



# **EMERGENCY OPERATION PLAN**

**Effective June 2023  
Updated**

**615 West Nursery Street  
Butler, Missouri 64730**

## **INTRODUCTION**

The Bates County Memorial Hospital Emergency Operation Plan has been designed to cover situations involving all types of disasters. Bates County Memorial Hospital shall have written plans for the timely care of casualties arising from both external and internal disasters and shall document the rehearsal of these plans. Both the external and internal emergency operation plans can be rehearsed at least once a year.

There are 3 types of alerts that can occur:

1. *TEST* – This is where there is no drill or actual emergency, but to test equipment, programs or anything that would be used in the event of a drill or actual emergency.
2. *DRILL* – This is where the hospital is exercising an emergency alert based on the hospital's HVA.
3. *EVENT* – This is where an actual event has occurred internally or externally.

Real patient involvement is optional for drills. An actual external or internal emergency may take the place of a drill. The Emergency Operation Plan is reviewed every 24 months and revised as necessary.

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## **ABBREVIATIONS**

ARHC – Adrian Rural Health Clinic  
 BCMC – Bates County Medical Clinic  
 BCMH – Bates County Memorial Hospital  
 Decon – Decontamination  
 ED – Emergency Department  
 EOC – Emergency Operations Center  
 EOP – Emergency Operation Plan  
 ERC – Emergency Response Center  
 HICS – Hospital Incident Command System  
 HVA – Hazard and Vulnerability Analysis  
 IC – Incident Commander    ICS – Incident Command System  
 NIMS – National Incident Management System  
 NOAA – National Oceanic and Atmospheric Administration  
 NWS – National Weather Service  
 PIO – Public Information Officer  
 PPE – Personal Protective Equipment  
 SCBA – Self Contained Breathing Apparatus

## **HOSPITAL INCIDENT COMMAND SYSTEM**

Bates County Memorial Hospital's command structure during the activation of the Emergency Operation Plan (EOP) utilizes the Hospital Incident Command System (HICS) and the National Incident Management System (NIMS). The HICS is an incident command system (ICS) based

crisis management plan for the hospital to coordinate response. The National Incident Management System (NIMS) establishes standard procedures for incident managers and responders to work together in an emergency.

Following is the most basic organizational structure of the HICS. Most incidents where the EOP is activated will not require all the components of the command structure. Positions may be filled immediately or later based on needs and staffing. More than one position may be assigned to an individual. Extended incident command structure information is provided to Department Managers, including job duties. HICS vests and tracking board are labeled and stored in the Emergency Preparedness supply room and Emergency Preparedness Coordinator's office.

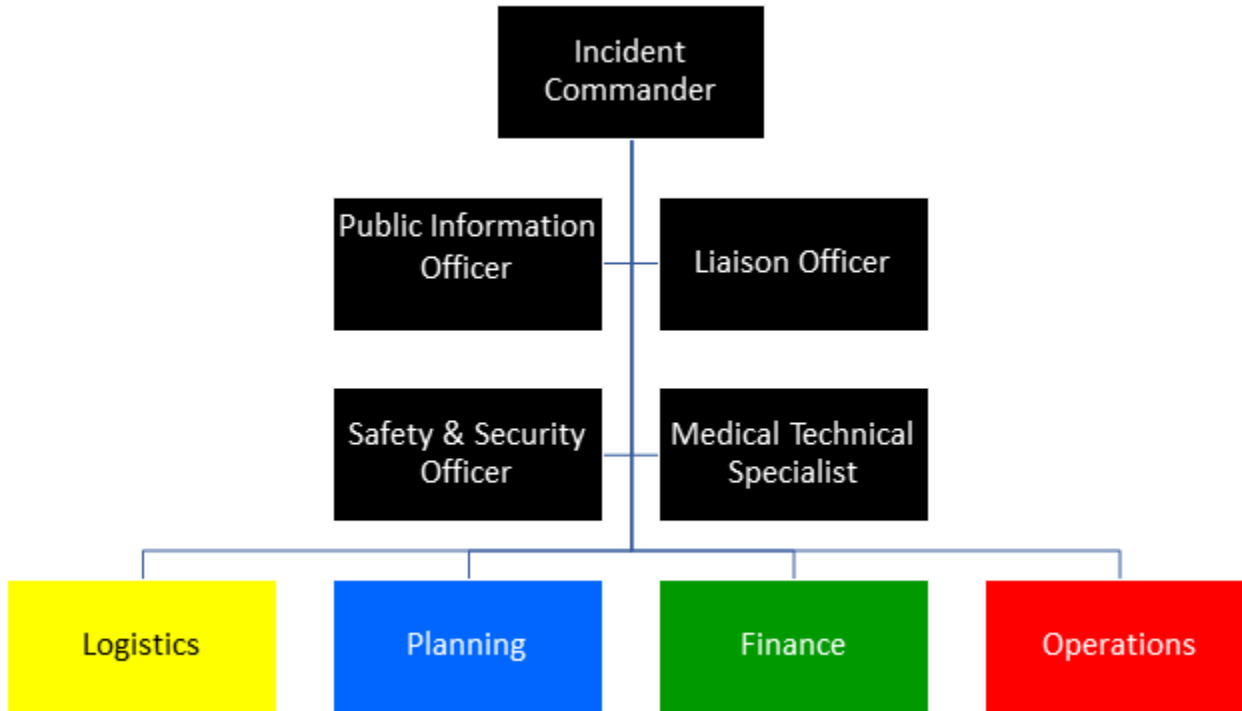
### **Decontamination and Personal Protective Equipment**

The primary provider of decontamination (decon) of chemically contaminated persons is the Butler Fire Department. This Department has level "A" personal protective equipment (PPE) and personnel trained to technician level.

Bates County Memorial Hospital is equipped to provide a minimal/secondary level of decon to chemically contaminated patients. Level C PPE is labeled and kept in the Hospital storeroom and Emergency Preparedness supply room. Two blue barrels that have two PPE setups are kept in the Emergency Department and the Emergency supply room (across from the Paramedic's sleep rooms). These barrels are stored, tab locked and checked monthly. One SCBA unit for trained staff is available in the northwest basement chiller area.

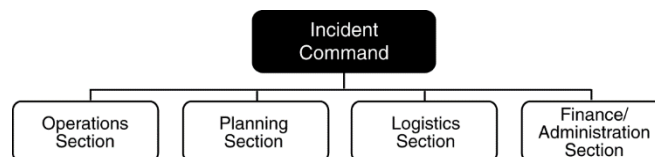
*Decon and PPE are advanced emergency response areas and not addressed fully in this Emergency Operation Plan.*

# **Basic Incident Command System Organizational Chart**



**Five Major Management Functions**

There are five major management functions that are the foundation upon which the ICS organization develops. These functions apply whether you are handling a routine emergency, organizing for a major non-emergency event, or managing a response to a major disaster. The five major management functions are shown in the table below.



Below is a brief description of each ICS function:

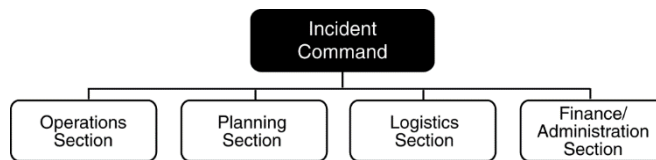
- **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event.

**Management Function Descriptions**

- **Operations:** Conducts tactical operations to carry out the plan. Develops the tactical objectives and organization, and directs all tactical resources.
- **Planning:** Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.
- **Logistics:** Provides support, resources, and all other services needed to meet the operational objectives.
- **Finance/Administration:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

## Incident Commander

During small incidents and events, one person, the Incident Commander, may accomplish all five management functions. In fact, the Incident Commander is the only position that is always staffed in ICS applications. Larger incidents or events may require that these functions be set up as separate Sections within the organization.



## Incident Commander's Overall Role

The Incident Commander has overall responsibility for managing the incident. The Incident Commander must be fully briefed and should have a written delegation of authority. Initially, assigning tactical resources and overseeing operations will be under the direct supervision of the Incident Commander.

Personnel assigned by the Incident Commander have the authority of their assigned positions, even if it's not the same authority that they have at their regular positions.

## Incident Commander Responsibilities

In addition to having overall responsibility for managing the entire incident, the Incident Commander:

- Has responsibility for ensuring incident safety, providing information services to internal and external

stakeholders, and establishing and maintaining liaison with other agencies participating in the incident.

### **Selecting and Changing Incident Commanders**

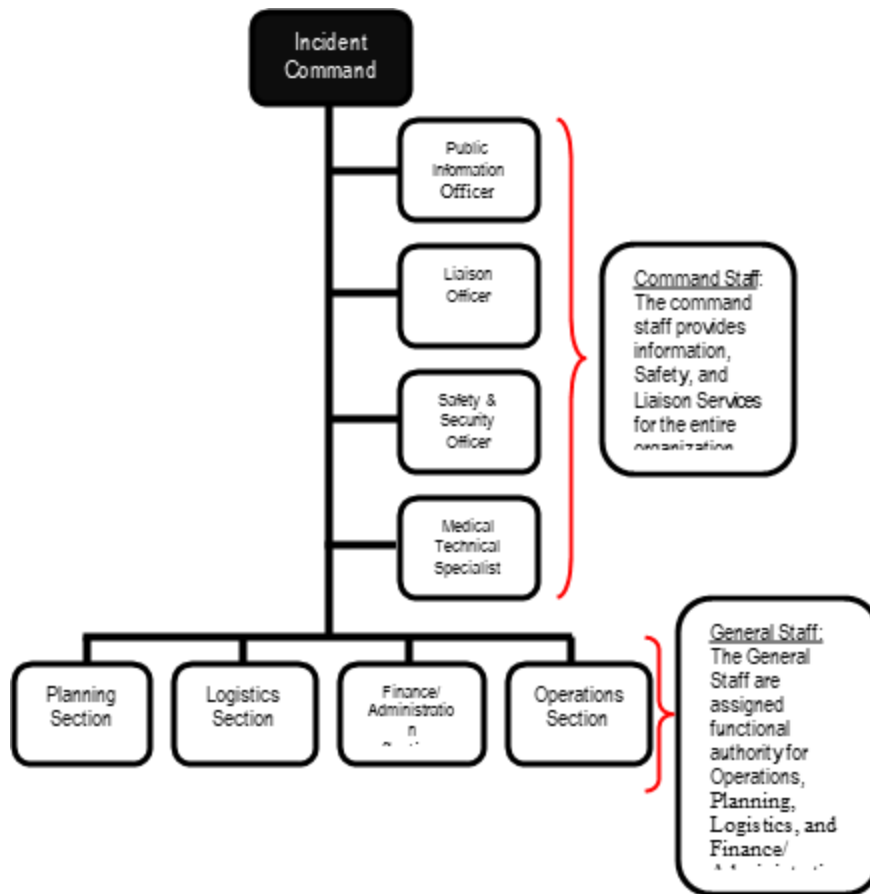
As incidents expand in size, change in jurisdiction, or discipline, or become more complex, command may change to a more experienced Incident Commander.

Rank, grade, and seniority are not the factors used to select the Incident Commander. The Incident Commander is always a highly qualified individual trained to lead the incident response.

Formal transfer of command at an incident always requires that there be a full briefing for the incoming Incident Commander and notification to all personnel that a change in command is taking place.

### **Expanding the Organization**

As incidents grow, the Incident Commander may delegate authority for performance of certain activities to the Command Staff and the General Staff.



**Command Staff**

Depending upon the size and type of incident or event, it may be necessary for the Incident Commander to designate personnel to provide information,

safety, liaison and medical/technical services for the entire organization. In ICS, the following personnel make up the Command Staff:

- **Public Information Officer** serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.
- **Safety Officer** monitors safety conditions and develops measures for assuring the safety of all assigned personnel.
- **Liaison Officer** serves as the primary contact for supporting agencies assisting at an incident.
- **Medical/Technical Specialist** provides medical/technical assistance to the command staff on the incident.

## **CONTROL CENTERS**

**Control Centers provide for operation and communication during a disaster.**

<b>CENTER</b>	<b>LOCATION</b>	<b>FUNCTION</b>
DISASTER COORDINATION	Board room- (alt. education room) Ext 7300 (alt. Ext 7637)	Incident Command Staff
INTRA-HOSPITAL COMMUNICATION	Admissions Ext. 7000, 7050	Inpatient admissions assignment from House Supervisor – NOT triage
NEWS MEDIA / PIO	Meeting Room C- (alt. Computer training room) Ext.7180 (Ext 7203)	Information and working center for news reports
PATIENT CARE	Nursing Secretary Ext. 7007	Responsible for staffing assignments of nursing staff
PERSONNEL POOL (Planning)	East Lobby-(alt Admitting) Ext. 7066 (Ext. 7304)	Consists of personnel and volunteers without previous assigned disaster duty. Will be used as messenger to obtain supplies, transport casualties, etc. For additional personnel, notify Personnel Pool.
PERSONAL EFFECTS STORAGE	Admissions Ext. 7000	Patient valuables
PERSONNEL REST	Meeting Room A-B- (alt. Dining Room) Ext. 7175 (alt Ext 7177)	For employees rest
CHILD CARE	Rehab – Personnel Pool to assign employee caregiver Ext. 7073	For employees children
PHYSICIAN REST	Doctors O. R. Lounge Ext. 7127	For physicians' rest
FAMILY INFORMATION	Main Lobby Ext. 7150	A waiting and rest area for relatives. Patient Service will be in charge of this area.
TRANSPORTATION	Main Lobby Ext. 7150	Discharge inpatients, casualties, minimal and observation cases will leave from this center.
HOLDING	Education Center Ext. 7206	Used as holding area for walking wounded and minor casualties.
ROOM ASSIGNMENTS		House Supervisor
Alt. ER	OP Clinic, Hospital Doctor Clinics or Triage Tent	If ER becomes inoperative or needs to be expanded

## **TREATMENT CENTERS**

<b>CENTER</b>	<b>LOCATION</b>	<b>FUNCTION</b>
TRIAGE	Emergency Department Entrance	Casualties will be sorted by triage leader and transported to the appropriate treatment area

LEVEL I IMMEDIATE TREATMENT	Emergency Department	Seriously injured and in need of urgent treatment. OVERFLOW: 1) Outpatient 2) SDS
LEVEL II INTERMEDIATE TREATMENT	Emergency Department	Seriously injured but not requiring urgent treatment. OVERFLOW: 1) Outpatient 2) SDS
SURGICAL TREATMENT	O. R.	Casualties requiring surgical treatment. Recovery Room will be used as holding area for surgery patients and as post-op recovery. Post-op patients may need to be transferred directly to hospital wards for recovery.
BURNS AND/OR MAJOR FRACTURES	Outpatient Clinic (Ext. 7082)	Burn casualties, fracture patients that can wait for repair at a later date.
DECONTAMINATION	West Ambulance Garage	Decontaminate Patients
LEVEL III DELAYED TREATMENT AND OBSERVATION	Emergency Department Overflow	Minor injuries or observation needed.
LEVEL IV MORGUE	Maintenance Basement	1) Deceased casualties; 2) Deceased casualties exposed to radioactivity; 3) If area needed for decontamination, use Maintenance Shop as morgue. Two morgue carts are available at the storage shed in town.
PATIENT ADMISSION	Any available bed	Casualty cases will be admitted following initial treatment in the treatment areas.

