fsmb FEDERATION OF
STATE MEDICAL BOARDS

Emergency Preparedness & Disaster Plan

A Guide for State Medical Boards

Updated October 2022

Executive Summary

The Federation of State Medical Boards (FSMB) is committed to assisting state medical boards in protecting the public and improving the quality and integrity of health care in the United States. The FSMB first developed this resource in 2010, following Hurricane Katrina, and updated it in 2021 to reflect the lessons learned and resources identified during the COVID-19 pandemic.

The Workgroup on Emergency Preparedness and Response (the "Workgroup"), was charged with addressing the potential needs of state medical and osteopathic boards ("medical boards") during the COVID-19 pandemic. The World Health Organization (WHO) formally declared the SARS-CoV2 virus a global pandemic on March 11, 2020, and the President declared COVID-19 a national emergency two days later. Emergency declarations in all U.S. states, territories, and the District of Columbia followed as cases of COVID-19 and viral infection surged across the nation. The National Emergency Declaration remains in effect.

COVID-19's unprecedented impact created new challenges for medical boards and the medical regulatory community that extend beyond the pandemic, including: the importance of verifying volunteer provider licensure and credentials; the exponential rise in the use of telemedicine and digital health to quickly shore up the health care workforce and expand access to care, particularly in areas hit hard by the virus; the challenges of misinformation, disinformation, and eroding trust in public institutions; combating racial and ethnic disparities in healthcare that were underscored by the pandemic; the need for updated emergency planning resources; the need for more uniformity in emergency licensure portability measures and processes; and the importance of a centralized system to identify and verify health care volunteers during a national or public health emergency.

As a result, the Workgroup has updated this resource guide as a way to assist state medical boards in developing a detailed emergency and disaster preparedness plan. Originally modeled from the Ready Business Emergency Plan issued by the U.S. Department of Homeland Security, the Devolution of Operations Plan Template from the Federal Emergency Management Agency (FEMA), and the emergency and disaster preparedness plans of state medical boards, this document serves as a template for state medical boards to use when developing an emergency and disaster preparedness plan or amending an existing plan.

Each section of the template includes instructions and advice on what information should be included as state medical and osteopathic boards create their own emergency plans.

Table of Contents

Introduction

The introduction briefly describes the importance of emergency and disaster planning and how the emergency plan supports the board's mission. It should explain why continuity of critical operations under any circumstance is needed to ensure there is no disruption in service.

Purpose Statement

The purpose statement section addresses the emergency and disaster planning concept and describes the board's plan for responding to a disaster that could result in having interruptions in critical business function.

Goals and Objectives

The stated goals of most emergency and disaster preparedness plans is to provide a means to utilize all available resources to prepare for potential emergencies or disasters whenever possible, respond to save lives and protect property, and promote a means to recover mission critical business functions.

The objectives section includes the objectives of the board's emergency and disaster plan. Sample objectives for this section include:

- To provide for the safety and well-being of individuals in the board's offices at the time of an emergency.
- To provide a contingency plan to guide a methodical approach to full recovery of normal board operations and activities in a time efficient manner.
- To establish management succession and emergency powers.
- To identify critical business functions and determine necessary resources to facilitate their immediate and seamless transfer.
- To identify the likely risks that would initiate or activate the board's emergency and disaster plan.
- To mitigate the duration, severity or pervasiveness of disruptions that do occur.
- To meet the operational requirements and the sustainment needs of the board for up to 30-days or longer.

Assumptions

This section describes basic assumptions that should be made in the event of an emergency/disaster and the potential impact on the board's capacity to continue operations. Sample assumptions for this section include:

- The board location, information systems and equipment have been completely destroyed.
- Staff levels may be significantly reduced due to high levels of illness or injury.
- Staff may need to work remotely for an extended period of time.
- Multi-hatted board personnel are unavailable or incapable of relocation (i.e. performing other response related tasks.)
- Board management responsibilities and critical business functions cannot be conducted from the primary operating facility or the continuity facilities.

