



New York State Department of Health  
Community-Based  
**Care Center  
Toolkit**

# Annexes



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Note: This document is being provided to assist  
localities with planning for Community-Based Care centers.  
The final document is available at the above web site.

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## **Annex 1: Patient Transportation and Transfer Plan**

Transport of patients between Community-Based Care Center and area hospitals

- In the event that patients must be transferred from the Community-Based Care Center to the local hospital(s) or from the hospital(s) to the Community-Based Care Center every effort will be made to utilize modes of transportation in the following order of preference:
  - Mass transportation (buses, passenger vans);
  - Invalid coaches (ambulettes); and
  - Ambulances.
- In order to accommodate patients requiring transportation by ambulance:
  - Bureau of Emergency Services (EMS) will request ambulance resources from local private ambulance services. If possible, the ambulance(s) will be staged at the Community-Based Care Center and will handle transports between the Community-Based Care Center and hospital(s);
  - If private ambulance resources are not available, local volunteer EMS agencies will be requested to go on stand-by to handle said transports on a rotating schedule as long as the need exists;
  - If a patient or patients must be transported to a hospital for a medical emergency and the above resources are not immediately available, the ambulance request will be made through the 911 system and the closest available ambulance(s) will be dispatched according to normal emergency procedures and the county mutual aid plan; and
  - If the need for ambulances is large-scale and prolonged, the state EMS mobilization plan may be activated.
- Coordination of all transportation modes will be done through the county's emergency operations center (EOC) when activated.

## **Annex 2: Fatality Plan**

Based on the triage protocols which describe how patients are referred to the Community-Based Care Center is expected that patient acuity and severity will be moderate to low. Patients who are critically ill and require inpatient hospitalization would not be accepted into the Community-Based Care Center and would be sent to an acute care hospital. Similarly, patients who become critically ill and require inpatient hospitalization while at the Community-Based Care Center will be transferred to an acute care hospital stabilization and treatment. Because patient acuity at the Community-Based Care Center will be kept at minor to moderate levels we do not expect mass fatalities at the alternate care site.

It is reasonable to assume however that occasionally a fatality may occur. In this case the patient will be handled in a similar manner as other non-hospital medical facilities. The body will be stored in a location away from patient care areas, in an appropriate storage container and when possible refrigerated until the County Coroner can remove the body. If for any reason there is a substantial delay in the transportation of deceased patients from the Community-Based Care Center and more than two deceased are present at the site a request will be made through the ICS chain of command to have a portable refrigerator unit brought to and stationed at the alternate care site.

Any and all other concerns regarding fatality management while operating at the Community-Based Care Center should be managed as described in the County, Office of the County Coroner, Mass Fatalities Incident Response Plan which is an Annex to the County Comprehensive Emergency Management Plan and available through the County Bureau of Emergency Services and Emergency Operations Center.

## **Annex 3: Communication Plan**

Vitally important to the success of any mass organization event is communication.

Communication is the key to allay fears and concerns as well as to provide instructions for all involved in an alternate care site model. It is critical to use the time before the Community-Based Care Center opens to educate the public about the disease, its etiology, treatment and what they should do if they believe they have been exposed. Clear and consistent information should be disseminated quickly and updated regularly to avoid misinformation and reduce anxiety. This section provides an overview of communication issues to be considered and addressed before the Community-Based Care Center is opened and while the Community-Based Care Center is operational.

### **Risk Communication**

According to the CDC, crisis and emergency risk communication encompasses the urgency of disaster communication with the need to communicate risks and benefits to stakeholders and the public. Crisis and emergency risk communication is the effort to provide information to allow an individual, stakeholder, or an entire community to make the best possible decisions about their well-being (Reynolds, 2002). Risk communication principles cite the phrase: be first, be right, be credible. This means communicating early and often and informing the public what is/is not known about a situation. A basic premise of risk communication is that perception of risk varies, and some risks are more accepted than others. Providing the public with timely, complete, accurate and easy to understand information will assist them in their decision making.

The Community-Based Care Center plan relies on risk communication messages to inform the public about a public health emergency, which empowers them to make decisions about their health. The DOH has staff trained in effective risk communication strategies and techniques. These individuals have access to emergency risk communication materials and are integral components to planning and implementing a public education and information campaign and working with the media.

### **“One Voice, One Message”**

The local DOH Public Information Officer (PIO) is the lead individual for providing updates and coordinating communications for the Health Department with other county agencies. Any communications that occur within the county must be consistent with those that are disseminated by the New York State Department of Health (NYSDOH) as well as other County Emergency

Management Partners. The local DOH PIO prepares information for the media and the public regarding the incident and the need to prophylaxis exposed individuals. The DOH spokesperson provides the information to the media and the public. The local DOH is responsible for tailoring this information to meet their needs and corresponding with the NYSDOH and public health partners regarding the Community-Based Care Center in their jurisdictions.

