

Dental PC Hurricane Preparation Checklist

When unexpected or even catastrophic events occur, businesses must continue critical operations that support their communities.

To help in your preparedness efforts, the following checklist identifies important specific activities that businesses can do now to prepare for an event.

First priority would be to identify a coordinator – someone in your dental practice that is the central contact for disaster recovery (Office Manager, Doctor, etc.) and have them update and execute this checklist.

CHECKLIST

Complete Attached Forms Checklist	Started	Completed
*Print Your Schedule (Hard Copy for Next Two Weeks)		
Insurance Information		
Employee Contact Forms		
Facility Profile		
Computer Action Plan		
Business Continuity Plan		
Vendor List		
Technology Inventory		
HIPPA Privacy and Disclosures in Emergency Situations		
Checklist File Storage (Information to be stored in the Cloud)		

*This is the most critical checklist step in case of a hurricane or other natural disaster. Because you are turning your server off you will not have access to your schedule. By printing a hard copy of your schedule you can take preemptive measures and contact patients in the event you are not able to return to your office for several days.

INSURANCE INFORMATION

Make sure to record up-to-date insurance information for Malpractice, Liability, Errors and Omissions, Fire and Theft, Shareholders, etc.

Insurance Information and Contacts			
Type of Insurance:		Type of Insurance:	
Name of Insurance:		Name of Insurance:	
Name of Policy Holder:		Name of Policy Holder:	
Policy Number:		Policy Number:	
Term:		Term:	
Agency:		Agency:	
Contact Info:		Contact Info:	
Insurance Information and Contacts			
Type of Insurance:		Type of Insurance:	
Name of Insurance:		Name of Insurance:	
Name of Policy Holder:		Name of Policy Holder:	
Policy Number:		Policy Number:	
Term:		Term:	
Agency:		Agency:	
Contact Info:		Contact Info:	

EMPLOYEE CONTACT FORMS

Emergency Contact Information

Your Name:
Home Address:
City: State: Zip:
Business Cell Phone: Home
Phone:
Personal Cell Phone:
Cell Phone Carrier (Verizon, AT&T, Sprint, etc.):
Personal E-mail:
Car License Plate(s): State: Number(s): **Local Family**

or Friend Contact

Name:
Home Address:
City: State: Zip:
Home Phone:
Cell Phone:
Cell Phone Carrier (Verizon, AT&T, Sprint, etc.):
Business E-Mail:
Personal E-mail:
Relationship:

Out of State Family or Friend Contact

Name:
Home Address:
City: State: Zip:
Home Phone:
Cell Phone:
Business E-Mail: Personal
E-mail:
Relationship:

Will you need any special assistance in an evacuation? YES NO

Email to Text Service:
Group List:
Group Email list:

Do you have any of the following skills that might be helpful in an emergency?

- EMT
- First Aid
- Volunteer Firefighter
- Volunteer Ambulance
- Ham Radio Operator
- Past Military Training
- Active Military Reserve

Red Cross/ CERT/
Salvation Army
Disaster Training

Other

Are you committed to any emergency organization during a disaster?

YES NO



FACILITY PROFILE

Company:	
Physical Street Address:	
City:	
Main Phone Number:	Emergency Phone Number:

Company Emergency Contact

Name:	
Work Email:	Personal Email:
Cell Phone:	Home Phone:

Alternate Company Emergency Contact

Name:			
Work Email:		Personal Email:	
Cell Phone:		Home Phone:	

Physical Properties

Own/Rent:		Construction:	(brick, block, wood)
Landlord:		Building Type:	(free Standing, row, etc)
Emergency Contact:		Phone Number:	

Utilities / Critical Services

Electric Utility		Account#	
Emergency Contact #		Codes/Passwords	

Gas Utility		Account#	
Emergency Contact #		Codes/Passwords	



Water Utility		Account#	
Emergency Contact #		Codes/Passwords	

Phone Carrier		Account#	
Emergency Contact #		Codes/Passwords	

Internet Provider		Account#	
Emergency Contact #		Codes/Passwords	

Emergency Services (NON-Emergency Numbers, Dial 911 for Emergencies)

Fire Department: 904.630.0434
 Ambulance: 904.721.0002
 Police: 904.630.0500

Non-Emergency Contact #
 Non-Emergency Contact #
 Non-Emergency Contact #

FACILITY PROFILE cont'd

Insurance

Malpractice, Liability, Errors and Omissions, Fire and theft, Shareholders, etc.