Critical Business Functions

This section outlines the board's limited set of critical business functions that should be continued throughout, or resumed immediately after, a disruption in normal activities. These functions are the most critical and vital functions needed to maintain board operations. To identify those critical business functions, boards should ask:

- What are the most critical and time sensitive business functions?
- Which functions should be classified as highest priority? Medium priority? Lowest priority?
- Which functions are necessary to fulfill our legal and statutory obligations?
- Who performs this function?

Some of the critical business functions found in the state medical boards' emergency plans include:

Administration

- Budget operations and finance
- Personnel

Enforcement

- Investigations and complaints

Licensure

- Credentialing
- License verification
- Renewals
- Emergency licensure processes

Information Technology

- Telecommunications
- Computer systems

Public Information

- Updates on Board's Website

In an emergency, what are the most critical and vital functions needed to maintain board operations?

Risk Management

This section outlines the types of emergencies or threats most likely to affect the board. These threats could be described as natural threats, such as earthquakes, hurricanes, tornadoes/storms, fire, flood or flash flood, biological hazards and epidemics; or unnatural threats, such as bomb threats, civil disturbances, terrorist acts, theft/vandalism, and arson.

RISK ASSESSMENT CHART

Disaster/Emergency	Vulnerability Level (1 to 5)	Impact on Board (Min/Mod/Severe)
Earthquake		
Hurricane		
Tornado		
Thunderstorm/Lightning		
Winter Storms		
Wildfire		
Volcano		
Landslide		
Tsunami		
Fire		
Infectious Disease		
Hazardous Material		
Power Outage		
Cyber Security		
Nuclear Blast		
Others		

All-Hazards Approach

The Centers for Medicare and Medicaid (CMS) defines an all-hazards approach as "an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters...."

An all-hazards plan for a state medical board would outline an integrated approach and focus on organizational capacity, allowing it to be prepared for a range of emergency scenarios. Once potential hazards and vulnerabilities have been identified, boards should identify opportunities for prevention and mitigation, many of which may overlap into the more general plan.

Resources for Developing an All-Hazards Plan:
- Ready.gov houses several in-depth resources for emergency planning, including the all-hazards approach.
- Federal Emergency Management Agency (FEMA)'s report entitled Guide for All-Hazard Emergency Operations Planning (1996)

Workplace Safety

State medical boards may wish to consider resources and training opportunities specific to ensuring safety in workplace under a variety of circumstances, including violent incidents.

- Tools and training information for workplace safety preparation: Ready.gov provides training resources related to workplace safety

Levels of Emergency Response

Emergency incidents can be classified according to their severity and potential impact. A board's partial or total response to an emergency situation will be dictated by the type and magnitude of the emergency. For planning purposes, this section outlines the different levels of emergency response.

Emergency levels have been classified as:

Level 1: Minor incident or closing has occurred. Disruption of up to 12 hours with little effect on services or impact to critical business functions or systems. The emergency or disaster plan has not been activated.

Examples include: localized fire, minor chemical spill, power interruption.

Level 2: Serious event that involves threat to people, property or data. May involve evacuation for a limited period. Board may experience a disruption of 12 to 72 hours. Limited activation of the board's emergency or disaster plan.

Examples include: fire, power or water interruption, major winter storm.

Level 3: A major event has occurred impacting the area and surrounding regions beyond the scope of the board's emergency response capabilities. Full activation of the emergency or disaster plan, including orders of succession for some key personnel. The event has an unpredictable duration and will likely disrupt several critical business functions or vital business systems. Disruption has the potential to last for at least thirty (30) days and requires relocation of all personnel to an alternate work site.

Examples include: extensive flooding, earthquake, tornado, hurricane, terrorist acts, pandemics, grid loss or acts of war.