The local DOH will keep the public informed of the location of community triage centers and hours of operation, as well as provide them with knowledge that the public health system is working to assure their safety. General information for the unaffected population (psychologically impaired) will also be included. Information will advise them about the situation and provide them with actions they can take to keep themselves healthy.

The modes of communicating include, but are not limited to: radio, television, web and print. The local DOH will employ traditional and non-traditional methods of information distribution to get the message to as many individuals as possible. Hotlines and phone banks will be used to answer questions from the public regarding the incident. Individuals staffing phone lines will have a script to ensure a consistent message. Scripts will be drafted in advance of a public health emergency; details of the event will be filled in as necessary. The local DOH will create the scripts and coordinate the message with the NYSDOH Public Affairs Office as well as our local emergency management partners to ensure “one voice, one message” consistency.

### **Working with the Media**

Media interviews/press conferences will be held at the XXXXX County Bureau of Emergency Services. Public Information/Communication will be centralized at this location. This ensures consistent information and will help to decrease unnecessary Community-Based Care Center disruption since this will be a newsworthy event and local media will attempt to arrive at the sites, regardless of a pre-designated media staging area. Security will be provided with instruction on handling media if they appear at a Community-Based Care Center location.

The local DOH Commissioner of Health will act as a spokesperson or be responsible for preparing a designated media spokesperson. A pre-designated list of spokespersons for the DOH includes: the local DOH Commissioner of Health, the Associate Commissioner of Health, and the Supervising Health Educator (PIO). The Community-Based Care Center Communications Officer/PIO will liaise with the designated PIO to respond to media inquiries. Media inquiries will be directed to the appropriate representatives and an attempt will be made to centralize media inquiries. The DOH PIO will anticipate the questions asked by the media in advance and assist in preparing press statements, and this strengthens the likelihood that the correct public health message is disseminated.

## **Internal Communication**

Within the Community-Based Care Center the need to communicate among and within stations is the key to smooth operations and maintaining Community-Based Care Center flow. Inventory supply and staffing issues will require constant attention and communication among the appropriate individuals. The Community-Based Care Center Director is responsible for maintaining communication with the staff at the various work stations both inside and outside the Community-Based Care Center. This communication covers all aspects of Community-Based Care Center operations and ranges from re-ordering supplies from the local Emergency Operations Center (EOC) to reporting on-site security needs. Each area supervisor will be designated to act as the contact for that work area/station. This individual is responsible for communicating to the work area staff and connecting with other work areas regarding issues that arise during the operational period. This individual will then communicate with the Community-Based Care Center Director assigned to oversee the Community-Based Care Center. The Community-Based Care Center Director is the primary contact for the PIO regarding event issues. These contacts form an internal communication chain that may be used to disseminate information throughout the Community-Based Care Center.

Communication devices should be available at each work station, such as:

- VHF/UHF/800MHz Radios
- High-speed Internet
- Landline and IP telephones
- Cellular telephones

This equipment must be tested and serviced prior to the Community-Based Care Center opening to ensure proper functioning (e.g. adequate reception, charged batteries, extra batteries). Staff using this equipment must be trained to operate it correctly. If cellular telephones are used, providing the correct phone numbers for each work area/station and other emergency contact information is essential.

The Community-Based Care Center should enlist the assistance of a communication/IT technician to assist with the set-up of internal communication equipment. This individual may be tasked to work in several capacities, as needed, but should be designated as the internal communications liaison.

In addition to communication devices, each station should be equipped with paper/pens/pencils for staff to handwrite messages. In the event of a power outage and/or technical difficulties, and as a redundant method, written messages are an acceptable alternative method of communication within the Community-Based Care Center. Designated individuals who function as “runners”

should be utilized to physically distribute written and verbal messages within the Community-Based Care Center.

### **Notification**

The intent to open the Community-Based Care Center will be determined by the Commissioner of Health in conjunction with the NYSDOH. The local DOH will alert staff and public health partners of the plans to open and staff a Community-Based Care Center. Public health partners will be notified through the Incident Command System (ICS). Notification lists have been developed and distributed (in advance of a public health emergency) to those individuals responsible for contacting staff and other public health partners and stakeholders. These lists are verified and updated regularly to ensure correct contact information. Multiple methods of contact (e.g. telephone, cell phone, pager, E-mail) are identified to ensure that essential personnel are notified.

Contacting workers and others directly involved in CBCC operations in a timely manner is critical to ramping up and opening the site. Staff and volunteers must be aware how they will be contacted and where to report. In the event of a power outage, HAM radio operators (both amateur and those affiliated with OEM), may be utilized to relay information between the EOC and the Community-Based Care Center site. The XXXXX County Volunteer Coordinator will be responsible for contacting and deploying volunteers. A central meeting location has been identified in advance in case communication lines have been disrupted due to the emergency.

