

AIDS Law Project of Pennsylvania

Emergency Preparedness and Continuity of Operations Plan

This plan contains the following processes in the event of an emergency:

1. Preparedness
2. Response
3. Mitigation
4. Recovery

Preparedness activities build capacity and identify resources that may be utilized should a disaster or emergency occur.

Mitigation activities attempt to lessen the severity and impact a potential disaster or emergency may have had on its operation.

The first step in preparing an effective emergency preparedness plan is to prepare a Hazard Vulnerability Analysis (HVA). This analysis assists the organization in determining where it is most vulnerable to emergencies. Completion of the HVA is the organization's first step in the development of mitigation strategy.

DEFINITIONS

External Disaster: A civil catastrophe, either manmade or caused by an act of God. An external disaster may overwhelm normal facilities. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, or military action, among other causes.

Internal Disaster: An event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of patients, such evacuation will be coordinated with emergency service personnel from the fire and police agencies.

Emergency Planning Management Coordinator: The Executive Director, Managing Attorney, or Deputy Managing Attorney may serve as the Emergency Planning Management Coordinator. It is the responsibility of the Emergency Planning Management Coordinator or their designee to activate the Emergency Preparedness and Continuity of Operations Plan.

If an internal disaster disables the office's essential utility services, building management will

determine whether emergency power can be provided.

COMMUNICATIONS

All communication will be coordinated through the receptionist desk, or as directed by Emergency Planning Management Coordinator or their designee.

DISRUPTION OF SERVICES AND MANAGEMENT OF SPACE, SUPPLIES, COMMUNICATIONS, AND SECURITY

If a portion of the office is incapable of supporting client services, but total evacuation is not required, the following procedures will be followed:

1. *Space Allocation:* Clients will be served in unaffected areas of the office or building that is able to safely provide services.
2. *Supplies:* The Emergency Planning Management Coordinator or their designee will be immediately notified of any situation that necessitates an increased level of supply items. The existing supply areas will be automatically used to provide supplies to the extent possible.
3. *Communications:* Both the phone system and cell phones will be used to provide communications between the office and outside agencies.
4. *Security:* Needs that might exceed the capability of office will be relayed to the local police department or contracted security service.

DISASTER PROCEDURES FOR STAFF MEMBERS

In the event of either internal or external disaster, the Emergency Planning Management Coordinator or their designee can initiate the Disaster Call List Telephone Tree. All supervisors will maintain the cell phone numbers of the staff they supervise in an easily accessible location, such as their own mobile devices. This will constitute the phone tree that can be activated in the event of any kind of communications breakdown.

It is the policy of the AIDS Law Project to remain open only during those emergencies where opening will not endanger our staff or our clients in traveling to our offices. In general, the AIDS Law Project will follow the lead of City government, while carefully evaluating traffic and public transportation reports.

If the Mayor, who is the duly constituted legal authority in Philadelphia, requests or requires

people to stay out of Center City Philadelphia, The AIDS Law Project will close. If the Mayor does not request or require people to stay out of Center City, the Emergency Planning Management Coordinator will determine if the office open on a normal schedule, open late, or close business for the day.

During the acute phase of any emergency, attention will be focused, as above, on immediate issues related to opening or closing. In the event of a significant hurricane, tornado, or other weather event or emergency that is outside the scale of what has been expected in our region, or causing damage beyond what is normally expected in our region, it is to be anticipated that the emergency affecting our clients will continue beyond the immediate days following the event. If we are able to reopen, part of our response will be to make all efforts to assist our clients in finding temporary or permanent housing, gain access to health care, and have their health needs met.

The main method of communication for closure to other staff and the public will be the AIDS Law Project outgoing voicemail system. If the organization will close, an outgoing message will be placed on the phone system that all staff and clients will hear as soon as possible. Information will also be posted on the AIDS Law Project office door, as practicable.

If a regular work shift ends during the declared emergency period, all staff members will stay at their respective assignments until officially relieved by order of the Emergency Planning Management Coordinator or their designee. If a staff member believes they will not be able to assist outside of standard hours, they should inform their supervisor as soon as possible. All staff members will report changes of address and telephone numbers, as well as their response time to an Emergency Planning Management Coordinator as soon as a change becomes effective. Disaster Call List will be continually updated and provided to the Emergency Planning Management Coordinator or their designee.

MANAGEMENT OF CLIENTS IN DISASTER SITUATIONS

If a disaster or an emergency involves the AIDS Law Project or its staff members, all less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full program ability. The Emergency Planning Management Coordinator or their designee will determine whether these less-than-essential services are to be effected and, if so, when.