## **EMERGENCY OPERATION PLAN**

### **PURPOSE**

*To meet its responsibilities for the care of emergency casualties at the time of disaster, the Hospital shall develop an emergency operation based on its capabilities. The hospital's capabilities may range from providing simple first aid or preparing casualties for transfer elsewhere to administering definitive care. Departments have separate procedures that will be on file with the Safety Director, Administration, and Personnel Pool, but not printed in its entirety in this Manual.*

### **Hospitals Role under an 1135 Waiver.**

An 1135 Waiver is when, the president declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS secretary declares a Public Health Emergency. When this is declared, it allows reimbursement during an emergency or disaster even if providers cannot comply with certain requirements that would, under normal circumstances, bar Medicare, Medicaid or CHIP payment. Also allows for an alternate care site to be set up, due to mass amounts of injured or sick patients that has overwhelmed the hospital.

Contact information:

1. For the Missouri Division of Regulations and Licensure is; 573-751-9535, Alternate Emergency contact is 573-526-1864.
2. For CMS Regional [officesROCHISC@cms.hhs.gov](mailto:officesROCHISC@cms.hhs.gov)
3. For CMS State [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov)

*Examples: Requirements that physicians and other health care professionals hold licenses in the State in which they provide services. Sanctions and penalties arising from noncompliance with HIPPA. Request to set up alternate screening location.*

Expectations;

1. Provide sufficient information to justify actual need.
2. Providers and suppliers will be required to keep careful records of beneficiaries to whom they provide services, in order to ensure that proper payment may be made
3. Providers must resume compliance with normal rules and regulations as soon as they are able to do so. End no later than the termination of the emergency period.

### **PERSON IN CHARGE (Incident Commander, IC)**

The Chief Executive Officer; in their absence Emergency Preparedness Coordinator; in their absence Chief Nursing Officer; in their absence, House Supervisor may function as Incident Commander until duty is turned over to a more qualified individual.

House Supervisor – R. N. designated by Nursing Administration.

The Chief of Staff will designate Medical Staff authority.

### **NOTIFICATION**

1. Person receiving notice of disaster is to notify the House Supervisor in the building of the location of disaster and the approximate number of victims incoming. See Administrative Call Back Roster. Decide if Hospital needs to be on limited access (locking all exterior doors).
2. On orders from IC, the switchboard operator will announce:  
**“Medical Alert + Multi Casualty + Descriptor”**
3. Switchboard Operator will call Law Enforcement and request assistance for security. If unavailable, designate someone from staff and they are to go to the outer driveway by ER to

provide traffic control using barriers and be provided with a phone. Phones are kept in the Emergency Preparedness Coordinators office, Emergency department and Nursing 2 floor in yellow suitcases. These phones should be used to communicate with the IC, at the beginning of the incident, and then the Command Center when it has been established.

4. The Administrator, Chief Nursing Officer, or other designated person in charge in their absence, will see that persons on the "Emergency Telephone Call Roster" are notified and informed of the number of casualties. Departmental call back will be made from personal phones. All personnel upon notification to report for duty will sign in at the Personnel Pool/Control Center and remain there until needed unless otherwise stated in departmental duties. Department Heads will sign in at the Personnel Pool/Control Center and then report to their department.

5. Medical Staff members and employees not appearing on the Emergency Telephone Call Roster may be notified by the Intra-Hospital Communication Center.

### **PREPARATION FOR RECEIVING Multiple CASUALTIES**

1. Use available hospital beds, litters, wheelchairs, cots, and mattresses on the floor.
2. Set up holding area for in-house patients being transferred to other facilities or home if necessary. Transfer ambulatory patients first. Cancel all elective surgeries for that day.
3. If necessary, arrangements for transfer of in-house patients by school buses, civil defense, or hospital vehicles can be made. The Planning Officer maintains a list of where patients are being transferred to, from the Patient Tracking Manager.

### **PERSONNEL POOL/CONTROL CENTER**

**LOCATION-----East Lobby**

**PERSON IN CHARGE-----First arriving staff authorized (may be predetermined) or assigned by Logistics Chief.**

All bed needs, extra supplies and equipment needs are to be reported to Logistics Section (as assigned by IC).

### **FUNCTION**

1. All personnel will sign in at the Personnel Pool / Labor Pool. All areas needing help will call the Personnel Pool.
2. All Emergency Services personnel report directly to ED for assignment.
3. Personnel with pre-assigned duties will proceed to their area after signing in.
4. Assign messengers and security from the Personnel Pool/ Control Center;
  - a. Messengers – to aid in communication.

- b. Security – assigned to control vehicle and foot traffic.
  - c. Transport – for patient movement following assignment.
5. Once we begin receiving patients from the incident, IC will have the switchboard operator announces, **“Medical Alert + Multi Casualty + Receiving”**.
6. When the incident is determined to be over and the chance of receiving any more patients has diminished, IC will have the switchboard operator announces, **“Medical Alert + All Clear”**.

**INTRA-HOSPITAL COMMUNICATION CENTER**

**LOCATION -----ADMISSIONS**

**PERSON IN CHARGE -----FIRST ARRIVING UNTIL RELIEVED**

**PERSONNEL ----- SWITCHBOARD OPERATOR AND  
ADMISSIONS CLERKS**

1. If more employees are needed and not in the Hospital, the Personnel Pool/Control Center may ask your assistance in calling personnel. Direct outside lines should be used.
2. Notify IT and have them activate the Emergency phones if needed. The ED has 10 phones available at all times.
3. Request Personnel Pool/Control Center to supply personnel to act as messenger/runner or to assist with communications or admitting procedures.
4. Maintain roster of vacancies and disaster admissions and where assigned. House Supervisor will communicate directly with admissions regarding room assignments.
5. Prepare admission records and send to area where victims are assigned.
6. If valuables are removed from casualty victims and sent to Admissions, record contents and identification of victim.

**NEWS MEDIA AND/OR RELATIVES**

Authorization for official communications shall be given to the PIO for news media, the public (families) and Liaison Officer for agencies outside the hospital. These positions will be designated by the IC (may be pre-determined). All employees will observe strict confidentiality, with no information going out by any employee to anyone, without first going through the PIO or Incident Commander for permission.

**DEPARTMENTAL INSTRUCTIONS**

**ADMINISTRATION**

The Administrator’s (designated IC) duties are:

1. Follow Incident Command setup and structure.
2. Coordinate Disaster Plan to take care of special problems.
3. Assist Intra-Hospital Communication Center with problems on callback plan.
4. Assist with the PIO with communications to news media and families.
5. Designate Liaison Office (Emergency Preparedness Coordinator if available) to coordinate assistance from outside agencies.

The Administrative Assistant duties are:

1. Sign in and report to the Administrator's Office. Assist the Administrator with coordinating the Emergency Operation Plan. Notify the Radio Station (if operating) that relatives go to the Front Lobby of the hospital and will not be allowed in ED or other Emergency Operations Plan areas. Remain in department to answer the phone. If any special equipment is needed and needs Administrator's approval, it will be directed through the Administrative Assistant. Special needs shall be coordinated between Purchasing and Administration.

**ADMISSIONS**

On notification from IC, switchboard operator will announce:

1. "Medical Alert + Multi Casualty + Descriptor" when notification of incident that could affect the hospital has been received.
2. "Medical Alert + Multi Casualty + Receiving" when we begin receiving patients.
3. "Medical Alert All Clear" when incident is over.

Switchboard operator and business personnel on duty will start call-back system.

Upon arrival at the Hospital, sign in at the Personnel Pool/ Control Center. Admissions Clerk reports to Admissions to assist with ambulance radio and signing in patients. Proceed with departmental procedures.

**AUXILIARY**

Sign in at Personnel Pool and remain until assigned to another area.

**CARDIAC and PULMONARY REHAB**

Sign in and report to the Personnel Pool. Proceed with departmental procedures.

**CENTRAL SUPPLY/PURCHASING**

Sign in and then report to department to furnish supplies to the treatment areas. Order additional supplies, as needs arise or as foreseen to be needed, from the Logistics Officer. Records will be maintained of supplies issued. Proceed with departmental procedures.

## **CHAPLAINS**

Sign in and then report to the Relative Information Center in the Main Lobby. Assist Patient Services in calling family. One person will be assigned to circulate to the treatment areas and relay information to the family.

## **EMERGENCY DEPARTMENT PERSONNEL**

Primary Ambulance Crew will respond with the first ambulance to the scene to triage and continue stabilization and care until all victims have been transported. Paramedic becomes Triage Officer at scene until Ambulance Supervisor arrives. Proceed with departmental procedures.

## **FINANCE**

Sign in and remain in Personnel Pool to assign duties as they come in. Keep a list of staff assignments.

## **HEALTH INFORMATION MANAGEMENT**

Sign in and report to the department to proceed with departmental procedures.

## **HOUSEKEEPING AND LAUNDRY**

Sign in and secure all exit doors to be locked so that outside persons are not allowed inside the building. All doors are initially locked until security is able to monitor the doors. Proceed with departmental procedures. Then report to Personnel Pool as available.

## **LABORATORY**

Sign in and report to the Laboratory. Assist with administration of blood and order necessary blood supplies. Call area hospitals for inventory of their blood supply or of what supplies may be used during the incident. Proceed with departmental procedures.

## **NURSING**

House Supervisor should appraise the situation and take the following steps:

1. Have the unit secretary to make call-back phone calls for those nurses who are off duty at the time of event.

2. Divide remaining nurses on duty and assign as follows:
  - a. One group to remain with the inpatients.
  - b. One group to report to the designated treatment areas, taking all available wheelchairs, stretchers and cots, as needed, to ED triage area.

### **NUTRITION SERVICES**

Sign in and report to the kitchen and proceed with departmental procedures.

### **PATIENT ACCOUNTS**

Sign in and report to personnel pool. Proceed with departmental procedures.

### **PATIENT SERVICES**

Sign in and report to the Relative Information Center in the Main Lobby. Patient Services will be in charge of this center. Obtain a list of casualties from Health Information Management to be cleared by the PIO to notify families. Chaplains will report to the Relative Information Center to assist with calling family and notifying next of kin. If additional help is necessary, call the Personnel Pool/ Control Center. Tag family members for quicker identification. Proceed with departmental procedures.

### **PHARMACY**

Sign in and report to the Pharmacy. Provide pharmaceuticals to treatment areas when requested. If additional drugs are seen to be needed and cannot be obtain from regular outside sources, notify the Liaison Officer to contact outside agencies for this. Proceed with departmental procedures.

### **PHYSICAL THERAPY**

Sign in and report to the Personnel Pool. Proceed with departmental procedures.

### **PLANT OPERATIONS**

Sign in and report to the Department. Operate emergency plant facilities. One Plant Operations employee needs to stay in department to be available for special maintenance problems. If utilities are satisfactory, other personnel report to the Personnel Pool/ Control Center for assignment. Assignments will probably be to help move patients or as security. Set up barricades along South drive to let only emergency vehicles enter the ED parking area only, prepare to distribute extra stretchers that are located in the ambulance garage and Purchasing supply area. Proceed with departmental procedures.

**QUALITY MANAGEMENT**

Sign in and report to the Personnel Pool.

**RADIOLOGY**

Sign in and report to the department to proceed with departmental procedures.

**RESPIRATORY CARE**

Sign in and report to the department to proceed with the departmental procedures.

**SURGERY AND ANESTHESIA**

Sign in and report to the department to proceed with the departmental procedures.