Phases of Emergency Management

Emergency and disaster preparedness plans from the state medical boards have referred to the four primary phases of emergency management relating to board activities and functions before, during and after an emergency or disaster. The four phases of emergency management are described below:

1. Preparedness – this phase involves activities undertaken in advance of an emergency. Preparedness refers to the readiness of the board to act swiftly and effectively during and after an emergency situation. The activities carried out during the time period prior to an emergency or disaster situation should help to prepare the board to react appropriately by providing operational capabilities to improve effective response to disasters. Common preparedness measures include:

a. **Develop and revise disaster plans** – the board should have a written, approved and implemented emergency and disaster preparedness plan that is periodically tested. The plan should outline the various actions to be taken in order to minimize loss of life, injury, property damage and business interruption while maintaining essential functions and services during a natural disaster, pandemic, terrorist threat, or other public health emergency. The disaster plan should include the date it was originally created as well as the date it was last revised.

b. **Assess risk of emergency or disaster** – this section should outline the types of emergencies or threats most likely to affect the board. These threats could be described as natural threats, such as earthquakes, hurricanes, tornadoes, storms, fire, floods, biological hazards, pandemics and epidemics. Threats could also be unnatural, such as bomb threats, civil disturbances, terrorist acts, vandalism and arson. Assessing risk and planning ahead of time may reduce the board's vulnerability to loss, as well as help determine the needs of the board in the event of an emergency or disaster. When completing an assessment, the board should consider the frequency of past occurrences, the probability of future occurrences and the magnitude of impact. The board should also consider conducting annual vulnerability assessments and/or anytime there is an increased threat of an event. **(See Risk Assessment Chart on pg 6)**

c. **Train personnel** – initial and ongoing employee testing and training should be provided in order for staff to understand their roles and responsibilities during an emergency. Training can be accomplished through in-house educational programs, meetings, orientations or drills. Training should be conducted on a regular basis. In the event of a sudden decrease in staffing levels, the board should also consider cross training staff to perform tasks and duties outside of their regular roles.

d. **Improve public information and communications systems; preserve information** – the board's ability to communicate effectively with staff, licensees, board members, local authorities and the public is critical. This section should describe the board's communication plan, as well as the methods for communicating with both internal and external entities, particularly when normal means of communication are unavailable. For example, the board may consider switching to a different email management service if their servers are not in service or switching to alternate telephone numbers when their normal business numbers are no longer in operation. Additionally, boards should consider drafting their communications messages before an emergency or disaster strikes. Preserving vital records prior to an emergency

or disaster is also critical. This section should identify the organization's vital files, records and databases necessary to perform critical business functions, and the units responsible for the backup process. All critical board records and data should be backed up on a regular basis. Back-up copies of computer systems and software should be taken regularly with the information being given an appropriate level of physical and environmental protection. The board's main server as well as a redundant server should have back-up systems in place. Back-up arrangements should be tested regularly to ensure they can be relied upon for emergency use following a disaster or other failure.

e. **Stockpile emergency supplies and equipment** – before an emergency or disaster strikes, the board should pre-pare a list of necessary supplies and equipment it will need. Some of the recommended items to have on hand include water, food, portable battery-powered radios, extra batteries, flashlights, first-aid kit, garbage bags, matches, moist tow-elettes, soap and/or hand sanitizer, masks, gloves, and two-way radios. The board should decide where these items are to be stored. The board should also encourage staff to maintain their own emergency supply kit at home.

f. **Determine orders of succession and delegation of authority** – identify the orders of succession to key positions within the organization. Orders should be to whatever degree is necessary to ensure the ability of the board to meet the emergency response needs of the state concurrent with restoring functionality of the agency. The conditions under which succession will take place, as well as the temporal and organizational limits of authority should be described. **(See Appendix D)**

2. Response – the response phase of an emergency or disaster situation refers to the period of time immediately following an emergency or disaster. For a board, this phase can be expected to last approximately 24 hours from the time of emer-gency and has an emphasis on saving lives, gaining control and minimizing the effects of the disaster. Priority activities associated with this phase are:

a. **Activate the emergency plan/declaration of disaster** – the decision to activate a board's emergency and disaster preparedness plan can come from various sources, such as notification from the state Department of Health regarding a virus or pandemic, a declaration of emergency by the governor, or from the state's emergency management agency. In its emergency plan, the board should outline who has the authority to order the activation of the board's emergency plan. It may be the board chair, the executive director of the board or the designated successor. Once the emergency plan has been activated, the board should provide appropriate instructions on who to contact once a disaster has been declared and the means available, such as telephone, cell phone, e-mail or the board website.

