

Clinic Emergency Preparedness Project

Emergency Operations Plan Template

June 2004

Appendix H

Appendix H.1 – EMERGENCY PROCEDURES (Flip Chart Format)

EVACUATION PROCEDURES

- Stay calm – do not rush – do not panic.
- Gather your personal belongings if it is safe to do so.

Front Desk Staff: Evacuate patients and visitors from reception area.
Grab day sheet.

Medical Assistants: Evacuate patients and visitors from exam rooms and restrooms.

Lab: Evacuate patients from lab.

Dental Staff: Evacuate dental patients from waiting area and dental operatories.

Administrative Staff: Evacuate offices and work areas.

- If safe, close doors and windows, but do not lock them.
- Use the nearest safe stairs and proceed to the nearest exit.
- Proceed to the designated Emergency Assembly Area (see map) and report to your roll taker.
- Wait for instructions from emergency responders.
- Do not re-enter the building or work area until you have been instructed to do so by emergency responders.

GENERAL EVACUATION PROCEDURES





FIRE SAFETY

Self-Protective Measures:

- ❑ **If your clothes catch on fire—STOP, DROP, & ROLL**
- ❑ **If you are caught in smoke, drop to your hands and knees and crawl.**
- ❑ **If you are trapped in a room, place cloth and material under the door to prevent smoke from entering.**
- ❑ **Retreat and close as many doors as possible between you and the fire. Be prepared to signal for help.**

Preventive Measures:

- ❑ Learn at least two escape routes, and emergency exits from your area.
- ❑ Never use an elevator as part of your escape route.
- ❑ Learn to activate a fire alarm.
- ❑ Learn to recognize alarm sounds.

1. If you discover a fire:

- ❑ **Activate** the nearest fire alarm.
- ❑ **Notify** the fire department by dialing 911. Give your location, the nature of the fire, and your name.
- ❑ **Notify** your Emergency Coordinator and/or other occupants.
- ❑ **Evacuate** all patients and visitors from the building.

2. If you hear a fire alarm:

- ❑ Evacuate the area. Close windows, turn off gas jets, and close doors as you leave.
- ❑ Leave the building and move away from exits and out of the way of emergency operations.
- ❑ Assemble in a designated area.
- ❑ Report to the monitor so he/she can determine that all personnel have evacuated your area.
- ❑ Remain outside until competent authority (Physical Security, Office of Health and Safety, or your supervisor) states that it is safe to re-enter.

Know the Evacuation Routes. Should evacuation be necessary, go to the nearest exit or stairway and proceed to an area of refuge outside the building. Most stairways are fire resistant and present barriers to smoke if the doors are kept closed.

- ❑ Do not use elevators. Should the fire involve the control panel of the elevator or the electrical system of the building, power in the building may be cut and you could be trapped between floors.

3. Fight the fire ONLY if:

- ❑ The fire department has been notified of the fire, AND
- ❑ You have a way out and can fight the fire with your back to the exit, AND
- ❑ You have the proper extinguisher, in good working order, AND know how to use it.
- ❑ If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

Extinguish: Pick up extinguishers and fight fire only if it is safe and you have been trained to do so.

Use the acronym PASS to remember how to use an extinguisher.

P – Pull the safety pin.

A – Aim at the base of the fire.

S – Squeeze the trigger handles together.

S – Sweep from side to side across the fire.

FIRE



EARTHQUAKES

When an earthquake strikes:

Inside the Building:

- Duck, Cover and Hold!** Get under a sturdy structure such as a desk or workstation and remain there until the earthquake subsides. In a hallway, kneel down, back against the wall. Cover your head with your arms and tuck down to your knees.
- Keep as calm as possible.
- If inside, stay inside. Do not rush to the exits.
- Keep away from windows or objects that are likely to fall.
- Stay under cover until it appears the earthquake is over. Be prepared for aftershocks.
- Do not use elevators. If you are in an elevator when the earthquake strikes, exit as soon as possible. If the elevator does not move and the alarm doors do not open, press the emergency button for help and wait for assistance. Do not attempt to climb out.
- Report any damage/casualties to your supervisor.
- Give whatever assistance you can to injured or disabled people. Use common sense and keep safety as a top priority when attempting search and rescue.
- Follow instructions regarding evacuation and activation of emergency response measures.