### **Public Information**

Strategies to educate Community-Based Care Center participants and the public are covered below. Some of the information and the dissemination strategies listed in this section overlap with public education outreach. In a post-event situation, communications disseminated to the public should demonstrate basic risk communication principles to control fear and panic and optimize their compliance with public health recommendations. The DOH PIO has been trained in risk communication and has drafted messages in advance.

An information campaign for the public regarding the primary triage and Community-Based Care Center referral procedures should begin immediately after a public health emergency occurs and a decision to open a Community-Based Care Center has been made. Providing the public with current information about the incident, steps to take if exposed to the agent, and the medical regimen for treatment is necessary.

Targeting those individuals who are appropriate to receive treatment and providing information regarding community triage center locations, hours of operations, public education and



registration materials must be a coordinated effort by all involved in the planning and implementation of an Community-Based Care Center. In the event that a Community-Based Care Center is needed, public information is a vital link to provide current and correct information. As the situation changes and information is updated, details to the public should be reflected in the messages.

Messages using multiple dissemination methods that direct individuals to access education and Community-Based Care Center registration materials are imperative. Public information must reach many populations and incorporate non-traditional distribution strategies. In addition to the media, local community leaders, who are perceived as trusted sources of information will be used as messengers to deliver public health messages to hard-to-reach populations. Word of mouth is a communication strategy that is often overlooked but in some communities/populations, it is the most credible and best way to reach these groups. Contacting community leaders and organizers with a prepared message is an effective method of reaching individuals who may not access other channels. Communication plans have been discussed with those county partners serving high-risk special needs populations. The local DOH has identified and secured commitments from community leaders so they will be ready to deliver messages when needed. Educational materials are planned to be available electronically via the DOH website. Printed copies will also be published in newspapers and other easily accessible public venues, such as community centers, libraries, grocery stores and places of worship. The XXXXX County EOC serves as the central command center where resources are identified and requested. The XXXXX County Purchasing Director has the authority to act upon requests by the Commissioner of Health for bulk copying of materials as well as assistance with distribution of important papers/documents.

The DOH Community-Based Care Center plan is designed with the premise that participants will arrive at the Community-Based Care Center having been educated about the disease and treatment as well as having completed a registration form. In order for the model to succeed public education is a key component. Communicating with the public in a high stress situation is difficult but it is necessary. This model recognizes and appreciates the value of providing risk communication and timely information dissemination. To ensure that public information is consistent at both the state and local level, the use of NYSDOH materials is strongly recommended.

**References:**

Reynolds, B. (2002). Crisis Emergency Risk Communication. Centers for Disease Control and Prevention. Atlanta: GA.

Emergency Risk Communication CDCynergy. (2003). Centers for Disease Control and Prevention. Atlanta: GA.

## **Annex 4: Site Security**

### Safety and Security

The local law enforcement agency given authority by the local executive shall provide guidance and oversight to the security plan of the community triage sites and alternate care sites location. They will be responsible for coordinating additional security resources such as volunteers and private security agencies.

Security personnel at the Community-Based Care Center site will be clearly identified and visibly positioned throughout the location. Security will maintain a presence at the Community-Based Care Center site 24 hours a day for the duration of the operational period and will lock down the building when needed. The reasons for maintaining security in the Community-Based Care Center include protection of medications and vaccines, protection of staff and to maintain order.

### Community-Based Care Center Lockdown Procedure\*

#### **I. PURPOSE**

The purpose of the lockdown policy and procedures is to provide guidance when the need to lockdown the Community-Based Care Center facility exists for any reason. This type of situation could involve mass contamination, picketing, demonstrations, act of violence, sit-in, passive resistance, civil disobedience, gang activity or other disturbances.

#### **II. POLICY**

The primary goal in a lockdown situation is to isolate and control access to the Community-Based Care Center facility while caring for the safety of the patients, visitors, staff and property.

#### **III. RESPONSIBILITIES**

##### **A. LAW ENFORCEMENT**

Management of a civil disturbance itself will be accomplished by law enforcement.

## B. SECURITY

Security staff, augmented if necessary, will conduct the internal response in the event of a need for lockdown and will take measures to control access to and from the Community-Based Care Center facility whenever possible.

## C. STAFF

All Community-Based Care Center clinical and non-clinical staff members will separate themselves, if at all possible, from any involvement in a civil disturbance.

## IV. PROCEDURES

### A. GENERAL – CIVIL DISTURBANCE

Regardless of how peaceful the intent or how righteous the cause of a civil disturbance, because of the strong emotional nature of the issues involved, these manifestations on many occasions end in rioting, violence and destruction/looting of property.

