Bates County Memorial Hospital

EMERGENCY OPERATION PLAN

EFFECTIVE MAY, 2019

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 shall be rehearsed at least once a year.

Fire drills shall be held at least quarterly for each work shift of hospital personnel (totaling not less than 12 drills per year). Actual evacuation of patients is optional.

An actual external or internal emergency may take the place of a rehearsal.

The Emergency Operation Plan is reviewed yearly and revised as necessary.

TABLE OF CONTENTS

TABLE OF CONTENTS continued

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

IC – Incident Commander

ICS – Incident Command System

NIMS – National Incident Management System

NOAA – National Oceanic and Atmospheric Administration

NWS – National Weather Service

OR – Operating Room

PIO – Public Information Officer

PPE – Personal Protective Equipment

SCBA – Self Contained Breathing Apparatus

SDS – Same Day Surgery

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 use 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.

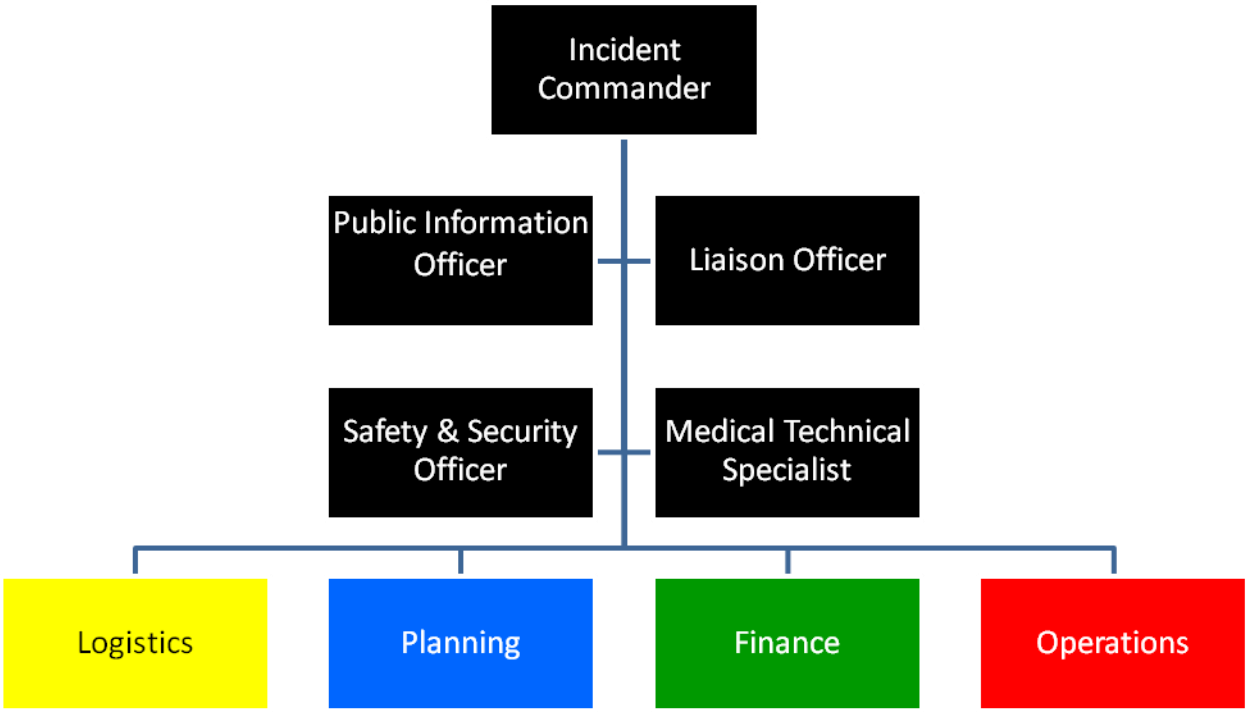
Decontamination and Personal Protective Equipment

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. Two SCBA units for trained staff are kept in the northwest basement chiller area.

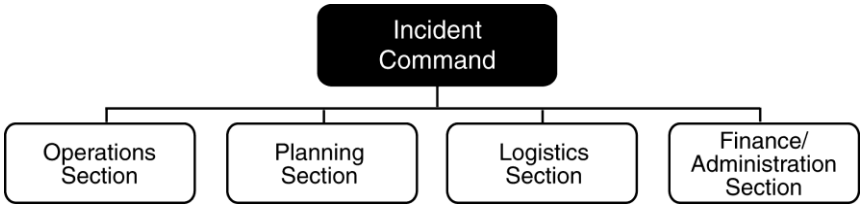
Decon and PPE are advanced emergency response areas and not addressed fully in this Emergency Operation Plan.