Outside the Building:

- If outside, stay in the open, away from buildings, overhead power lines, or any other object at risk of falling.
- Move away from fire and smoke.
- Proceed to the Emergency Assembly Area if safe, or proceed to a pre-designated alternate assembly area. Check in with your roll taker(s) to let them know you are safe.

RETURNING HOME

Remain at work unless you are released by your supervisor. Do not attempt to travel before you have made sure that emergency response team members have accounted for your safety and you are sure of safe passage.

EARTHQUAKES

WORKPLACE VIOLENCE

Workplace violence has emerged as an important safety and health issue in today's workplace. Its most extreme form, homicide, is the third leading cause of fatal occupational injury in the United States.

Safety Tips

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.

Take these steps if you can't defuse the situation quickly:

- Remove yourself from the situation.
- Call security for help.
- Report any violent incidents to your management.

WORKPLACE VIOLENCE

CRIMINAL ACTIVITY

If you witness a criminal act or notice someone acting suspiciously and feel threatened, immediately notify the clinic manager and call the police at 9-1-1.

In the event of a robbery, assault, overt sexual behavior or attempted crime:

1. Follow the instructions of the perpetrator
2. Observe the person(s) carefully for:
 - Physical description (height, weight, hair, clothes, etc)
 - Type of weapon displayed, if any
 - Number of perpetrators
 - Behavior (nervous, calm, etc.)
3. Upon departure of the perpetrator(s):
 - Notify the local police department at 911
 - Note the exact time of departure and the direction of travel, if possible.
 - Write a description of each person (referring to them as person #1, person #2, etc.)
 - Write the year, make, model, color, and license number of the vehicle.
 - Write a description of the property involved.
 - Safeguard the robbery scene for physical evidence by locking the door or preventing persons from entering the area.
 - Notify the Clinic Leader and local law enforcement officials (Dial 911).

Assist the police when they arrive by supplying them with any information they request; ask others to do the same.

CRIMINAL ACTIVITY

CHILD MISSING / ABDUCTED CHILD

Any staff person who has been made aware of a lost or missing child in the clinic should immediately notify their immediate supervisor, Executive Director, or Safety Officer of the clinic.

CODE PINK should be announced 3-5 times utilizing the facility paging system or equipment.

Upon hearing the **CODE PINK** announcement, all appropriate staff (security and/or security team staff) should be placed at each entry/exit door to prevent anyone from leaving or entering the facility until the child has been located or the authorities have been contacted.

- Monitor each entrance and stairway.
- Watch for unusual behavior by an individual.
- Stop all individuals carrying an infant or child.
- Top all individuals carrying a large package (e.g., gym bag) particularly if the person carrying the bag is “cradling” or “talking” to it.

If a suspicious person is identified, security staff should approach the person and say:

“We are in a security situation, please stay in this area until the event is over.”

- Do not attempt to physically restrain the individual.
- Note physical characteristics, vehicle description and license and exit route.
- A supervisor should escort the person who has reported the lost child throughout the facility to look for the child.
- The individual should be asked if a photo of the child is available so that other staff, patients and visitors can assist with this process.
- The reporting person should also be questioned about any recent custodial issues or any other unusual circumstances about the child exist.

If, after a thorough search of the facility and grounds and/or due to prevailing custodial issues regarding the child, it appears that the child can not be found, 9-1-1 (police) should be called.

Clinic staff will cooperate with the authorities and provide the necessary documents (i.e. sign in sheets) to assist the police in their search for the child. The police may ask that no one leave the facility as they may want to interview persons in the facility. The Site Administrator/staff will comply with the requests of the authorities.