1. Based on the nature of the disturbance it will be managed by security staff until the decision is made that management of the situation requires the activation of the Community-Based Care Center Command.
2. Upon becoming aware of a civil disturbance situation, the Community-Based Care Center Director will be notified immediately.

### B. MASS CONTAMINATION

1. Contaminated individuals/equipment entering the Community-Based Care Center facility building may require the closure of all or part of the facility.
2. In a mass contamination situation, only individuals or equipment KNOWN to be free of contamination will be allowed in the building.

### C. ACTIVATION/NOTIFICATION

1. The decision to initiate lockdown will be made by the Community-Based Care Center Director, if available, based on information provided by security and other staff members.

## 2. Announcement/Notification

a. Upon specific guidance from the Community-Based Care Center Director or designee, the operator will announce the civil disturbance three times via available communication system. The proper announcement is:

<<Code Name for Lockdown>> “Nature and Location of Disturbance”

Repeat the statement every 15 minutes for the first hour, or as often as the Director instructs.

b. When directed by the Community-Based Care Center the operator will contact the appropriate law enforcement office and request immediate assistance.

c. When so directed by the Director or the senior administrative individual in the facility, the All Clear will be announced of the public address system as follows:

<<Code Name for Lockdown>>, Location, ALL CLEAR” (three times)

3. Upon announcement of lockdown the Command Center and other designated portions of the Command System organization will be activated. This will normally include as a minimum, a portion of the Planning Section.

## D. SECURITY OPERATIONS

1. In the case of a civil disturbance, the senior security representative present will immediately assess the situation and provide that information to the Community-Based Care Center Director or designee.

2. In the case of a mass contamination situation, the Patient Care Supervisor or designated clinical staff member will assess the situation and recommend appropriate action.

3. If required, security augmentation will be initiated through recall of off duty security, by appointing other available staff to perform security duties or by obtaining augmentation from security companies.

4. Security will immediately commence locking all exterior doors and will advise staff to close ground floor window coverings if possible.

5. A Single Entry Point will be established. Staff guarding other exterior doors will be instructed to not allow anyone in or out of those doors. A security representative or other designated individual will allow individuals with legitimate reason into and out of the

Single Entry Point based on the situation. In the case of mass contamination, only those individuals KNOWN to be free of contamination will be allowed in the building.

6. A security officer will be stationed in the primary treatment area.

7. If anyone exits the building, a staff or security member must ensure the door is firmly closed and locked after the individual.

8. Security representatives will provide escorts for staff members to and from the parking areas. In the case of mass contamination, anyone leaving the building, including security representatives, must be determined to be free of contamination before being allowed to reenter the building.

#### E. COMMAND CENTER OPERATIONS

1. All information from local law enforcement, fire department and other sources will be provided to the Incident Command Center.

2. Actions to be taken will be based on the evaluation of this information.

3. The Community-Based Care Center Director will determine what information will be disseminated to facility staff.

4. In the case of mass contamination, the decontamination procedures will be initiated.

5. In the event of an extended disturbance causing all or part of the staff to remain in the facility, provisions will be made for housing and feeding these individuals.

#### F. COMMUNITY-BASED CARE CENTER OPERATIONS

1. Patients, visitors, and staff will be moved from the immediate area of the disturbance if at all possible.

2. In patient care areas access will be limited to staff and others authorized by the Community-Based Care Center Director to be in those areas.

3. Staff will be informed to avoid the area and to not involve themselves in the disturbance.

#### G. POST CRISIS MANAGEMENT

After cancellation of the lockdown a debriefing by a crisis intervention team and/or mental health professionals should be provided as needed for all individuals involved in managing the disturbance.

## LOCKDOWN CHECKSHEET

Mission: The primary goal in a lockdown situation is to isolate and control the situation while caring for the safety of the patients, visitors, staff and property.

\_\_\_ Personnel discovering the lockdown situation will promptly notify their supervisor, who will pass the information to the administrator or designee.

\_\_\_ Staff will not become involved, if possible, in any manner with the civil disturbance.

\_\_\_ Isolate the situation by locking all exterior doors to the unit and closing all ground-floor windows.

\_\_\_ Do not allow any entry or exit from other than through controlled entry point(s) which should be controlled by security.

\_\_\_ Only individuals KNOWN to be free of contamination will be allowed to enter the building in a mass contamination event.

\_\_\_ If exiting the building, request an escort to and from the parking lot areas.

\_\_\_ Allow law enforcement to quell the civil disturbance.

*\*Adapted from California Department of Public Health Standards and Guidelines for Healthcare Surge during Emergencies: Government-Authorized Alternate Care Site Operational Tools Menu, January 2008.*