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.



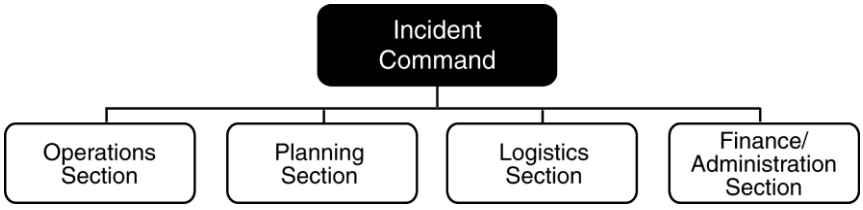
Management Function Descriptions

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.
- **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

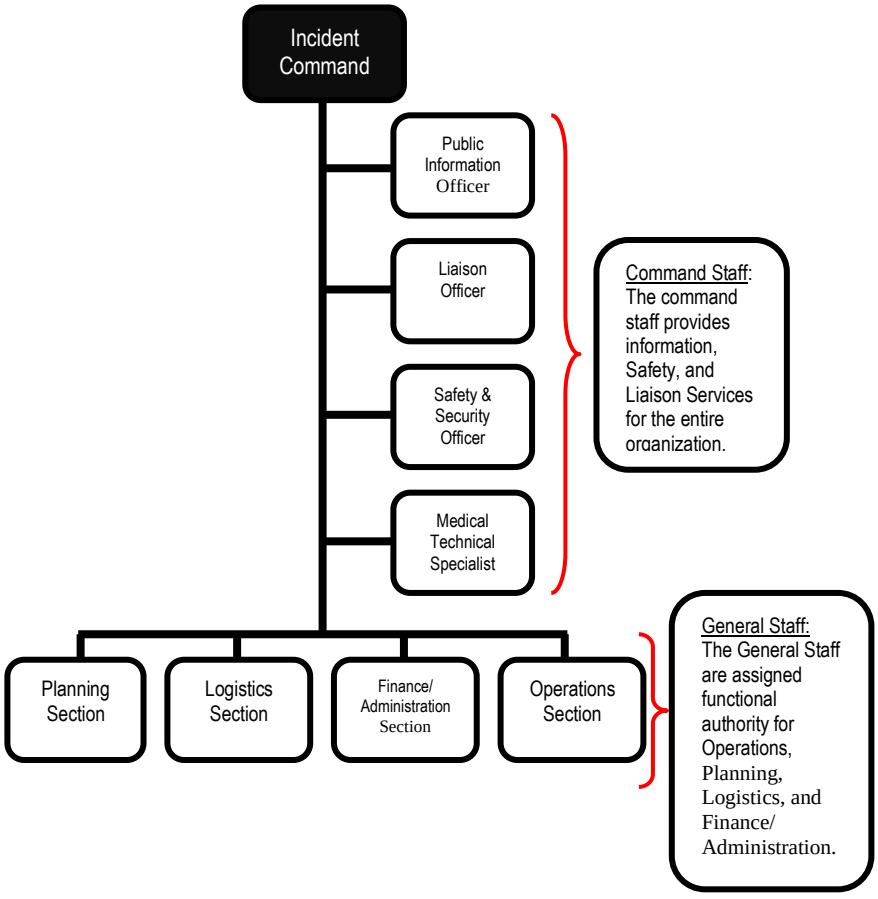
As incidents expand in size, change in jurisdiction or discipline, or become more complex, command may change to a more experienced Incident Commander.

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.

CENTER	LOCATION	FUNCTION
DISASTER COORDINATION	Training Room-(alt. Board Room) Ext 7637 (alt. Ext 7300)	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

CENTER	LOCATION	FUNCTION
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.
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 it's 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. 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
3. For CMS State 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, liters, 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 announce "**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 announce "**Medical Alert + All Clear**".

7. **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 Century Link (800-786-6272) and request use of their mobile equipment if needed.

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 victim is 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 designate by the IC (may be pre determined). All employees will observe strict confidentiality.

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 call-back 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!!!

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*

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 is to be notified ASAP by Liaison Officer for 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 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 and then only when they can do so without undue risk of physical harm to themselves 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 personal(PIO).

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 inquires must be approve by IC, before being delivered.

3. The Patient Services Director and available chaplains will coordinate the Relative Information Center in Main Lobby and make every effort to contact next of kin.