MISSING CHILD / CHILD ABDUCTION (Code Pink)

FLOODS

Emergency WATCH means a major emergency is possible.
Emergency WARNING means a major emergency is approaching.

Tune to local radio or television stations for emergency information and instructions from local authorities.

When a **flood** WATCH is issued

- Move valuable possessions to upper floors.
- Fill your car's gas tank in the event an evacuation order is issued.

When a **flash flood** WATCH is issued

- Watch for signs of flash flooding and be ready to evacuate on a moment's notice.

When a **flood** WARNING is issued

- When told to evacuate, do so as quickly as possible. Move to a safe area before access is cut off by flood water. Avoid areas that are subject to sudden flooding.
- Before leaving, disconnect all electrical appliances, and if advised by your local utility, shut off electric circuits at the fuse panel and gas service at the meter.
- Do not try to cross a flowing stream where water is above your knees. Even water as low as 6 inches deep may cause you to be swept away by strong currents.
- Do not try to drive over a flooded road. This may cause you to be both stranded and trapped. If your car stalls, abandon it IMMEDIATELY and seek higher ground. Many deaths have resulted from attempts to move stalled vehicles.
- Avoid unnecessary trips. If you must travel during the storm, dress in warm, loose layers of clothing. Advise others of your destination.
- Do not sightsee in flooded areas. Do not try to enter areas blocked off by local authorities.
- Use the telephone ONLY for emergency needs or to report dangerous conditions.

When a **flash flood** WARNING is issued

- If you believe flash flooding has begun, evacuate immediately as you may have only seconds to escape.
- Move to higher ground and away from rivers, streams, creeks and storm drains. Do not drive around barricades. These are placed to keep you out of harms way.
- If your car stalls in rapidly rising waters, abandon it IMMEDIATELY and climb to higher ground.

FLOODS

TELEPHONE BOMB THREAT

Upon receiving a telephone bomb threat: **Be Calm. Be Courteous. Listen and DO NOT interrupt the caller.**

Note the following facts:

- Is the caller male or female? Young or old?
- Caller's voice: Calm? Angry? Stutter? Accent?
- Background noises?
- Time of the call?

Questions to ask:

- When is the bomb going to explode
- What will cause it to explode?
- Where is the bomb?
- What does it look like? What kind is it?
- When is the bomb going to explode?

IMMEDIATELY:

- Call Police Emergency @ 9-1-1
- Notify your supervisor
- Turn off hand-held radios and cellular telephones
- Evacuate (*see Evacuation / Shelter-in-place*) if directed to do so by Law Enforcement
- Once Law Enforcement arrives, they are in charge; all staff will follow their instructions

Most bomb threats are hoaxes - made in an effort to disrupt normal business. However, no bomb threat should be dismissed as a hoax without notifying the proper authorities immediately.

BOMB THREAT

BOMB THREAT CHECKLIST

Bureau of Alcohol, Tobacco & Firearms ATF F 1613.1 (6-97)

QUESTIONS TO ASK CALLER

- When is the bomb going to explode?
- Where is the bomb right now?
- What kind of bomb is it?
- What will cause the bomb to explode?
- Did you place the bomb?
- Why?
- What is your address?
- What is your name?

EXACT WORDING OF BOMB THREAT

Sex of caller: _____ Race: _____

Age: _____ Length of Call: _____

Phone # where call is received: _____

Time call received: _____

Date call received: _____

CALLER'S VOICE

- Calm Nasal
- Soft Angry
- Stutter Loud
- Excited Lisp
- Laughter Slow
- Rasp Crying
- Rapid Deep
- Normal Distinct
- Slurred Whispered
- Ragged Clearing Throat
- Deep Breathing Cracking Voice
- Disguised Accent
- Familiar (*Who did it sound like?*)

BACKGROUND SOUNDS

- Street Noises Factory machinery
- Voices Crockery
- Animal noises Clear
- PA System Static
- Music House noises
- Long Distance Local
- Motor Office machinery
- Booth
- Other (*Specify*)

BOMB THREAT LANGUAGE

- Well spoken (Educated)
- Incoherent
- Message read by threat maker
- Foul Irrational
- Taped

REMARKS: _____

Your Name:

Your Position:

Your Telephone Number:

Date Checklist Completed:

BOMB THREAT CHECKLIST

**DETECTING SUSPICIOUS PACKAGES /
LETTERS***** REMEMBER ***

The item does not have to be delivered by a carrier. Most bombers set up and deliver the bomb themselves.