b. **Account for board staff and others who were on the premises at the time of the emergency** – this section should describe the mechanism for identifying all staff and visitors who may have been in the board office at the time of an emergency, as well as the process for determining possible missing persons. Procedures to account for employees and visitors must be established in the event the building needs to be secured and/or operations need to be shut down.

c. **Provide for emergency care of staff and others** – this section should outline the procedures to be followed in the event an employee or visitor becomes sick or injured at work. Instructions on who should be assigned to stay with the individual, who should call 911 to report the emergency and to request assistance, and who will notify a family member or friend are just a few details to consider. Considerations should also be made for those staff members or visitors with disabilities who may require assistance.

d. **Activate the disaster team/emergency response team** - this section should identify those individual team mem-bers who are responsible for carrying out response activities during, and immediately following, an emergency event or disaster. The roles and overall responsibilities of each team member should be described, as well as those individuals

who have the authority to activate the emergency response team. Some of the roles of the emergency response team could include accounting for individuals known to be present at the facility at the time of the emergency, ensuring that all necessary contacts with the appropriate government agencies have been made or attempted, assessing the damage to the board facility, equipment and supplies, as well as its alternate location(s), and notifying board staff of the emergency or disaster and providing instructions regarding staff duties.

e. **Utilize the board's emergency communications plan** – in order to provide staff with timely notification of an emergency or disaster, boards should consider multiple means of establishing communication and plans for executing them. Employee home, office and cell phone numbers should be made available to those designated individuals responsible for contacting groups of employees during an emergency. Copies of the telephone tree should be maintained at work and at home. **(See Appendix A)**

f. **Communicate with staff, board members, the public and other organizations** – it is important for the board to keep all board members, staff, licensees, the public and other organizations informed during an emergency. Procedures on how best to communicate with these groups and the most appropriate forms of communication to utilize during an emergency need to be considered. (See Appendix B) The board should also maintain an updated list of critical partners and key agencies that need to be notified of the board's emergency. **(See Appendix F)**

g. **Grant temporary display agent status** – in the event the board is unable to perform one of its critical business functions, which is licensure verification, it is recommended that the board grant temporary "display agent" status to the FSMB, thus authorizing FSMB to utilize the board's licensure data to verify physician licensure during a state declared emergency. Display agent status means the FSMB meets the Joint Commission's standards for primary source verification. The board may also want to consider creating Memorandum of Understandings (MOUs) with other organizations before an event happens as a way to ensure continuation of other critical business functions.

3. Recovery – the recovery phase refers to the period of time after the emergency or disaster situation occurs. The aim of the recovery phase is to restore the affected area to its previous state. Recovery is both a short-term activity intended to return vital life-support systems to operation, and a long-term activity designed to return infrastructure systems to pre-disaster conditions. Some of the activities associated with the recovery phase are:

a. **Restore critical business functions** – planning for the business continuity of the board in the aftermath of an emergency or disaster is a complex task. While the time required for recovery depends on the damage that was caused, the primary goal for the board should be to ensure the continuity of all business functions during a disaster. This section should outline the most critical functions along with their priority level, responsible staff member and the timeframe to implement in the event of a disaster. **(See Appendix C)**

b. **Resume additional Board processes** – once the mission-critical business functions have been restored, the board should then focus on resuming the non-critical functions and returning to normal operations as soon as possible. During this process, the board should determine how best to utilize staff and other available resources.

c. **Activate remaining staff** – during the recovery phase, many of the board staff who were not activated during the emergency will be required to report back to work. The board should determine the work that needs to be done and how best to utilize returning staff once the critical business functions have been restored. The board should keep records of who returned to work and who did not.

