

Medical Facility Disasters Preparedness Plan



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DISASTERS PREPAREDNESS PLAN

POLICY

The organization will establish and maintain a Disasters Preparedness Program designed to manage the consequences of natural disasters or other emergencies that disrupt the organization's ability to provide care.

PURPOSE

To conduct business normally, it is important for organization to have a strategy on preparation for emergencies. This plan must provide an organizational structure so that organization can effectively prepare for both external and internal disasters that can negatively affect its environment of care.

STRUCTURE

The organization plays an important role as a provider of care to the residents of its community. The organization is ready to assist as needed in case of community emergency, and as appropriate integrates its Disasters Preparedness Plan with community disaster plans, as appropriate, to support the community's response to a disaster. The organization will train its personnel in this plan.

The scope of this emergency plan, both internal and external, will determine the role of the organization or its personnel in responding to an emergency. The organization will participate in at least two Disasters Preparedness drills per year as required by JCAHO standards.

The Organization Manager, in collaboration with the Safety Officer, will tailor the organization-specific Disasters Preparedness Plan using the corporate template.

This plan contains processes for preparedness, response, mitigation, and recovery in the event of an emergency.

Mitigation activities are those a health care organization undertakes in attempting to lessen the severity and impact a potential disaster or emergency may have on its operation while preparedness activities are those an organization undertakes to build capacity and identify resources that may be utilized should a disaster or emergency occur. The Joint Commission's Department of Standard Interpretation gave an example of mitigation. If a organization's Hazard Vulnerability Analysis determined that the organization was vulnerable to flooding and completed building construction to add exterior drainage to reduce the likelihood of future flooding this would be an example of mitigation.

The first step in preparing an effective Disasters 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. A HVA is included in this plan. Also an internet search under "hazard vulnerability analysis" will provide additional resources if needed.

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, 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.

It is the responsibility of the organizations Manager or his or her designee to activate the Disasters Preparedness Plan.

In the event that total evacuation of the organization is necessary, the Safety Officer or his or her designee will assume the responsibility for organization evacuation. Each patient will be rated as to the type of transportation necessary:

- Ambulatory
- Ambulatory with assistance
- Wheelchair.

If an internal disaster disables the organization's essential utility services, the Organization Manager will determine whether a contracted service will be used so that reserve utility provisions such as emergency power can be provided. Emergency power will be limited to providing temporary lighting so staff can perform essential functions, such as securing the doors of the organization, backing up computer data, and obtaining urgent medical data to provide to a primary care physician.

COMMUNICATIONS

All communication, both within and outside the organization, will be coordinated through the receptionist desk in the patient waiting room, as directed by the Organization Manager and Safety Officer.

RADIOACTIVE OR CHEMICAL ISOLATION AND DECONTAMINATION

If an occurrence involves radioactive materials or hazardous chemical spills requiring outside assistance, the Organization Manager or Safety Officer will contact the licensed and certified hazardous waste contract provider. State radiation safety authorities will also be contacted in accordance with State law.

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

If a portion of the organization is incapable of supporting patient care but total evacuation is not required, the following procedures will be followed:

- **Space Allocation:** Patients will be served in unaffected areas of the organization that are able to safely provide services.
- **Supplies:** The Organization Manager 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.
- **Communications:** Both the phone system and cell phones will be used to provide communications between the organization and outside agencies. If a total phone loss occurs, a messenger will be assigned to carry messages back and forth within the organization until other arrangements could be made.
- **Security:** Needs that might exceed the capability of organization 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 Organization Manager, his or her designee, or the Safety Officer can initiate the Disaster Call List (attached to end of the this Disasters Preparedness Plan).

On arrival at the organization, staff members will report to their respective supervisors to log in and be assigned to whatever tasks are required: in direct patient care, preparing for evacuation, or other assignment.

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 designee.

All staff members will report changes of address and telephone numbers, as well as their response time to the organization, to the personnel coordinator as soon as a change becomes effective. The personnel coordinator will continually update the Disaster Call List and provide it to the Organization Manager, Safety Officer, and other designees.

The manager in charge or designee will verify that personnel are assigned to call the staff members listed on the Disaster Call List expediently.

These assignments will be conducted by identified staff members available for this task until the arrival of the personnel coordinator.

MANAGEMENT OF PATIENTS IN DISASTER SITUATIONS

If a disaster or an emergency involves the organization or staff members, all less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full program ability.

The Organization Manager or his or her designee will determine whether these less-than-essential services are to be effected and, if so, when.

Staff members normally involved in provision of services determined by the Organization Manager or Safety Officer to be less than essential will make themselves available for other duties. These duties may include helping move patients from the affected area of organization to an unaffected section. These staff members will also be responsible for providing any patient transportation. Use devices such as wheelchairs, carts, and so forth, to facilitate the movement or evacuation of patients from the organization.

All staff members will be familiar with the overall organization's Disasters Preparedness Plan.

Facilitation of patient movements, including admissions, transfers, and control of patient information, will be directed by the individual assigned by the Organization Manager or his or her designee. Information concerning any patient will be released only by a qualifying physician or at the direction of the Organization Manager.

In disaster or emergency situations requiring additional physicians, those physicians will be directed by the organization Medical Director, as outlined in the physician staff policies and procedures manual.

ADDRESSING THE MEDICATION NEEDS OF PATIENTS:

The organization maintains a 24-hour telephone answering capacity. This is accomplished through the following processes: **(Organization or organization needs to describe its 24-hour telephone answering system. Is it an answering machine system? A pager system? Which staff members are assigned to call in? How often do they call in?)**

The organization or organization provides a roster of patients and a log of medication dosages that is accessible to the staff person on call for verification purposes. Verification is accomplished through the following processes: **(Organization or organization needs to describe its verification system. Is this a hard copy that is taken off site after hours? Is this there another**

site where this list or electronic database is maintained? Is a staff member assigned the responsibility to access the organization after hours to access this information?)

