

MISSOURI DEPARTMENT OF MENTAL HEALTH

**OFFICE OF DISASTER READINESS**



**ALL-HAZARDS FACILITY  
PLANNING GUIDE**

NOVEMBER 2008



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## All-Hazards Facility Planning Guide

### Introduction

The All-Hazards Planning Guide was developed to provide a useful planning resource for utilization by DMH facilities and contracted providers. Each section of the guide includes a brief description of its purpose and includes examples where practical. Reference appendices have been included that are specific to a variety of emergency situations that are probable to occur in Missouri and that may adversely impact DMH facilities. Please utilize these appendices to assist you with your all-hazards approach in planning, mitigation, response and recovery efforts for emergency situations that you anticipate may occur. The guide was designed with consistency in format and the flexibility to accommodate an individualized approach in your planning process. Please utilize this guide as a planning tool to assist your disaster response team to prepare for probable risks to your facility, staff and consumers.

The guide includes technical assistance and supplemental information that supports a best practice approach with inclusion of recognized essential elements of effective emergency planning. This planning guide follows the organizational structure as identified within the framework of the National Incident Management System or (NIMS). Please utilize this planning guide to provide structural consistency to your emergency planning, drill process, and evaluation process.

On March 19, 2007, the Director of the Department of Mental Health, Dr. Keith Schafer, instructed that DMH facilities, regional centers, regional-level staff, and central office staff consider the following in deciding who should be trained in NIMS. NIMS training should be taken by persons who:

- Serve as leaders in the incident command structure of the facility, regional center or central office;
- Have functional responsibilities in the performance of the emergency plan. These staff will follow their normal line authority and interface with the leaders in the Incident Command structure.
- Interface with the local Emergency Operations Center (EOC);
- Coordinate with the DMH READI Team;
- Interact with the State Emergency Operations Center.

Additionally DMH-operated facilities should consider a multi-disciplinary emergency team to cover the Incident Command section categories under the NIMS structure, which includes: Incident Commander, Fiscal/ Administrative Section, Logistics Section, Operations Section, and Planning Section, as well as designated personnel to provide leadership coverage during all hours of facility management –24/7.

Additional guidance for an all-hazards approach for emergency preparedness disaster planning may be found in the current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and the newest version of the Commission on Accreditation of Rehabilitation Facilities (CARF) standards.



# **I. EMERGENCY OPERATIONS PLAN SECTIONS**



## I. Emergency Operations Plan Section

The following format is recommended to follow for completion of your facility all-hazards planning process. The following sections will assist you to adequately address your facility's all-hazards planning process. A brief explanation of each section has been included for reference and guidance.

**A. Signature Page:** Formal page with CEO signature which affirms his/her support for the planning process and implementation of the plan in a responsive manner.

**B. Dated Title Page:** Page that designates the title and date of the original plan. This will assure readers that they are reviewing the current version.

**C. Record of Changes:** This section indicates what and when changes and revisions have been made to the plan and the distribution of the document. This section may also identify the reason for the change to include changes in DMH requirements, previous planning may be inadequate, or there may be changes in the community or facility management structure.

**D. Record of Distribution:** A record of the plan's distribution to ensure that those who need to review and access the plan have done so. This also provides a record of who has copies of the plan so that changes can be sent to all responsible persons.

**E. Table of Contents:** A listing and location of all sections of the planning document.

**F. Executive Summary:** The emergency plan provides important information to assist in responding to a variety of workplace situations that would pose a threat to the safety and well-being of consumers, staff, and visitors, and restrict or negatively impact provision of client services. These emergencies include natural and man-made disasters, equipment and system failures, and other situations that threaten the security of building occupants. An all-hazards approach to planning for such emergency situations should help facility and provider staff to become better prepared for any emergency.

**G. Purpose:** To provide a plan of action to be followed in times of internal and external disaster. These emergencies include, but are not limited to, natural and man-made disasters, equipment and systems failures, and other situations that threaten the security of DMH facilities. The emergency operations plan may be utilized in a continuous process that includes review and revision in conjunction with non-emergency activities such as training and drill exercises.

**H. Situation and Assumptions:** The Situation characterizes the community or facility, including hazards and populations. The Assumptions Statement delineates what was assumed to be true when the Emergency Operations Plan was developed. The emergency operations plan will

include the key administrative entities and key partners who are identified as the emergency management team. Assumptions will vary depending on the scenario and will serve as predictors of the extent and progression of the disruption and anticipated affects.

Assumptions found within pandemic flu planning would include such information as the susceptibility rate of the virus, transmission pathways, the anticipated disease infection rate, the disease progression, availability of effective antiviral drugs and the number of anticipated hospitalizations, the response rate and expected mortality rate and pre-identification of existing resources to mitigate the situation.

The assumptions may seem obvious, however; this section will serve to identify conditions that are anticipated to exist within emergency scenarios. This section may include facility specific statements that acknowledge anticipated situations and the implementation of emergency plans and capabilities with the identified need for maintenance of critical services. These services may include; admissions policy, reduced staffing, patient rights, altered standards of care, quarantine procedures, facility use of restraints, and anticipation of mass casualties.

Facilities and providers may wish to separate hazards into two categories: physical events or damage that is easily identifiable (e.g., flood, chemical spill), and events not easily identifiable (e.g., bioterrorism, epidemics, reaction to perceived risk).

**I. Concept of Operations:** Responsible designated administrative entities and key partners of the emergency management team are identified and their respective roles are outlined with their operational capacity. The facility should identify specific supervisory capacities within this section with corresponding anticipated staffing ratios.

**J. Organization & Assignment of Responsibilities:** Specific organizational administrative structure with assignment of key emergency response team members, their functions and duties, are clearly outlined within this section.

**K. Administration, Labor, and Logistics:** Administrative demands may escalate beyond normal parameters. This area provides additional attention to contingency planning for increased administrative demands which may require additional administrative staff coverage. This section may include a listing of critical equipment needs with anticipation of heavy demand and additional staffing needs. Identified gaps in critical equipment, supplies, and relief staff, will require contingency planning and cooperative agreements with internal and external sources. Mutual aid agreements and standby contracts may be developed during planning stages for easy accessibility during times of emergency.

**L. Plan Development & Maintenance:** Development and maintenance of effective emergency planning will be reflected in the on-going process of identification of potential hazards and

responsive mitigation planning. Training, exercise drills and revision of plans are identified as a continual maintenance process. A team approach which involves facility administration and oversight is recommended.

**M. Authorities & References:** The authority to act in times of emergency and crises may be referenced within the Department of Mental Health operational regulations and credentialing guidance. Identification of specific State Statutes is recommended within this section. This section may address capability limitations, resource shortfall, use of personnel or resources from outside the jurisdiction and mutual aid agreements that may be needed to reinforce the facility's response to the emergency.



# **II. FUNCTIONAL ANNEXES**



## II. The Functional Annexes

Functional Annexes provide a structured planning tool for facilities to identify how they will continue to carry out their essential functions and remain operational during emergency situations.

**II. Functional Annexes:** Each Functional Annex will contain Job Descriptions that outline general duties and specific duties, a Checklist of essential and time-critical tasks, special considerations, and priorities. The details of how the essential functions will be performed may be pre-identified and included with functional annexes in the form of Appendices.

An **Appendix** is a supplement to an annex that adds specific information about how a facility will carry out their essential functions during a specific hazard scenario. Following an all-hazards approach, reference Appendices have been included with this document as guidance for the facility planning process. These Appendices are generalized planning guides and may be individualized to meet the specific planning needs of each facility.

**Annex Objectives: Includes the two main objectives in any Functional Annex:**

- To move coordinators into action and start them on time-critical tasks.
- To present essential reference information in a quick guide format (tables, charts, etc.) for general and specific emergency situations including Terrorism.

**Functional Annexes typically include the following sections:**

- Purpose;
- Situation and Assumptions;
- Concept of Operations;
- Organization and Assignment of Responsibilities;
- Administration;
- Logistics;
- Plan Development and Maintenance;
- Authorities and References.

**A. Direction and Control Annex:** The structure of the emergency command structure should be identified within the Direction and Control Annex. The facility emergency command structure should be established before an emergency occurs. Agreeing on the command structure before an emergency helps to ensure that there is no confusion about who is in charge and who reports to whom during an emergency response operation and the extent of their responsibilities. The manner in which the situation is managed will determine the effectiveness of the overall operation.

This annex allows a facility to analyze the situation and decide on the best response, direct the response teams, coordinate efforts with other facilities and service providers and to make the best use of available resources. This is a critical management function during all phases of emergency response. This section will also identify how the facility will perform critical operations in response to an emergency situation. Facilities may choose to develop a Functional Annex to thoroughly address this section. An Annex will contain multiple sections which address the specific issues relating to Direction and Control during the course of an emergency situation.