d. **Restore essential facilities and systems; utilizing alternate sites** – this section should explain the importance of identifying an alternate location. Boards may wish to designate one or two alternate site locations from which to continue board operations in the event the board office becomes inaccessible. An alternate site may be at a similar organization through a mutual agreement, a home, a hotel, etc. Depending on the board's needs and number of employees, more than one location may be required. In order to perform the critical business functions, alternate sites should have sufficient space, equipment and logistical support. **(See Appendix E)**

e. **Acquire additional supplies and equipment** – during the recovery phase, the supplies and equipment that had previously been stockpiled will quickly be dispersed, so it may become necessary to acquire new stock. While general sources for supplies include grocery stores, drug stores, and hardware stores, the board should also identify other suppliers who may be able to assist in their recovery efforts. Multiple providers of supplies and services should be identified on a local, regional and national level, especially if the board is vulnerable to area-wide disasters. **(See Appendix G)**

4. Mitigation (Post-disaster) – Although mitigation activities should take place before and after emergencies, for most, this phase refers to the period of time after the board has recovered. The implementation of mitigation strategies can follow the recovery phase when applied after a disaster occurs. Mitigation planning includes a review of ways to eliminate or reduce the impact of future disasters with activities focused on preventing an emergency, reducing the likelihood of occurrence, or reducing the damaging effects of unavoidable hazards. Some of the actions associated with the mitigation phase are:

a. **Reassess a Board's vulnerability to emergency or disaster** – this process involves the re-identification of vulnerabilities in the emergency plan and focuses on threats that could affect the board's ability to carry out their critical business functions. The end result of this process should be an improved ability to prioritize and implement effective actions to safeguard board staff, property and business assets. Input from all groups and individuals involved in the decision-making process, and who had operational responsibilities, will prove very effective in the reassessment.

b. **Review and evaluate existing emergency plans** – in light of an ever- changing environment, it is important for boards to periodically re-evaluate their existing emergency plan to uncover new gaps and vulnerabilities. When reviewing its emergency and disaster preparedness plan, the board should indicate the date it was last utilized, as well as the last date of revisions.

c. **Identify and document lessons learned** – taking the time to identify and document the lessons learned during an emergency can serve as a valuable tool towards preventing, protecting against, responding to, and recovering from future disasters and emergencies. Documenting those lessons, as well as the successes, offer an opportunity to re-examine procedural actions and practices and allow for improvements to be made where necessary.

Emergency Preparedness Resource Links

Emergency Preparedness Planning

- U.S. Department of Homeland Security

- U.S. Department of Homeland Security – Ready.gov

- American Red Cross

- The Centers for Disease Control and Prevention (CDC), Emergency Preparedness and Response
    - CDC All Hazards Preparedness Guide

- Federal Emergency Management Agency (FEMA) Planning Guides

- National Disaster Medical System (NDMS)

- Institute for Business & Home Safety: A Disaster Planning Toolkit for the Small to Mid-Sized Business Owner

Volunteer Licensure Verification Tool

- Provider Bridge (ProviderBridge.org)

State Medical Board Emergency Plans & Policies

Crisis Standards of Care

- National Academies of Science, Engineering and Medicine, Evolving Standards of Care and Lessons Learned: A Workshop Series

- Examples of state-specific crisis standards of care are included in the Additional Information section

Workplace Safety

- Ready.gov TRAINING Page

Emergency and Disaster Planning Checklist

This check list provides guidance to state medical boards for incorporating emergency and disaster preparedness considerations into their continuity planning. These guidelines help develop a strategy to minimize loss of life, injury, property damage and business interruption while maintaining essential functions and services during a natural disaster, pandemic, terrorist threat, or other public health emergency.

Business Continuity/Disaster Recovery Plan

Establish an emergency planning and crisis management team of employees and assign responsibilities for specific tasks

Identify the specific risks or emergencies your board may experience and the impact it will have on the board

Establish succession orders for the executive director and other key leadership positions

Establish and document delegations of authority prior to an emergency or crisis

Determine the most critical functions needed to maintain board operations and how quickly these must be restored

Establish a communications plan and emergency contact list of employees, board members, vendors, etc.