TRAINING OF STAFF IN DISASTERS PREPAREDNESS PROCEDURES

All organization personnel are made familiar with the disaster, fire, and emergency plans during the orientation process.

DISASTERS PREPAREDNESS DRILLS

Semiannual drills will be conducted. These drills will be held no less than 4 months and no more than 8 months apart. Staff members will participate as necessary to fulfill the requirements for compliance. The drills may involve simulated volunteer patients or using substitute packets of information in lieu of patient volunteers. (Note: More and more agencies are concerned with the possibility of staff injuries with simulated evacuations. An information packet describing the patient injury or condition can be used if the organization wants to simulate the actual evacuation and actual disaster.)

Feedback concerning any type of drill conducted will be reviewed by the organization (**name of meeting where safety is discussed?**) for necessary actions.

For each drill, preparedness and patient management will receive specific attention to evaluate the effectiveness of the policy and implementation of policy by staff members.

The Safety Officer will be responsible for communication of any information or recommendations about proposed changes in the Disasters Preparedness policy. The Safety Officer will see that proposed changes are implemented as specified.

The Safety Officer will, on a random basis, quiz staff members concerning the Disasters Preparedness Plan and their roles in any drill. This process serves as a source of feedback, which the Safety Officer can use for evaluation of the overall effectiveness of the program.

ALTERNATIVE ORGANIZATION SITE

(The organization must develop a specific plan on how patients will receive medication if the organization cannot open. This includes staff and patient transportation.)

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 Organization Manager, or Safety Officer if directed, will evaluate the area or

modality needs, including staff.

Managers will send all available staff to the Organization Manager for assignment:

- Primary location: Waiting room reception area, if this area has been compromised then use the secondary location.

Staff members will await further instructions from the Organization Manager or, if he or she is given authority, the Safety Officer.

Staff members will activate the modality or service callback list, obtain approximate response times of employees, and have employees report to the staffing pool to be assigned as needed.

The modality or service will maintain operation as normally as possible.

If additional staff members are necessary, the Organization Manager will evaluate contacting outside support.

Disaster alert status and function will be maintained until "Emergency all clear" is announced or indicated by the Safety Officer.

BOMB THREAT (CODE GREY)

If a bomb threat is received, the receptionist and Organization Manager will be notified immediately.

Staff members will maintain a calm environment.

All personnel will passively search for items that look out of place but will *not* move items to search the organization. The bomb squad will do this. Employees will make note of any unusual looking item but will *not* touch or disturb it in any manner.

Who will prepare an evacuation plan to be initiated on order of the bomb squad or Safety Officer or his or her designee.

All personnel will try not to upset patients and will assist in evacuation, if not assigned to other duties by the Organization Manager, Safety Officer or his or her designee.

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 organization:

The command organization will have a fixed location at the receptionist desk in the patient waiting room with mobile sites located at a freestanding site. The Organization Manager, his or her designee, or the Safety Officer, will be the person in charge with

the following duties:

- Approving the implementation of the Disasters Preparedness Plan and evacuations
- Maintaining information flow throughout the organization
- Determining the extent of callback
- Identifying new designated areas if needed and communicating this information to the staffing pool (at the receptionist desk), physician pool, and the Safety Officer at the organization.

A staffing pool will be located at the receptionist desk in the patient waiting area. The staff conference room or kitchen area will be used if the waiting room has been affected by the disaster.

The Organization Manager or his or her designee will be the person in charge with the following duties:

- Maintaining a log of resources reporting to the staffing pool
- Maintaining a record of assignments made from the staffing pool (who, where, when returned)
- Maintaining a quiet, calm atmosphere
- Communicating needs for personnel to the Organization Manager or his or her designee.
- Communicating availability of services status to the command organization
- Making modality assignments and relaying information to the Information Officer.

An information center will be located at the receptionist desk in the patient waiting room.

The Organization Manager or his or her designee will be the person in charge with the following duties:

- Maintaining approved information flow to the public
- Maintaining approved information flow to families of people involved in the disaster
- Maintaining the waiting area for patients and visitors
- Maintaining and distributing a log for the Red Cross, if appropriate.

If treatment areas are undamaged, they will be used as usual.

EVACUATION PROCEDURE

Immediate Evacuation

- First move patients and others who are closest to the danger.
- Separate an emergency area from people by a fire door. – Move medical records with patients, if possible.
- In event of fire, *do not* use elevators.

- Lead ambulatory patients to exit using the evacuation plan posted in the area.
- Move non-ambulatory and helpless patients down evacuation route by means of emergency carriers.
- Notify the telephone operator of the nature of the emergency.

Planned Evacuation

Planned evacuation will be initiated by the Organization Manager or Safety Officer only. The telephone operator or a runner will notify the modalities or services of need, extent, and timeframe of the evacuation.

Evacuation Areas

The parking lot will be the designated evacuation area except that in inclement weather, the Organization Manager or Safety Officer will indicate a secondary evacuation area.

FINANCE DISASTER PLAN

- All personnel assigned to the finance department will report to the supervisor or the staffing pool.
- At the "all clear" announcement, personnel will resume normal operational functions.

ADMISSION DISASTER PLAN

- One employee will report to the administration area to assist the admissions secretary with admissions of new patients.
- Updated modality control will be maintained hourly, and the waiting room receptionist will receive a copy of the revised plan.
- The Organization Manager or his or her designee will be responsible for collection and safekeeping of valuables belonging to injured persons.
- Personnel with no specific assignments will report to staffing pool.

BUSINESS OFFICE DISASTER PLAN

- One employee will report to the Organization Manager to assist at the information center.
- All other personnel in the business office will report to the staffing pool.