**B. Communications Annex:** This section describes the communications system(s) to be utilized during an emergency situation and how the facility will maintain essential communication to support consumer service delivery. Areas to be identified include: Existing alarm system, back-up alarm system, procedures for reporting emergencies, and procedures for communication with DMH central office, staff and consumers who are away from the facility, or in transit.

**C. Public Information Annex:** How the facility coordinates public information is addressed within this section. Risk communication technologies and strategies are identified within this section. The process and procedures for effective notification of the news media and plans for working within the Department of Mental Health guidelines are identified within the DMH Central Office Public Information Officer section. The information annex should include procedures for providing the public with accurate, timely and useful information and instructions during the emergency. Plans should identify how the facility will work with the Health Department and law enforcement to work in concert in information dispersal as needed. This annex will identify the Public Information Officer (PIO) and designated duties.

**D. Warning Systems Annex:** This will be facility specific and include both internal and external warning process for notification of staff and key community responders to the situation. The facility plan should include the schedule to test their internal alarm system.

**E. Evacuation Annex:** This annex explains provisions made to ensure the safe and orderly evacuation of consumers. Identification of the person in charge of this process will be determined, as well as evacuation routes, external traffic control issues, and the identification of consumers with special needs. This will be facility specific and correspond with exits and facility signage which outlines the proper primary and secondary evacuation routes to implement for each type of emergency situation. Evacuation procedures will include shorter term on-campus evacuation as well as off-site evacuation.

**F. Relocation Annex:** This will be facility specific and include scenario specific plans for relocation of staff and consumers into other facility buildings or off-campus sites. This plan will be scenario specific and include available options and contingency plans under MOU or

contractual agreement with other facilities, hospitals, to identify other practical evacuation sites.

**G. Shelter in Place Annex:** This section will include the plan for sheltering both consumers and essential staff at the facility throughout the duration of the disaster or until such time as the consumers may be safely accommodated at an alternative care site. Staffing and necessary care resources should be identified within this section. Safety factors for staff and consumers with continuity in provision of critical services will dictate the length of time for safe and realistic sheltering plans.

**H. Health & Medical Services Annex:** This section should include the availability, transportation, and safeguarding of consumers and essential personnel in response to the specific needs of the key areas listed below. Consideration should be given to provision of adequate health and mental health services during times when isolation or quarantine procedures are required to protect staff and consumers. Some of the suggested areas to plan for are listed below. Each facility may include other areas that may be relevant to their facility plans. Mass casualties and mass evacuation issues will also have additional specific scenarios that require contingency planning.

- **Medications:** (See Medication Evacuation Appendix) Medication needs of consumers should be identified with identification of back-up record keeping practices to be employed in disaster scenarios that are most likely to occur. Reliance on supplemental community resources should also be identified within this section, with inclusion of relevant Memo's of Understanding (MOU's) and contractual agreements, for procurement of essential medications. Facilities may want to consider forming back-up plans under MOU with sister facilities.
- **Foodborne Illnesses:** (See Foodborne Illness Appendix) This section should address the facilities response to foodborne illness and the precautions implemented with facility policy to prevent foodborne illnesses. This section would have assumptions identified pending public health knowledge and recommended procedures for stabilizing the individuals who become ill and the recommendations for isolating the spread of the illness. These recommendations should include procedures for proper notification of the Local Public Health Agency (LPHA) and the DHSS.
- **Physical Trauma:** (See Mass Casualty Appendix) This section should address provision of services for both consumers and staff that evidence signs and symptoms of trauma in short and long term scenarios. Identification of appropriate triage approach, implementation plan, and recommended clinical practice may be sited. Facilities should identify existing documentation i.e. Memo of Understanding, and other cooperative agreements with community medical providers that identify responsive planning efforts

to provide necessary emergency medical care for consumers and staff during various scenarios. Facilities are encouraged to identify how their planning would respond to the physical trauma needs of staff and consumers, to include visitors, which may exceed the facility's normal capacity. Facilities that provide emergency medical services for persons with psychiatric illness may become the closest known medical site for addressing the needs of persons injured in the community.

- **Infection Control:** (See Biological – Bioterrorism, Foodborne Illness, and Agroterrorism Appendices) The facility plan for effective practice of medically sound infection control policy and practice. Quality control measures for testing this practice might be identified within this section. Isolation procedures would be identified which follow assumptions and recommendations from public health.
- **Small Pox Policy:** (See Small Pox Virus Appendix) Small Pox specific vaccination policy and implementation of isolation procedures as based upon public health recommendations and assumptions for stabilizing and containing the outbreak.
- **Strategic National Stockpile (SNS)** (Pharmaceuticals): (See Strategic National Stockpile Appendix) Identify pharmaceuticals that will be available to the facility in a large scale emergency through the Local Public Health Agency (LPHA). This section should include plans for a Memorandum of Understanding or (MOU) with the LPHA.
- **Decontamination:** (See Decontamination Appendix) Decontamination is defined as the process of removing or neutralizing a hazard from the environment, property, or life forms. For this planning process identification of the practice utilized by the institution when outside assistance is employed, and when the facility must resort to their internal plan for in-house decontamination, if outside response is either limited or unavailable. Prevention of secondary harm and/or containment of the agents should be identified within this section.
- **Mass Care Annex:** (See Mass Casualty Appendix) Mass casualty events include those situations that result in an imbalance of needs and resources. This section will serve to identify the procedures to be implemented for the care and support of consumers and essential staff throughout the duration of a mass care scenario.
- **Feeding:** Listing of required resources, special accommodations and other factors to be considered with identified available or accessible resources.
- **Water:** Listing of anticipated resources, special care needs associated with additional water usage i.e., isolation and sterilization procedures, and available resources.
- **Shelter:** Identification of sheltering capacity for consumers, staff and visitors, who are at the facility, when an emergency situation occurs.

**J. Resource Management Annex:** (See Mass Evacuation Annex and Medication Evacuation Appendices) This section should identify how essential resources shall be maintained,

inventoried, and procured during specific emergency scenarios. Contingency planning would assist the facility to identify alternative resources, should their regular vendors and community resources, be unable to provide and/or deliver expected goods or services. The facility is encouraged to form Memo's of Understanding with appropriate community providers to procure essential support services, resources and supplies. MOU's may also identify reciprocity among cooperating facility and state partners, to include community providers, utility companies, and transportation providers.

**K. Extrication/ Elevators – Other Annex:** (See Electrical Power Disruption, Emergency Generator Use and Elevator Extrication Appendix) This section should outline safe and recommended procedures to employ to safely and quickly remove consumers and/or staff from a facility elevator, in the event of unanticipated emergency events.

**L. Transportation for Evacuation of DMH Consumers Annex:**

- **Evacuation:** (See Mass Evacuation Appendix) Measures taken to provide safe and timely evacuation of consumers and staff from facility during all scenarios. Evacuation routes with alternate routes should be identified within this section. Procedures to be taken with consumers that are away from the facility should also be addressed. The facility should follow the guidance of the local emergency management agency in a large scale event.
- **Transportation Safety/Availability:** (See Mass Evacuation Appendix) Identify measures taken to assure that adequate transportation will be available for consumers and staff in the case of an emergency. This section should identify the resources, and access to available transportation needed, with specific transportation modes, to be utilized. Contingency planning for safe evacuation, of consumers and staff, should be identified with inclusion of Memo's of Understanding with transit providers. Redundancy planning should be included for scenarios that restrict local transportation response. It is unrealistic to expect emergency responders to have the capacity to respond to large numbers of uninjured consumers, for a mass evacuation process. The facility may also wish to consider provision of transportation for evacuation of staff family members.

**M. Mass Casualty & Disaster Annex:**

- **Rescue:** Plans would include details of rescue of large numbers of persons during a catastrophic scenario. Human resource needs would include emergency response and staff involvement. It would be anticipated that there would be staff casualties as well as consumer injuries and death.
- **Building Collapse:** This scenario would have the capacity to cause many casualties to include staff and consumers. Staff response would most likely be very limited. Identification of safer sites within the structure of the building, with availability of food, water, and other emergency resources, would be identified within this section. In a large-scale emergency event, like an earthquake or an explosion, the availability of first responders would most likely be limited. Contingency planning to employ self-sustaining practices would be identified in this section.