Establish one or more alternate locations from which to continue board operations in the event the board office becomes inaccessible

Obtain temporary housing for key employees and their families

Identify staff with disabilities or special communication needs

Update your disaster recovery plan annually

Communicate with key stakeholder organizations the critical components of your plan

Grant temporary display agent status

Identify alternate locations

Determine alternate location(s), such as satellite office, hotel, residential location or location provided by the state

Provide the address, city, state and phone number of any alternate office location

Equip the alternate location(s) with critical equipment and supplies

Test telework capabilities to ensure staff can access vital records and systems from alternate work location to telework location

Critical Business Functions

Prioritize list of critical business functions needed to maintain board operations, such as IT, licensure, financial management, operations, communications, human resources, etc.

Determine restoration dates for each critical business function (within 2 days, 1 week, 2 weeks, 1 month, etc.)

Identify the essential resources to each business function including the key staff person in charge of that function

Identify the non-essential business functions to suspend during an emergency

Determine the additional demands for staff, materials, supplies and equipment

Establish Memorandum of Understandings (MOUs) to ensure critical business functions continue when staff is unavailable

Records Back-up

Identify staff responsible for backing up critical records and systems

Develop current list of vital records, systems and databases

Determine the records needed to sustain board operations for short-term and long-term disruptions

Secure off-site data storage business

Back-up all computer systems on a regular basis

Copy all critical records including a copy of this plan, site maps, accounting records and data in electronic and hard document formats and store on-site

Store another set of back-up records at an off-site data storage location

Determine how licensing and verification operations will continue in the event those systems are destroyed

Communications

Maintain an updated staff, board member, vendor, insurance company and key organization roster with multiple methods of communication (i.e. home, work and cell phone numbers, e-mail addresses, websites, etc.)

Determine who and how the board will communicate with staff, board members, vendors, licensees and other agencies and organizations

Make contact information electronically accessible for access to all employees

Maintain a current media contact list

Identify appropriate communication resources and equipment needed

Conduct regularly scheduled staff education and training sessions to provide information

Make sure staff knows where they should relocate to work or how they will be notified to return to work

Post-disaster Recovery

Assess the adequacy of information systems and evaluate recovery contingencies

Assess ability to resume critical business functions

Senior staff must remain visible to staff, board members, the public, etc.

Senior staff should serve as media spokesperson

Assign specific recovery roles to essential staff

Monitor staff morale and provide counseling and support if necessary

Track losses and recovery costs

Document lessons learned and best practices

Provider Bridge

Provider Bridge is a platform that streamlines the process for mobilizing health care professionals during the COVID-19 pandemic and future public health emergencies. Utilizing communications pathways and new technology, Provider Bridge makes it easier to connect health care professionals with state agencies and health care entities in order to quickly increase access to care for patients via telehealth.

Provider Bridge eases the burden on health care professionals and supports license portability by:

- Providing a directory of state and federal COVID-19 resources.
- Offering a dedicated customer service hub to help clinicians navigate current state licensure requirements, including those specific to telehealth, during states of emergency.
- Utilizing a technology platform to allow health care professionals to register and voluntarily submit their credentials and professional background information that can be used to identify them as willing to treat patients in highly impacted areas.
- Producing official, digital documents of licensure information for clinicians that are recognized and accepted by licensing entities and other state agencies during states of emergency.

Provider Bridge makes it easier for state agencies and health care entities to connect with registered health care professionals to expand workforce needs by:

- Providing access to a database of information for verified, volunteer clinicians willing to provide services during emergencies.

Provider Bridge is made possible by grant funding through the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Additional information is available at www.ProviderBridge.org.

Provider Bridge makes it easier for state agencies and health care entities to connect with registered health care professionals to expand workforce during public health emergencies.