1. If delivered by carrier, inspect for lumps, bulges, or protrusions, without applying pressure.
2. If delivered by carrier, balance check if lopsided or heavy sided.
3. Handwritten addresses or labels from companies are improper. Check to see if the company exists and if they sent a package or letter.
4. Packages wrapped in string are automatically suspicious, as modern packaging materials have eliminated the need for twine or string.
5. Excess postage on small packages or letters indicates that the object was not weighted by the Post Office.
6. No postage or non-canceled postage.
7. Any foreign writing, addresses or postage.
8. Handwritten notes, such as:
9. "To Be Opened in the Privacy of:", "CONFIDENTIAL", "Your Lucky Day Is Here", "Prize Enclosed".
10. Improper spelling of common names, places, or titles.
11. Generic or incorrect titles.
12. Leaks, stains, or protruding wires, string, tape, etc.
13. Packages or letters that are hand delivered or dropped off for a friend.
14. No return address or nonsensical return address.
15. Any letters or packages arriving before or after a phone call from an unknown person asking if the item was received.

16. If you have a suspicious letter or package:

Report to Safety Officer or Executive Director

Call 9-1-1

BOMBS

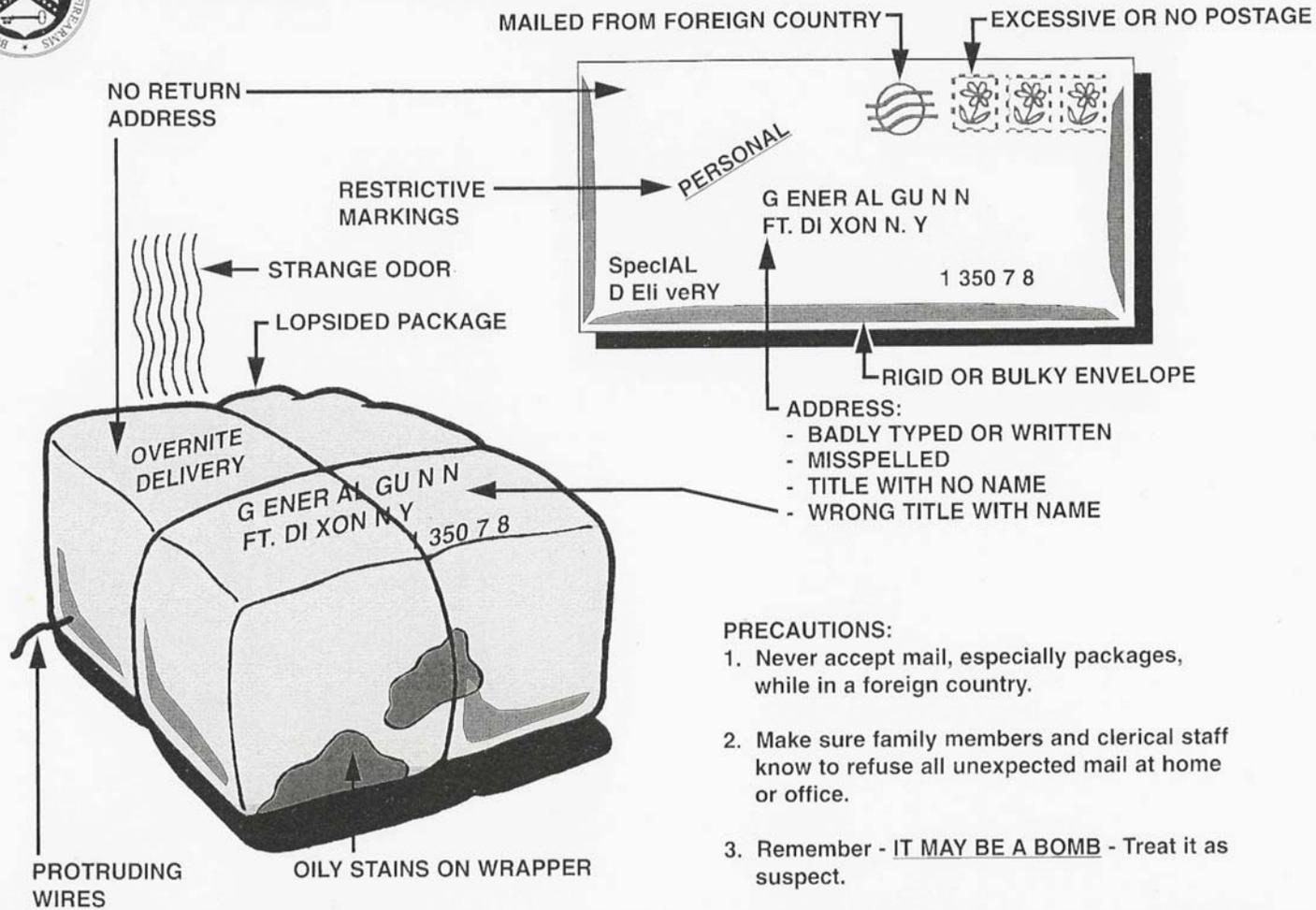
Bombs can be constructed to look like almost anything and can be placed or delivered in any number of ways. The probability of finding a bomb that looks like the stereotypical bomb is almost nonexistent. The only common denominator that exists among bombs is that they are designed or intended to explode.

