

# **Emergency Preparedness Plan**

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## **EMERGENCY PREPAREDNESS PLAN**

### **POLICY**

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

### **PURPOSE**

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

### **STRUCTURE**

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

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

The Clinic Manager, in collaboration with the Safety Officer, will tailor the clinic-specific Emergency 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. Dean Samit from the Joint Commission's Department of Standard Interpretation gave an example of mitigation. If a clinic's Hazard Vulnerability Analysis determined that the clinic 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 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. 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 Clinic Manager or his or her designee to activate the Emergency Preparedness Plan.

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

- ! Ambulatory
- ! Ambulatory with assistance
- ! Wheelchair.

If an internal disaster disables the clinic's essential utility services, the Clinic 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 clinic, backing up computer data, and obtaining urgent medical data to provide to a primary care physician.

## COMMUNICATIONS

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

## RADIOACTIVE OR CHEMICAL ISOLATION AND DECONTAMINATION

If an occurrence involves radioactive materials or hazardous chemical spills requiring outside assistance, the Clinic 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 clinic 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 clinic that are able to safely provide services.

- ! *Supplies:* The Clinic 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 clinic and outside agencies. If a total phone loss occurs, a messenger will be assigned to carry messages back and forth within the clinic until other arrangements could be made.
- ! *Security:* Needs that might exceed the capability of clinic 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 Clinic Manager, his or her designee, or the Safety Officer can initiate the Disaster Call List (telephone tree).

On arrival at the clinic, 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 clinic, 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 Clinic 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 clinic 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 Clinic 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 Clinic 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 clinic to an unaffected section. These staff members will also be responsible for providing any patient transportation

devices, such as wheelchairs, carts, and so forth, to facilitate the movement or evacuation of patients from the clinic.

All staff members will be familiar with the overall clinic Emergency Preparedness Plan.

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

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

#### ADDRESSING THE MEDICATION NEEDS OF PATIENTS:

The clinic or organization maintains a 24-hour telephone answering capacity. This is accomplished through the following processes: **(Clinic 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 clinic 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: **(Clinic 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 clinic after hours to access this information?)**

#### TRAINING OF STAFF IN EMERGENCY PREPAREDNESS PROCEDURES

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

#### EMERGENCY 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 clinic **(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 emergency 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 Emergency 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 CLINIC SITE

**(The clinic must develop a specific plan on how patients will receive medication if the clinic 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 Clinic Manager, or Safety Officer if directed, will evaluate the area or modality needs, including staff.

Managers will send all available staff to the Clinic 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 Clinic 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 Clinic 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 Clinic 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 clinic. 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 Clinic 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 clinic:

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

- ! Approving the implementation of the Emergency Preparedness Plan and evacuations
- ! Maintaining information flow throughout the clinic
- ! 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 clinic.

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 Clinic 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 Clinic Manager or his or her designee
- ! Communicating availability of services status to the command clinic
- ! 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 Clinic 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 Clinic 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 Clinic 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 Clinic 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 Clinic 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 clinic.
- ! Available staff will assist the assigned staff member in callbacks of employees at the direction of the command clinic.
- ! 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 clinic

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 clinic 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

- ! Emergency preparedness knowledge and skill for staff
- ! Completion of two emergency preparedness drills per year
- ! The level of staff participation in emergency 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 Emergency Preparedness Plan undertaken at the clinic 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 clinic leadership will prioritize opportunities for improvement in this function.

## **Annual Evaluation of the Effectiveness of the Emergency Preparedness Plan**

Instructions: The Safety Officer will facilitate an interdisciplinary team of clinic 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 clinic 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 Emergency 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 clinic, including implementation of procedures in response to disasters; role with communitywide emergency 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 EMERGENCY PREPAREDNESS TRAINING**

List types of emergency 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 clinic in meeting its emergency 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 emergency preparedness of the environment of care of the clinic.)