STAFFING DISASTER PLAN

- All personnel will remain at organization.
- Available staff will assist the assigned staff member in callbacks of employees at the direction of the command organization.
- On completion of callbacks, available staff will report to the staffing pool and will be prepared to take over the leadership role of the staffing pool if needed.
- At the "all clear" announcement, staff members will return to modality or service operations.

STAFF AND STAFF FAMILY SUPPORT ACTIVITIES

This plan acknowledges that the staff of this organization its greatest asset. If staff or staff family members are directly impacted by a community emergency or disaster, the organization 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 organization manager will be available to discuss any staff or family needs based on staff family impact or community emergency or disaster.

MEDICAL RECORDS

- All personnel will report to the front office and await further instructions.

PERFORMANCE STANDARDS

Performance standards for this plan will include, over time:

- Disasters Preparedness knowledge and skill for staff
- Completion of two Disasters Preparedness drills per year
- The level of staff participation in Disasters Preparedness management
- Monitoring and inspection activities
- Emergency and incident reporting procedures that specify when and to whom reports are communicated
- Inspection, preventive maintenance, and testing of applicable equipment
- Use of space
- Replenishment of supplies
- Management of staff.

At least one specific performance standard in this plan will be identified for measurement at any given time.

ANNUAL EVALUATION

An annual evaluation of the effectiveness of the Disasters Preparedness Plan undertaken at the organization will include performance measures, using the previous year's quarterly reports; recommendation from the corporate governance; and input from LIP staff and other relevant sources of safety outcome sources. This evaluation will include statistical trends. These reports will be presented to **(name of meeting where safety is discussed?)**.

The organization leadership will prioritize opportunities for improvement in this function.

Annual Evaluation of the Effectiveness of the Disasters Preparedness Plan

Instructions: The Safety Officer will facilitate an interdisciplinary team of organization subject matter experts in evaluating the effectiveness of this plan during the past year. This team will use quantitative and qualitative data to support its conclusions. This report should be typed, using the identified format and headers. The report should be

completed within 30 days of the beginning of the year. It should be submitted within 45 days of the beginning of the year to the organization Patient Care Committee for approval. It should be sent to the corporate Safety Officer within 60 days of the beginning of the year.

EVALUATION OF OBJECTIVES OF PLAN

How effective was the Disasters Preparedness Plan in meeting its identified objectives? (Attach a copy of supportive data, including drill critiques.)

Objective A: Establish an Emergency Management Program to provide an effective response to disasters or emergencies affecting the environment of care:

Objective B: Maintain an Emergency Management Program to provide an effective response to disasters or emergencies affecting the environment of care:

Objective C: Drills are conducted semiannually (plan is executed in response to planned drills or an actual emergency, at least 4 months apart):

EVALUATION OF THE SCOPE OF PLAN

Did the scope of the plan effectively include all the operations of the organization, including implementation of procedures in response to disasters; role with communitywide Disasters Preparedness efforts; notifying external authorities; assigning personnel; managing space, supplies, and security; evacuation, if needed; alternate sites for care; managing patients; operating the backup communication system; and orientation and education of staff?

EVALUATION OF STAFF DISASTERS PREPAREDNESS TRAINING

List types of Disasters Preparedness training that occurred, number and percentage of staff who received training, specific outcome scores of post-testing, and supervision observations after training.

EVALUATION OF PERFORMANCE OF PLAN

How successful was the organization in meeting its Disasters Preparedness related performance standards for the year? What was the most significant safety accomplishment of the plan last year? (Attach copies of Environment of Care Performance Measures data for the year and any reports done by outside agencies, including insurance companies, countywide emergency response agency, law enforcement, fire department, or JCAHO, that evaluate the Disasters Preparedness of the environment of care of the organization.)

EVALUATION OF EFFECTIVENESS OF PLAN

How effective was the plan in preparing the organization for internal and external disasters?

CONCLUSIONS AND RECOMMENDATIONS FOR THE PLAN FOR THE NEXT YEAR

What are the most important recommended areas of Disasters Preparedness for the plan and organization to address during the next year? Have any financial resources been asked for or committed to any of these recommendations?

Report presented to the **(name of meeting where safety is discussed?)** on (date):

_____ Report completed by:
_____ Date _____

HAZARD VULNERABILITY ANALYSIS

(This analysis must be completed by the organization before the survey to support the design of the Disasters Preparedness plan.)

INSTRUCTIONS

Evaluate every potential event in each of the three categories of probability, risk, and preparedness. Add additional events as necessary.

Issues to consider for probability include, but are not limited to

- Known risk
- Historical data
- Manufacturer or vendor statistics.

Issues to consider for risk include, but are not limited to

- Threat to life or health
- Disruption of services
- Damage or failure possibilities
- Loss of community trust
- Financial impact
- Legal issues.

Issues to consider for preparedness include, but are not limited to

- Status of current plans
- Training status
- Insurance
- Availability of backup systems
- Community resources.

Multiply the ratings for each event in the areas of probability, risk, and preparedness. The total values, in descending order, will represent the events most in need of organization focus and resources for emergency planning. Determine a value below which no action is necessary. Acceptance of risk is at the discretion of the organization.

COMMUNITY EMERGENCY TELEPHONE NUMBERS

Office of Civil Defense (_____ County) _____
Contagious Disease _____
County Communication Control _____
(including radioactive spills) _____
State Office of Emergency Services (region) _____

Law Enforcement:
• Police department _____
• Sheriff department _____
• Highway patrol/State police _____
• Coroner _____

Fire Departments:
• Fire department (local) 911
• County fire department 911

Utilities:
• Electricity _____
• Gas _____

Service Contractors:
• Computer service _____
• IRS support (800) 366-7534
• Security _____

Community Emergency Telephone Numbers:
• Red Cross _____
• Casualty assistance _____
• Sanitation (for employee toilets) _____

Ambulance Services:
• Organization Transportation _____

Hospitals with mutual aid agreements: _____

Pharmaceutical Supplies: _____

Linen supply: _____

Signature

Date of Last Update

EMERGENCY WATER SUPPLY

DRINKING WATER

If the organization's drinking water supply is contaminated or unavailable, the Organization Manager or his or her designee will determine whether the organization should remain open. If the Organization Manager determines that it is appropriate for the organization to remain open or open for just the day, additional bottled water will be available from _____ telephone # _____. The Organization Manager will identify a staff member to contact the water source and to arrange delivery or pickup of the water.