**ADDITIONAL INFORMATION**

*Do not leave home until you have tried to notify the persons whom you are responsible for calling. Report the names of those you could not reach to the Personnel Pool when you sign in so they can continue to attempt to reach them.*

***WEAR YOUR HOSPITAL IDENTIFICATION BADGE***

**HOMELAND SECURITY ADVISORY SYSTEM  
THREAT LEVELS AND RECOMMENDED ACTIONS**

<p><b>RED</b> Severe Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> <li>• Continue all measures outlined in Green, Blue, Yellow and Orange levels</li> <li>• Notify essential personnel and conduct situation briefing every shift</li> <li>• Be prepared to activate emergency operation plans</li> <li>• Place key personnel on stand-by</li> <li>• Report status at each shift change with advisement of staff to be prepared for call-back at any time</li> <li>• Reduce non-essential personnel and re-assign staff as needed</li> <li>• Be prepared to lockdown facility</li> <li>• Designate staff to monitor news information stations and health alert networks continuously – Infection Control and Marketing</li> <li>• Contact local emergency managers to assess need for facility liaisons</li> </ul>
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	<ul style="list-style-type: none"> <li>• Secure all doors and maintain assigned personnel – maintenance – to be present at a single point of access to the facility to process staff and visitors</li> <li>• Check IDs of all visitors with sign in log with information on the type of ID used allowing only immediate family members</li> <li>• Check all bags, suitcases, brief cases and packages at the single point of access.</li> <li>• Limit the number of deliveries to the ones approved by leadership and materials management</li> <li>• Notify the Missouri Department of Health with bed availability daily</li> <li>• Implement parking restrictions away from the building</li> <li>• Post signage indicating alert level and to redirect public to essential services</li> <li>• Assign staff to track expenses related to increased level of security</li> </ul>
<p><b>ORANGE</b> High Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> <li>• Continue all measures as outlined in Green, Blue, and Yellow levels</li> <li>• Notify essential personnel and conduct situation briefing</li> <li>• Ensure PPE is available</li> <li>• Designate staff to monitor news information stations and health alert networks continuously – Infection Control and Marketing</li> <li>• Inventory availability of response team</li> <li>• Reduce access points to a minimum and assign personnel to key access points</li> <li>• At the beginning and end of each shift, as well as at other regular and frequent intervals, inspect the interior and exterior of the buildings for any suspicious packages</li> <li>• Observe parking areas adjacent to the building for any loitering</li> <li>• No unattended vehicles in the adjacent parking areas</li> <li>• Identify and protect designated vulnerable areas: storage, electrical, air exchanges, telephone, internet, etc</li> <li>• Check all equipment for emergency readiness</li> <li>• All visitors must check-in and wear a visitor pass</li> <li>• Assign Infection Control to bioterrorism surveillance</li> <li>• Be alert for trends in patient symptoms</li> <li>• Reduce or suspend non-essential construction activities</li> <li>• Maintain awareness of local bed availability</li> </ul>
<p><b>YELLOW</b> Significant Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> <li>• Continue all measures outlined in Green and Blue levels</li> <li>• Alert staff in all departments to heightened threat level</li> <li>• Perform disaster call tree drill</li> <li>• Assign staff person to watch for faxes, emails, correspondence from Department of Health and Human Services and Health Alert Network every shift – Infection Prevention and Nursing Supervisors</li> <li>• Review Emergency Operation Plan for each department</li> <li>• Review media protocols with all staff – Marketing and Emergency Operation Director</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase spot checks of specific high-risk entrances/exits and document</li> <li>• Initiate active surveillance for bioterrorism agent syndromes</li> <li>• Emergency Department monitors diversion in local area</li> <li>• Do not leave vehicles unattended or unlocked</li> <li>• Lock and regularly inspect the facility, rooms and storage areas not in regular use</li> <li>• Review inventory of critical pharmaceuticals and supplies. Reorder if necessary</li> <li>• Test/practice decontamination procedures</li> <li>• Be aware of large scale community events</li> <li>• Track patient census and bed availability in the region</li> </ul>
<p><b>BLUE</b> General Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> <li>• Continue all measures outlined in Green level</li> <li>• Review and update call tree quarterly</li> <li>• Review and update emergency operation manual/incident command annually</li> <li>• Conduct table top or drill activities for key personnel as outlined by the State of Missouri</li> <li>• Be alert for suspicious activities and report to Safety Officer</li> <li>• Be alert for trends in patient culture/testing patterns</li> </ul>
<p><b>GREEN</b> Low Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> <li>• Provide training for all staff on Homeland Security Advisory System and disaster code paging announcements with directions on awareness and reporting of any suspicious activities</li> <li>• Maintain an index of suspicious activities – Risk Manager</li> <li>• Maintain open line of communication with local designated emergency response personnel, including Public Health department</li> <li>• Conduct routine facility safety/threat/risk assessments</li> <li>• Ensure call tree is current quarterly or if change indicated</li> <li>• All staff wear identification badges on duty</li> <li>• Vendors and sales people will follow the check in policy</li> </ul>

## ***Emergency Pages***

### **Event Overhead Page Alert**

**Medical Emergency** **Code Blue + Descriptor**

**Fire** **Code Red + Descriptor**

**Tornado Watch** **Tornado Watch + Descriptor**

**Tornado Warning** **Tornado Warning + Descriptor**

**Thunderstorm Watch** **Thunderstorm Watch + Descriptor**

**Thunderstorm Warning** **Thunderstorm Warning + Descriptor**

**Missing Patient / Child Abduction** **Missing Person + Descriptor**

**Violent/Armed Person-Active Shooter-Hostage** **Security Alert + Descriptor**

**Combative/ Abusive Person** **Exit Team + Location**

**Hazardous/ Chemical Spill** **Hazardous Spill + Descriptor**

**Multiple Casualty** **Medical Alert + Multi Casualty + Descriptor**

**Multiple Casualty, Receiving** **Medical Alert + Multi Casualty + Receiving**

**Evacuation, part or all of Hospital** **Evacuation + Descriptor**

**Bomb Threat** **Bomb Threat + Descriptor**

**Active Criminal Threat** **Active Criminal Threat + Descriptor**

*Any of the above, can be used as a drill or test by adding “Drill” or “Test” at the end of the specific alert. Any of the above, can be ended by stating “the specific alert” with “All Clear” at the end. If paging system is inoperative, then send a runner to notify all departments of alert.*

## **SECURITY PLAN**

### **PURPOSE**

1. To insure a safe environment for both employees and victims in a time of emergency.
2. To insure the orderly flow of traffic into and away from BCMH.
3. To see that victims are safely conducted or directed to appropriate treatment areas.
4. To see that visitors are safely directed to appropriate areas.
5. To HELP ensure that only those people who have legitimate reason to be on BCMH property are allowed to enter the hospital.
6. To watch for and help correct such other unsafe conditions as might arise during a disaster situation.

### **PLACEMENT OF SECURITY PERSONNEL AND SECURITY PROCEDURES**

Law enforcement, i.e., Sheriff's Department, Butler Police Department, and/ or Missouri State Highway Patrol are to be notified ASAP by Liaison Officer for the need for security. BCMH personnel will help or relinquish their posts as directed. Before arrival of any Law enforcement, hospital personnel will:

1. Lock all outside doors and windows.
2. One person, with an emergency phone, will be stationed at the entrance of the Emergency Drive to direct traffic to proper areas.

***THIS DRIVE WILL BE USED FOR AMBULANCE TRAFFIC ONLY***

3. Two people, with an emergency phone, will be stationed at entrance to West (employee parking lot, to maintain a movable barricade).

***THIS DRIVE WILL BE USED FOR EMPLOYEE ENTRANCE AND EXIT ONLY***

4. All emergency phones can be picked up at IT or ED and will be used to communicate with the Command Center.
5. Visitor traffic will be directed to other areas, i.e., the high school football field, front parking area. After victims are identified, law enforcement or designated hospital personnel will notify relatives and may allow them into the Relative Information Center.

**DUTIES**

1. To check all personnel not known to them as BCMH employees for identification cards.
2. To direct all victims to appropriate treatment areas.
3. To direct all legitimate visitors to appropriate parking and visitor areas.
4. NEVER use physical force or restraint to keep unauthorized persons off BCMH property unless directed to do so by the Law Enforcement official. Only when you can do so without undue risk of physical harm to yourself or in self-defense.
5. To know all designated disaster areas.
6. To be aware of other possible safety hazards such as fire, overcrowding, electrical problems, etc.
7. To be familiar with internal disaster and fire procedures and know the location of all fire alarms and extinguishers.
8. It is understood that the responsibility for maintaining a secure environment within the hospital property ultimately belongs to the Law Enforcement officials.

9. Safe environment means freedom from physical harm for victim, visitor, or employee from fire, violence, or any other situation that would be an immediate threat.

## **CODE OF PRESS RELATIONS**

BCMh's first responsibility is to the health and welfare of the patient. The patient has specific legal rights to privacy and a patient's medical records are by law private and confidential.

### **CONTENT OF INFORMATION TO BE RELEASED**

1. The number of casualties will be provided to the press as rapidly as possible without interfering with the health, privacy, or legal rights of the patient by designated Public Information Officer.
2. Media Coordinator (designated by the IC) will assess media needs and organize mechanisms to fulfill those needs. They will assist with the PIO for responses to media requests and inquiries. Monitor multimedia web (i.e., Facebook) and respond accordingly. Any requests, responses or inquiries must be approved by IC, before being delivered.
3. All employees are to refer any inquiries or phone calls related to the incident to the designated PIO.
4. The Patient Services Director and the available chaplains will coordinate the Relative Information Center in Main Lobby and make every effort to contact next of kin.

## **INTERNAL EMERGENCY RESPONSE PLAN**

### **ACTIVE CRIMINAL THREAT**

#### **I. PURPOSE:**

To provide assistance to all people who are confronted by an active criminal threat situation within Bates County Memorial Hospital. An active criminal threat situation is so unique and can unfold rapidly that it requires a response that is tailored to the specific situation.

#### **II. POLICY:**

The activation of this plan will alert staff to take appropriate actions steps in order to provide for the safety of all people at Bates County Memorial Hospital.

#### **III. DEFINITIONS:**

- A. Active Criminal Threat Situation – an individual displaying a weapon, having made threats and show intent to cause harm or act out in violence.
- B. Weapon – any firearm, knife, or instrument that can cause bodily harm, injury or death.
- C. Containment – (Shelter in Place) a security and safety measure which controls and limits entrance into the hospital facility. The purpose of Containment procedures is to ensure the safety of persons inside the hospital when a threat to public safety has been identified in the immediate neighborhoods surrounding the hospital. When containment procedures have been activated all exterior doors to the hospital will be locked as will all windows

that have the ability to open. All persons inside the hospital will be instructed to stay inside the hospital until notified that is safe to leave. The only persons allowed inside the hospital will be staff with badge access cards, Law Enforcement and/or patients needing emergency medical services who will be admitted through the Emergency Entrance. Examples of when containment procedures would be utilized may include situations occurring in the immediate neighborhood surrounding the hospital that pose a risk to public safety such as a police chase, reported shooting with suspect(s) at large, or a large fight/disturbance. Containment procedures may also be active during a bomb threat, security incident, hostage situation, suspicious package or substance or any workplace violence inside the building in order to limit the number of people inside the building.

D. Lockdown – a security and safety measure taken during an active criminal threat situation to prevent people from leaving or entering the building. Lockdown would be used in a situation where a person inside the building is actively engaging in killing or attempting to kill people. Also, a lockdown can be used for when a person has made a criminal threat to staff, patients, or visitors, either by verbally over the phone, written or in-person.

#### IV. CONTAINMENT (SHELTER IN PLACE) – INITIAL RESPONSE PROCEDURE

A. Receipt of Information

1. An active criminal threat situation may be identified by staff, patient, visitor or as reported from outside law enforcement or news agency as an actual or perceived threat.

B. Activation and Initial Notification

1. Any staff person who encounters or suspects an active criminal threat situation should:
  - a. Call 911 or delegate someone to call 911 and attempt to provide the following information:
    - i. Name of the person reporting the active criminal threat situation
    - ii. The number and descriptions of the assailant(s)
    - iii. Current location or last known location
    - iv. Type of weapon
    - v. Door closest to location of assailant(s)

C. Response – Overhead Page

1. Announce three (3) times the following message: ***Bates County Memorial Hospital is experiencing an active criminal threat situation remain in your secured areas and remain inside the facility***

D. Response - Hospital Personnel

1. Lock all outside doors and windows. Nursing supervisor or higher will designate a staff member to go around the first floor and basements (training center and education center) to check all doors using a checklist (**Appendix B**). The designee will sign the checklist and return it to the Nursing supervisor or higher that made the request and sign it. This signed form will be turned in to the Emergency Coordinator's mailbox.

2. Maintenance Personnel with emergency phone will be stationed at the entrance to Emergency Drive to direct traffic to proper areas if the active criminal threat situation is not in the surrounding neighborhood and is inside the actual facility.

**THIS ENTRANCE WILL BE USED ONLY FOR AMBULANCE TRAFFIC**

3. Two individuals with emergency phone will be stationed at the entrance to the West of Bates County Memorial Hospital where the employee parking is located to manage a moveable barricade if the active criminal threat situation is not in the surrounding neighborhood and is inside the actual facility.

**“THIS ENTRANCE WILL BE USED ONLY FOR EMPLOYEE TRAFFIC”**

4. All emergency phones can be picked up at and will be used to communicate at the Command Center, the ED or IT office.

5. Location of the Command Center and the activation of the Active Criminal Threat Situation will be determined by the administration after notification by acting supervisor and will be dependent on the location of the active criminal threat situation.

E. Response – Signage

1. Copy and post Appendix “A” Signage on all entrances to the hospital including the Education Center and the Employee Entrance.

**V. LOCKDOWN – INITIAL RESPONSE PROCEDURE**

A. Receipt of Information

1. An active criminal threat situation may be identified by staff, patients, visitors or outside law enforcement or news agency as an actual or perceived threat.

B. Activation and Initial Notification

1. Any staff person who encounters or suspects an active criminal threat situation should:

a. Call 911 or delegate someone to call 911 and attempt to provide the following information:

i. Name of the person reporting the active criminal threat situation

ii. Number or description of assailant(s)

iii. Current location or last known location

iv. Type of weapon

v. The closest door to the known or last known location of the assailant(s)

C. Response – Overhead Page

1. Announce three (3) times overhead: SECURITY ALERT.  
ACTIVATE LOCKDOWN PROCEDURES.

D. Response – Hospital Personnel

1. Acting Supervisor will notify the administrator to determine the location of the Command Center until such time law enforcement arrives.

2. Individuals with emergency phones will monitor them for alerts from the command center.
3. All patient doors will be closed and if able should consider moving patients and visitors in the room to the bathroom if in the vicinity of the active criminal threat situation.
4. Conduct of sweep of hallways and sequester visitors to lead them to a lockable secure room if not in the vicinity of the active criminal threat.
5. Shout out warnings to those in halls or in the vicinity of the active criminal threat.
6. Silence all personal mobile devices.
7. Call 911 if you have another Emergency.
8. Stay in the locked secured room until such time the “**ALL CLEAR**” is announced overhead.
9. If a lockable room is not available attempt to consider quick actions to block the doors with furniture or other items.
10. EMS to follow “The Greater Kansas City Metropolitan Diversion plan.