All staff members will be familiar with the overall Emergency Preparedness and Continuity of Operations Plan. Facilitation of clients' movements and control of client information will be directed by the individual assigned by the Emergency Planning Management Coordinator or their

designee. Confidential and privileged information concerning any client will be released only at the direction of the Emergency Planning Management Coordinator.

ADDRESSING THE LEGAL NEEDS OF CLIENTS

The AIDS Law Project of Pennsylvania staff must monitor voicemail. When the office is closed, all calls are received by the general mailbox of our voicemail system. Calls that are determined to be urgent or emergent are forwarded via cell phone to the attorney or paralegal assigned to the client's case. If the attorney or paralegal does not respond after three attempts, their supervisor will be called. All other calls will be saved for review when the office opens back up.

ALTERNATIVE SITE

The AIDS Law Project rents space in Center City Philadelphia and in Voorhees, NJ. If either the office building cannot open, clients with urgent legal needs will be referred to an alternate legal services provider. One or more legal services provider will be identified to address legal emergencies our clients may be facing. These referrals will occur by following transfer procedure outlined in this policy.

INTERNAL DISASTER PROCEDURES

If there is an occurrence (explosion, bomb threat, fire) in which the number of people requiring care exceeds the immediate resources, the Emergency Planning Management Coordinator, if directed, will evaluate the area or modality needs, including staff.

In the event of an internal disaster, the staff will convene in the following designated safe areas in the AIDS Law Project office suite:

1. *Conference room.* If this area has been compromised, then use the secondary location.
2. *Front waiting room.* If this area has been compromised, then use the tertiary location.
3. *Kitchen.*

Staff members will activate the modality or service callback list, obtain approximate response times of employees, and have employees report to the designated safe area to be assigned as needed. The modality or service will maintain operation as normally as possible. If additional staff members are necessary, the Emergency Planning Management Coordinator will evaluate contacting outside support.

Disaster alert status and function will be maintained until “Emergency all clear” is announced or indicated by the Emergency Planning Management Coordinator.

EXTERNAL DISASTER PROCEDURES

If there is an occurrence in a location other than those listed previously in which the number of people requiring care exceeds the immediate resources of the office, the Emergency Planning Management Coordinator or their designee will assume the following duties:

1. Approving the implementation of the Emergency Preparedness and Continuity of Operations Plan and evacuations;
2. Maintaining information flow throughout the office;
3. Determining the extent of callback; and
4. Identifying new designated safe areas if needed.

STAFFING DISASTER PLAN

Available staff will assist with callbacks of employees at the direction of the Emergency Planning Management Coordinator. On completion of callbacks, available staff will report to the designated safe area and will await the “all clear” announcement before returning to modality or service operations.

STAFF AND STAFF FAMILY SUPPORT ACTIVITIES

This plan acknowledges that the staff of this organization is its greatest asset. If staff or staff family members are directly impacted by a community emergency or disaster, the AIDS Law Project leadership will be sensitive to this and attempt to ameliorate this. Support of impacted staff and families may include: referrals to disaster relief organizations and referrals for incident stress debriefing. The Emergency Planning Management Coordinator will be available to discuss any staff or family needs based on staff family impact or community emergency or disaster.

In addition to the above, the AIDS Law Project’s policy is that, regardless of the decision to open or close, no staff member is expected to place themselves at risk to get to work, nor is any staff member expected to place a dependent child, elderly relative, or other individual for whom they have responsibility in jeopardy.

Staff who are unable to come in due to family responsibilities or safety issues related to where they live or how they must travel, may take the day off without penalty. These staff members are expected to notify their supervisor of the inability to come to work at the earliest possible time.

2. ANNUAL EVALUATION OF THE EFFECTIVENESS OF THE EMERGENCY PREPAREDNESS PLAN

At the conclusion of the calendar year, we will conduct an annual evaluation of the effectiveness of the Emergency Preparedness and Continuity of Operations Plan.

The following codes and standards have been identified by the AIDS Law Project as needing to be reviewed annually and updated in emergency response plan:

1. Occupational safety and health regulations;
2. Environmental regulations;
3. Fire codes;
4. State and county health department emergency preparedness guidelines.