NON-STERILIZED WATER

(Definition: A large base supply of water requiring sterilization if it is to be used for human consumption, that is, drinking water)

EMERGENCY ELECTRICAL POWER

EMERGENCY ELECTRICAL POWER

If the organization's electrical power supply is compromised or unavailable, the Organization Manager or his or her designee will determine whether the organization should remain open or should open for just the day. If it appears that electrical power will be resumed in a short time, patients and staff may be advised to wait.

If the Organization Manager determines that the power will not be resumed before the end of the business day, he or she may close the organization. In such a case, patients will be directed to the backup organization. If the Organization Manager determines that it is appropriate for the organization to remain open or open for staff, but not patients, emergency lighting and power can be supplied by _____ telephone # _____. The Organization Manager will identify a staff member to contact the power supply company and to coordinate delivery of the required generator capacity. This temporary electrical power will usually be used to accomplish only essential business functions.

DISASTERS PREPAREDNESS EVACUATION

PROCEDURE

When evacuation of patients from threatened or affected areas of the organization is required, safety of lives is the primary concern. Therefore, the evacuation must be carried out as quickly and efficiently as possible.

Authority To Evacuate

Authority to order evacuation is vested in the Organization Manager and Safety Officer or a designee.

A control center will be activated to concentrate appropriate administrative personnel in one area near sufficient telephones, such as the reception area.

The Safety Officer or his or her designee is responsible for shutting down the air-conditioning, heating, and other utilities to all or part of the facility.

Types of Evacuation

All patients will be evacuated in the event of:

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

Evacuation will be partial or full, depending on whether an area is uninhabitable for patient safety, requiring partial or complete closure of a modality or an area of service.

Procedure for Evacuation and Discharge of Patients

Technologists, under the direction of the Safety Officer or his or her designee, will supervise aides in preparing patients to be evacuated.

An individual appointed by the Safety Officer will notify patients' families of the location of patients and will make a list of patients evacuated to other areas or facilities. This list will be given to the Organization Manager or his or her designee.

The personnel pool will provide additional help as needed.

Patients will be evacuated to an area of safety by whatever means are available, and provision will be made for patients' comfort and safety.

The public address system (PA) will be used to announce evacuation plans. If the PA is not available, the Safety Officer will designate a runner to announce the evacuation.

An evacuation route and meeting place, which if appropriate will be the same as that for fire evacuation, will be identified at the **(name of meeting where safety is discussed)**.

The fire evacuation route as designated by maps posted throughout the building will be followed.

DISASTERS PREPAREDNESS STAFF TRAINING

POLICY

All organization employees will receive specific training at least annually in their individual and service organization roles during both internal and external disasters.

PROCEDURE

The Safety Officer is responsible for scheduling Disasters Preparedness training with each senior or lead modality technologist and service manager for the respective modalities and services. It is the responsibility of the modality or service manager to ensure attendance by his or her employees. The Safety Officer is responsible for the content of the training to ensure that all employees know their roles as outlined in the Disasters Preparedness Plan. It is the responsibility of the Safety Officer to work with the Organization Manager to ensure that this training covers all employees annually and to obtain appropriate documentation.

Training will include:

Specific roles and responsibilities during emergencies,
The information and skills required to perform duties during emergencies, The backup communication system used during disasters and emergencies, and How supplies and equipment are obtained during disasters or emergencies.

DISASTERS PREPAREDNESS PLAN DRILLS

POLICY

Implementation of the Disasters Preparedness Plan will be conducted at least semiannually, no less than 4 months and no more than 8 months apart, at each organization, either in response to an emergency or as a planned drill. One internal and one external disaster will be rehearsed.

PROCEDURE

The Safety Officer has the responsibility to develop the scenario and disseminate the necessary information to employees. The time and other details concerning the disaster will be controlled by the Safety Officer.

Cooperation with city, county, and State agencies in large-scale drills, where available, will be an ongoing policy coordinated by the Safety Officer.

Actual emergencies may be counted towards the two required annual drills.

All Disasters Preparedness drills or actual occurrences will be critiqued by the Safety Officer and Organization Manager and reviewed and evaluated at the next **(name of meeting where safety is discussed?)**.

DISASTERS PREPAREDNESS PLAN ACTIVATION—EVALUATION FORM

PURPOSE

The integrity of the Disasters Preparedness Plan requires the organization's experience during drills or actual disasters to be analyzed and opportunities for improvement to be identified.

PROCEDURE

The Safety Officer or his or her designee will complete a Disasters Preparedness Plan Activation—Evaluation Form for each drill or actual disaster.

The Safety Officer will present this form to the Organization Manager to permit identification of immediate opportunities for improvement. If opportunities are identified, the Safety Officer will implement them.

The Safety Officer will present any Disasters Preparedness Plan Activation—Evaluation Forms at the next **(Name of meeting where safety is discussed?)** for analysis and discussion. **(Name of meeting where safety is discussed?)** will look for immediate opportunities for improvement and for any trends over time in staff and equipment performance.

DISASTERS PREPAREDNESS ACTIVATION—EVALUATION FORM

Drill _____ Actual Disaster/Emergency _____ Date: _____ Time: _____

Type of Disaster: _____

Activating the Disasters Preparedness Plan:

The Disasters Preparedness Plan was activated at: _____

How was the Disasters Preparedness Plan activated: _____

Where were the following areas located?