#### **E. IF UNABLE TO PROTECT YOURSELF WITH LOCKDOWN PROCEDURES PROCESS**

- 1. TAKE ACTION: ONLY IF YOUR LIFE IS IN IMMINENT DANGER.**
- 2. EVACUTE IF THERE IS A SAFE ACCESSIBLE ESCAPE.**

#### **F. Law Enforcement**

1. Stay calm and follow the officer’s instructions
2. Ensure your ID is prominently displayed
3. Put down anything in your hands
  
4. Avoid making any quick movements, pointing, screaming or yelling
5. Do not attempt to ask the officer any questions at this time

#### **VI. ALL CLEAR PROCEDURE**

- A. Law Enforcement will determine when the active criminal threat is cleared to be safe. When directed by the law enforcement the following steps will be taken by the administration or designee.
  1. Overhead announcement three (3) times:
    - “**Containment/Lockdown All Clear**”
  2. Identified Leadership and Designated Individuals will make a full sweep of all areas of the hospital to ensure all people have heard the “All Clear” and making sure all doors are unlocked to check for any injured individuals. If a door is found to be locked and has not been cleared by

law enforcement, contact them immediately at the Command Center.

**VII. RECOVERY**

- A. The recovery process will be directed by the hospital Command Center.
- B. A debriefing will be scheduled for all who were in the hospital at the time of the active criminal threat situation.

# SECURITY ALERT

BATES COUNTY MEMORIAL HOSPITAL  
IS EXPERIENCING A SECURITY THREAT

FOR YOUR SAFETY AND WELL BEING  
THE SAFETY OF OUR PATIENTS AND STAFF

WE ARE CURRENTLY NOT ALLOWING ANYONE INTO  
THE FACILITY NOR IS ANYONE ALLOWED TO LEAVE AT  
THIS TIME.

PLEASE LEAVE THE PREMISES IMMEDIATELY  
THERE WILL BE A PRESS RELEASE ABOUT THIS  
INCIDENT ONCE IT IS RESOLVED

THANK YOU FOR UNDERSTANDING  
BATES COUNTY MEMORIAL HOSPITAL

# APPENDIX “A”

## Appendix B

### Door Lockdown Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Print Name: \_\_\_\_\_

AREA (ENTRANCE – EXIT)	Checked
Administration East	
Administration North	
Administration South	
Education Basement East	
ED Door East Exit in Garage	
ED Garage Doors (east and west)	
ED Patient Entrance South	
Employee Entrance West	
Hall South by ED	
Lab Southeast	
Laundry South	
Laundry Southeast	
Main Entrance North	
Main Exit door to the right of Main Entrance	
Purchasing South	
Stairwell Northwest	
Stairwell Northeast	

Training Room Basement West	

Signature of person doing checklist: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

*Please turn in to Emergency Coordinator ASAP*

**BOMB THREAT PROCEDURE**

Switchboard operator will page the following three times, as appropriate to the situation;

**“Bomb Threat + Location”**

**“Bomb Threat + All Clear”**

**PERSON (S) RECEIVING BOMB THREAT**

1. Take all calls/ threats seriously.
2. Immediately notify your supervisor, if unavailable nursing house supervisor. Supervisor notifies switchboard operator. Supervisor activates ICS.
3. Switchboard Operator calls:
  - a. Bates County Sheriff
  - b. Fire Department
  - c. Police Department

**ALL OTHER EMPLOYEES**

1. Employees MUST stop using any two-way radio.
2. Move all patients into corridors.
3. All employees are to stand in the hall.
4. Close all fire doors. All other outside doors are to remain open. Open windows.
5. Pharmacy and Health Information Management must lock their doors after the last employee leaves the department.
6. All areas housing computer servers are to be locked down.
7. Should there need to be a complete evacuation of the building, follow *Evacuation Procedure plan*.
8. Law Enforcement officials will search the Hospital and secure the building.

*NOTE: Keep personnel available who have access to keys for all areas of the Hospital.*

**IF YOU FIND A SUSPICIOUS PACKAGE OR OBJECT IMMEDIATELY  
QUARANTINE THE AREA AND NOTIFY LAW ENFORCEMENT. DO NOT TOUCH!!!**

## **CIVIL DISTURBANCE PLAN**

### **I. Purpose**

The purpose of this procedure is to provide direction to Bates County Memorial Hospital employees and vendors regarding the response action that can be taken in the event of a riot or civil unrest.

### **II. Scope**

The procedure covers all facilities and properties owned and controlled by Bates County Memorial Hospital.

### **III. Content**

In the event of a civil disturbance during normal business hours which threatens the security or normal operation of Bates County Memorial Hospital, the Administrator in charge or their designee will be responsible for assessing the situation and calling law enforcement.

Bates County Memorial Hospital will engage in protection of its employees, staff and visitors by utilizing law enforcement if available. Patients, visitors and employees will be discouraged from leaving the building without police protection and encouraged to remain inside until police protection becomes available and/or the situation has been resolved.

If the situation arises to the level of needing to evacuate, contain or lockdown the hospital the staff will follow the procedures outline in the evacuation plan or the procedures outlined in the active criminal threat situation plan.

## **EARTHQUAKE PROCEDURE**

**TAKE ACTION AT THE FIRST INDICATION OF GROUND SHAKING.**

### **DURING AN EARTHQUAKE**

1. If possible, move patients to an inside hallway, away from windows. Watch out for falling debris.
2. Kneel alongside wall, bend head close to knees, cover sides of head with elbows, and clasp hands firmly behind neck. Pillows, blankets and other protective items immediately available, could be used to protect patients and personnel.
3. If in non-patient area, move away from windows, shelves and heavy objects and furniture that may fall. Take cover under a table or desk.
4. In laboratories, stay clear from hazardous chemicals that may spill, and take cover.
5. **Stay Calm!** Try to calm and reassure others.

### **AFTER THE EARTHQUAKE**

1. When safe to do so, activate ICS. Expect aftershocks. Use extreme caution when entering damaged areas.
2. Continue to protect emergency supplies and patients from falling debris.
3. Immediately check for injuries, and trapped persons. Obtain medical assistance before moving seriously injured persons unless they are in immediate danger of further injury.
4. Immediately check for fires. Extinguish them with a fire extinguisher. If unable to extinguish fire, evacuate area.
5. Chemical spills should be contained by personnel using personal protection equipment and chemical clean up kits. If needed, use linens to contain ponding. If not sure of type of chemical, block off area and contact Fire Department.

6. Use a flashlight when searching for gas leaks or fire hazards. **DO NOT USE A LIGHTED MATCH.** Do not use electrical switches or appliances if gas leaks are suspected because sparks can ignite gas from broken lines.
7. Check gas, water and electrical lines for damage. If you smell gas or see a broken line, shut off main valve.
8. Evacuation procedures may need to be implemented. Photograph damage area post-stabilization.

## **EVACUATION PROCEDURE**

Evacuation can be moving patients, visitors or staff from one department to another, one floor to another, or completely outside of the building.

The evacuation of all persons from any dangerous area may be implemented in the event that fire, explosion, disruption of utilities, external disaster, or any other occurrence which places any occupant in a hazardous unsafe position.

Switchboard Operator will page the following three times:

**EVACUATION + Location + Building Section . . . . . EVACUATION**

**NO AUTHORIZATION IS REQUIRED TO EVACUATE ANY PERSON IMMEDIATELY IN DANGER.**

### **PERSON IN CHARGE**

1. Evacuation before arrival of Law Enforcement/ Fire Department will be determined by the Incident Commander.
2. Incident Commander will contact or direct someone to contact transportation to other hospitals in the area and nursing homes that an evacuation is in progress.

*The type of evacuation will be determined by the event and the severity of the event*

*If, at any time, a determination is made that conditions in the Department are unsafe for patients or staff, evacuation to another area of the building or outside the building. This should begin immediately!*

### **Fire;**

#### **Small-confined to one area of the hospital.**

The hospital is built with doors and walls that will withstand the effects of a fire for at least 1.5 hours. All patients should be contained within one of the hospital's fire "compartments" or Safe Areas, when possible. Fire compartments or safe areas are defined by any set of automatic doors that close when the fire alarm system is activated. You should become familiar with these areas on your floor in order to speed up the evacuation of your department when necessary. If there is a small fire and it is contained to one compartment, you should evacuate to the nearest compartment to your department.

**Fire;**

Large fire, explosion, fire with potential to reach harmful chemicals.

If the Fire Department or Maintenance Department determines there is a danger to patients, visitors or staff in continued occupancy, evacuation to outside of the building will begin.

**Structural Damage;**

Structural damage may necessitate a partial or full evacuation, depending on the damage. If you feel the area you are occupying is unsafe, you should immediately begin to evacuate patients, visitors and staff to an area of the building deemed safe by Maintenance Department or Fire Department. If neither of the departments are available, then go to the outside of the building.

**Utility Failure;**

In the event the building becomes unsafe due to a utility failure or internal hazard such as loss of heating or air conditioning, chemical spill, broken water pipes, etc., an evacuation of the building may begin.

**IN THE EVENT OF EVACUATION**

1. In the event the building must be evacuated, a staging area will be determined as a patient holding area until arrangements are made for patients to be discharged home, to a family member, assigned to Home Health, or transferred to another facility.
2. ***You should not use the elevator in times of emergency***, unless directed to do so during evacuation from authorized personnel.
3. Personnel will immediately remove any person that might be in a room where there is a hazard. Adjoining rooms are then evacuated. Evacuation sleds will be available on the second floor and in materials management for moving people that are not able to walk or take stairs on their own. Also, headlamps are available with evacuation sleds in the event of a power outage to be used by the evacuation teams.
4. Evacuees are moved away from the danger area in the direction of the nearest safe exit toward the staging area.
5. Route of Evacuation:

NURSE'S STATION . . . . . Use stairwells on the NE, NW or south hallway

PHARMACY . . . . . Use NE stairwell or south door in ED Hallway

HEMOCARE . . . . . Use South or East wing exits

OFFICES ON ADMINISTRATIVE HALLS . . . Use North or South or East wing exits

PHYSICAL THERAPY ..... Use NE stairwell or south door in ED Hallway

RESPIRATORY CARE ..... Use south door in ED hallway or East wing exit

SURGERY AND RECOVERY ROOM ..... Use front door or ED exit

PATIENT ACCOUNTS ..... Use east or west stairwells

LABORATORY, PURCHASING, LAUNDRY, HOUSEKEEPING, NUTRITION SERVICES, PLANT OPERATIONS, HEALTH INFORMATION MANAGEMENT, - Use employee entrance door at west end of building or dock door.

ED, ADMISSIONS, RADIOLOGY ..... Use ED exit door

6. Personnel in other departments will assist with evacuation of patients in their areas, as well as those on the nursing units.
7. Respiratory Care will place any patient requiring oxygen on auxiliary O2 as quickly as possible, following their O2 list. Extra tanks are kept in the outside O2 supply area by ED and extra gauges are kept in the emergency supply room across from the ED sleep rooms.
8. Patients that will be transported to local nursing homes will be temporarily staged at the east end of the north visitor parking lot. The patient's attending physician should be consulted if time permits, to transfer to another hospital facility, home, etc.
9. Nursing staff and necessary supplies will accompany the patients to the nursing homes.
10. Patients in CCU may be transported to an appropriate facility.
11. No one who has exited the building should re-enter the building without permission to do so. This includes an all clear, if there is a fire or verification of structural integrity after a tornado, earthquake, etc.
12. All patients being transferred to other health care facilities will need to be tracked on where they are being sent. Tool available is the Departation Logout kit (available in the Emergency Preparedness Coordinator's office), triage tags (available in the Emergency Preparedness & Casualty Supply room) and/or basic pen and paper. This will become the Planning Section's responsibility once ICS has been activated and someone has been appointed to that position.

## EXIT TEAM PAGE

### Purpose:

To provide an appropriate method to alert personal that a situation or event involving an actual or potential aggressive/hostile/combatative person is occurring.

### Standard:

Any hospital employee confronted with or witnessing a combative situation should initiate the "EXIT TEAM" and "LOCATION" page alert by either using the phone system or by contacting the operator to do so. Law enforcement will be notified of the violent event.

### PROCEDURE:

1. An "EXIT TEAM" AND "LOCATION" page alert should be initiated for either an escalating verbal abuse event or a physical abuse event to another person.
2. To ensure the safety and security of all persons in the hospital, the witness or any available personnel will initiate the "EXIT TEAM" and "Location" page alert by using the phone system #1220 for the hospital or #1221 for the hospital and the clinic. Speak into the receiver and state, "EXIT TEAM" and the "LOCATION". Example: "EXIT TEAM, Room 219". You may also call the operator and ask them to page "EXIT TEAM" with the location.
3. This verbal alert should be repeated 3 times if you have utilized the phone system for the page, or repeated 3 times by the hospital operator if you have notified them for the alert.
4. Response to hearing the "EXIT TEAM" and "LOCATION" page alert, should include any employee that is not providing direct patient care and feels comfortable to respond, should be going to location of the page. You may be asked to assist in the following manner:
  - a. Identify the potential or actively combative person/s
  - b. Notify Law Enforcement by panic button or phone, if not already notified
  - c. Assist in verbally de-escalating the patient if possible
  - d. Protect visitor, staff or other patients
  - e. Assist staff, visitor, or other patients if injure to a secure area or for treatment
  - f. Assist Law Enforcement or personnel as needed
5. The incident may develop into a "Security Alert", see the Violent Intruder policy.
6. After resolution of the incident:
  - a. The person responsible for the area or designee with notify the operator to page an "EXIT TEAM, ALL CLEAR" to be repeated 3 times
  - b. An event report must be completed by the person responsible for the area at the time of the event or their designee and forwarded to Quality Management.