Company:			
Type of Insurance:			
Policy Number:		Emergency Contact #	
Company:			
Type of Insurance:			
Policy Number:		Emergency Contact #	
Company:			
Type of Insurance:			
Policy Number:		Emergency Contact #	



Company:			
Type of Insurance:			
Policy Number:		Emergency Contact #	

Other Key Contacts

Company Name:		Emergency Contact #	
Service Provided:		Codes/Passwords	

Company Name:		Emergency Contact #	
Service Provided:		Codes/Passwords	

Company Name:		Emergency Contact #	
Service Provided:		Codes/Passwords	

Company Name:		Emergency Contact #	
Service Provided:		Codes/Passwords	

Company Name:		Emergency Contact #	
Service Provided:		Codes/Passwords	

Local Hazards (within 3 miles)

State/Interstate Highway
 Manufacturing Plant
 Railroad Tracks
 Chemical Storage



COMPUTER ACTION PLAN

These are our recommendations for your network in case of an impending hurricane.

CAUTION: Only follow the below action plan if a storm is eminent. Unplugging all your devices can cause issues when turning your hardware back on.

Physical Computer Action Plan

- Make sure computers are off the floor raised up at least 3 inches
- Turn computers off
- Turn UPS (APC battery backups) off, Unplug UPS from wall
- Unplug Printers from the wall (they should never be plugged into battery side of UPS)
- Shut Down server
- Turn server UPS off
- Unplug network closet UPS from wall

BUSINESS CONTINUITY

To protect your business, planning is essential. As a business leader, you understand the strategic importance of a solid continuity plan. That's why Business Continuity Planning focuses multiple aspects of your business, making sure you can recover the technology and processes required to operate after an unforeseen failure in normal operations. It is important to recognize a team leader, a relocation site, manual processes, and who to notify externally in the event of a small, medium, and large disaster. Patient callback and notifications may change based on the length of disaster.

Large Disaster Duration 0 – 2 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place.

Recovery Time Objective: 72 hours

Response Team

Team Leader		Alternate	
Continuity Team Members			
Responsible for Employee Notification		Alternate	
Responsible for Damage Assessment		Alternate	
Subject Matter Expert		Alternate	

Response Plan

Assembly Location		Relocation Site	
Re-route Phones to		Responsibility	
Re-route Website		Responsibility	
Re-route E-mail		Responsibility	

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO

External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO

Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments

BUSINESS CONTINUITY cont'd

Large Disaster Duration 0 – 7 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place.

Recovery Time Objective: 72 hours

Response Team

Team Leader		Alternate	
Continuity Team Members			
Responsible for Employee Notification		Alternate	
Responsible for Damage Assessment		Alternate	
Subject Matter Expert		Alternate	

Response Plan

Assembly Location		Relocation Site	
Re-route Phones to		Responsibility	
Re-route Website		Responsibility	
Re-route E-mail		Responsibility	

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO

External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO
Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments

BUSINESS CONTINUITY cont'd

Large Disaster Duration 0 – 14 Days

Event involving a wide area of your community. Evacuations & travel restrictions may be in place.

Recovery Time Objective: 72 hours

Response Team

Team Leader		Alternate	
Continuity Team Members			
Responsible for Employee Notification		Alternate	
Responsible for Damage Assessment		Alternate	
Subject Matter Expert		Alternate	

Response Plan

Assembly Location		Relocation Site	
Re-route Phones to		Responsibility	
Re-route Website		Responsibility	
Re-route E-mail		Responsibility	

Alternative Manual Processes

Responsibility			
Update website with situation info	YES/NO	Call Critical Customers	YES/NO
Re-route mail	YES/NO	Re-route deliveries	YES/NO

External Notifications

Responsibility			
Customers	YES/NO	Insurance	YES/NO
Vendors	YES/NO	Utilities	YES/NO
Landlord	YES/NO	Payroll Vendor	YES/NO
Recovery Resources	YES/NO	Bank	YES/NO
Others	YES/NO		

Comments

HIPAA PRIVACY & DISCLOSURES IN EMERGENCY SITUATIONS





Director
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U.S. Department of Health and Human Services Office for Civil Rights

**HURRICANE KATRINA BULLETIN:
HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS**

Persons who are displaced and in need of health care as a result of a severe disaster – such as Hurricane Katrina – need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

- ④ **TREATMENT.** *Health care providers can share patient information as necessary to provide treatment.*
 - *Treatment includes*
 - ③ sharing information with other providers (including hospitals and clinics),
 - ③ referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
 - ③ coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
 - Providers can also share patient information to the extent necessary to seek payment for these health care services.

- ④ **NOTIFICATION.** *Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.*



- The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

③ Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise

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notify family members and others as to the location and general condition of their loved ones.

- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

⌚ **IMMINENT DANGER.** Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

⌚ **FACILITY DIRECTORY.** Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.



CHECKLIST FILE STORAGE

Once you have completed the Document Checklist you should store your files in a Cloud Environment.

We recommend utilizing Office 365 Sharepoint or Drop Box to store your completed checklist files. In the event of a natural disaster you will need to have these records stored off-site.

Thanks for Reviewing our
Hurricane Preparation Checklist!



If you need assistance
completing your Checklist

Contact Dental PC