First aid _____

Command organization _____

Media relations _____

Communication with outside agencies:

Was there communication with ___ Police ___ Fire ___ Other Hospitals?

Which? _____

Method of communication ___ Telephone ___ Pager ___ Cell Phone ___ Other

Other _____

Was the organization's ability to function compromised? _____ If yes, explain:

Damage assessment:

Was a damage assessment made? _____

Attach the damage assessment documentation to this evaluation form or write on the back of this form.

Was anyone within the facility injured? _____ If yes, explain:

Were victims received? _____ If yes, how many victims were received?

What types of injuries were seen? _____

Were the needs of the victims met? ____ If no, why not?

Was evacuation necessary? _____

Type of plan used to allow for incoming victims: ____ External evacuation ____ Internal evacuation

How many patients were evacuated? _____

To where: _____

How were patient locations accounted for? _____

Were there problems with the evacuation of patients?

What was sent with the patients being evacuated?

Were arrangements made with outside agencies to assist with transport?

What areas of the Disasters Preparedness Plan implementation worked well?

What areas of the Disasters Preparedness Plan implementation need improvement?

Were adequate supplies available? ____ If no, document below.

Was staffing adequate to handle the situation? _____

If no, were additional physicians called to come in? _____

Were they responsive? _____

Were additional staff members called to come in? _____

Were they responsive? _____

Was there feedback from outside agencies? ____ If yes, document below.

Additional comments: _____

Reported by: _____

Date: _____

BOMB THREAT

PROCEDURE

In the event of a phone call with a bomb threat:

- Take the message.
- Keep the caller on the line as long as possible. Ask him or her to repeat the message. Record every word spoken by the person.
- If the caller does not indicate the location of the bomb or the time of possible detonation, ask him or her for this information.
- Inform the caller that the building is occupied and detonation of a bomb could result in death or serious injury to many innocent people.
- Be alert for distinguishing background noises, such as traffic, music, voices, aircraft, church bells.
- Note distinguishing voice characteristics (sex, voice quality, speech impediments).
- Note whether the caller indicates knowledge of this organization or insight by his or her description of locations or the company. Lead him or her on; kill time; learn whether the caller is knowledgeable about the organization.
- Complete a Bomb Threat Call form while you are on the phone or as soon as the party hangs up. (Bomb Threat Call Forms are attached.)
- Notify the Organization Manager or, if the Organization Manager is not available, the Safety Officer.
- Immediately phone the Organization Manager's office, and state that you have received a bomb threat.
- Supply the details and follow instructions.
- The Organization Manager or his or her designee will notify the police and fire departments.
- If the call has been received by someone other than intake personnel, organization administration will notify the intake telephone operator.
- The person receiving the call will take the Bomb Threat Call report information or form directly to the Organization Manager's office.
- Patients and other personnel should not be alerted that a threat was received until the Organization Manager, acting Organization Manager, or Safety Officer gives such instructions.

Suspicious Package

If a package that appears suspicious is received or found within the organization, notify the Organization Manager, acting Manager, or Safety Officer. Do not handle the package. Clear the immediate area of patients and personnel.

If package appears suspicious to the Organization Manager, or Safety Officer, he or she will ask the designated staff person to send for the police and bomb squad.

Keep the area clear until the police or bomb squad arrives and completes its inspection.

Intake Telephone Operator:

All incoming calls from emergency agencies will be transferred to the Organization Manager or acting Manager.

During the interval between a bomb threat and the arrival of officers, keep all staff and patients away from the building.

The receiver of a bomb threat will remain in contact with the Organization Manager or acting Manager for interview with the police.

Evacuation

Only the Organization Manager, acting Manager, or Safety Officer may order evacuation of the organization.

Disasters Preparedness Plan Evacuation Procedures will be followed.

Staff will be instructed whether or not only a Single area will be evacuated or if there will a general evacuation will be ordered:

The public address or telephone system will be used to give instructions.

If the person(s) threatening has given a time for the bomb to go off, the fire alarm system will be activated immediately before that time (for fire and damage containment in case of an actual bomb

BOMB THREAT REPORT

Name of Person Receiving Call: _____

Title: _____

Date: _____ Time: _____ Phone: No./ext.: _____

As best you can, write the exact words of the caller:

Questions to ask caller: Ask them to repeat message.

Where is the bomb? _____

When will it explode? _____

What kind of bomb is it? _____

What does it look like? _____

Why did you do this? _____

Where are you calling from? _____

Description of the caller's voice:

Male _____ Female _____ Age _____

Was voice familiar? _____ If so, whose? _____

Voice

Speech

____ Raspy ____ Soft ____ Fast ____ Distinct ____ High Pitched ____ Deep ____ Slow

____ Slurred ____ Pleasant ____ Loud ____ Nasal ____ Distorted ____ Intoxicated ____ Other

____ Stutter ____ Muffled

Language

Accent

Manner

____ Good ____ Local ____ Calm ____ Rational ____ Foul ____ Ethnic ____ Angry ____ Irrational

____ Poor Grammar ____ Regional ____ Serious ____ Incoherent ____ Other ____ Foreign**

____ Tense ____ Emotional ____ Sure ____ Righteous ____ Unsure ____ Deliberate ____ Joking

____ Nervous ____ Laughing

Background Noise

Describe: _____

____ Voices ____ Office Machines ____ Animals ____ Music ____ Factory Machines

____ Airplanes ____ Trains ____ Street Traffic ____ Quiet

Phone Connection ____ Clear ____ Pay Phone ____ Static ____ Long Distance

RIOT OR CIVIL DISTURBANCE RESPONSE PLAN

PURPOSE

A civil disorder may escalate from a minor disturbance to a major riot through the actions of one individual or a group of individuals who are well organized. The first ingredient is a "cause" or reason for upsetting the normal routine or committing aggressive action against the organization or the company, its personnel, or one or more of its patients.