# FIRE PLAN

Switchboard Operator will page the following three times, as appropriate to the situation:

**CODE RED, DRILL, Location, Building Section . . . . . FIRE DRILL**

**CODE RED, Location, Building Section . . . . . ACTUAL FIRE**

**CODE RED, EVACUATION, Location, Building Section . . . . . EVACUATION**

**CODE RED, ALL CLEAR . . . . . ALL CLEAR**

## FIRE PULL BOX

1. Fire Pull Boxes are located throughout the Hospital.
2. They are painted red with the word "PULL" on the cover.
3. To put the fire alarm warning system into operation, grasp the PULL BOX cover at the top and pull firmly toward you.
4. When Pull Box has been opened, the fire alarm bells will ring throughout the Hospital and a signal will simultaneously be transmitted to our alarm monitor who then notifies the fire department.
5. A device address will appear on an annunciator panel at the telephone switchboard desk and boiler room to show the area of the fire.
6. Once activated, the fire alarm bells and strobe lights will continue to ring throughout the Hospital until the system has been turned off. Follow evacuation procedures if needed.
7. In the event of a fire and the fire department is deployed, the fire chief will have a master code to all code button doors in order to be able to check all areas.

## Points to Remember

1. Follow interdepartmental procedures for your area on what is expected.
2. Memorize Fire Exits, Fire Pull Boxes, and location of fire extinguishers.
3. If you smell smoke, report it immediately to the Maintenance Supervisor and /or Nursing Supervisor to investigate the source. **DO NOT STOP UNTIL THE SOURCE OF SUSPICION IS REMOVED.**

4. If you see smoke, call operator, set fire plan into operation immediately, activate ICS if needed.

## **LOCATION OF FIRE ALARM PULL BOXES**

1. Laundry south wall by dock doors
2. Maintenance shop by exit door
3. Education Center East Door
4. Education Center West door
5. Administrative East end
6. Administrative West end
7. Emergency Dept. by Trauma room 8
8. Emergency Dept. by east wall behind desk
9. Emergency Dept. lobby by restroom
10. Patient Accounts East wall by door
11. Patient Accounts West wall by exit door
12. Emergency Dept. hallway by south exit door
13. Storeroom east wall
14. Radiology Hall by staff sleep rooms
15. North wall by Mammography
16. Wet Hallway by Nuclear Med
17. North wall across from Nurse educator office
18. Administrative hall north exit door
19. Administrative hall south exit door
20. 2<sup>nd</sup> floor central stairwell
21. 2<sup>nd</sup> floor east stairwell
22. 2<sup>nd</sup> floor west stairwell
23. 1<sup>st</sup> floor east stairwell
24. 1<sup>st</sup> floor west stairwell

## **FIRE EXTINGUISHER LOCATION**

1. Outside by propane tank
2. Maintenance shop
3. Old ambulance garage center post
4. Old ambulance garage by stairs
5. Laundry soiled linen room
6. Laundry clean linen room
7. Kitchen West
- 8.
9. Kitchen South
10. Maintenance Office
11. Storeroom
12. Storeroom East
13. Kitchen North
14. Kitchen West Fryer
15. Kitchen East Fryer
16. Dining Room Hall by Kitchen
17. Lab Waiting Area
18. Micro Lab
19. Lab Southwest corner by exit
20. Boiler room by mutli-zone
- 20A Boiler room North
- 21.
22. Boiler room South door
23. Boiler room top of stairs
24. North end of West Radiology hall
25. Emergency room sliding doors
26. New Ambulance garage
- 26A Ambulance garage
27. Top of stairwell Training center
28. Training Center West door
29. Training Center Elevator room
30. East Radiology hall #68
31. Surgery (Halon)
- 31A Surgery desk
32. Surgery in hall
33. Elevator room in Surgery
34. Clean room Surgery
35. 1<sup>st</sup> floor by double elevators
36. Health Information Management
37. South Pharmacy hall
38. Pharmacy
39. North Pharmacy hall
40. Physical Therapy
41. Surgery family waiting area
42. Front lobby elevator room

43. Outpatient clinic
44. New boiler room by door
45. New boiler room by chiller
46. New boiler area elevator room
47. 1<sup>st</sup> Floor West stairwell
48. Surgery clinic
49. 2<sup>nd</sup> floor West stairwell
50. 2<sup>nd</sup> floor West cross hall
51. 2<sup>nd</sup> floor East stairwell
52. 2<sup>nd</sup> floor Nurses station
53. West hall by Stress Echo
54. Information Systems (Halon)
55. Nuclear med / Stress room
56. Mail room
- 56A IT office
57. North Administrative hall exit door
58. Accounting (Halon)
59. South Administrative hall exit door
- 59A Patient accounts
60. Education elevator room
61. Education center East end
62. Patient accounts stairwell
63. BCMC Southwest corner
64. BCMC Southeast corner
65. Clinic Northeast corner
66. Clinic Northwest corner
67. BCMC lab room
68. Nursery street clinic office door
69. Nursery street clinic North exit door
- 69A Nursery street North hall West
- 69B Nursery street North hall East
- 69C Nursery street basement
70. Dialysis Clinic #1
71. Dialysis Clinic #2
72. Dialysis Clinic #3
73. Dialysis Clinic #4
74. Dialysis Clinic #5
75. Old Dental Clinic
76. USDA
77. USDA
78. USDA
79. USDA
80. USDA
81. USDA
82. USDA
83. ARHC lobby
84. ARHC East hall
85. ARHC Kitchen
86. Inside ambulance 1
87. External ambulance 1
88. Inside ambulance 2

- 89. External Ambulance 2
- 90. Inside ambulance 3
- 91. External ambulance 3
- 92. Inside ambulance 4
- 93. External ambulance 4
- 94. Inside Maintenance vehicle
- 95. I server room
- 96 – 116 Extras
- 117 MRI Suite

## **HAZARDOUS SPILL**

Switchboard operator will page the following three times, as appropriate to the situation:

***Hazardous Spill + Location + Building Section . . . . . HAZARDOUS SPILL***

***Hazardous Spill, All Clear . . . . . ALL CLEAR***

### **PERSON (S) FINDING HAZARDOUS/CHEMICAL SPILL**

1. Immediately evacuate area.
2. Close all doors to isolate spill.
3. Contact Operator and tell her:  
WHO YOU ARE  
LOCATION OF SPILL
4. Call the 3E company that handles our SDS (800-451-8346) or (760-602-8703), these numbers are also available on the intranet at the bottom of the page, to call and get information on how to handle the spill. Pass this information on to the Safety Officer, Medical-Technical specialist and/or IC.
5. Prepare for evacuation if necessary (***follow evacuation procedures***).

### **ALL OTHER EMPLOYEES**

1. Remain in your work area unless notified.
2. Be alert and stand by for instructions.

### **PERSON IN CHARGE**

The Safety Officer or designee will initiate the clean-up plan. In their absence, the Fire Department will initiate the clean-up plan.

### **DUTIES OF SWITCHBOARD OPERATOR**

1. Page appropriate hazardous spill alert over public addresses system three times.
2. Notify the following :
  - a. Safety Officer
  - b. Emergency Preparedness Coordinator
  - c. Housekeeping Supervisor
  - d. Activate ICS if needed
  - e. Administrator or, in his absence, CFO; in his absence, Director of Nursing, in their absence, Nursing Supervisor.
  - f. Police /Fire Department

## **HOSTAGE SITUATION**

## A. General Information

All hostage situations are different and may require specific reactions by staff and police officers based upon the location of the incident, weapons used by the suspect, and number of and physical condition of the hostages. The administrator and the police must be the principals in any decision-making process with regard to the handling of the hostage-taking situation. Below are some general guidelines and information for hostage situations.

### 1. Reporting of a Hostage Situation and Staff Responsibilities

- a. Notify the Butler Police Department immediately of a possible hostage situation on the BCMH campus. Be prepared to give as much detail to the police as possible such as location, number of hostages, number of suspects, weapons used by the suspects, etc. Activate ICS.
- b. The supervisor will notify the administrator to determine if the internal disaster plan should be activated and establish the location of the CONTROL CENTER, which would be dependent upon the location of the hostage incident on campus. There will be no overhead pages specifically for a hostage situation.
- c. Evacuation of visitors, employees, and patients in the area around the suspect's location should be completed as soon as possible, unless the evacuation route puts innocent individuals in more danger than their present location (*follow evacuation procedures as indicated*).
- d. A "head count" of employees and patients in the area of the situation should be conducted to insure that all individuals are safe.
- e. Injured parties should be cared for once they are in a safe location.
- f. Gather individuals who witnessed the incident or could possibly provide information about the suspect or their location in a single and safe location. They will be interviewed by the police.
  - g. Ground ambulances should be removed from the campus as soon as possible, but kept nearby for medical emergencies (so not to be used, by the suspect, for escape).
  - h. Employees should normally not get involved in negotiations (or talking) with the suspect before the police arrive but may have to respond to the suspect's statements or demands. It is suggested that the employee tell the suspect that they will have to check with someone in authority to answer the suspect's demands if it is necessary to talk to the suspect, do not give the suspect your position, rank, etc. Refer to yourself as "we, I, they" and so forth. Down play what the suspect has done and continue to warn the suspect to not do anything that will make things worse. Do not promise anything to the suspect that cannot be done or will be allowed.
- i. Public Information Officer and Law Enforcement will be responsible for communication and control of the media during the incident.
- j. Plant Operations and Communication personnel shall assist the police in the control of all communication devices (telephone, radio, TV, etc.) in the area of the suspect
- k. The CONTROL CENTER will coordinate with the Medical Center staff in reference to shift changes, safe routes to leave the buildings and campus, etc.

- l. If the hostage incident is prolonged, the CONTROL CENTER will arrange for an area for "down time" for the staff involved in the incident. This would be a secured area that allows for resting and nourishment.
- m. If the incident results in injuries to the suspect involved, it is the responsibility of the hospital/medical staff to perform a medical screening exam and stabilize the patient; arrangements should be made to transport the suspect to another medical facility as soon as stabilized, in coordination with Law Enforcement and receiving facility.

## **2. Hospital Responsibilities**

- a. When supervisor is notified of a possible hostage situation, the supervisor will obtain as much information from the caller as possible such as:
  1. number of suspects and if known, weapons being used
  2. number of hostages
  3. location and description of suspect(s)
- b. Supervisor at the scene of the incident, once secured, should assist staff in evacuating patients, visitors, and employees from the area. These individuals should be kept in a safe area for later interviews when time permits. When possible, visitors and employees that may have witnessed the incident or the suspect involved should not be allowed to leave the campus until they have been interviewed by Law Enforcement.
- c. Depending on the location and situation, we may be put on patient diversion so that additional traffic and personnel will not become a problem.
- d. If a patient cannot be moved from the immediate area of the scene because of medical condition, etc., it may be necessary to assign a police officer to protect the patient in order that the patient does not become an additional hostage.
- e. As much detail about the suspect and hostages involved should be obtained in order for the information to be relayed to Law Enforcement. A known medical history of the hostage and suspect is also beneficial.

## **LABOR ACTIONS PLAN**

Bates County Memorial Hospital at this time has no collective bargaining units representing any of its employees.

If at any time a labor organization was interested in organizing for the purposes of collective bargaining for employees at Bates County Memorial Hospital processes would follow Revised Missouri Annotated Statute chapter 105; sections 105.500 – 105.598. As outlined in the Resource Guide for Employers – Missouri Department of Labor chapter 8 Public Sector Labor Law. (Copied Below)

#### State Board of Mediation

The State Board of Mediation (SBM) is statutorily charged with determining the appropriateness of bargaining units of public employees who are interested in organizing and being represented by a labor organization for the purposes of collective bargaining. The SBM also conducts secret-ballot elections to determine whether a majority of the employees in bargaining units found to be appropriate want to be represented by the petitioning labor organization.

#### Selection of SBM

The SBM is a quasi-judicial board appointed by the governor with advice and consent from the Senate for three-year terms. The SBM consists of five members: a full-time chairman; two members who must be employers of labor or be selected from an association representing employers; and two members who must hold membership in a bona fide trade or labor union. The chairman services as the neutral party and is neither an employee nor an employer of labor.

#### Jurisdiction of the SBM

All Missouri public employees have the right to organize and join labor unions and to bargain collectively through representatives of their own choosing. By statute, however, public employees have no right to strike. The SBM's jurisdiction to determine appropriate bargaining units and exclusive bargaining representatives extends to almost all public employees, including most of those employed by: State Government; Counties; Municipalities; School Districts and Special Districts. The SBM's jurisdiction does not cover police officers, deputy sheriffs, the Missouri State Highway Patrol, the Missouri National Guard, or teachers in Missouri schools, colleges, and universities. These types of public employees still have the right to organize and to bargain collectively, but the SBM has no authority to play a role when they are doing so.

#### Meet and Confer Process

Missouri public sector labor law requires the public employer to meet and confer with the exclusive bargaining representative of its employees to discuss proposals relative to salaries and other conditions of employment. The results of the meet and confer processor reduced to writing in the form of a Memorandum of Understanding and submitted to the public employer's governing body for approval, modification, or rejection.

#### Certification Process

The steps involved in filing a petition with the SBM are:

- A petition is filed with the SBM by a public employee or group of public employees or by an individual or employee organization claiming to represent a majority of the public employees in a defined group (the proposed bargaining unit)
- The petitioner must show that at least 30 percent of the public employees in that proposed bargaining unit want to be represented by the petitioner. If this 30 percent showing of interest is not established, the petition will be dismissed.
- If the parties cannot agree as to the makeup of an appropriate bargaining unit or on the manner of conduction the election, the SBM Chairman will schedule a formal hearing at which the parties may present evidence and legal arguments regarding their positions on the disputed question or questions. After considering the evidence and the legal points made, the chairman and two or more board members will issue a written decision resolving the disputed issues

- Once an appropriate bargaining unit is determined and the manner of conduction and election is decided (either by agreement of the parties or by a decision of the SBM), the chairman conducts an election among the eligible employees in the bargaining unit to decide on union representation. The union must receive a majority of the votes cast to become the exclusive bargaining representative for the employees of the bargaining unit.
  - The parties are given 10 days to file objections to the election
  - If no objections are filed, the SBM issues a certification of the results of the election
  - If objections are filed, the chairman shall conduct an investigation and if appropriate shall issue a notice of hearing for the SBM to the matters alleged and to issue a written report and recommendations
- Decisions of the SBM may be appealed to the circuit court

## **LOSS OF COMMUNICATION SYSTEM**

This will provide direction for the following failures:

1. The switchboard system could have partial or complete component failure as all mechanical/electrical devices will fail over a period of time.