## **N. Utility Disruption Annex:**

- **Utility Shut-off:** Identification of procedures to implement when power is disrupted. Staff training issues for safety factors relating to the disruption of any utilities with safety procedures for operations and shut off procedures would be included within this section. Utility contacts for all providers and emergency numbers would be identified within this section.
- **Gas Disruption:** Identification of safety procedures to implement when gas is disrupted and the precautions to be taken if gas poses a threat of explosion or noxious fumes. Detection practices and safeguards would be identified within this section. Gas utility contacts and emergency numbers would be identified within this section.
- **Electrical Disruption:** Identification of safety procedures to implement when the electricity is disrupted and the precautions to be taken if exposed wiring or threat of an electrical fire poses a threat. Backup provision of electricity would be identified within this section. Availability, access, and maintenance of emergency generators, or alternative energy would be identified within this section, including back-up resources, fuel resources, and emergency service numbers. Safety practices and monitoring of emergency generators would be identified within this section. Utility provider contacts and emergency numbers would also be identified within this section.
- **Heating Ventilation and Air Conditioning Disruption:** Planning for disruption of heating, healthy ventilation and disruption of air conditioning would include contingency planning for continuity of service delivery. Monitoring of environmental factors to include air quality would be included within this section. Identification of alternative sources of power to heat, ventilate, and to provide air conditioning would be identified within this section. Please refer to Extreme Weather Appendix to identify precautionary safety measures for staff to follow during temperature extremes. Facilities are encouraged to include their monitoring process for weather conditions that would identify unhealthy and unsafe conditions.
- **Water Outage and Storage Disruption:** Planning for disruption of water and contamination of existing water supply would be identified within this section. This section would also include water safety testing practices and identification of alternate water sources pending availability and restoration of the water supply. Power outages typically impact water circulation and safe storage and may result in water supply contamination. The facilities are encouraged to identify the process for testing the safety of their water supply and include their cooperative agreement with local Department of Natural Resources and/or the appropriate water safety authorities.

# **III. APPENDICES**



### III. Appendices: Hazard Unique Planning

Hazard specific appendices describe how to carry out the broad functions (functional annexes) in specific hazards. Topics addressed include special planning requirements, priorities identified through hazard analysis, unique characteristics of the hazard requiring special attention, and special regulatory considerations. Special regulatory issues may include the limitations that a medical center may have which limit its capacity to receive consumers from a psychiatric facility. Issues addressed within each Annex may be addressed with related Appendix topics. This document includes reference appendices as examples of event-specific planning tools to assist your facility or provider with this planning process. These appendices were designed to encourage the adoption and integration of a continual planning approach that consistently includes a timely post-event review process.

Examples of these related appendix topics may include:

#### **Direction and Control**

- Response actions keyed to specific time periods and phases;
- Urban Search and Rescue (US & R) inspection;
- Inspection, condemnation, and demolition of structures and buildings;
- Protective gear for responders;
- Laboratory analysis services;
- Containment and clean-up teams;
- Actions to ensure that the area directly affected by the disaster is secure and safe enough for the return of evacuated populations or for the continued presence of those who did not evacuate.

#### **Communication**

- Provisions made to ensure that the effects of a specific hazard do not prevent or impede the ability of response personnel to communicate with each other during response operations.

#### **Emergency Public Information**

- Information the public will need to know about the specific hazard (e.g., special evacuation routes and shelters, in-place protective actions, etc.).
- The means (i.e., particular medium/media) that will be used to convey that information to the public.

### **Evacuation**

- Evacuation options and timing;
- Special exclusion zones for a specific hazard (e.g., downwind and crosswind areas for nuclear power and chemical plants; low lying areas subject to flooding caused by storms, tornadoes, and/or river surges, etc.)
- Evacuation routes;
- Transportation resources to support mass evacuation.

### **Health and Medical Services**

- Unique health consequences and treatment options for people exposed to the hazard;
- Environmental monitoring and/or decontamination requirements.

### **Mass Care**

- Shelter locations outside the hazard’s vulnerable areas;
- Structural survivability requirements for building in the hazard vulnerability zone and the application of mitigation measures;
- Protection of shelter occupants from the effects of the hazard;
- Special medicines and/or antidotes for shelter occupants;
- Food and water stocks to support extended shelter stays;
- Capability to decontaminate people exposed to hazardous materials.

### **Resource Management**

- Provisions for purchasing, stockpiling, or otherwise obtaining special protective gear, supplies, and equipment needed by response personnel and disaster victims.

### **Warning**

- Hazard-unique public warning protocols;
- Required or recommended notifications of State and Federal Officials.

**A. Agroterrorism:** (See Agroterrorism Appendix)

**B. Air Contamination Indoor/Outdoor:** (See Indoor and Outdoor Air Quality Procedure Appendix)

**C. Armed Robbery:** (See Armed Robbery Appendix)

**D. Biological:** (See Bio-Terrorism, Small Pox Virus, Foodborne Illness and Agroterrorism Appendices)

- **Maintenance of Critical Staff Ratio**: Identification of the critical staff to consumer ratio will be dependent on the applicable assumptions to ensure the safety and provision of adequate care of consumers.
- **Consumers/Staff Isolation Plan**: Critical care assumptions and continuity of service for consumers placed in isolation will assist with identification of an effective facility isolation plan that will be effective in minimizing the spread of infection to staff and consumers.

**E. Bomb**: (See Bomb Threat Appendix)

**F. Civil Unrest**: (See Civil Unrest - Work Disruption, Workplace Violence, Hostage or Barricaded Person Appendices)

- **Threat to Personnel/Consumers**: Specifically related to scenario when staff and consumers might be at risk from outside the facility. The facility might be viewed as an adjunct to the state government.
- **Threat to Property**: Specifically related to a scenario when facility property or resources might be at risk from the community or forces acting outside the facility. The facility might be attacked to take resources during an emergency when resources are diminishing.
- **Threat from Inside Facility**: Specifically related to a scenario when staff, consumers, or visitors within the facility may be at risk because someone within the facility has the potential to cause harm.

**G. Consumer Specific**: Implementation of DMH policy and procedures and identification of Facility's internal Policy and Procedures.

- **Emergency Notification Procedure**: DMH Facility Policy and Procedures
- **Missing Consumer**: DMH Facility Policy and Procedures with incident reporting process

**H. Earthquake**: (See Earthquake Appendix)

**I. Energy Shortages**: (See Utilities Shortage and Disruption Appendices)

**J. Fire**: (See Fire Appendix) Procedures to follow and evacuation routes to implement during the scenario of a fire. Building specific protocols would be identified within this section. Alternate routes should be identified depending on the extent of the threat.

**K. Flood**: (See Flood Appendix)

**L. Hazardous Material-Chemical Agent**: (See Decontamination Appendix)

**M. Homeland Security Alert:** (See Homeland Security Alerts Appendix)

**N. Hostage/Barricaded Person:** (See Hostage or Barricaded Person Appendix)

**O. Inclement Weather:** (See Weather specific Appendices) Specific weather guidelines have been identified with corresponding health warnings to be implemented within all DMH facilities and provider settings. Consideration should be given to the health of the consumer for additional operational guidelines and activity restrictions.

- **Tornado:** (See Severe Weather-Tornados, Straight-line Winds, Thunderstorms and Lightening Appendix) Identify facility specific shelter-in-place guidelines and /or safe routes for evacuation to safe locations. The plan with sheltering and evacuation routes should be posted in public areas to provide guidance to staff and consumers.
- **Snow/Ice:** (See Snow – Ice Emergency Appendix) Identify facility specific precautions to implement to maintain safety for staff and consumers.
- **Extreme Heat/Cold:** (See Excessive Cold or Heat Emergency Appendix) Specific temperature guidelines with corresponding activity restrictions have been provided to all DMH facilities. Please identify how the facility responds to these general guidelines and how the facility implements these safety practices. Please identify the corresponding environmental monitoring that is in place to ensure the safety of the consumers and staff.

**P. Mail Threat:** (See Mail Threat Procedure Appendix)

**Q. Nuclear/Radiological:** (See Nuclear Radiological and Decontamination Appendices)

**R. Terrorist Threat/Armed:** (See Terrorism Appendix)

**S. Water Outage/Shortage:** (See Water Outage and Shortage Appendix)

**T. Work Related:** (Workplace Violence, Civil Unrest – Work Disruption, Hostage or Barricaded Person Appendices)

- **Work Stoppage or Disruption:** Redundancy and Continuity of Operations planning to be addressed when maintenance of essential staff to support essential functions may be compromised.
- **Personnel Shortage:** Address redundancy planning of personnel resources in all-hazards approach
- **Suspicious Person/Intruder:** Implementation of Facility Policy and Procedures
- **Workplace Violence:** (See Workplace Violence Procedure Appendix )

# **EVENT-SPECIFIC APPENDICIES**

**(Alphabetically Listed)**



<b>Agroterrorism Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Agroterrorism is the “malicious use of plant or animal pathogens to cause devastating disease in the agricultural sector. Related Agroterrorism efforts may include the use of threats and hoaxes made to scare the public into thinking that their food supply has been contaminated and that their food is unsafe to consume. Because there is a delay between exposure and onset of illness, disease outbreaks occurring as a result of Agroterrorism may closely resemble naturally occurring outbreaks and be difficult to recognize by health authorities.

Agroterrorism activities and animal disease epidemiology are closely monitored by the Federal Government. If the Federal Department of Homeland Security becomes aware of an Agroterrorism attack, they will provide the public with the most effective mitigation protocols to follow to reduce the threat and spread of disease.