PROCEDURE

General

As soon as it is suspected or determined that a person with no official business or related reason for being at the organization is, in fact, circulating within the premises, he or she shall be challenged, preferably by an official of the organization, and escorted out of the building as discreetly as possible, on the basis that he or she has no reason for being in any part of the facility except the waiting area and that the organization is a private institution. If the person objects, the organization official will notify the police department or security, and the challenged individual will be allowed to speak to the police department on the telephone. In most cases, the person will not take the opportunity, but the organization will have protected itself from any charges of unfair treatment or discrimination.

When it has been determined that a group of individuals is at the organization on other than official or related business, all entrances shall be secured, and, where possible, the group will be isolated and prevented from circulating through the rest of the site. The police will be summoned by the Organization Manager, Safety Officer, or a designee who will brief the police watch commander over the telephone.

Responsibilities in a potentially violent situation

The Organization Manager, acting Manager, or Safety Officer will maintain contact with the police and fire departments. If the organization has a contract with a private security service, that service should be contacted and asked for assistance. If the organization has a security contract or agreement with a nearby hospital, the hospital should be contacted and asked for assistance.

The Organization Manager, acting Manager, and Safety Officer need to be familiar with this policy. Because these individuals are often the first contact with participants in any type of civil disturbance, it is most important that they correctly estimate the situation and avoid aggravating it. They will be the first and most reliable sources of information needed by the police to properly respond to a potentially violent situation. Information about the circumstances surrounding the situation of unrest will help organization leadership in dealing with the group or an individual ringleader in the early stages of the controversy. In the case of an organized group attempting to reach

a patient or a member of the staff with intent to harm, the organization's leadership's only recourse is to prevent entry to the area where the target individual is located.

The responsible officers should be prepared to call the police, or outside security

agency, if a trouble situation appears to be developing. If there is any doubt, it is better to sound an alert too early rather than too late because the situation can often be resolved before violence occurs.

Intake telephone line

The organization will maintain a current list of phone numbers for the police; security agency, if contracted; fire departments; and key organization personnel to be notified in an emergency situation, and a code designation, "Code Strong," familiar only to organization personnel should be announced over the public address system to alert staff members to a possible or actual civil disturbance.

Any disturbance will be reported in accurate detail. It is essential that the true nature of the disturbance be reported so that the appropriate course of action and corrective measures can be applied.

Responsibilities in a violence imminent or in progress

The Organization Manager, acting Manager, or Safety Officer will contact the police; security agency, if one is contracted; and fire departments. Business phone numbers will be used if no violence has occurred. Emergency phone numbers will be used if violence has occurred or is imminent.

The Organization Manager, acting Manager, or Safety Officer will carefully report the incident in terms of numbers of participants, reasons for unrest, observed conduct of group leaders, and any other information requested by the police; write down any instructions given by the police; and follow their procedures precisely.

A designated staff member will contact the intake secretary and report the nature and extent of the incident and notify the Organization Manager, or appropriate personnel to give details of the incident or disorder, including steps taken by security personnel.

A designated staff member will follow instructions received from the Organization Manager, acting Manager, or Safety Officer.

The Organization Manager, acting Manager, or Safety Officer will decide on the course of action to be taken pending arrival of police or security agency.

The Organization Manager, acting Manager, or Safety Officer will instruct the switchboard operator or receptionist to call off-duty personnel and inform them of the situation. Security and police personnel will be directed to report immediately to assist in coping with the situation. All except security personnel will be instructed to remain out of the organization until further notice.

In the final analysis, any local condition of unrest or social upheaval that affects the orderly conduct of the organization functions will be handled by the local public protection services with full assistance and cooperation from organization staff members.

EARTHQUAKE RESPONSE PROCEDURE

GENERAL

The actual movement of the ground in an earthquake is seldom the direct cause of death or injury. Most casualties result from falling objects and debris because the shocks can shake, damage, or demolish buildings and generate huge ocean waves (seismic sea waves), each of which can cause great damage. Earthquakes usually strike without warning. In most cases the shock occurs and is ended in seconds, which precludes any personal protective action during the tremor. If the seismic action is a prolonged shaking and rolling, it is prudent to take protective measures such as taking cover in a doorway or under a table. If there is time, people should cover their heads and shoulders and try to protect themselves from falling objects or shattered glass. The scope of this procedure covers response to all types of earthquakes.

INJURIES ARE COMMONLY CAUSED BY

- Partial building collapse; collapsing walls; falling ceiling plaster, light fixtures, and pictures
- Flying glass from broken windows and mirrors
- Overturned bookcases, fixtures, and other furniture and appliances
- Fires, broken gas lines, and similar causes, with danger aggravated by the lack of water due to broken mains
- Fallen power lines
- Drastic human actions resulting from panic.

IMMEDIATE RESPONSE MEASURES FOR ALL PERSONNEL

On detection of shock, remain in place.

Remain calm. Think through the consequences of any action. Try to calm and reassure others.

If indoors, watch for falling plaster, light fixtures, and other objects. Watch out for high storage areas, shelves, and tall equipment that might slide or topple. Stay away from windows and mirrors. If in danger, get under a table, desk, or gurney, in a corner away from windows, or in a strong doorway. Encourage others to follow your example. Usually it is best not to run outdoors.

After the initial shock has ended and a reasonable interval has passed with no further shock, survey immediate surroundings to determine injuries and damage.

Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.

If telephones are operating, call the reception and the Organization Manager or his or her designee to report the condition of patients and estimated damage in your area.

If you are in the area of damage and are not seriously injured, your first responsibility is to the patients in your vicinity. If possible, reassure them and attempt to calm those

who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass, or patients or personnel trapped under debris, you must request assistance and perform first aid within your capability where possible until medical personnel arrive to assist in treatment or rescue.

Check for fire or fire hazards from broken electrical lines or short circuits, and follow the fire response procedures if a fire is discovered or can reasonably be expected.