2. The phone system failure.
3. Overhead paging system amplifier failure
4. The computer system failure

In the event of loss of the building's communication system or phone system, a person can notify outside services through radios located in the ED Admit Office.

Administration or designee may activate the ICS or measured response. Notify Information Systems and/or Plant Operations of what part of the system is down, if not total system failure.

There are several outside lines in the building you may use to try to contact the phone company to request emergency service. Century Link telephone number is 1-800-786-6272. If the outside lines are out, use the radio to contact Law Enforcement to route calls to them. They can contact the hospital by radio as well.

For in-house and outside calling from between departments or departments to outside areas, there are ten emergency phones available in the Emergency Department. These are in a yellow pelican case with instruction on how to operate the phones and how to distribute them out. The ED will need to notify the IT department to activate the use of these phones (time wise, after notifying IT, about 10 minutes). More phones can be active by notifying the IT department as needed (this will take, after notifying IT, around an hour, dependent on the amount of phone being activated).

Messengers may be assigned by the Logistics, Chief of Nursing, or supervisor in charge from the hospital staff to assist in making direct contacts in areas the emergency phones will not receive or send if system is down for extended time.

Contact the radio station to have them announce the hospital's phones are out and to route calls through Law Enforcement.

## **LOSS OF ELECTRIC POWER**

In the event of disruption of electrical power, the hospital is equipped with a backup emergency generator that automatically transfers normal power to emergency power. The generator will run on emergency power for several hours although the generator should be monitored by a member of the maintenance department during the outage.

Either Plant Operations or the house supervisor should call the Electric Distribution service at 660-679-4182 or, if no one answers, Butler Police Department 660-679-6131 to report the service disruption and to find out if this is local, city, or countywide. Also, find out the amount of time the power failure is projected to be down.

During a power outage, the staff should reduce its electric consumption as much as possible, turning off any lights and non-critical electric equipment. Also there are rechargeable flashlights in Nursing, Radiology, Lab, Respiratory, Emergency, Pharmacy, Purchasing and Maintenance departments as well as a base lighting system in the ED for additional lighting.

Only certain electrical equipment is on emergency power. Only the red electrical receptacle plugs are on emergency power; all other receptacles will be off during the outage. All of the Emergency Department Clinical areas are on generator power.

In extreme cases where the power outage is extended and poses a health and/or safety risk to patients and staff, evacuation may be necessary (***follow evacuation procedures***).

## **LOSS OF MEDICAL GAS SYSTEM**

In the event, the operation of the medical gas system in the hospital building would fail, the oxygen pressure alarms located in the ED, Acute Care, CCU and Maintenance Office would activate. This would indicate a loss of pressure in the system.

Respiratory Care personnel and Nursing should be notified and placed on stand-by to take supplemental oxygen to those patients requiring it. Authorized personnel should proceed to the bulk

storage tank located at the south side of the building. A gauge mounted on the tank will verify that there is a pressure loss in the system.

There is a backup system located near the bulk tank that will activate if the bulk tank malfunctions. This should be checked to verify that the backup system is indeed working. Authorized personnel (respiratory if available) should contact Air Gas @620-231-6010.

If the backup system is not working, Nursing and Respiratory Care personnel should be advised to take supplemental oxygen to those requiring it. Those same personnel should be notified when all systems are operable again.

There is an emergency portable oxygen hookup on the west side of the building if outage is for an extended period, as well as an available cache of 50 extra tanks in a cart in the outside oxygen tank storage area by ED. A cache of gauges are kept in the emergency supply room across from the ED sleep rooms.

## **Missing Patient / Child Abduction**

### **PURPOSE:**

To provide guidance to direct staff when a patient or child is missing without the provider's order of approval and to establish a systemic response for locating a patient or child once it has been determined that they may be lost or missing. Patients at risk to be missing include infants and children (abduction), or people who wander (dementia, psychiatric disorders, developmental disabilities, and acquire neurological disorders).

## STANDARD:

Staff should follow established procedures for the implementation of an organized search for any patient or child who has been determined to be missing. At no time during the early stages should any person, without the need to know, be told that a patient or child is missing. The Law Enforcement and CEO will make that determination. No hospital employee or volunteer is authorized to make a public statement concerning this incident or to communicate with a member of the media without prior clearance from the hospital CEO or designee.

All Hospital employees are given basic information in orientation and annual competency sessions regarding prevention of and response to adult wandering/elopement and child abduction. Periodic drills should be conducted to see that responses are adequate and timely.

## Definitions:

Abduction / Kidnapping: the abduction or kidnapping of a young child or baby by an older person

Wandering: Wandering refers to a patient who “strays beyond the view or control of a staff without the intent of leaving. (Cognitive impairment)

## PROCEDURE:

1. When an employee suspects that a patient is missing, he/she should immediately notify that department’s supervisor. If that department’s supervisor is not available, notify the nursing supervisor (if a department other than nursing is the site of the missing patient). The entire department should be quickly searched and all patients accounted for. If the patient is not found in the department, the supervisor should call the hospital operator to advise them “Missing Person age, gender”. It would be appropriate to add; “wearing a hospital gown” if that is the case
2. The hospital operator will announce “Attention: Missing Person, plus descriptor of person. If you see this person or think you may have seen this person, please call the operator by dialing “0” immediately.” Repeat twice.
3. Immediately following the “Missing Person Alert” announcement, the hospital operator will contact the following:
  - a. Butler Police Department – 911
    - Inform them you are from BCMH
    - This is a Missing Person Alert, \_\_\_age, gender
    - Location of the patient before it was determined that he was missing
  - b. Chief Executive Officer, CEO
  - c. Chief Nursing Officer, CNO

The operator should then be ready to receive calls from the various checkpoints with information on the missing person. This information should be relayed to law enforcement and/or supervisor. If someone calls to report that they saw that person, the operator needs to contact law enforcement and/or supervisor, to relay this new information.

4. Upon the announcement of a “Missing Person Alert”, the following actions should occur simultaneously:

- a. All departments should search their areas, including patient rooms, closets, and public restrooms. Once these areas are searched, notify the hospital operator that the search of that department is done.
  - b. An outside search should be conducted by maintenance, paramedics/EMT's, or other available personnel not otherwise assigned.
  - c. If the incident occurred during shift change, personnel scheduled to leave, will be detained, to assist with the search.
  - d. All exits need to be covered by specific staff members, as per the Missing Person Response Team assignments. They should remain there until notified otherwise.
  - e. Once the missing person has been found, or the inside search concluded, with the law enforcement's approval, the supervisor will have the operator announce "Missing Person Alert, all clear".
  - f. The Supervisor will notify the patient's family and attending physician if they were not present. The supervisor of the area the patient was in will complete an event report.
  - g. No hospital employee or volunteer is authorized to make a public statement concerning the incident or communicate with a member of the media. All such contact should be referred to the CEO's office. A designated spokesperson(PIO) for the hospital will only release information to the media and the hospital staff members after it is cleared by the hospital and law enforcement authorities
5. In the case of a missing infant or child, where abduction is a consideration, the following actions should be included;
- a. When a "Missing Person Alert" is an infant or child, all exits to the facility will be immediately converted into checkpoints by designated hospital employees. The purpose of these checkpoints is to prevent any individual from carrying an infant or child outside the hospital and/or to obtain a description of any suspects.
  - b. The safety of the child and hospital staff are the utmost priority when faced with physical violence or the presence of any weapon.
  - c. If approached by an individual accompanied by a child, or carrying an infant, inform the individual that an emergency situation has occurred and the individual is requested to stay in the building until the emergency situation has been resolved. Ask the individual to be seated in the front lobby.
  - d. If the individual insists on leaving, write down everything you can about the person; height, weight, clothing, facial features, etc. and if possible, obtain a description of the vehicle they leave in (make, color, license plate number). Give this information to the supervisor/law enforcement.
  - e. The area where the suspected abduction occurred is to be closed off and protected as a crime scene. Any family present will be placed in another room. A member of the staff will stay with them.

**Missing Person Team Assignments:**

LOCATION	DAY SHIFT	NIGHT SHIFT
ER entrance & entrance/exit stairwell by the elevator	ED staff	ED staff
ER/Ambulance entrance	ED staff	ED staff

Laundry hallway (south end) Garage entrance	Laundry staff	CNA to watch the West entrance and West end hallway
Loading Dock	Purchasing staff	CNA same above
West Employee	Entrance Dietary & Housekeeping	CNA
Emergency exits in Administration Hallway and east wing (old SNF unit)	CEO assistant at intersection	med/surg CNA or LPN at rehab/Rad Intersection
Radiology/Rehab hallway	Radiology tech	CNA or LPN
NNW emergency exit & stairwell (Stand at 1 <sup>st</sup> floor door)	Outpatient clerk or nurse	CNA or LPN
Main entrance	Pharmacy	Nurses stationed at NE & NW stairwells
NE emergency exit & stairwell (Stand at 1 <sup>st</sup> floor door)	Rehab personnel	Telemetry nurse

All other employees will help search their departments. Then stand outside your department and if you see anything suspicious or unusual, report it to the operator or your supervisor. One person to stand at the Med/Surg nurses desk to watch the elevators.

Designated Missing Person Response team members will be assigned by individual departments.

At any time, any employee may take the place of the designated responder, if they are available.

The Supervisor of the area of the missing person (or nursing supervisor if that area supervisor is not available) should ensure that the police and CEO are notified and will be the authority in charge until the police and or CEO arrives. They will also insure that the area where the incident occurred is closed off and protected as a crime scene.

All employees will be on heightened alert and watch for suspicious individuals or activities and report any such occurrence immediately to the authority in charge.

## **RADIATION INCIDENT**

### A. General Information;

#### 1. Phone numbers for the **Environmental Protection Agency (EPA)**

- a. Contact Information; Region 7 general office 800-223-0425, (913) 551-7003.
- b. Alternate number for small spills 913-281-0991.

#### 2. There are four types of radiation accident patients:

##### a. Radiation Exposure

1. The individual who has received whole or partial body exposure external radiation may have received a lethal dose of radiation, but he is no hazard to attendants, other patients, or the environment. He is no different than the radiation therapy or x-ray patient.

## b. Internal Contamination

1. Contamination results from inhalation or ingestion of radioactive material. This individual is little hazard to attendants, other patients, or the environment. Following cleansing of minor amounts of contaminated material deposited on the body from airborne exposure, this person should be handled similarly to a case involving exposure to a chemical poison such as lead. His blood and body fluids should be considered radioactive. His body waste should be collected and saved, in order that measurements of amount of radioactive materials present can be made as an assist in determining appropriate therapy.

## c. External Contamination

1. External contamination of body surface and/or clothing by radioactive liquids or by dirt particles presents a type of case with problems similar to vermin infestation. Surgical isolation techniques to protect other patients and the hospital environment must be employed in order to confine and remove any potential hazard.

## d. Contaminated Wounds

1. When a wound complicates external contamination, care must be taken not to cross-contaminate surrounding surfaces from the wound and vice versa. The wound and surrounding surfaces are cleansed separately and sealed off when clean.

## 3. The objectives of decontamination are:

- a. To prevent injury caused by the presence of radioactive substances on the body.
- b. To prevent the spread of contamination over and into the patient.
- c. To prevent attending personnel from becoming contaminated themselves or, in extreme cases, from being exposed to a source of radiation.

## B. Procedure

1. All calls with information of a radiation accident or suspected radiation exposure will be transferred to the supervisor in the Emergency Department or to the Medical/Technical Specialist.
2. The decision to initiate the External Disaster Procedure will be made by the Supervisor in charge in consultation with the physician of the Emergency Department. Each department involved will be responsible for calling his/her own personnel, if necessary, to assist with the decontamination procedures.
3. If a patient arrives with possible contamination without prior notification to the Emergency Department, the patient should be kept outside until the level of exposure or contamination can be determined.
4. Any personnel assigned to the radiation accident should not be pregnant.

## C. Responsibilities

1. The charge nurse or designee shall notify the Emergency Department will be receiving a patient or patients with radioactive exposure or contamination.
2. The charge nurse or designee will assign one person to clear the Emergency Department waiting room and obtain the following supplies:
  - a. Protective covering (for personnel performing the decontamination). Handle contaminated patient and wound as one would a surgical procedure. Level C PPE
    1. Rubber gloves
    2. Shoe covers
    3. Surgical caps
    4. Masks
    5. Gowns
  - b. Large plastic bags (trash bags). Each patient will receive one set of these.
    1. Label one "Laundry".
    2. Label one "Contaminated Clothing"
3. Supervisor in charge.
  - a. Assume IC position of operations relating to radiation contamination evaluations until relieved by higher in command.
  - b. Contact Safety Officer and/or Medical/Technical Specialist to help carry out survey, decontamination, screening and necessary certifications.
  - c. Report to CEO or designee and to regulatory authorities when needed.
4. Safety Officer
  - a. In charge of containment procedures, safety of personnel assigned to the area, triage, and assists with the survey and decontamination of exposed or contaminated patients.
  - b. Assigns personnel monitoring devices to staff members likely to get highest doses.
  - c. Operates survey meter kept in Radiation Department in the Nuclear medicine hot lab or in Emergency Preparedness Supply Room.
  - d. Assists with radioactive waste disposal and laboratory procedures.
5. Security
  - a. Someone should be assigned to the area to as security to ensure minimal personnel enter area.

## D. Containment, Treatment, and Decontamination

1. Exposed cases will be handled by one team. No one who has been in contact with a contaminated patient will handle an exposed patient.

***ANY INDIVIDUAL WHO COMES IN CONTACT WITH A CONTAMINATED PATIENT OR PATIENT AREA IS CONSIDERED CONTAMINATED AND MUST ADHERE TO PROTOCOL FOR CONTAINMENT AND DECONTAMINATION.***

2. Exposed patient will be given identification bracelets. All jewelry and other metal objects will be removed and labeled to accompany patient to treatment area, and patient will then be transported by appropriate personnel to the Emergency Department for evaluation and treatment. **THESE PATIENTS DO NOT POSE A THREAT TO HOSPITAL PERSONNEL OR NEARBY PATIENTS!**

### 3. Containment of Contaminated Patients

- a. Decontamination will take place in the Emergency Department shower area. This shower will be utilized in this area until all evidence of contamination is gone.