**DEFINITION**

Agroterrorism agents are organisms or toxins that have illness-producing effects on people, livestock and food sources. Examples of bacteria pathogens that may be transmitted to humans are called Zoonoses, which include Salmonellosis, Campylobacteriosis, anthrax, brucellosis or wheat rust, E. coli, leptospirosis, plague, shigellosis and tularemia. Severe Acute Respiratory Syndrome or (SARS-CoV) is a virus that may be readily transmitted to humans from contact with contaminated livestock, breaches in lab biosafety, and exposure to other environmental sources.

**INDICATORS** *(See additional Indicators in Bioterrorism Appendix)*

- Local, state or national emergency management offices or other governmental offices announce that a biological agent has been released or identified that may have contaminated or otherwise may adversely impact the food supply
- Food poisoning may be suspected when consumers and staff present with signs and symptoms consistent with reported exposure to contaminated food or with other similar patterns of symptoms
- Local, state or Federal authorities announce quarantines, or other containment measures due to infected animals, crops, or other food sources
- Staff or consumers reporting to health care facilities with clinical signs and symptoms that suggest an infectious disease outbreak, or an unusual age distribution for common diseases (e.g. chicken pox like illness among adults)
- Large number of staff or consumers present with or report symptoms consistent with suspect disease or identified syndrome
- Increased number of unexplained diseases or deaths

- Common illness with high morbidity or mortality, and/or traditional treatment results in no response or unusual response to traditional therapy
- Several unusual or unexplained diseases coexisting in the same staff or consumers without any other explanation
- Presence of an unusual, atypical, genetically engineered or an antiquated strain of a microorganism with unusual antibiotic resistance pattern, is detected
- Stable endemic disease with an unexplained increase of incidence
- Atypical disease transmission that suggests deliberate sabotage

## **PROCEDURES**

### ***Illness or Infection is taking place at the facility:***

1. Determine the need to implement the incident command center.
2. If consumers or staff at the facility is believed to have been contaminated notify law enforcement to initiate facility investigation of Agroterrorism or Biological Terrorism.
  - Follow law enforcement protocol for chain of evidence and cooperate with recommended procedures and reporting requirements
  - Identify and isolate all contaminated food and take steps to replenish the necessary food supply as quickly as practical
3. If there is evidence of an event, initiate the facility/provider policy for notification of Incident and Command staff as pre-identified. This policy should identify who is responsible to perform this process and who will be notified. Include staff redundancy to ensure that all essential personnel have been effectively notified of the event. Persons to be notified may include the following key staff:
  - Head of Facility
  - Medical Director
  - Nursing Director
  - Physical Medical Doctor
  - Infection Control Nurse
  - Employee Health Nurse
  - Security, Safety or shift supervisor
  - Dietary
4. The head of the facility or his designee will notify DMH central office.
5. The Infection Control Nurse will notify the Local Public Health Agency and the Department of Health and Senior Services Center for Emergency Response and Terrorism (800) 392-0272
6. Initial Control Measures for Suspected Infections will be taken based on the organism. Physicians and Ward Nursing Staff will initiate the following transmission based precautions:
  1. If agent is infectious or infection is suspected implement **Standard Precautions with implementation of Isolation Procedures**. Restrict infected consumers to their bedrooms and other consumers in the same cottage or ward to their cottage or ward.
  2. Refer to clinic.
  3. Initiate empiric treatment based on syndrome and recommendations by the Missouri Department of Health and Senior Services and the Center for Disease Control.

- A. If an infectious disease is suspected, appropriate personnel shall wear personal protective equipment (PPE) during client care according to the current CDC recommendations.
  - B. The facility will follow the recommendations of the Department of Health and Senior Services or their LPHA regarding the steps to take to safely dispose of contaminated food and should closely follow law enforcement direction to preserve the chain of evidence if a crime is suspected
  - C. Employees:
    - Employees will be provided written information regarding symptoms to watch for and the recommendations for treatment and care guidelines as identified by Centers for Disease Control
    - According to policy, Human Resources will call the emergency contacts listed for employees who become ill
7. The facility head or designee will notify parents/guardians of status and what the facility is doing to protect consumers

***See Shelter in Place Appendix***

***See Evacuation Appendix***

#### **AFTER AN EVENT**

***Facility head or designee will:***

- Offer individualized counseling and support to any consumers who appear to need them.
- Address the concerns of staff and offer EAP services to those needing them.
- Address decontamination procedures and concerns if these were taken by responding emergency personnel
- Provide additional information to parents/guardians if needed.
- Conduct employee meetings for communication and operational debriefing.
- Provide instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

#### ***Human Resources***

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### ***Incident Report***

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Responsiveness to those needing crisis counseling due to the event including consumers, staff, and any others present.
15. Just-in-Time trainings identified and/or utilized
16. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
17. Staff performance and response issues
18. Determination of corrective actions needed
19. Other issues relevant to the specific situation

**(Additional resources are available from FEMA and CDC websites)**

# Armed Robbery Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

## INTRODUCTION

Armed robbery could occur at any facility building. The motive may be access to money, medicine, or for other reasons. The safety of the residents, visitors and staff is the highest priority.

## DEFINITION

Robbery is the taking or attempting to take anything of value from the care, custody or control of a person or persons by force or threat of force and/or by putting the victim in fear. (U.S. Department of Justice definition)

## INDICATORS

Person(s) indicate motive to rob and display(s) a weapon or threatens that there is a weapon.

## PROCEDURES

1. Staff should remain calm, act unemotionally and comply with the robber's demands to the extent possible.
2. Staff should not make any sudden moves and should alert the robber of any surprises such as a person coming through the door.
3. Staff should keep communication with the robber in short and simple sentences
4. Staff should mentally note without being too obvious as many characteristics of the robber as possible: sex, age, height, weight, body size, scars or other features, color of hair, eyes, etc., clothing, jewelry, type of speech and content, etc.
5. Staff should call the police, alert security and the head of the facility as soon as the robber has left and follow the facility/provider policy for notification of other key personnel.
6. If there is a silent alarm, staff should trip it as soon as possible, but only if it is safe to do so.
7. Staff should lock the doors to the building immediately after the robber leaves to prevent re-entry.
8. Staff should pay particular attention to anything the robber touches if s/he wasn't wearing gloves - protect and advise the police.
9. If possible staff should attempt to get a description of the robber's vehicle, but do not attempt to run outside as s/he is driving away.
10. Ask any witnesses to stay until the police arrive to provide descriptions of what they have seen. Do not permit witnesses to compare notes.
11. Let police answer questions from the news media or refer questions to the facility's designated public information officer.
12. Staff should not discuss the amount of money or medications taken.

## **AFTER AN EVENT**

Facility head or designee will:

1. Offer individualized counseling and support to any consumers who may have been present when the robbery occurred.
2. Notify parents/guardians of the incident if consumers were affected.
3. Offer counseling referrals to any visitors who were present.
4. Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future.
5. Offer EAP services to staff needing them.
6. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected.
7. Follow appropriate procedures for prosecution of the robber if caught.
8. Arrange additional security as needed.

## **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Any necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues

12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



## Biological – Bioterrorism Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### **INTRODUCTION**

In the event of a biological accident or attack, the facility will take all precautions to protect consumers, visitors and staff to the best of its ability. Biological agents cannot necessarily be detected and may take time to incubate and transmit disease. Because there is a delay between exposure and illness onset, outbreaks of illness may closely resemble naturally occurring outbreaks and be difficult to recognize by health authorities.

If the government becomes aware of a biological attack, they will direct citizens to either shelter-in-place or evacuate immediately if possible. The facility will be in touch with emergency officials as to the appropriate procedures to take.

### **DEFINITION**

Biological agents are organisms or toxins that have illness-producing effects on people, livestock and food sources. Examples of biological agents include anthrax, plague, botulism, salmonella, smallpox, etc.