**EVALUATION OF EFFECTIVENESS OF PLAN**

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

**CONCLUSIONS AND RECOMMENDATIONS FOR THE PLAN FOR THE NEXT YEAR**

What are the most important recommended areas of emergency preparedness for the plan and clinic 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 clinic before the survey to support the design of the emergency 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 clinic focus and resources for emergency planning. Determine a value below which no action is necessary. Acceptance of risk is at the discretion of the clinic.



EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/SAFETY	HIGH DISRUPTION	MOD DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	2	2	1	3	2	1	
<b>TECHNOLOGICAL EVENTS</b>													
Electrical failure													
Generator failure													
Transportation failure													
Fuel shortage													
Natural gas failure													
Water failure													
Sewer failure													
Steam failure													
Fire alarm failure													
Communications failure													
Medical gas failure													
Medical vacuum failure													
HVAC failure													
Information systems failure													
Fire, internal													
Flood, internal													
Hazmat exposure, internal													
Unavailability of supplies													
Structural damage													

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/SAFETY	HIGH DISRUPTION	MOD DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
<b>HUMAN EVENTS</b>													
Mass casualty incident (trauma)													
Mass casualty incident (medical)													
Mass casualty incident (hazmat)													
Hazmat exposure, external													
Terrorism, chemical													
Terrorism, biological													
VIP situation													
Infant abduction													
Hostage situation													
Civil disturbance													
Labor action													
Forensic admission													
Bomb threat													



**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 \_\_\_\_\_

! IRIS support (800) 366-7534

! Security \_\_\_\_\_

Community Emergency Telephone Numbers:

! Red Cross \_\_\_\_\_

! Casualty assistance \_\_\_\_\_

! Sanitation (for employee toilets) \_\_\_\_\_

Ambulance Services:

! Clinic Transportation \_\_\_\_\_

Hospitals with mutual aid agreements:

\_\_\_\_\_

Pharmaceutical Supplies:

\_\_\_\_\_

Linen supply:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Last Update

## **EMERGENCY WATER SUPPLY**

### **DRINKING WATER**

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

### **NONSTERILIZED 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 clinic's electrical power supply is compromised or unavailable, the Clinic Manager or his or her designee will determine whether the clinic 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 Clinic Manager determines that the power will not be resumed before the end of the business day, he or she may close the clinic. In such a case, patients will be directed to the backup clinic. If the Clinic Manager determines that it is appropriate for the clinic to remain open or open for staff, but not patients, emergency lighting and power can be supplied by \_\_\_\_\_ telephone # \_\_\_\_\_. The Clinic 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.

## EMERGENCY PREPAREDNESS EVACUATION

### PROCEDURE

When evacuation of patients from threatened or affected areas of the clinic 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 Clinic 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 Clinic 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.

## **EMERGENCY PREPAREDNESS STAFF TRAINING**

### **POLICY**

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

### **PROCEDURE**

The Safety Officer is responsible for scheduling emergency 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 Emergency Preparedness Plan. It is the responsibility of the Safety Officer to work with the Clinic 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.

## EMERGENCY PREPAREDNESS PLAN DRILLS

### POLICY

Implementation of the Emergency Preparedness Plan will be conducted at least semiannually, no less than 4 months and no more than 8 months apart, at each clinic, 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 emergency preparedness drills or actual occurrences will be critiqued by the Safety Officer and Clinic Manager and reviewed and evaluated at the next **(name of meeting where safety is discussed?)**.

## EMERGENCY PREPAREDNESS PLAN ACTIVATION—EVALUATION FORM

### PURPOSE

The integrity of the Emergency Preparedness Plan requires the clinic'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 an Emergency Preparedness Plan Activation—Evaluation Form for each drill or actual disaster.

The Safety Officer will present this form to the Clinic 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 Emergency 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.