### 4. Emergency Treatment and Decontamination

- a. On ambulance arrival, the Emergency Department nurse and Safety Officer or designee should:
  1. Check patient on stretcher for contamination (preferably as stretcher is removed from the ambulance) by use of a survey meter available in Nuclear medicine hot lab or Emergency Preparedness Supply room.
  2. If seriously injured, triage to shower first.
  3. Handle contaminated patient and wound as one would a surgical procedure (i.e., gown, gloves, cap, mask, shoe covers, etc).
- b. If possible external contamination is involved, save all clothing and bedding from ambulance, blood, urine, stool, vomit, and all metal objects (i.e., jewelry, belt buckles, dental plates, etc). Label with name, body location, time and date. Save each in appropriate containers; mark containers clearly "RADIOACTIVE - DO NOT DISCARD." Marking may be made on adhesive tape pasted to cloth bag or hamper containing a plastic disposable bag.
- c. Remove contaminated clothing and place in cloth bag with plastic lining.
- d. Decontamination will be performed in the shower at the Emergency Department
  1. Decontamination should start under the direction of the Safety Officer when available, if medical status permits, with cleansing and scrubbing the area of highest contamination first. If an extremity alone is involved, clothing may serve as an effective barrier and the affected limb alone may be scrubbed and cleansed.

2. Initial cleansing should be done with soap and warm water. Wash water waste, unless markedly radioactive, may be flushed into community sewer system where dilution will obviate any hazard effect. If the body as a whole is involved, or clothing generally permeated by contaminated material, showering and scrubbing will be necessary. Pay special attention to hair parts, body orifices and body fold areas.

e. Re-measure and record measurement after each washing or showering.

f. When the patient has been successfully decontaminated and a safe reading registers on the survey meter, the patient may then be directed to the treatment area for further tests, treatment and discharge.




g. Save nurses', physicians', technicians', and paramedics' protective clothing in the same manner as described for patients. Nurses, physicians, and attendants must follow the same monitoring and decontamination routine as described for patient.

*Safety Officer will direct the decontamination and clean up of the Emergency Department waiting room or isolation room following clean-up protocols.*

## Recovery Response

**Purpose:** This is a guide to assist in providing better recovery planning, effective communication and coordination and strategic collaboration at Bates County Memorial Hospital and Clinics.

**Scope:** This guideline may be applied to any adverse event by the hospital and clinics regardless of the type, size, or scope of the event.

Incident	Response	Extended Response	Recovery
<ul style="list-style-type: none"> <li>• Initiate EOP</li> <li>• Activate ICS as needed</li> <li>• Make plans for response</li> </ul> 	<ul style="list-style-type: none"> <li>• Activate response plans</li> <li>• Reassess recovery function activation on 1-3-7 day of operations</li> </ul> 	<ul style="list-style-type: none"> <li>• Continue response plans</li> <li>• Consider scaled activation of recovery functions</li> </ul> 	<ul style="list-style-type: none"> <li>• Main response ended</li> <li>• Start full recovery</li> <li>• Use recovery checklist</li> </ul>

When we are getting ready to go into the Recovery phase, we must develop a business impact analysis (Use recovery checklist, (appendix C).

1. Fill out the recovery checklist. Done by maintenance. To be reviewed by the incident command staff and/or departments.
2. Identify the minimal resources required to maintain operations.
3. Identify what is needed to get departments and staff back in full operation. (Electrical power, water, HVAC, IT, building and grounds damage}
4. Determine the recovery objectives and assumptions.
5. Establish order of priority for restoration of functions.
6. Develop recovery teams, as needed, to aid with a faster recovery.
7. Estimate the operational, financial, and reputational impact.
8. Implement objectives. Follow up with meetings on 1-3-7 days (more day's increments, if needed) to check progress.

## Recovery Checklist

### *Appendix C*

1. This document is intended to provide a checklist of potential issues that may have occurred during a disaster at BCMH. It is intended to assist in maintaining a safe environment of care. BCMH may choose to use all of part of this document when assessing our operations.

Issues	Action Items	YES/NO Initials
<b>Access</b>	1. Safe access and egress are assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulance.	
Comments:		
<b>Building(s)</b>	1. Buildings or parts of building(s) in use , have been declared safe for their intended use by appropriate governmental/regulatory agencies for fire, environment	

	(water and air quality), engineering (Life Safety Code, Structural and electrical integrity, environmental controls, medical gas system), etc. as appropriate prior to their uses	
	2. Community firefighting services available.	
	3. Appropriate plan or pest control and/or containment.	
	4. Adequate staff and resources to maintain facilities (buildings and facility equipment) currently in use.	
	5. Adequate environmental control system in place.	
Comments:		
<b>Communications (internal)</b>	1. Adequate call system enabling patients to summon staff for assistance.	
	2. Functional system in place for internal communications with all operational areas of the hospital.	
	3. Overhead paging system and/or computer screen (net presenter) in place for internal communications.	
	4. Functional fire alarm system, elevator recalls, HVAC shutdown, signal to fire department or central station alarm monitoring in working order.	
	5. Phone system to all departments in place.	
	6. Notification to staff or any alternate means of communications that may be used (emergency phones, ambulance radios, etc.) and what is or is not operational.	
Comments:		
<b>Issues</b>	<b>Action Items</b>	<b>Yes/NO Initials</b>
<b>Communications (external)</b>	1. Communication system (including emergency radios and phones) functional to summon outside assistance for fire, police, and other community resources.	
	2. Communication system functional to coordinate patient care service with other health care facilities (transfers, offsite Xray and lab results).	
	3. Notification to relevant agencies (City emergency management, MARC, SEMA and FEMA) is accessible.	
Comments:		
<b>Dietary</b>	1. Adequate facilities personnel and supplies onsite or arrangements to meet the nutritional needs of patients and personal.	
	2. Adequate equipment and facilities for food, dietary supplies, and storage.	
	3. Inhouse food approved for re-use by appropriate governmental agencies.	
Comments:		

<b>Electrical System</b>	1. Main switchboard operational.	
	2. Fuse and Breaker panels operational.	
	3. Transformers reviewed.	
	4. Emergency generators, backup batteries, and fuel available for all patient areas.	
Comments:		
<b>Emergency Department</b>	1. Onsite functional and staffed inpatient services (Lab, Respiratory, Radiology) appropriate, with adequate supplies, equipment and staff prior to reopening the emergency department.	
Comments:		
<b>Emergency Preparedness</b>	1. Disaster plan in place for timely and safe evacuation of patients to a safe location for internal and external disasters.	
	2. Disaster plan is adequate to address the safety of patients and staff.	
	3. Command center is available to function.	
	4. Staff notified of any changes to existing plan or creation of interim plan.	
Comments		
<b>Equipment and Supplies</b>	1. Equipment and supplies located inside that may to affected by flooding, smoke, fire, smoke or damaged by incident are approved for reuse or need to be replaced.	
	2. Adequate equipment and supplies onsite for continuing operations.	
	3. All equipment, intended to be use, is inspected, and cleared for patient use prior to use.	
	4. Mechanism in place for replenishing supplies.	
	5. Ability to maintain patient care equipment that is in use.	
	6. Ability to provide medical gasses.	
	7. Flashlights ad batteries available.	
Comments:		
<b>Facilities/Engineering</b>	1. HVAC units in operation.	
	2. Fuel tanks (diesel and gas).	
	3. Fuel vendors operational.	
	4. Ductwork, including functional smoke detection/alarm capability and dampers operational.	
	5. All piping in working order in patient care areas.	

	6. Valves and controls, including emergency fan shutdown tied into fire alarm system.	
Comments:		
<b>Infection Control</b>	1. Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	2. Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of hospital.	
	3. Adequate personnel and resources to maintain a sanitary environment.	
	4. Process in place to segregate until discarded previously contaminated supplies, medications etc., prior to reopening of facility.	
Comments:		
<b>Information Technology/Medical Records</b>	1. Ensure that all usual internal and external, backup, clinical, medical information, and patient registration systems are functional, or there is an alternate method for capturing the information.	
	2. System in place to maintain a medical record for each patient served.	
	3. Storage space to ensure security and maintain integrity of medical records (i.e. protection from fire, environmental hazards and unauthorized access).	
	4. System in place to ensure medical records are readily accessible and prompt retrievable when needed.	
Comments:		
<b>Laboratory</b>	1. Capability to perform emergency lab tests onsite, and to document, disseminate and provide for retrieval results.	
	2. Laboratory services available onsite or by arrangements to meet the needs of the patients.	
	3. Communication system in place to assure timely notification to caregivers of critical test results.	
Comments:		
<b>Management</b>	1. Resources and capability to deliver services assured by management prior to initiation of services.	
	2. Management staff onsite to ensure the health and safety of patients and staff.	
	3. Adequate resources, personnel, and supplies onsite to meet the needs of patients for services offered.	

	4. Adequate arrangement for care and services of individuals whose condition exceeds the capability of the hospital have been established.	
Comments:		
<b>Morgue</b>	1. Adequate arrangements for storage and management of deceased individuals.	
Comments:		
<b>Personnel</b>	1. Adequate types and numbers of personnel onsite for services.	
	2. Adequate retention plan to maintain personnel (e.g., transportation, meals, lodging, and laundry, etc.).	
Comments:		
<b>Pharmacy</b>	1. Adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of the patients.	
	2. Adequate refrigeration for storage and biologicals.	
	3. Removal of any unsafe/damaged medications, prior to opening the unit.	
Comments:		
<b>Radiology</b>	1. Radiology services available onsite or by arrangements to meet the need of patients.	
	2. Mechanisms for real-time interpretation and documentation, storage of new studies and access to old studies.	
	3. Communication system in place to assure timely notification to caregivers of critical test results.	
Comments:		
<b>Security</b>	1. A system of security in place to ensure the safety of patients, visitors and staff including access control, securing sensitive areas, protection of staff and property from crowds, processing identification cards, locks, and keys	
	2. Outside law enforcement personnel conferred with regarding appropriate facility security, if necessary.	
Comments:		

<b>Sterile Procedures Support System</b>	1. Support systems for sterile procedures are functional.	
Comments:		
<b>Surgical Services</b>	1. Meet all State and Federal requirements prior to offering services.	
	2. Surgical services offered must be in accordance with acceptable standards of practice.	
Comments:		
<b>Vendors</b>	1. Ensure all vendors are operational and have supplies available.	
Comments:		
<b>Waste Management</b>	1. System in place for trash handling and removal.	
	2. System in place for regulated medical and hazardous waste storage and removal.	
Comments:		
<b>Water System</b>	1. Potable water for drinking, bathing, dietary service, hand washing and for all planned patient services.	
	2. Sewer Systems (sanitary, storm) operational.	
	3. Fire suppression (fire pumps, sprinkler risers, and lines, standpipes and waterflow detection/alarm capability) operational.	
Comments:		

## **SUSPICIOUS PACKAGES OR SUBSTANCES**

### **I. PURPOSE/OBJECTIVES**

The purpose of this procedure is to provide direction to Bates County Memorial Hospital employees and vendors regarding the response actions that can be taken in the event of a suspicious package or substance. These actions are designed to protect patients, visitors and staff and minimize the impact to our operations.

### **II. SCOPE**

The procedure covers all facilities and properties owned and controlled by Bates County Memorial Hospital and Clinics.

### **III. CONTENT**

#### **A. Prevention**

All threats will be handled in an expedient and diligent manner. Access control is a critical component to prevent and to protect the hospital against suspicious packages and substances. It is the responsibility of all employees and vendors to keep patients, visitors and staff safe.

1. All badge holders should wear issued badges above waist in plain view per HR guidelines. Never allow unauthorized persons into secured areas. Patients and Visitors should be escorted into secured areas and handed off to the appropriate personnel.
2. Security doors with access control features should NEVER be propped open.

3. All personal backpacks, bags and briefcases should never be left unattended.
4. All clinical and non-clinical personnel have a duty to report any and all suspicious activities to their manager or Risk Management.
5. All departments should ensure boxes and containers with supplies should be secured and stored in proper areas. Never leave boxes or containers unattended in common areas.

#### B. Suspicious Packages

A suspicious package is defined as any item (package, vehicle) identified as potentially containing explosives, and IED or other hazardous materials that requires a bomb technician diagnostic skills and special equipment to further evaluate. Suspicious indicators are based upon the prevailing and/or communicated threat, placement and proximity of the item to patients, staff, and visitors and hospital assets. Suspicious packages may display oil stains, discoloration, protruding wire(s) or visible bomb like components, unusual sounds, vapors, mists or odors. Suspicious mailed packages do not have to be delivered by a mail carrier as most are delivered by the assailant, treat these items the same way.

1. When an unidentified object or package is found, the finder must **NEVER TOUCH, TAMPER WITH OR MOVE THE ITEM.**
2. Any individual discovering a suspicious package will immediately notify their supervisor with the following information:
  - a. location of the object, as specifically as possible
  - b. reason of suspicion
  - c. description of the object
  - d. any other information reported finds useful

#### C. Suspicious Substances or Biological Threats

A suspicious substance or a biological threat are synonymous with mail/packages and terrorism. These are any substances that you are not familiar with and do not use in your immediate area. When an unidentified substance is found, the finder must **NEVER TOUCH, TAMPER WITH OR MOVE THE ITEM.**

1. If you have come in contact with a suspicious substance
  - a. immediately cover-up the substance with anything available – paper, clothing, trash can, etc.
  - b. Evacuate the area in which the substance was found and close the door. Do not allow anyone to enter the area that is not hospital designated personnel or law enforcement.
  - c. Immediately wash with soap and warm water and remove any heavily contaminated clothing as soon as possible and place it in a plastic bag or container that can be sealed. As soon as possible report to the Emergency Department for assessment and the Infection Control Nurse will be contacted.
  - c. Call for Maintenance to turn off any ventilation units or fans.
2. Any individual discovering a suspicious substance will immediately notify their supervisor with the following information:
  - a. location of the object, as specifically as possible
  - b. reason of suspicion
  - c. description of the object
  - d. any other information reported finds useful

#### D. Evacuation

1. The supervisor will contact the administration to determine the need for evacuation and the location of the Command Center if necessary.