Sample Appendices
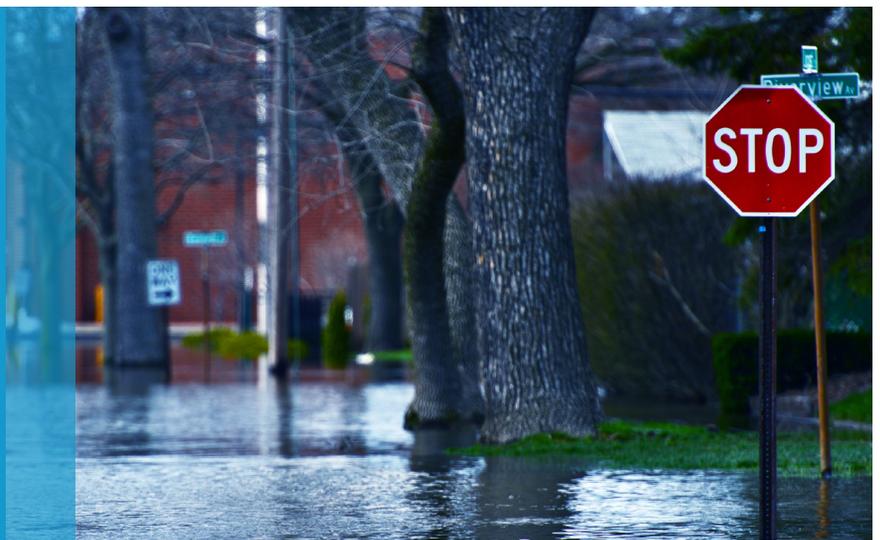
This section provides supplemental information relative to the board's emergency plan and is typically found at the end of the plan. Some items that may be included are:

- Master Emergency Contact Plan
- Emergency Contact Information for Board Staff and Board Members
- Critical Business Functions
- Orders of Succession
- Alternate Location Site
- List of Critical Partners and Organizations to Notify
- Suppliers of Equipment and Supplies Needed During an Emergency
- Medical Board Organizational Chart
- List of Staff to be Accounted For
- Maps of building, city, region, etc.
- Computer Contact List and Essential Computer Equipment Notes

Appendix A: Master Emergency Contact Plan

Designated emergency coordinators will notify employees any time an unanticipated building closure occurs that interferes with employees' regular work hours. The designated coordinators will contact staff when the closure occurs outside of regular work hours and will extend into regular work hours. Designated emergency coordinators will identify multiple means of communicating with staff in the event of an emergency (i.e. home phone, cell phone, email addresses, etc.).

Emergency Coordinator		Home #	Office #	Cell #
Coordinator #1 Calls:				
	Employee A	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee B	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee C	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #2 Calls:	Employee D	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee E	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee F	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #3 Calls:	Employee G	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee H	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee I	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
Coordinator #4 Calls:	Employee J	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx
	Employee K	xxx-xxx-xxxx	xxx-xxx-xxxx	xxx-xxx-xxxx

Appendix B: Emergency Contact Information for Board Staff and Board Members

The Board should have emergency contact information, including home telephone and cell phone numbers, for all staff and board members. This information is for office use only and is to remain confidential. At least once a year, employees should be asked to update their information.

The designated coordinators may wish to maintain both digital and paper copies of contact information in the event that access to electronic information is unavailable.

Employee Name, Phone Numbers and Email Address	Address	Spouse's Name or Emergency Contact	Employee Date of Birth
John Smith (555) 555-1234 (home) (555) 555-5678 (cell) John.smith@msn.com	121 Any Street Any Town, State 12345	Jane Smith	1/10/56

Appendix C: Critical Business Functions

This section outlines the most critical functions along with their priority level, responsible staff member and the timeframe to implement in the event of a disaster.

Critical Business Function	
Priority	High Medium Low
Staff in Charge	
Timeframe or Deadline	
Who Performs This Function	
Brief Description of Procedures to Complete	
Recovery Notes	

Appendix D: Orders of Succession

This section identifies the orders of succession to key positions within the organization. These orders of succession can be exercised at the discretion of board leadership. They will be implemented to whatever degree is necessary to ensure the ability of the board to meet the emergency response needs of the state concurrent with restoring functionality of the agency. The temporarily assumed duties and responsibilities associated with the key leadership positions will terminate either by the resumption of the position by the original person or upon the appointment of a replacement.