INTERNAL EMERGENCY RESPONSE PLAN

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!!!

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.

9. Photograph damage area post- stabilization for insurance purposes.

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 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 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

HOMECARE . . . . . 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 Willow Lane Nursing Center or Medicalodge 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/combative 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 either using the phone system by pressing the star (*) and the numbers 60 and speaking into the receiver, or calling the operator and asking them to page the alert "EXIT TEAM" and your "LOCATION". Example; "EXIT TEAM, Room 219".

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 available to respond by 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 CONTROL PROCEDURE

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. Memorize Fire Exits, Fire Pull Boxes, and location of fire extinguishers.

2. 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.

3. 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	2nd floor central stairwell
21	2nd floor east stairwell
22	2nd floor west stairwell
23	1st floor east stairwell
24	1st 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	1st 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	1st Floor West stairwell
48	Surgery clinic
49	2nd floor West stairwell
50	2nd floor West cross hall
51	2nd floor East stairwell
52	2nd 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	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
   g.

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. <u>Hospital Responsibilities</u>

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.

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 department to department or department to outside areas, there are emergency phones available in the Emergency Department, second floor nursing station and the Emergency Preparedness Coordinators office. To initiate the use of any of these phones, you will need to contact the Emergency department personal, Nursing supervisor or the Emergency Preparedness Coordinator.

Messengers may be assigned by the Logistics Chief from the personal pool 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, Butler Police Department to report the service disruption and to find out if this is local, city, or countywide. Also, find out the amount of time it 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 area is 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."

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, Respiratory 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 of hallway
Loading Dock	Purchasing staff	CNA at west end of Hall
West Employee Entrance	Dietary & Housekeeping	CNA
Emergency exits in Administration Hallway and east wing (old SNF unit)	CEO assistant (Stand 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 1st floor door)	Outpatient clerk or nurse	CNA or LPN
Main entrance	Pharmacy	Nurses stationed at NE & NW stairwells
NE emergency exit & stairwell (Stand at 1st floor door)	Rehab personnel	Telemetry nurse

All other employees will help search their departments. 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 insure 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:

      l. 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.

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

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.

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 2nd 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 happened near the facility. As this may cause a disruption to the facility by:

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

The facility 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*
2. Response Level 2 – *Limited Emergency Condition*
3. Response Level 3 – *Full Emergency Condition*

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" in used, it will be decided by designated hospital staff to notify the Maintenance Department to shut off the HVAC system if needed and limit access to 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 letter of agreement with a water supplier will be in effect to provide portable water in the event the city water supply should become contaminated.

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 his designee will attempt to ascertain the length of time the water outage is expected to last. After doing this, they will activate the ICS and notify the CEO.

2. Plant Operations 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, kept in purchasing. Purchasing shall monitor the water supply and make necessary arrangements for resupply.

3. The CEO or other person in charge will alert the facility. Each department will immediately estimate their portable water needs based on patient census. This information shall be forwarded to the Safety Director.

4. Plant Operations will be responsible for dispensing the water to all areas of the facility.

5. Purchasing will assist Plant Operations in obtaining more bottled water.

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 hospital must call Quicksilver at 800-752-1305 for potable and nonpotable water needs. If extended time for delivery from Quicksilver, we may call the City Fire Emergency Services at 679-3456 to receive nonpotable 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 of time, the Nutrition Services Department shall be prepared to supplement drinking water with fruit juices.

8. If loss of water affects the sprinkler system, fire watch will be set up to do hourly rounds to all areas of the hospital.

9. Administrator 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:*

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** via doors/windows or 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.
3. **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.
4. *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.*
5. **NO hospital property is worth risking injury to protect**-if you feel threatened with bodily injury, comply with the intruder's request. *This includes providing medications*.
6. Know alternate evacuation and exit routes. Pre-plan your personal escape route and mentally practice potential scenarios.
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.

APPROVAL:

_____
Originator Date

_____
Emergency Department Date

_____
Chief Nursing Officer Date

_____
Chief of Medical Staff Date

_____
Chairman of the Board Date

_____
Chief Executive Officer Date

GUIDELINE HISTORY:

Department of origin: Emergency Management MB
Effective date of guideline: 04-26-06
Revision date: May 2012 by: MB Reason: update - additions
Review date: June 2013 by: MB Reason: update - additions
Review date: November 2014 by: MB Reason: Review
Revision date: March 2016 by: MB Reason: update – additions
Review date: April 2018 by: MB Reason: update - additions
Review date: _____ by: _____
Review date: _____ by: _____
Review date: _____ by: _____