health: www.nyhealth.gov
- New York City Department of Health and Mental Hygiene: www.nyc.gov/health/nycmed
- World Health Organization: www.who.int/en/
- World Health Organization (WHO) Model List of Essential Medicines
http://en.wikipedia.org/wiki/WHO_Model_List_of_Essential_Medicines#Antibacterials