SAMPLE

Official	Designated Successor(s) (By Position, not Individual)	Conditions	Responsibilities
Executive Director	1. Deputy Executive Director 2. Manager, Investigations Office	Absence of Executive Director and inability to contact	Executive Director overall responsibility and direction of the Board.
Manager, Licensing Division	1. Asst. Manager, Lic. Division	Absence of Manager, Licensing Division, and inability to contact	Manager, Licensing Division, overall responsibility and direction of Licensing Division
Manager, Investigations Office	1. Manager, Physician Monitoring Office 2. Asst. Manager, Investigations Office	Absence of Manager, Investigations Office, and inability to contact	Manager, Investigations Office, overall responsibility and direction of Investigations office
Media Relations Officer	1. Executive Director 2. Deputy Executive Director	Absence of Media Relations Officer, and inability to Contact	Media Relations Officer overall responsibility and direction of Office

Appendix E: Alternate Site Location

The Board may wish to designate one or two alternate site locations from which to continue board operations if the board office becomes inaccessible. An alternate site may be at a similar organization through a mutual agreement, a home, a hotel, etc. Depending on the board's needs and number of employees, more than one location may be required.

Main Office Site of the Board	
Address	
Executive Director	
Phone Number	
Email Address	

Alternate Site Location 1	
Address	
Contact Person	
Phone Number	
Email Address	
Directions to Alternate Site	
Functions to be Performed at this site	
Employees who should go to this alternate site	

Alternate Site Location 2	
Address	
Contact Person	
Phone Number	
Email Address	
Directions to Alternate Site	
Functions to be Performed at this site	
Employees who should go to this alternate site	

Appendix F: List of Critical Partners and Organizations to Notify

The following list outlines the sample contacts that may need to be notified of the board's emergency status:

Organization	Contact Person	Telephone Number	E-mail Address
Federation of State Medical Boards			
Department of Health			
Administrators in Medicine			
Governor's Office			
State Hospital Association			
State Association of			
Medical Staff Services			
State Medical Society			
State Osteopathic Medical Association			
County Medical Society			
American Medical Association (AMA)			
American Osteopathic			
Association (AOA)			

Appendix G: Suppliers of Equipment and Supplies Needed During an Emergency

The following is a list of primary and secondary suppliers and contractors the board interacts with on a daily basis and who may be able to assist the board during an emergency. These suppliers should be contacted if board operations are interrupted.

Primary Supplier/Contractor

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Contact Name: _____

Account Number: _____

Materials/Service Provided: _____

Secondary Supplier/Contractor

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Contact Name: _____

Account Number: _____

Materials/Service Provided: _____

Crisis Standards of Care

(This is a sampling of state and local crisis standards of care documents. It is not an exhaustive list.)

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California (SARS-CoV-2 Pandemic Crisis Care Guidelines, 2020)
- Colorado
- Delaware
- Hawaii
- Idaho
- Illinois
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Missouri (COVID-19 Pandemic Response, 2020)
- Montana (COVID-19 Pandemic Emergency, 2020-2021)
- Nebraska
- Nevada (COVID-19, 2020)
- New Hampshire
- New Jersey
- Ohio
- Oklahoma
- Oregon (COVID-19, 2020)
- Pennsylvania
- Rhode Island
- South Dakota
- Vermont
- Virginia
- Washington
- West Virginia

Local

- New York City
- Los Angeles County
- Southwest Texas RAC

Healthcare Systems

- University of California Health
- University of Virginia Health System Ethics Committee
- Wisconsin Crisis Standards of Care Initiative

Other

- Florida Bioethics Network

Emergency Management Assistance Compact (EMAC)

Information on EMAC is [available here](#).

EMAC Template Executive Order for Telehealth is [available here](#).

Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)

Information on UEVHPA is [available here](#).

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