Most bombs are homemade and are limited in their design only by the imagination of and resources available to the bomber.

Remember, when searching for a bomb, suspect anything that looks unusual. Let the trained bomb technician determine what is or is not a bomb.



WARNING! Suspect Letter and Package Indicators



PRECAUTIONS:

1. Never accept mail, especially packages, while in a foreign country.
2. Make sure family members and clerical staff know to refuse all unexpected mail at home or office.
3. Remember - IT MAY BE A BOMB - Treat it as suspect.

FOR MORE INFORMATION ON BOMB SECURITY OR BOMB THREATS, CONTACT YOUR LOCAL ATF OFFICE.

ATF I 3324.1 (6/95)

SUSPICIOUS PACKAGE



EMERGENCY TELEPHONE NUMBERS

It is important to be familiar with emergency phone numbers, resources, contact people, and phone numbers. Take a moment to fill in the appropriate numbers for your facility and local area.

Executive Director	_____
Safety	_____
Security	_____
Facilities/Engineering	_____
Local Utilities: (Water, Power, Gas)	_____
Telephone	_____
Power	_____
Gas	_____
Computer Service	_____
Rape Crisis	_____
Women’s Shelter Crisis	_____

DURING A DISASTER, LIMIT TELEPHONE CALLS TO EMERGENCIES ONLY!

	Direct Number
Fire and Rescue	911
Highway Patrol	911
Police	911
Poison Control Center	1-800-876-4766
County Health Department (BT)	_____
County Emergency Operations Center	_____
Medical / Health Operational Area Coordinator	_____