**EMERGENCY PREPAREDNESS ACTIVATION—EVALUATION FORM**

Drill \_\_\_\_\_ Actual Disaster/Emergency \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Disaster: \_\_\_\_\_

Activating the Emergency Preparedness Plan:

The Emergency Preparedness Plan was activated at: \_\_\_\_\_

How was the Emergency Preparedness Plan activated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where were the following areas located?

First aid \_\_\_\_\_

Command clinic \_\_\_\_\_

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 clinic'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:

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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?

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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? \_\_\_\_\_

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Were there problems with the evacuation of patients?

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What was sent with the patients being evacuated?

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Were arrangements made with outside agencies to assist with transport?

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What areas of the Emergency Preparedness Plan implementation worked well?

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What areas of the Emergency Preparedness Plan implementation need improvement?

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Were adequate supplies available? \_\_\_\_ If no, document below.

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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.

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Additional comments: \_\_\_\_\_

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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 clinic 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 clinic.
- ! 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 Clinic Manager or, if the Clinic Manager is not available, the Safety Officer.
- ! Immediately phone the Clinic Manager's office, and state that you have received a bomb threat.
- ! Supply the details and follow instructions.
- ! The Clinic 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, clinic 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 Clinic Manager's office.
- ! Patients and other personnel should not be alerted that a threat was received until the Clinic Manager, acting Clinic Manager, or Safety Officer gives such instructions.

### *Suspicious Package*

If a package that appears suspicious is received or found within the clinic, notify the Clinic 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 Clinic 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 Clinic 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 Clinic Manager or acting Manager for interview with the police.

*Evacuation*

Only the Clinic Manager, acting Manager, or Safety Officer may order evacuation of the clinic.

Emergency Preparedness Plan Evacuation Procedures (see p. \_\_\_\_ ) 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 threatener 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 clinic 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 clinic is, in fact, circulating within the premises, he or she shall be challenged, preferably by an official of the clinic, 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 clinic is a private institution. If the person objects, the clinic 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 clinic 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 clinic 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 Clinic Manager, Safety Officer, or a designee who will brief the police watch commander over the telephone.

#### *Responsibilities in a potentially violent situation*

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

The Clinic 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 clinic 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 clinic’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 clinic will maintain a current list of phone numbers for the police; security agency, if contracted; fire departments; and key clinic personnel to be notified in an emergency situation, and a code designation, "Code Strong," familiar only to clinic 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 Clinic 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 Clinic 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 Clinic 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 Clinic Manager, acting Manager, or Safety Officer.

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

The Clinic 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 clinic until further notice.

In the final analysis, any local condition of unrest or social upheaval that affects the orderly conduct of the clinic functions will be handled by the local public protection services with full assistance and cooperation from clinic 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 Clinic 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 clinic until you are directed to do so by the Clinic Manager or his or her designee. If the clinic 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

### *Clinic 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 clinic.

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 clinic 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 Emergency 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 Emergency Preparedness Plan.

Initiate recall of personnel.

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

Provide for emergency messenger service.

Establish the casualty information clinic, and instruct the clinic 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 clinic 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, clinic physicians may be called to serve in other healthcare clinic 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 clinic 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 clinic 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, abusables, and other clinic 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 (see p. \_\_\_\_).

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 emergency 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 clinic 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 clinic 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 clinic.

### 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 clinic for definition of the weather condition and notify the appropriate personnel.

#### *Paging*

If the Clinic 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 clinic 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 Clinic 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 clinics in tornado-prone areas. In the event of a tornado warning, clinic 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 Clinic 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 clinic services*

When there is adequate warning of a potential hurricane, the Clinic 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 a clinic 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 Clinic for a definition of the weather condition and notify the appropriate personnel.

#### *Paging code*

If the Clinic 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 clinic disaster plan.

#### *Paging all clear*

All clear will be announced (when authorized by the Clinic 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, clinic 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 if 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 Clinic Manager and Safety Officer when the clinic is notified of a toxic external atmosphere. The clinic 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 Clinic Manager or his or her designee make an announcement on the PA requesting that no one leave the clinic 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.