### **INDICATORS**

- Local, state or national emergency management offices or other governmental offices announce that a biological agent has been released
- An unusual temporal, seasonal or geographic clustering of illness
- Persons reporting to health care facilities with clinical signs and symptoms that suggest an infectious disease outbreak, or an unusual age distribution for common diseases (e.g. chicken pox like illness among adults)
- Large number of persons with similar disease or syndrome
- Increased number of unexplained diseases or deaths
- Common illness with high morbidity or mortality, or failure to respond to usual therapy
- Several unusual or unexplained diseases coexisting in same person without any other explanation
- Unusual, atypical or genetically engineered or antiquated strain of a microorganism, or unusual antibiotic resistance pattern
- Stable endemic disease with an unexplained increase of incidence
- Atypical disease transmission that suggests deliberate sabotage

## **PROCEDURES**

### ***Illness or Infection is taking place at the facility:***

1. If there is evidence of an event, initiate the facility/provider policy for notification of Incident Command staff as pre-identified. This policy should identify who is responsible to perform this process and who will be notified. Include staff redundancy to ensure that all essential personnel have been effectively notified of the event. Persons to be notified may include the following key staff:
  - Head of Facility
  - Medical Director
  - Nursing Director
  - Physical Medical Doctor
  - Infection Control Nurse
  - Employee Health Nurse
  - Security, Safety or shift supervisor
  - Dietary
2. Implement incident command center.
3. The head of the facility or his designee will notify central office.
4. The Infection Control Nurse will notify the Local Public Health Agency and the Department of Health and Senior Services Center for Emergency Response and Terrorism (800) 392-0272
5. Initial control measures for suspected infections will be taken based on the organism.
6. The facility head or designee will notify parents/guardians of status and what the facility is doing to protect consumers.
7. Physicians and Ward Nursing Staff will initiate the following transmission based precautions:
  - Implement **Standard Precautions with implementation of Isolation Procedures**. Restrict infected consumers to their bedrooms and other consumers in the same cottage or ward to their cottage or ward.
  - Refer to clinic.
  - Initiate empiric treatment based on syndrome and recommendations by the Missouri Department of Health and Senior Services and the Center for Disease Control.
  - If an infectious disease is suspected, appropriate personnel shall wear personal protective equipment (PPE) during consumer care according to the current CDC recommendations.
  - Employees will be provided written information regarding symptoms to watch for and supervised according to CDC recommendations.
  - According to policy, Human Resources will call the emergency contacts listed for employees who become ill

***See Shelter in Place Annex***

***See Evacuation Annex***

## **AFTER AN EVENT**

**Facility head or designee will:**

- Offer individualized counseling and support to any consumers who appear to need them.
- Address the concerns of staff and offer EAP services to those needing them.
- Address decontamination procedures and concerns if these were taken by responding emergency personnel
- Provide additional information to parents/guardians if needed.
- Conduct employee meetings for communication and operational debriefing.
- Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

***Human Resources:***

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

***Incident Report:***

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

**POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

**(Informational Resources may be obtained from FEMA and CDC websites)**



# Bomb or other Explosives Threat Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

## INTRODUCTION

All bomb threats will be taken seriously by the facility, considered factual until investigated. Although most threats are hoaxes, the safety of all persons will be the facility’s first concern. If a threat is received, it is essential to remain calm and follow all procedures including the gathering of information from the person making the threat.

## DEFINITION

Any threat expressing the plan or intent of placing or detonating an explosive device, or the presence of an object perceived to have an explosive potential. The threat may be made by phone, in person, or by the delivery of suspicious materials to the facility.

## INDICATORS

- Phone call or mail received indicating a bomb threat (See mail threat)
- Delivery or discovery of suspicious material with reason to believe it may be a bomb or explosive material
- Threat made by person at facility

## TELEPHONE THREAT

Immediately institute the following procedures:

1. Remain calm and courteous.
2. Listen, do not interrupt the caller.
3. Give pre-arranged signal to a co-worker that a bomb threat caller is on the line.
4. Keep the caller on the line as long as possible. Pretend difficulty with hearing.
5. **Bomb Threat Form:** Using form, write down information word for word.
6. **Caller disconnects:** If trace capabilities are available, hang up phone and immediately take it back off the hook to preserve the trace capabilities, or use the caller I.D. function if available to identify the source of the call. **(See attached page regarding trace capabilities).**
7. **Call to phone other than switchboard:** Keep the caller talking while signaling another employee to dial the Operator giving the following information:
  - A. Employee’s name taking the phone call
  - B. Area or ward, and phone extension
  - C. That a bomb threat is being received.
  - D. Operator will monitor the call and begin filling out the bomb threat form if the phone system has the capability for the operator to do so

- E. The person taking the call should also write down all information received (what, when, where, why, who) using the Bomb Threat Checklist if available, including:
- 1) Identification of caller if s/he will provide it; gender
  - 2) Distinctive features about caller's voice – accent, deepness, etc
  - 3) Caller is calm, angry, excited, intoxicated, etc.;
  - 4) Caller's has familiarity with hospital/facility terms;
  - 5) Why caller has planted a bomb;
  - 6) Information about bomb – where it is, when it is set to go off, kind of bomb, etc.
  - 7) Background noises
  - 8) The person taking the call immediately **notifies: the facility head** or designee.
  - 9) The facility head or designee calls the police, notifies security and/or activates the Incident Command System (ICS)
  - 10) Incident Command makes the decision based on information available to determine if a staff search should be implemented as a first response or whether the police are called or both if police have not already been notified by the facility head

### **APPROPRIATE EMERGENCY RESPONSE**

#### **Facility head or designee will determine:**

- Activation of the facility's emergency call list that may include police, fire, highway patrol and other emergency responders
- Employees conducting searches of their immediate area and reporting of any unusual packages within their area
- Evacuation if warranted and/or advised by law enforcement emergency personnel
- Appropriate staff will be alerted by telephone or by runners so that the safety of consumers, visitors and staff can be secured. A public address announcement **will not** be made.
- DMH Central Office will be notified of incident.

#### **Recommended Response for Facilities with Consumers or Patients:**

1. When a bomb threat of any kind is received, the facility head (or designee) shall be notified immediately.
2. The facility head or designee will contact the appropriate individuals to immediately staff the Incident Command Center.

The following is an example of persons who may be part of the incident command center and designations may be based on facility and incident:

- Facility head and/or designee or administrator on call after hours.
- Chief of Clinical Services
- Chief Security Officer
- Director of Nursing
- Director of Maintenance Dept.
- Director of Housekeeping Dept.
- Fire/Safety Specialist

- Chief of Medical Staff

### **Recommended Actions**

The facility head (or designee) shall immediately:

- Confer with Incident Command Center personnel listed and/or emergency personnel as needed to determine if the Bomb Threat Plan should be implemented.
- If the Bomb Threat Plan is to be implemented, notifies appropriate persons.

### **Implementation of Bomb Threat Plan**

The following actions will need to be implemented and assigned to the appropriate staff by the individual facilities:

- Notify emergency services (if this has not already been done);
- Alert and deploy appropriate personnel to secure the danger area and establish a search perimeter;
- Organize an immediate initial search if appropriate;
- Work closely with the emergency officials in charge in organizing and directing a detailed search as determined necessary; (See item D)
- Obtain all possible information on the threat by interviewing the person(s) who received the call.
- Quietly alert all supervisors to the possibility of evacuation.
- Plan for immediate shutdown of water main, gas lines, electric lines, steam lines, etc., if necessary
- Plan to assist with the search if needed.
- Maintain liaison with the command center

### **SEARCH PLANS**

#### **If the location is known:**

- The facility's assigned leadership will organize a search to be conducted by designated staff
- The results of the search shall be reported immediately when completed to the Incident Command Center by the designated staff.

#### **If the location is not known:**

- The Command Center will notify all of the Facility's designated staff to conduct a search of their areas.
- Designated staff will be responsible for conducting a search of all client wards.
- The Command Center will ask designated staff to search all public, occupied and accessible areas first.

#### **Some areas to check (not all-inclusive):**

- Lobbies and vestibules
- Cafeterias
- Public telephone areas
- Restrooms
- Stairwells
- Waste baskets and trash cans
- Cigarette urns
- Fire extinguisher cabinets
- All locked areas
- Closets
- Gift shops and other public areas
- Visitor areas
- Activity areas
- Conference rooms
- Therapy areas
- Record departments

- Basements
- Exterior of building including window sills and door frames

Search Results will be reported back to the Command Center immediately by the designated staff.

### **Possible Bomb Discovery**

1. If anyone discovers a bomb or an item that may be a bomb, the following should be done:
  - A) Do not touch or disturb it;
  - B) Notify the command center immediately;
  - C) Remain a safe distance from suspect bomb;
  - D) Identify and secure the danger area(at least a 300 ft. radius around the suspect bomb);
  - E) Keeping in mind that total evacuation may become necessary, start first with the relocation of persons within the areas of the bomb including the areas above and below the bomb.
  - F) Turn off any portable electronic equipment such as pagers, Palm pilots, personal digital assistants, radios, cell phones, wireless notebooks, etc. to prevent the possibility that a signal could trigger an explosive device.
  - G) Close all fire doors and smoke barriers;
  - H) The Fire Department is to be on standby in the event of an explosion and/or fire.
2. Only the **Bomb Squad** shall attempt to remove any bomb.
3. Change of shifts—The facility head, designee or Incident command will make a decision about oncoming or outgoing shifts dependent on the threat situation and where within the search process the facility is at the time of planned shift changes. Call-down procedures may need to be implemented.

### **ALL CLEAR Procedures**

- If responding emergency personnel are involved, they will give the all clear when appropriate.
- If emergency responders have not been called, the facility head or designee will give the all clear when appropriate and all departments can resume normal activities.