EMERGENCY PHONE NUMBERS



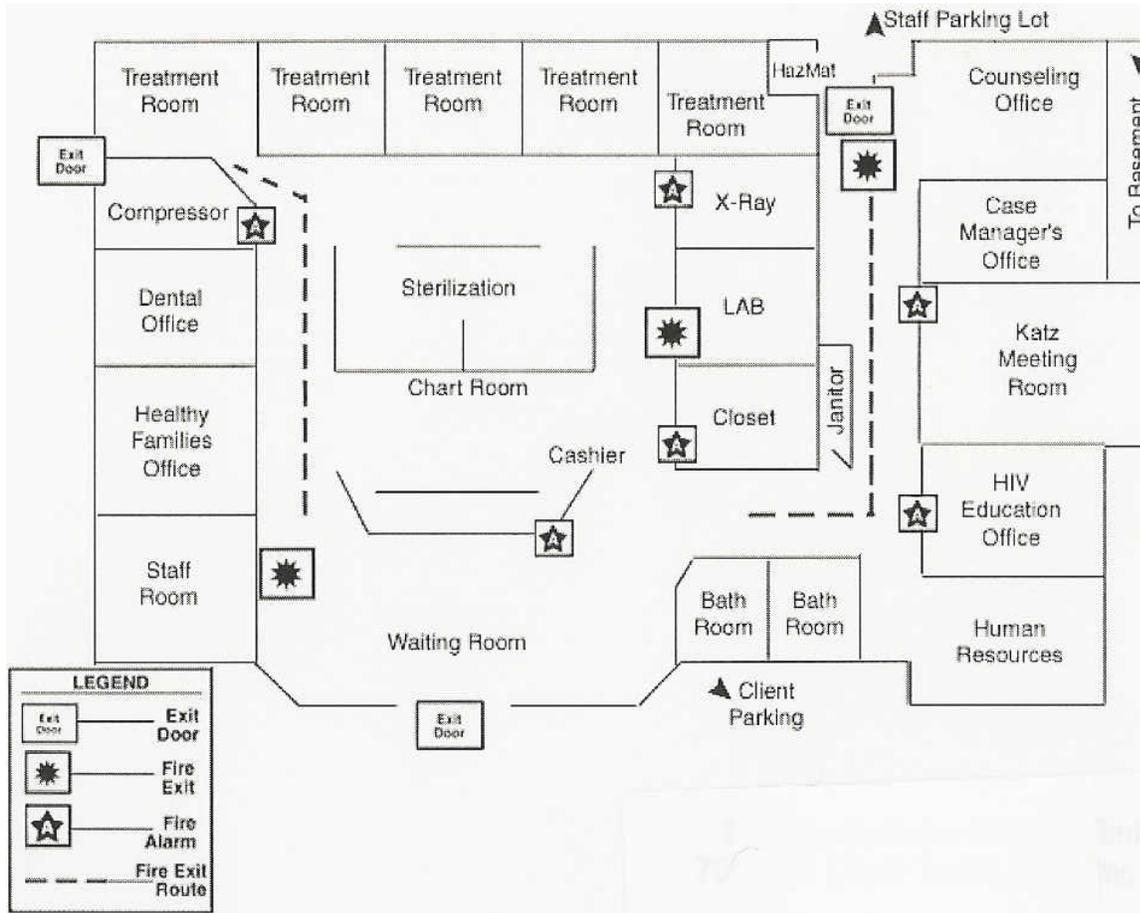
Appendix H.2 - EMERGENCY CODE EXAMPLES

[Insert Your Clinic Name]