Do not attempt to lead or assist any patients to leave the organization until you are directed to do so by the Organization Manager or his or her designee. If the organization has not been made unsafe by the earthquake, it is advisable to encourage patients to stay inside until they have arranged safe transportation home or have determined the conditions of the roadways.

Make sure all patients wear shoes in areas near debris and glass.

Immediately clean up spilled medications, drugs, and other potentially harmful materials.

If the water is turned off, emergency water can be obtained; assess bottled water inventory.

Check to see that sewage lines are intact before permitting flushing of toilets.

Check closets and storage shelf areas. Open closet and cupboard doors carefully, and watch for objects falling from shelves.

Be prepared for additional aftershocks. Although most of these are smaller than the main shock, some may be large enough to cause additional damage.

RESPONSIBILITIES

Organization Manager or his or her designee

After receiving damage assessment reports from all modalities and services, determine the advisability of partial or complete evacuation of the organization.

If evacuation is deemed advisable, determine the condition of exit areas and avoid those that are obstructed or otherwise hazardous. The Safety Officer should clearly mark the recommended route of egress.

Conduct an immediate check of all communications systems including organization PA, radio network, and telephones. Initiate actions to restore service or use other communication resources, including walkie-talkie, cellular telephones, or messengers.

Direct implementation of evacuation procedures outlined in the Disasters Preparedness Plan.

Ensure that all local emergency service authorities are informed of the degree of damage and extent of injuries sustained by the site, its patients, and personnel.

Control Center

Direct disaster response activities in accordance with the instructions in the Disasters Preparedness Plan.

Initiate recall of personnel.

Establish transport teams to assist in transport of patients within the organization as required.

Provide for emergency messenger service.

Establish the casualty information organization, and instruct the organization operator about information to be released to media and concerned individuals.

Establish an injured patients list, and indicate where each patient is located for incoming medical personnel.

Have any physicians at the organization activate major and minor treatment areas and provide examination and treatment to patients and personnel as required. Be aware that depending on the magnitude of the earthquake, organization physicians may be called to serve in other healthcare organization or organizations.

Ensure the establishment and maintenance of a master list of patients and treatment and disposition.

Request additional professional assistance as needed through the local emergency medical services network.

Personnel Pool

Provide personnel to operational areas as the situation requires.

Maintain adequate records of personnel arriving and their assignments and of those released from duty.

All "professional volunteers" for emergency service will be approved by the organization Medical Director before being assigned for duty.

Call additional personnel to satisfy developing personnel requirements.

Reassign personnel based on the priority of requirements throughout the site.

Security

Control entrances to organization treatment areas. All patients, visitors, and staff members must sign in at the front desk.

Provide for a free flow of emergency vehicle traffic.

Instruct the front desk to direct incoming employees and members of the public to appropriate areas.

Intensify safeguards for prevention of theft from patients and of medication, and other organization property.

Ascertain the need for emergency generator capacity. If it is determined that temporary emergency power is needed for essential staff functions, refer to the Emergency Electrical Power policy.

Ensure that the Safety Officer or his or her designee checks utility lines and appliances for damage. Only the Safety Officer or his or her designee or a representative of the power company may shut off any valves or circuits. If gas leaks exist the Safety Officer will shut off the main gas valve. If there is damage to wiring, the Safety Officer will shut off electrical power. The Safety Officer will report damage to the appropriate utility companies and follow their instructions. No one should use matches, lighters, or open flame appliances until it is determined that no gas leaks exist. Electrical switches or appliances should not be operated if gas leaks are suspected; sparks can ignite gas from broken lines.

Business Office

The office should provide staff members as directed to help with the patients.

Nursing Services

Damage assessment of all involved nursing service should be reported to front desk.

Nursing services personnel should direct and assist with evacuation of patients as necessary.

Nursing services personnel should follow the internal Disasters Preparedness plan as outlined in the policies and procedures manual.

SNOW AND ICE REMOVAL

PURPOSE

To create safe entry and exit to the facility, snow and ice removal and melting will be ensured by the following preventive procedure.

PROCEDURE

A walk-around of the facility will be conducted to identify specific challenges for snow removal vehicles. Fencing, posts, and concrete curbs are some of the items that may be difficult to see after snowfall begins. Pre-winter conditions of these items will be documented.

An average first snowfall date can be ascertained by contacting the local weather service.

The following provisions will be stored at the organization before the anticipated date:

- Adequate manual equipment, snow shovels, ice scrapers, brooms, and sand
- Enough ice-melt for at least two storms
- Adequate walk-off mats, interior and exterior.

Preventive maintenance on snow and ice removal equipment will be performed before the projected date of first snowfall.

The snow and ice removal contractor is responsible for damage to facility grounds during snow and ice removal activities. The contractor will tour the grounds with a representative from the organization to review performance expectations before the projected first snowfall date.

An in-service training for staff involved in snow removal will be conducted covering

- Safety procedures
- Equipment procedures
- Proper body mechanics.

Reminders of ice and snow safety will be posted in the employee newsletter before the projected first snowfall date.

The ice and snow removal contractor is

Contractor Name:

Telephone Number:

SEVERE WEATHER/TORNADO PROCEDURES

PURPOSE

When threatening weather arises, personnel should take precautions to ensure the safety of patients, visitors, and staff members. Protective measures (as outlined below) should be taken when a tornado watch or warning has been announced by local authorities.

DEFINITIONS

Code Windy-Watch—Tornado Watch: When conditions exist that could develop into a tornado. *Code Windy-Warning—Tornado Warning:* When a tornado had been sighted by local authorities within a 20-mile area of the organization.

PROCEDURE

Notification

When receiving notification through the weather alert system of a tornado watch or tornado warning, the receptionist or his or her designee will call the civil defense organization for definition of the weather condition and notify the appropriate personnel.