### **THREAT MADE BY PERSON AT THE FACILITY**

1. If threat is imminent, such as a suicide bomber or application of an explosive device to another party, call facility security and or emergency personnel immediately at the pre-identified number or the receptionist may trigger the call button at the front desk, if available.
2. If possible alert another employee and/or the facility head
3. Remain calm while talking to the person.
4. If person is physically threatening, try to leave the situation.
5. If possible secure the area where the threatening person is.
6. If the person says a bomb is in the building, try to talk through the checklist with him/her to find out where the bomb is and what time it is set to go off.
7. Evacuate the area and/or building if possible
8. Provide information and assistance to law enforcement conducting investigation
9. Unauthorized visitors or individuals behaving in a suspicious manner shall be reported by employees to their supervisor or law enforcement immediately.

## **AFTER AN EVENT**

### **Facility head or designee will:**

- Offer individualized counseling and support to any consumers who were involuntarily involved in the incident.
- Notify parents/guardians of the incident if consumers were affected.
- Offer counseling referrals to any visitors who were involuntarily involved in the incident.
- Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future.
- Offer EAP services to staff needing them.
- Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
- Follow appropriate procedures for treatment and/or prosecution of the person making the bomb threat.
- Arrange additional security as needed.

### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central office and the state Office of Administration, Div. of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
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7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff

10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed

Other issues relevant to the specific situation

\*Call Tracer Functions may be available in the facility. If this function is unavailable the facility should identify how staff may assist law enforcement with tracing the call.

**CALL TRACER:**

This phone function allows tracing of harassing, threatening, or obscene calls, by recording the traced number at the Telephone Company's central office. An automatic trace is initiated once the activation code is dialed prior to receiving any intervening calls.

**TO ACTIVATE:**

1. Hang up from call.
2. Prior to receiving another call, lift handset and dial #57
3. You will hear a telephone company announcement that will prompt you to dial a "1" to complete the trace.

The network will notify the telephone company of the calling number, the time the call was received, and the time the trace was activated. You are required to contact law enforcement for further action. You will not be provided the traced number. This feature is available on a cost per use basis.

# Civil Unrest-Work Disruption Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

It is the facility’s intent to protect our staff and population to the best of our ability from unruly crowds or other acts of civil disobedience caused by those crowds. This procedure is designed to assure systematic planning, training and response should an act of civil disturbance occur on or near the facility premises. Implementation of these procedures should be initiated as soon as the need is identified.

**DEFINITION**

Civil unrest is the gathering of a large unruly crowd that may result in a disturbance of the peace, interference and disruption of traffic and restriction of access to public and private property. Unruly gatherings may erupt into violence targeted against persons and property, with resultant casualties and/or damage to property and is often disruptive to business continuity.

**INDICATORS**

- Gathering of an unruly or potentially unruly crowd at or near the facility’s buildings or premises.
- Authorities or reliable media report civil unrest or disturbance in the area.
- Notification by law enforcement authorities that conditions are consistent with high risk for civil unrest in nearby areas such as the presence or activity of activist or terrorist groups.
- Posting of information on the web that is designed to incite civil disturbance in the area.

**PROCEDURES**

1. Security or the person receiving the information will notify the facility head or his/her designee.
2. If the threat is within the community, but not at the facility, the facility head will notify staff and implement procedures necessary to help protect staff, consumers and visitors. These procedures may include those listed below in number 3.
3. If the seriousness of the gathering indicates, or if it is at the facility, the facility head or designee will:
  - A. Notify police and identify a liaison contact person
  - B. Notify supervisors to assemble patients in their respective areas and away from windows.
  - C. Notify security or designated staff to secure all exits to the buildings on the grounds.
  - D. Institute additional security measures if necessary including:
    - a. Increasing the facility’s visitor screening requirements or temporarily restricting visitors
    - b. Cancellation of away trips for consumers and staff

- c. Advising employees and business associates of additional precautionary measures to take to maintain continuity of business, increased safety guidelines for business-related travel and modified procedures for reporting to work
  - d. Ceasing all “optional” deliveries to the facility during the period of unrest
  - e. Cancellation or restrictions of scheduled meetings
  - f. Cancellation or restrictions of business-related travel
  - g. Implementation of additional safety and security policies and procedures to protect the safety of the workforce, consumers and staff.
4. Notify Central Office of circumstances, casualties and damages.

### **AFTER AN EVENT**

#### ***Facility head or Designee will:***

1. Review incident reports
2. Arrange additional security as needed.

#### ***Human Resources***

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### ***Incident Report:***

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with the Department of Mental Health, Office of Administration, Facilities Management, Design and Construction.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
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9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



<b>Decontamination Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

In the event of an emergency in which a person has been exposed to a hazardous substance requiring decontamination, the facility is instituting the following guidelines. The facility will take all available precautions to protect patients, visitors and staff to the best of its ability. Additionally, the facility is prepared to follow the instructions of the emergency management agency.

**DEFINITION**

Decontamination is the thorough cleaning of one’s body and items such as rings, glasses, etc. to remove chemical and biological contaminants from one’s body when it has been exposed to a hazardous substance. Decontamination may also involve the cleaning of furnishings, linens, personal items and the building that was contaminated.

**INDICATORS**

- A hazardous event has occurred and consumers, staff or visitors have been contaminated.
- Department of Health and Senior Services (DHSS) or local emergency officials contact the facility about an incident and advise that consumers, staff and visitors be decontaminated.
- The facility contacts emergency officials regarding a hazardous event.

**PROCEDURES**

1. If a release has occurred, per the facility’s emergency plan, call the fire department and request a Hazmat team.
2. The facility head or designee will call DMH Central Office to apprise them of the emergency
3. The facility head or designee will call the Department of Health and Senior Services Center for Emergency Response and Terrorism (1-800-392-0272), the Local Public Health Agency and the community hospital to put them on alert.
4. If a Hazmat team decides that personal decontamination is necessary:
  - a. Healthcare staff will assist consumers, visitors and other employees through the decontamination process. Healthcare workers will accompany consumers through the decontamination process if necessary and will work with emergency responders to decide the best approach for consumers who are medically fragile.
  - b. Mental health personnel will provide a co-response with DHSS to reassure consumers, staff and visitors regarding the event and decontamination process.
  - c. After the decontamination process, staff will remain with the consumers and explain physicians’ orders regarding antibiotics or other medications that will need to be taken.
  - d. Consumers, visitors and staff will be told the signs and symptoms to watch for in case they are affected by the contaminating agent even after decontamination.

## **AFTER AN EVENT**

### **Facility head or designee will:**

1. Offer individualized counseling and support to any consumers who appear to need it.
2. Notify parents/guardians of the incident if consumers were affected.
3. Offer counseling referrals to any visitors who were involved in the incident.
4. Conduct employee meetings for communication and debriefing.
5. Offer EAP services to staff needing them.
6. Conduct appropriate follow-up of physical and emotional treatment and recovery.
7. Arrange additional security as needed.
8. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

### **Decontamination of Facility/Furnishings**

1. The facility will consult with the Local Public Health Agency, Department of Health and Senior Services, or CDC as well as Central Office and the Office of Administration to determine the feasibility of decontamination of a building.
2. The facility will use guidance provided by the Local Public Health Agency, Department of Health and Senior Services, or CDC to clean clothing, consumer's personal items, linens and furnishings.
3. See *Decontamination, CDC Guidelines*

### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

The infection control nurse will provide reports to the facility head and to others as indicated.

If a loss of property or injury occurs designated staff will complete required reports according to policies and procedures. Necessary reports will be provided to the facility head, DMH Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning

5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



<b>Earthquake Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Missouri has within its borders the New Madrid Fault that has the potential to cause much damage to buildings and infrastructure in a large portion of the state should we experience a major earthquake. Earthquakes can strike suddenly, violently and without any warning to those in the impacted area. This procedure is designed to assure systematic preparation for such an event and sets out procedures in how to deal with the aftermath.

**DEFINITION**

An earthquake is a sudden slipping of a portion of the earth’s crust or plates that is accompanied by a series of vibrations. The intensity of the vibrations is totally dependent on the amount of slippage that might occur between portions of the earth’s crust. The vibrations can cause little to no damage or create major problems with a large amount of destruction to property and other infrastructure. Most earthquake-related casualties result from collapsing walls, flying or falling objects.

**INDICATORS**

- In an earthquake, you can expect some movement or shaking to occur in most buildings.
- Tall furniture such as bookcases, cabinets and their contents could be toppled. Pictures on walls, bulletin boards, and mirrors are subject to falling and could be dangerous. Personal computers and other objects on desks could be moved or thrown to the floor.
- Large appliances such as refrigerators and washing machines might be dislodged or turned over.
- Electrical, gas lines, water lines and other conduits could be broken or damaged to the extent they might pose a risk to life.
- Power lines located outside pose a danger if poles are broken.
- In severe earthquakes, buildings that have not been structurally mitigated may collapse.