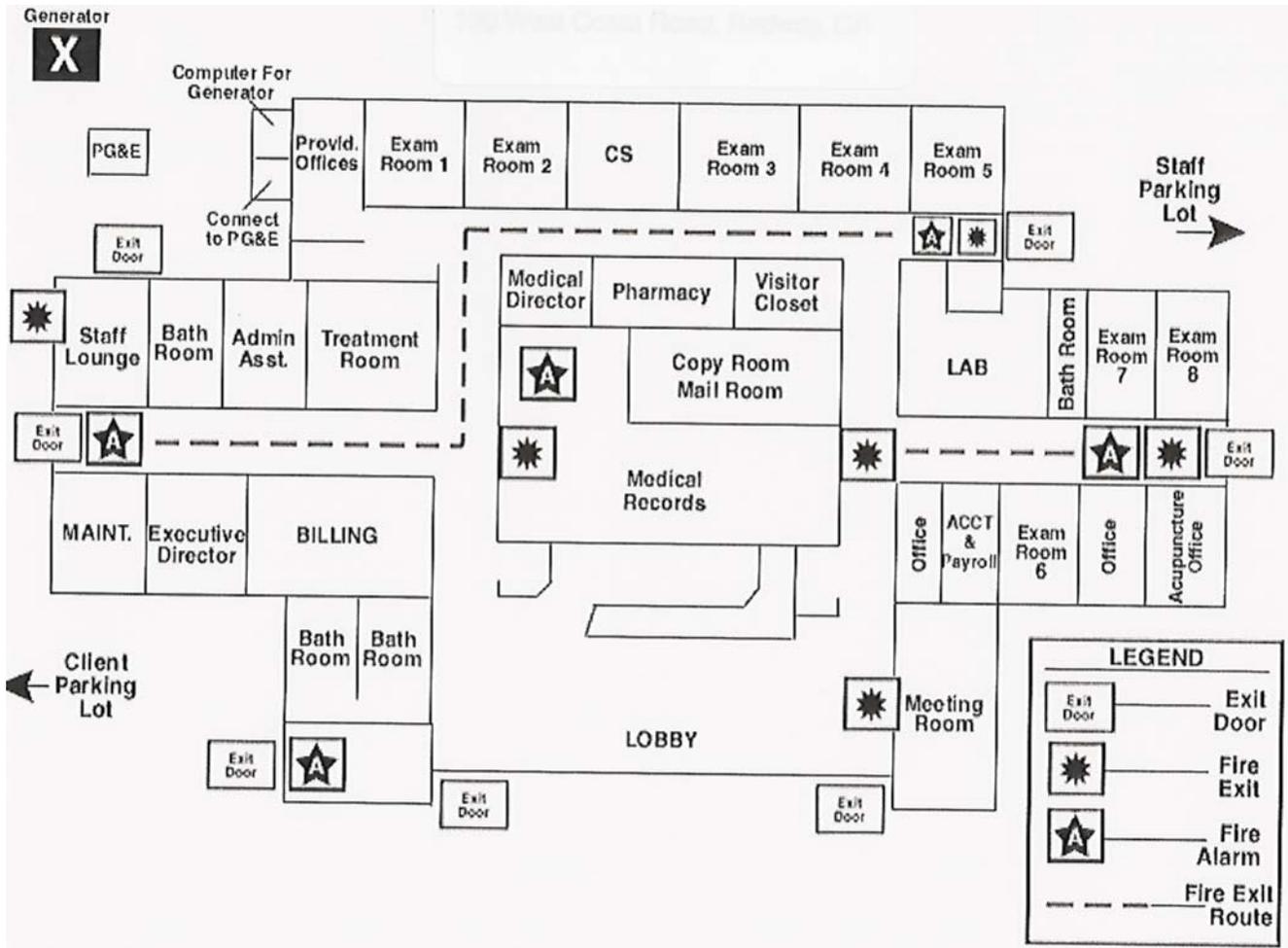
CODES	EMERGENCY CODE DEFINITIONS - MODIFY TO MEET CLINIC PROCEDURES -	INITIAL RESPONSE ACTIONS
FIRE	RED - Procedures staff should follow to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire.	
ADULT MEDICAL EMERGENCY	BLUE - Facilitate the arrival of equipment and specialized personnel to the location of an adult medical emergency.	
INFANT MEDICAL EMERGENCY	WHITE - Facilitate the arrival of equipment and specialized personnel to the location of a pediatric medical emergency.	
INFANT / CHILD ABDUCTION	PINK – Activate response to protect infants and children from removal by unauthorized persons, and identify the physical descriptions and actions of someone attempting to kidnap an infant from the medical facility.	
COMBATIVE ASSAULT PERSON	GRAY – Activate facility and staff response when staff are confronted by an abusive/assaultive person.	
BOMB THREAT	YELLOW – Activate response to a bomb threat or the discovery of a suspicious package.	
PERSON WITH WEAPONS OR HOSTAGE	SILVER – Activate facility and staff response to event in which staff members are confronted by: persons brandishing a weapon or who have taken hostages in the medical facility.	
HAZARDOUS MATERIAL SPILL	ORANGE - Identify unsafe exposure conditions, safely evacuate an area and protect others from exposure due to a hazardous materials spill release. Perform procedures to be taken in response to a minor or major spill.	
INTERNAL DISASTER	TRIAGE INTERNAL – Activate response to incidents which require or may require significant support from several departments in order to continue patient care.	
EXTERNAL DISASTER	TRIAGE EXTERNAL - Activate response to external emergencies which require or may require significant support from several departments in order to continue patient care.	
POWER BLACK OUT	CODE EDISON – Activate response to a rolling power failure.	