Paging

If the Organization Manager or Safety Officer agrees, the receptionist or telephone operator will

- Announce three times over the public address system either – Tornado Watch, or Tornado Warning.
- The organization disaster plan should be activated.
- When an actual tornado has been spotted by the Safety Officer or the noise of wind of a tornado appears to be affecting the building, the receptionist or operator will announce three times: "Tornado Watch/Warning—Assume Security Positions."

Paging all clear

All clear (when authorized by the Organization Manager or Safety Officer) will be announced when the situation has returned to a safe condition as determined by the weather alert system.

Tornado shelter area

Safe areas to be used as tornado shelters will be designated for organizations in tornado-prone areas. In the event of a tornado warning, organization personnel should move visitors and patients (if possible) into the hall away from windows.

General Rules

- All telephone calls and pages should be avoided during a tornado warning, except for other codes and emergency calls.
- Employees should remain calm when dealing with patients and visitors during the tornado watch or warning. Panic is contagious and could lead to a more serious situation.

- Directions should be given in a calm, firm manner, and shouting should be avoided.

Personnel duties if a tornado watch is announced

This time should be used to take the necessary precautions, such as

- Closing window drapes or blinds for protection from flying glass
- Moving unsecured equipment into storage
- Knowing where flash lights are located
- Knowing where the designated safe areas are.

Personnel duties if a code warning is announced include

- Informing visitors and patients of the warning and telling them to move to a designated area if they are not already in such an area.
- Not attempting to open any exterior windows or doors
- Keeping doors to areas with outside windows closed in all designated shelter areas. Doors in non-designated areas should be left open.
- Determination by the Organization Manager with the Safety Officer when to disconnect the main electrical power to imaging equipment, before a tornado's arrival.
- Keeping away from windows and doors; covering up with blankets, sheets, or curtains; or getting under heavy furniture.

Personnel duties when an all-clear is announced

- Returning to normal areas (if possible)
- Accounting for all personnel and patients
- Reporting any damage or missing persons to the person in charge
- Reporting any problems, failures, or user errors to the Safety Officer for investigation, correction, and resolution.

SEVERE WEATHER/HURRICANE PROCEDURES

PURPOSE

When threatening weather arises, personnel should take precautions to ensure the safety of the patients, visitors, and staff members. Protective measures (as outlined below) should be taken when a hurricane watch or warning has been announced by local authorities.

DEFINITIONS

Hurricane watch: When conditions exist that could develop into a hurricane situation (Staff should listen for subsequent advisories and be ready to take precautionary measures in case hurricane warnings are issued.)

Hurricane warning: When conditions indicate that a hurricane or tropical storm is a threat to coastal areas immediately or within 24 hours. (Staff members should be take precautions immediately.)

PLANNING

(Name of meeting where safety is discussed?) at the beginning of hurricane season in hurricane-prone areas, will:

- Review the plan as necessary
- Verify that the staff telephone tree is up to date.

PROCEDURE

Cancellation of organization services

When there is adequate warning of a potential hurricane, the Organization Manager or his or her designee will determine the appropriateness of closing the site until the hurricane watch is cancelled. Priority will always be given to patient and staff safety when determining whether an organization should be closed.

Notification

When receiving notification through the weather alert system of a hurricane watch or hurricane warning, the receptionist or his or her designee will call the Civil Defense Organization for a definition of the weather condition and notify the appropriate personnel.

Paging code

If the Organization Manager or Safety Officer agrees, the receptionist or telephone operator will

- Announce three times over the public address system either – Hurricane Watch, or – Hurricane Warning
- Activate the organization disaster plan.

Paging all clear

All clear will be announced (when authorized by the Organization Manager or Safety Officer) after the situation has returned to a safe condition as determined by the weather alert system.

High winds shelter area

In the event of a hurricane warning, organization personnel should move visitors and patients (if possible) into the hall away from windows.

General rules

- All telephone calls and pages should be avoided during a hurricane warning, except for other codes and emergency calls.
- Employees should remain calm when dealing with patients and visitors during the hurricane watch or warning. Panic is contagious and could lead to a more serious situation.
- Directions should be given in a calm, firm manner, and shouting should be avoided.

Personnel duties if a hurricane watch is announced

This time should be used to take the necessary precautions, such as

- Closing window drapes or blinds for protection from flying glass
- Moving unsecured equipment into storage
- Knowing where flash lights are located
- Knowing where designated safe areas are.

Personnel duties if a code warning is announced include

- Informing patients and visitors of the warning and moving them to a designated area if they are not already in such an area
- Not attempting to open any exterior windows or doors
- Closing doors to areas with outside windows in all designated shelter areas; Keeping doors in non-designated areas open
- Moving patients and visitors to a safe area
- Keeping away from windows and doors; covering up with blankets, sheets, or curtains; or getting under heavy furniture.

Personnel duties when an all-clear is announced include

- Returning to normal areas (if possible)
- Accounting for all personnel and patients
- Reporting any damage or missing persons to the person in charge
- Reporting any problems, failures, or user errors to the Safety Officer for investigation, correction, and resolution.

TOXIC EXTERNAL ATMOSPHERE

PURPOSE

To protect patients, staff members, and visitors from the effects of a potentially toxic external atmosphere that can include contamination by a chemical cloud, smoke, or other such pollutants to the extent it becomes a significant threat to life or health.

PROCEDURE

Notify the Organization Manager and Safety Officer when the organization is notified of a toxic external atmosphere. The organization manager will assign specific tasks.

Keep all doors to the outside closed.

Shut down all air handlers in the building, including outside air makeup where feasible.

Direct the Safety Officer to lock all entrances.

Have the Organization Manager or his or her designee make an announcement on the PA requesting that no one leave the organization or open outside doors.

Keep all interior doors leading to different compartments closed.

When civil authorities have announced that the emergency situation has cleared, announce that it is safe for patients to stay or leave.