**PROCEDURES**

**What to Do Before an Earthquake**

1. Check for hazards and make them less of a danger. Attach shelves securely to walls. Place heavy objects on lower shelves. Hang pictures, bulletin boards, and mirrors away from beds and sofas. Strap tall objects to walls. Store all flammables in locked closed cabinets on lower shelves.
2. Identify and train staff about the safe places to be if indoors or if outdoors should an earthquake occur.

3. If you are inside during an earthquake, have staff and consumers sit under a sturdy desk or table. Inside walls are considered to be safer than an outside wall. Stay away from windows, or any heavy tall furniture. (Drop, Cover and Hold)
4. If you are outside during an earthquake, everyone needs to stay away from trees, electrical lines, or elevated concrete structures.
5. Have disaster supplies on hand. Included are such items as flashlights and batteries, first aid kits, emergency food and water, essential medicines, and a portable battery operated radio. Consider where in your facility such kits should be kept to be easily accessed by staff.
6. Develop an emergency plan with procedures and protocols for staff and consumers that will get the facility through the first 4-8 hours. Publish the plan and make sure that staff has a basic understanding of how to implement such procedures.
7. Inform the local emergency agencies about your contingency plans.
8. Identify more than one person and train them on how to shut off gas, electric and water if necessary.

### **What to Do During an Earthquake**

#### **INDOORS**

- Get to the floor or take cover by getting under a sturdy table or desk.
- Cover your face and head with your arms to avoid potential flying objects.
- Do not try to move from one area to another because the shaking may cause you to lose your balance. If you are in bed, remain there and cover your head with a pillow.
- Be aware the electricity may go out or the sprinkler system may be activated.
- Do not use the elevators.
- Avoid all windows as the stress may cause them to shatter.
- Move to corner of building or brace yourself in doorway when earth tremors are first detected.

#### **OUTDOORS**

- Do not attempt to come indoors.
- Move away from buildings, trees, tall concrete objects, poles and utility wires.
- If you are in a moving vehicle, stop as quickly as you can and stay in the vehicle. Avoid bridges or ramps that might have been damaged.
- If you are trapped under debris, do not move or kick up dust. Cover your mouth with a cloth or your clothing. Tap on a wall, door or pipe to get some attention. Be careful about shouting if the area is dusty. Shouting can cause you to inhale dangerous amounts of dust.

### **What to Do Immediately After an Earthquake**

- Be prepared for aftershocks. They are usually less violent than the original vibrations but might cause additional damage to already weakened infrastructure.
- Listen to a radio for any updated special bulletins from the local emergency management agency.

- Account for all consumers, staff, and visitors. Check for injuries and apply necessary first aid. Do not move seriously injured persons unless they are in immediate danger of additional injury. Call for medical assistance if necessary
- Maintenance personnel shall shut off gas, turn off electricity and shut off water supply to impacted areas.
- Inspect affected buildings for damage prior to restoring any utilities or permitting staff and consumers to reenter evacuated buildings.
- Open cabinets carefully as heavy objects may have fallen off shelves.
- Clean up spills of medicines, bleaches, gasoline or other flammables.
- If needed, implement shelter in place or evacuation plan. (Also see Evacuation Plan and Sheltering Plan.)

### **AFTER AN EVENT**

#### **Facility head or designee will:**

1. Offer individualized counseling and support to any consumers in need of it.
2. Notify parents/guardians of the incident if consumers/patients were affected.
3. Offer counseling referrals to any visitors who were present.
4. Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future.
5. Offer EAP services to staff needing them.
6. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected.
7. Arrange for additional staff as needed.
8. Arrange for additional security as needed.
9. Develop plans for facility clean-up and repair activities as necessary
10. Conduct a review of the needs of visitors who may have been on the grounds during the event.

#### ***Human Resources***

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### ***Incident Report***

Designated staff will complete an incident report and provide it to the facility head. Any necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Review of physical plant to insure that heavy furniture, wall hangings, and other movable objects were safely placed, located and secured prior to the event
19. Conduct a review to determine if consumers and staff had sufficient knowledge of safe areas during an earthquake
20. Other issues relevant to the specific situation

<b>Electrical Power Disruption: Emergency Generator Use, And Elevator Extrication Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED:

**INTRODUCTION**

Electricity is likely the most common energy used in this country. It is used widely in homes, places of business, and public buildings as it provides all of the lighting, much of the heating, and all of the refrigeration/cooling that we all enjoy. Each mental health facility must assess the risk of power failure. If electrical power is lost for any time, the staff and consumers/residents will be immediately affected in some manner. This procedure is designed to help management prepare for an emergency related to an electrical outage.

**DEFINITION**

Electrical power outage is defined as an absence of energy. Most outages are restored within a few hours but some may last longer depending on the root cause. The outage may be one that is not planned or predicted and likely will not provide any advance notice. It could occur due to an accident of a utility company, local equipment malfunction or overload, terror attack, storm damage such as a tree, vandalism, ice/snow, wind, etc. If the outage is longer than a few hours, then management has to begin to implement the emergency procedures that have been developed for such an event. Unlike some business operations, facilities who house consumers/residents cannot simply close the door until power is restored.

**INDICATORS/IMMEDIATE CONCERNS**

1. Electrical power goes off in the facility which causes:
  - Lighting goes off in all the rooms which could result in danger for staff and consumers/residents.
  - Refrigerated and frozen foods are in jeopardy. Generally refrigerated food is not affected if the outage is not any longer than a couple of hours.
  - Air conditioning, blowers on furnaces, personal computers, printers, elevators, etc. will cease to function.
  - If the power outage occurs in the winter, we are concerned with consumers/residents remaining warm and comfortable.
  - If the power outage occurs during a hot summer day, consumers/resident may be in more danger as it could get uncomfortable in a small amount of time.
2. *Utilities generally update the public on the approximate time that the facility would be without power. The facility may need to use the option of using their back-up generators for power.*
3. Communications may be affected as computers and digital telephones will not function.

## Prevention and Risk Reduction

The facility head shall make sure the following tasks are implemented by designated staff. This would include the plant supervisor, clinical director, safety officer, and others as appropriate. (*Consult the Joint Commission standards for more specific information.*)

1. Facilities that have emergency generators should have an emergency power testing program that includes generator testing and power supply maintenance.
2. Work with local utility providers to ensure that the facility is on a priority restoration list as a psychiatric facility and/or a habilitation center. Establish and maintain contact with the local emergency management director and the utility providers to provide them with current and accurate status reports prior to and during emergency situations.
3. Work with the local utility provider and assess the reliability of the existing power system. Expansions to the original power systems may not operate in a reliable manner during peak loads.
4. Respond in a proactive manner to facility brown-outs or black-outs. Those may be symptoms of marginal power supply.
5. Test the entire emergency supply system against the requirement of the National Fire Protection Association 110 standards. NFPA standards may be found on-line at numerous sites and your local Fire Chief will be able to provide technical assistance to you during a planned or scheduled safety visit.
6. Joint Commission on Hospital Accreditation has established guidelines for hospital safety which support the NFPA guidelines. Joint Commission on Hospital Accreditation or (JCAHO) has established operational standards for hospital utilities management that have been identified under Utilities Management (see standard EC.4.17) effective January 1, 2008.
7. If any new construction is planned, conduct relevant infrastructure planning with state facilities management for compliance with power needs and identification of optimal locations of generators, fuel tanks, support equipment (avoid likely flood plain areas), and proper redundancy among generators.
8. The facility is encouraged to identify redundancy planning which includes truck-mounted generators, and essential trained staff to locate, operate and maintain them.
9. Maintain written procedures and record all test data. Written procedures help managers control the testing process and require testing personnel to take responsibility for performing required tasks. Report unanticipated occurrences or problematic test data to the plant engineer or maintenance supervisor.
10. Perform a gap analysis of the emergency power system that matches the critical equipment and systems needed in an extended emergency against the equipment and systems actually on the emergency power system. Identify critical systems that could be lost such as potable water, elevators, etc.
11. Maintain a complete labeled inventory of all emergency power systems and their loads.
12. Provide competency training and testing for all operators and others responsible for system maintenance of the emergency power system.
13. Test generator fuel oil, track expiration dates and replace stale fuel oil not consumed within its storage life.
14. Require engineering or facility maintenance staff to communicate the capabilities and limitations of the emergency power supply to leadership and clinical leaders. It should include the length of time that back-up power will be available, length of time to connect the power, and what locations and essential services will be operational with the available power.