2. If immediate evacuation is called for an overhead page repeated three (3) times will be made: Evacuation with the descriptor of which areas.  
911 will be called to alert local law enforcement of the situation with as many details as are available from the reporter.
3. The evacuation plan will be instituted and individuals evacuating the facility will be asked to report any further suspicious packages or substances.
4. **UNDER NO CIRCUMSTANCES SHOULD ANYONE OTHER THAN LAW ENFORCEMENT TOUCH, TAMPER WITH OR MOVE A SUSPICIOUS PACKAGE OR SUBSTANCE.**

**E. ALL CLEAR PROCEDURE**

1. Law Enforcement will determine when the areas can be cleared the threat is over and it is safe to re-enter the building. When directed by law enforcement the following steps will be taken by administration or designee:
  - a. Overhead announcement three (3) times:  
“All Clear you may now reenter the building”
  - b. Identified leadership and designated individuals will make a full sweep of all areas to ensure all people have heard the all clear and check for any frightened or injured individuals. If a door is found to be locked in an area that was not cleared by law enforcement contact them immediately through the Command Center.

**F. Recovery**

1. The recovery process will be directed by the hospital Command Center
2. A debriefing will be scheduled for all who were in the hospital at the time of the evacuation.

**SEVERE WEATHER**

The BCMH operator work area contains NOAA weather radio that will alert with a beep tone in the event of severe weather. The Hospital operator is to immediately page overhead this information based on approved codes. This overhead page does not require authorization and will be initiated regardless of time.

Any visitor or patient’s family members should be alerted to the warning.

Switchboard Operator will page the following three times:

- TORNADO WATCH + Descriptor . . >>. . . . . Time ending***
- TORNADO WARNING + Descriptor . . . . . Time ending***
- THUNDERSTORM WATCH + Descriptor . . . . . Time ending***
- THUNDERSTORM WARNING + Descriptor . . . . . Time ending***
- WARNING/ WATCH ALL CLEAR . . . . . When Time has Expired***

In the event of Severe Weather, close all windows and drapes. Stay away from windows, doors and metal pipes. Telephone use is the leading cause of indoor lightning injuries in the US. Do not make a call unless it is an emergency. Everyone should make preparations and anticipate that a Thunderstorm

Warning may turn into a Tornado Warning. Follow departmental procedures as indicated for each watch or warning.

## **TORNADO WATCH**

*BCMHS and its Clinics are not designated tornado shelters.*

Tornado Watch: This means that conditions are favorable for severe thunderstorms and possible tornado development. During the event of a Tornado Watch, follow Departmental procedures for your areas. Prepare for the possibility of a Tornado Warning to be issued.

## **TORNADO WARNING:**

Tornado Warning: This means a tornado has been sighted or the NWS is seeing signs that indicate a thunderstorm may be capable of producing a tornado at any minute. Page "Tornado Warning". Repeat twice.

Avoid the main East-West hall except for patient areas. The west door will provide the greatest danger from an approaching storm. Avoid all windows and other glassed areas.

Move the patients on the second floor into the hallways away from the large south window and the waiting area. Place the beds against the inside hallway walls.

CCU patients should be moved into the main hallway with the rest of the patients.

Place patient's shoes in bed with patient or on patient's feet. Consider removing IV hookups and place IV poles back in patient's room.

Close all patient room doors and close all fire doors. Remember that most tornado deaths are caused by head injuries. Prepare for possible loss of electrical power.

Any visitor or patient's family members should be alerted to the warning and ask to move a safe distance away from the windows.

Nursing employees should report to the second floor to assist with patient care. The Nursing Supervisor or delegate should page "Tornado Warning, assistance needed on second floor" for other departmental assistance. All other departments should send employees to the second floor to assist with moving patients. The Chief Nursing Officer or in their absence, the Nursing Supervisor may make the decision to move all patients and staff from the 2<sup>nd</sup> floor to the first floor Surgery area. If this has been decided, every effort must be made to notify the CNO, CEO and Emergency Preparedness Coordinator, either before the move has been made, if time permits, or after everyone has been moved. If this is being done during normal surgery working hours, the person making the decision must coordinate this with the Surgery Department to make sure either where to place everyone or if there is available space. There are 12 oxygen outlets for patients needing O2, if more O2 hookups are needed, you will need to get with Respiratory and state how many extra O2 tanks with regulators you will need. There are 3 private rooms that can be used for isolation patients, if more area is needed, divide off a section of the Surgery area and designate that as your isolation area.

Employees not involved with moving the patients may assemble in the Patient Accounts basement, the Education Center basement, or the Maintenance basement. **Do not use the boiler rooms.**

## **TRAIN DERAILMENT**

**Purpose:** To provide guidance to direct staff of what actions to take, when a train derailment has occurred near the facility. This event could cause a disruption to the facility by:

1. *Access to and from the facility*
2. *Patient, visitor and staff safety*

Bates County Memorial Hospital will follow the county's emergency response plan, Bates County Annex H. This is available in the Emergency Preparedness Coordinator's office.

In the event of a train derailment near the facility, the responding State agency will declare a Response Level by way of their designated Incident Commander. This will be directed to the hospital's Incident Commander, Safety Office, Emergency Preparedness Coordinator and/or CEO.

1. Response Level 1 – *Controlled Emergency Condition – possible shelter in place*
2. Response Level 2 – *Limited Emergency Condition – shelter in place, possible evacuation*
3. Response Level 3 – *Full Emergency Condition – shelter in place or evacuation*

It will be determined if a safety issue from the derailment and what the facilities action will be by the State Incident Commander and designated hospital staff IC by either;

1. *Shelter in place*
2. *Evacuation*

If "Shelter in Place" is used, it will be decided by designated hospital staff to notify Plant Operations to shut off the HVAC system if needed and limit access to the facility by locking most doors and posting signs of where to go for access.

If Evacuation is used – See EVACUATION plan.

## **WATER LOSS PROCEDURE**

In the event of disruption in water service to the hospital, the Water Loss Procedure shall be followed. A limited amount of water shall be kept available in the supply room, in the event the city water supply should be shut off due to a water line break.

### **IN THE EVENT OF WATER LOSS:**

1. Upon notification that the City water has been, or will be cut off, the Plant Operations Supervisor or in their absents, person in charge, will attempt to ascertain the length of time of the water outage is expected to last or to report a water loss by calling **660-679-6131**. After doing this, notify the Plant Operations person, in not already in house. If the water disruption is going to be more than an hour or so, ICS should be activated. Then, CEO and Emergency Preparedness Coordinator should be notified by the person in charge or designee.
2. Plant Operations or person in charge shall request the hospital's bottled water supply be utilized. This water is for drinking and food preparation only and should be used sparingly. There is a cache of 24 one-gallon jugs of water, for drinking, marked '*Water*'. There is a cache of 24 one-gallon jugs of water marked "*Not for drinking*" that have expired. these can be used for flushing toilets. This water cache will be kept in purchasing, in the back room. Purchasing shall monitor the water supply and make necessary arrangements for resupply.
3. The CEO or other person in charge will alert the facility. The cache of available water will be distributed to departments as needed. This information will be forwarded to the Safety Officer.
4. Purchasing will be responsible for ordering and dispensing the water to all areas of the facility if the water loss is continued for a longer period of time and new water supplies are received.

6. In the event of contamination of City water, Plant Operations will immediately tour the facility, shutting off drinking fountains, ice machines and sinks. Bathroom toilets will be left operational. If contamination of City water persists, the Plant Operations Supervisor and Purchasing must make arrangements for potable and non-potable water needs. If extended time, we may call the City Fire Emergency Services at 679-3456 to receive non-potable water to use for flushing of toilets. It then shall be the responsibility of local emergency services to contact authorities at the state levels.
7. If loss of water continues over an extended period, the Nutrition Services Department shall be prepared to supplement drinking water with fruit juices.
8. If loss of water affects the sprinkler system, a fire watch will be set up hourly, for rounds to all areas affected by the water loss.
9. CEO or person in charge shall proceed with Evacuation Procedure if condition warrants.

## Workplace Violence

*Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting either by visitors, patients or coworkers. This assumes verbal crisis intervention techniques are not appropriate or failed. What should you do if you encounter such behavior?*

- *A potential threat requiring immediate action is observed or "Security Alert + Location" is paged:*

### **RUN – HIDE - FIGHT**

1. **Do what you must to keep yourself safe.** Generally accepted policies, guidelines, values and behavior may not be enough to survive these incidents.
2. **Get out (Run)**, via doors/windows. Know alternate evacuation and exit routes. Pre-plan your personal escape route and mentally practice potential scenarios Get away from the exits.
3. **Hide**, consider locking down your immediate area. Silence cell phones, turn off lights and block the access with available items. Be sure you have not locked an intruder in with you. Do not open access until you are confident that an appropriate authority is requesting you do so.
4. **Notify the switchboard** by dialing "0". Identify the threat-event, behavior, physical description(s), name, weapons, victims, hostages and location/direction of travel. Do not call the operator during a critical incident unless you have information which is pertinent now.
5. Remember no hospital property is worth risking injury to protect-if you feel threatened, try to comply with the intruder's request. *This includes providing medications.*
6. **Fight**, if life is in imminent danger, you may choose to fight back. **THIS IS A PERSONAL CHOICE.** If you choose to fight back; be decisive, committed and aggressive.
7. Notify Human Resources if you are *either* party to an Order of Protection or Ex Parte.
8. General principles of safety and survival during a Security Alert:
  - A. Remain calm.
  - B. Do not stand in doorways or exit points (interior or exterior).
  - C. Avoid gathering as a group with fellow staff.
  - D. Be prepared to provide information to law enforcement about your experience.

- E. After the immediate event; plan on returning to your normally assigned area as soon as you are cleared to do so. Law enforcement may detain you in a holding area until the incident is resolved and they have sufficient information for their investigation.
  - F. Do not leave the Hospital campus without supervisor approval.
9. Characteristics of violent intruder/active shooter incidents:
- A. Victims may be targeted or entirely random.
  - B. The incident is unpredictable, dynamic and may evolve quickly.
  - C. Lethal force is generally required to end an active shooter situation. This may be the result of self-inflicted injury or law enforcement intervention.
10. Characteristics of hostage/kidnapping specific incidents:
- A. The first hour is the most dangerous.
  - B. Expect negotiations to be lengthy.
  - C. Cooperate and treat the perpetrator with respect.
  - D. Do not volunteer information or make promises.
  - E. Foiled escape attempts are dangerous for all hostages.
  - F. Prepare to take cover if a rescue is attempted.
  - G. Avoid 'going mobile'- if you leave the Hospital/Clinic as a hostage, the chance of a successful resolution declines.
11. Report all violent, threatening or criminal behavior, even if it does not rise to the level of this guideline. Follow-up with law enforcement notification.

**Operator: Acute Phase**

- 1. IMMEDIATELY upon notification of an imminent threat, page “**SECURITY ALERT**” nature of the threat and last known location of person(s) three times.
- 2. CALL 911 and stay on the line until released.

**Law Enforcement Arrival:**

- 1. Law enforcement will be dressed in a variety from street clothes to tactical gear. Do not expect all law enforcement to be in uniform.
- 2. Law enforcement may not immediately recognize the threat, so expect that they will command you to the ground and may be pointing weapons at staff, patients and visitors until the incident is resolved.
- 3. Law enforcement will go past you-even if you are injured or needing help. Their job is to stop the threat.
- 4. When making visual contact with law enforcement, keep your hands where they are visible and do not hold anything in your hands-including a cell phone or purse.
- 5. Do not disturb, clean-up the area or deceased person(s) until released to do so by law enforcement. This is a crime scene.

**Incident Commander: Acute phase**

- 1. Activate the Hospital Incident Command System.
- 2. Assign Section Chiefs who will meet immediately in the Training Room or alternatively the Board Room.
- 3. Notify the C.E.O.

**Plant Operations:**

1. **Acute phase**-Be prepared to meet law enforcement with master keys and floor plans. Assure video monitor access for law enforcement in the west hall Plant Maintenance office. (**Housekeeping** is responsible after hours.)
2. Annual and on-going risk assessment of physical safety and security of plant.
3. Meet with managers to improve security in their area.
4. Install hardware to provide restricted access controls to limit mobility of an intruder.
5. Make available pre-incident walk-thru reviews of campus and physical plant by area law enforcement.
6. Provide a copy of this guideline to area law enforcement.

### **Human Resources**

1. Contact the employee assistance plan provider. Consider on-site critical incident debriefing post event.
2. Facilitate individual counseling post event.
3. Notify Department Managers of known Orders of Protection or an Ex Parte affecting their staff.
4. Screen/criminal back-ground check of all pre-hires to ensure no history of illegal violent behavior.
5. Violent events which result in staff injuries requiring treatment beyond first aid or requiring days off are reported to OSHA on their form 300. Staff fatalities or events requiring the hospitalization of three or more staff is reported to OSHA within 24 hours.
6. Take a pro-active approach to EAP referral for staff exhibiting violent tendencies.
7. Discipline or Termination of employees will be managed by a standard operating procedure.
8. All staff will receive training in the implementation of this guideline and education in recognizing and defusing violent behavior.

### **Safety Committee**

1. Conduct survey of staff to evaluate their concerns for potential threats.
2. Evaluate staff concerns and forward to Administration and appropriate managers for review and action as indicated.
3. Annual review and update of this guideline as needed.

### **Administration**

1. Responsible for incident related press releases and news conferences.
2. Facilitate de-brief of all staff.
3. Assure Hospital legal representation is notified.

### **Risk Management**

1. Responsible to clearing-house and maintain all reports related to an incident.
2. Compiles after-action report to include pre, during and post incident activities. To be used as formal documentation of the event for legal, guideline or training issues.

Medical care and decision making for multiple casualty incidents are covered under existing hospital policy and guidelines.

**Board Approved May 2023**