The following areas will be examined yearly as part of the emergency preparedness planning process:

1. Security procedures
2. Insurance programs
3. Finance and purchasing procedures
4. Employee manuals
5. Hazardous materials plan
6. Risk management plan
7. Mutual aid agreements
8. Personnel
 - a. Total number of staff
 - b. Total number of staff available in an emergency
 - c. Of these, total number of commuters
 - d. Of total staff, number of part-timers
 - e. Of total, number of volunteers
9. Equipment
 - a. Fire protection and suppression equipment
 - b. Communications equipment
 - c. First aid/triage supplies
 - d. Warning systems
 - e. Emergency power equipment
10. Backup systems for critical functions

- a. Payroll
- b. Communications
- c. Information systems support
- d. Emergency power

3. EMERGENCY PREPAREDNESS PLAN DRILLS

Semiannual drills will be conducted by Building Management.

4. EMERGENCY WATER SUPPLY AND ELECTRICAL POWER

If the office's drinking water supply is contaminated or unavailable or if there is a power outage, the Emergency Planning Management Coordinator will determine whether the office should remain open.

5. EMERGENCY EVACUATION

Authority to order evacuation is vested in the Emergency Management Planning Coordinator, Executive Director, Managing Attorney, Deputy Managing Attorney, or a designee.

A control center will be activated to concentrate appropriate administrative personnel in one area near sufficient telephones, such as the conference area, front waiting room, or the kitchen.

The Emergency Planning Management Coordinator or their designee is responsible for ensuring that everyone has evacuated and for closing and locking all office doors.

TYPES OF EVACUATION

All staff and clients will be evacuated in the event of:

1. Disruption or discontinuance of services
2. Power outage or other calamity that causes damage to the facility or threatens the safety and welfare of patients and staff
3. Natural disaster of such magnitude or threat that it endangers the safety and welfare of patients and staff members.

EVACUATION AREAS

Evacuation areas for are:

1. Philadelphia office: the southwest corner of 12th and Chestnut
2. Southern New Jersey office: staff is embedded in a health care facility and will follow the facility's evacuation plans.

6. BOMB THREAT

If a bomb threat is received, the Emergency Planning Management Coordinator will be notified immediately, will call 911, and will follow up as directed.

PROCEDURE

In the event of a phone call with a bomb threat, we will notify the Emergency Management Planning Coordinator, contact 911, and follow up as directed.:

SUSPICIOUS PACKAGE

If a package that appears suspicious is received, notify the Emergency Management Planning Coordinator or health center manager. Do not handle the package. We will contact 911 and follow up as directed.

7. TRESPASSER

If a person is on our premises and we determine that they have no lawful business and we ask them to leave, we will consider them as a trespasser. Accordingly, they will be escorted out of the building as discreetly as possible.

8. DE-ESCALATION

For the health and safety of everyone involved, our staff are trained in de-escalation procedures. The three steps are: Assessment, Control, and Referral.

The staff member should focus on two key evaluations: level of danger and the individual in crisis. Initial assessment involves gaining as much information possible about the crisis scene and the individual.

The intervener supplies needed structure until the individual is able to regain control. The degree of control and direction supplied by the intervener depends on the level of danger the situation presents and the ability of the individual to act on their own behalf.

Guidelines for Taking Control:

- Be clear about what and whom you are trying to control.
- Enter the crisis scene cautiously.
- Appear stable, supportive, and able to establish structure.
- Be clear in your introductory statements.
- The opening questions, directions, and other information you give the individual will often assist in gaining and maintaining control.
- Do not promise anything that you cannot make happen.
- Direct and arrange the pattern of sitting or standing to gain the individual's attention.
- Guide the individual with your eyes and voice rather than with physical force.
- Use physical force only as a last resort, and only if you are trained to use it.
- Remove the individual from the crisis situation if possible. Otherwise, remove the crisis from the individual.
- In a conflict between individuals, break eye contact between the disputants and separate if possible.
- Be creative in taking control.
- Allow the individual to express their emotions and point of view.
- Be collaborative and ensure that the person feels involved in the decision-making process.

Referral is the closing stage of the intervention process. The AIDS Law Project will have a list of resources to which individuals can be referred for further intervention. Referral making can be part of the solution-focused planning of the direction stage. It is an essential part of the closing stage where the intervener ensures that the individual will be able to take care of themselves or that someone else will provide assistance.

9. BACK UP OF INFORMATION TECHNOLOGY

The AIDS Law Project routinely backs up all agency data on our server onto an external hard drive.

10. ACTIVE SHOOTER

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

Good practices for coping with an active shooter situation:

1. Be aware of your environment and any possible dangers
2. Take note of the two nearest exits in any facility you visit
3. If you are in an office, stay there and secure the door
4. If you are in a hallway, get into a room and secure the door
5. As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.