Alta Med Health System

Appendix H.3 – CLINIC FLOOR PLAN EXAMPLES



Appendix H.3 – CLINIC FLOOR PLAN EXAMPLES



Appendix H.4 – UTILITY SHUT OFF PICTURE AND INSTRUCTIONS

(PLACE HOLDER)

Appendix H.5 – CLINIC EVACUATION PLAN TEMPLATE

<Name of Clinic> Evacuation Plan

This form addresses the relocation of patients, staff and visitors and/or facility to other designated areas. *(This form can be modified to meet the evacuation criteria for your clinic)*

1. In case of emergency, call 9-1-1 or contact (**Note: Refer to Appendices L.2 and L.3 Contact Lists**):

<i>Name of facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____
<i>Name of facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____

2. In case of a service outage, clinic services can be found at (*name of neighboring clinic or acute care facility*).

3. (*Name of Executive Director*) is responsible for determining when this facility is not able to care for patients.

4. In the absence of the Executive Director, (*Names / Positions of Designees*) is assigned the task of determining evacuation necessity.

5. Patient evacuation prioritization (triage) will be handled by (*Name of triage or treatment leader, e.g., Medical Director, Nursing Director*).

6. If patients are not going to be transported away from the site, they will be held at (*holding location*).

7. If patients require transportation (*arranged by the transportation leader*) to an acute care facility transportation will be arranged through (*local ambulance provider*) at () _____ or **9-1-1**.

8. Facilities (*neighboring clinic or acute care facility*) which are pre-approved to accept patients from this clinic are:

<i>Name of facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____
<i>Name of facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____

9. Staff will provide patients with the following prior to leaving the clinic:

<input type="checkbox"/> Copy of medical record	<input type="checkbox"/> Medicines necessary for 48 hours of treatment
<input type="checkbox"/> Name/address of destination	<input type="checkbox"/> Patient emergency contact (i.e., family, friend, neighbor, etc.)

10. In the event that there is only minor damage causing the clinic to divert its patients, interim care will be administered at the following temporary location sites:

<i>Name of temporary facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____
<i>Name of temporary facility</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____

11. The following emergency attending physicians are authorized to serve in this clinic:

<i>Contact Name</i>	<i>Contact telephone # ()</i> _____
<i>Contact Name</i>	<i>Contact telephone # ()</i> _____

12. Each clinician has a pre-approved purchase limit for use during an emergency or disaster. Supplies to maintain this clinic may be obtained from the following vendors with whom the clinic has pre-established agreements (**Note: Refer to Appendix L.2 Contact List**)::

<i>Name of vendor</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____
<i>Name of vendor</i>	<i>Contact Name</i>	<i>Contact telephone # ()</i> _____

Appendix H.6 – SHELTER-IN-PLACE GUIDELINES

In the event Shelter-in-Place is indicated, the clinic Executive Director or Incident Manager should:

- Close the clinic.
- If there are patients or visitors in the building, provide for their safety by asking them to stay – not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise it is safe to leave.
- Close and lock all windows, exterior doors, and any other openings to the outside.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Have employees familiar with your building’s mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
- Gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Bring everyone into the room(s). Shut and lock the door(s).
- Write down the names of everyone in the room, and call your business’ designated emergency contact to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer.)
- Keep listening to the radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.