15. Establish contingency plans for staff and consumers during brief or sustained loss of power. The plan supports the requirements identified in the JCAHO manual which include the following:
  - a. Facilities must have a supply of reliable power to support an on-going alarm system.
  - b. Exit signs and exit routes must be illuminated.
  - c. Must have an emergency communication system
  - d. Must have an emergency/urgent care area
  - e. Minimum of one elevator for non-ambulatory consumers for multiple story buildings
  - f. Create areas where essential electric powered equipment may be used for consumer care and movement
  - g. Others are included in the list depending on facility mission
  
16. Joint Commission has identified specific examples of staff and consumer contingency plans for facilities that are accredited. The following duties are also recommended for facilities that are not accredited and may be used as guidance in assignment of pre-designated staff and back-up to accomplish specific emergency response duties:
  - a. Rapid deployment of battery-powered equipment
  - b. Assessment of critical equipment to ensure it is plugged into the back-up power
  - c. Establishment of command center
  - d. Provision of open lines of communication between on-site staff and other relevant organizations
  - e. Access to and use of two-way radios
  - f. Establishment of disaster storage bin for flashlights, extension cords, etc.
  - g. In the event of HVAC (heating/cooling) failure, provide for careful manual monitoring of client temperatures
  - h. Establishment of critical supply center for food, water, pharmacy, linens, etc.
  - i. Assessment of critical refrigeration for cooling of pharmacy, food, etc.

### **Joint Commission on Hospital Accreditation Standards**

#### ***Revisions to Emergency Management Standards EC.4.10 and EC.4.20 (Effective date Jan 1, 2008)***

1. Utilities Management (see Standard EC.4.17) An organization depends on the uninterrupted function of its utilities during an emergency. The supply of key utilities, such as power or potable water, ventilation, and fuel, must not be disrupted or adverse events may occur as a result.
2. Elements of Performance for EC.4.16: B 1. Staff roles and responsibilities are defined in the Emergency Operations Plan for all six critical areas (communications, resources and assets, safety and security, utilities and clinical activities).
3. Utilities Management (see EC.4.17): The organization establishes strategies for managing utilities during emergencies. (CAH: Corresponds to COP 485.623 (c) (3) and (c) (4).
4. Elements of Performance for EC.4.17: Organizations identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted (EP 1-5):
  - B 1. Electricity
  - B 2. Water needed for consumption and essential care activities
  - B 3. Water needed for equipment and sanitary purposes
  - B 4. Fuel required for building operations or essential transport activities
  - B 5. Other essential utility needs (for example, ventilation, medical gas/vacuum systems)

## **PROCEDURES (during the event)**

### **1. Nursing supervisors shall do the following:**

- a. Notify the safety engineer or maintenance staff of an emerging problems as soon as it is identified
- b. If the outage is not a temporary brown-out, deploy battery operated lighting
- c. Nursing staff should immediately be concerned about consumers/residents and assure them that everything will be alright.
- d. Assess the status of residents for medical concerns and inform the facility head of the local conditions.
- e. Be prepared to consider making a recommendation to head of facility if their ward is experiencing anything they cannot handle in a satisfactory manner.
- f. Arrange or plan for additional staff to boost manpower if emergency procedures include relocation of consumers to alternative areas.
- g. If the disruption of electricity occurs in winter, the impact is not likely to be immediate. Consumers may need blanket to maintain warmth.
- h. Loss of electrical power during the summer may result in a quick rise of room temperature. Nursing staff will need to monitor the situation and implement needed procedures including but not limited to:
  - i. providing wet towels to use as a cooling method for consumers/residents
  - ii. Moving consumers into cooled areas
  - iii. Providing extra drinking water for consumers and staff and monitoring consumer intake as appropriate

### **2. The appointed safety officer, engineer or plant supervisor shall:**

- a. Call the utility company to report the power outage and to identify whether the cause of the problem is isolated to the facility or is related to an external situation. Identify an anticipated time for power restoration and monitor the need for switching to emergency generator power.
- b. Inform the utility company if and when the facility makes the switch to emergency generator power to report their capacity and duration. Caution: Generators that are on-line when electrical energy is restored may endanger line workers who are trying to restore power so it is imperative to work closely with the local utility provider.
- c. Check the elevators to make sure that no one has been trapped between floors. If persons are on the elevators the facility should notify first responders and initiate their elevator extrication procedure. If possible switch emergency power to those elevators to permit trapped persons to be safely removed. If the elevators do not respond properly then physical extraction should be implemented with emergency responders working closely with safety officer supervisor
- d. Make sure that generators are appropriately placed so that no one is subject to carbon monoxide poisoning.
- e. The facility plant engineer or designee will have responsibility for maintenance and use of emergency generators. Effective operational use of emergency generators should include back-up personnel for effective monitoring and maintenance of emergency generators.
- f. If the problem is local, the facility maintenance staff should initiate a systematic inspection of all suspect equipment and make repairs as necessary.
- g. If the power outage has been caused by a storm, make sure that no one touches any exposed electrical lines.
- h. If in the winter, safety officer shall make sure that gas stoves are not used for heating as this could result in carbon monoxide poisoning.
- i. Monitor pipes for freezing if in the winter.

**3. Head of the facility or designee shall:**

- a. Work closely with the supervisor to determine if the outage might be of long duration
- b. Ensure that the utility provider is aware that the facility provides residential care and confirm that the facility is identified as a priority for restoration of service
- c. Inform all department heads and nurse managers of the electrical outage and communicate what emergency procedures will be implemented
- d. Determine if evacuation of any part of the building is necessary; safety of residents and staff is the top priority. Review evacuation plan.
- e. Make sure all visitors safely exit the immediate area or the building
- f. Provide adequate labor pool for any possible evacuation
- g. Make sure that sufficient security staff are available
- h. Insure that emergency essentials (drinking water, medicines, blankets, transportation) are available. Make sure that drinking water is safe and not effected by power outage.
- i. Notify the DMH Central Office, Office of Administration, Facilities Management Design and Construction of the power loss and status of the facility and any emergency procedures that are in the early stages of implementation
- j. If this is a situation where the State Emergency Management Agency has opened their Emergency Operations Center, DMH staff at the EOC should be notified to assist with coordination of any outside assistance that may be necessary to assist with acquisition of additional generators, fuel, water/ice, food, cots and bedding, emergency medications, and other essential supplies.

**4. Food service department head or designee shall:**

- a. Check freezers to determine possible danger to frozen foods. Freezer that is half-full can maintain the cold temp for up to 24 hrs. Other items may vary item to item.
- b. Refrigerated sections containing milk, other dairy products, meat, fish, and eggs may need to be surrounded by ice. Throw away any food that has been stored in temp that exceeded 40 degrees Fahrenheit.
- c. Make sure that any water that will be used for drinking, cooking, washing dishes and washing laundry has not been impacted by the power outage.
- d. Make recommendations to the Facility Head how meals/water can be provided to staff and consumers/residents
- e. Consult with Local Public Health Agency as needed for food safety and storage and hygiene protocols

**AFTER AN EVENT**

**Facility head or designee will:**

1. Offer individualized counseling and support to any consumers or patients who appear to be in need.
2. Notify parents/guardians of the status of patients who might have been impacted
3. Address the concerns of staff and offer EAP services to those needing them.
4. Conduct employee meetings for communication and operational debriefing.
5. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.
6. Arrange for additional security or additional staff as needed to return to normal conditions
7. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
8. Evaluate how the emergency system worked
9. Replenish emergency supplies used during the outage

## **PREVENTION**

Assign someone or a small committee to evaluate if the facility did everything they reasonably could have done to avoid the incident.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with DMH Central Office, Office of Administration, Facilities Management Design and Construction.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, emergency planning and training as it applies to the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

**FPA Standards:** National Fire Protection Association

**JCAHO:** Joint Commission on the Accreditation of Hospitals

**Title XIX:** Department of Health and Human Services requires testing of generator power.

# Excessive Cold or Heat Emergency Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED:
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**INTRODUCTION**

The facility desires to keep all staff and consumers safe. In the event that there is a disruption in the air conditioning service or a loss of heat, the following procedures shall be enacted to provide for the continuity of appropriate client care and acceptable working conditions.

**DEFINITIONS**

**Excessive Heat:** A period of excessive heat within a building or unit caused by the malfunction of an air conditioning unit or other extreme conditions.

**Excessive Cold:** A period of excessive cold within a building or unit caused by the malfunction of a heating unit or other extreme conditions.

**INDICATORS**

- The air conditioning unit malfunctions or quits functioning causing excessive heat conditions.
- The heating system malfunctions or quits operating causing excessive cold conditions.
- The power fails causing excessive heat or excessive cold conditions.
- Indoor air temperatures reaching 10 degrees above or below the anticipated normal regulated building temperature and are such that the potential is increased for adverse drug interactions to occur regardless of whether there has been equipment failure or not.

**PROCEDURES**

**Loss of air conditioning or heat:**

The maintenance department head (or designee) shall:

1. Investigate the situation and record room temperatures in affected areas.
2. Assess the problem, get an estimate of repair costs and the length of time service will be disrupted
3. Notify the head of the facility of the problem and provide an assessment of the situation.
4. Provide continuing reports on the progress of repairs, room temperatures, and humidity in affected areas and any related information that affects consumer care and services.

The head of the facility (or designee) shall:

1. Notify the CEO (or designee) if different and the head of clinical services (or designee) of the situation, providing information on how essential services may be affected.

### **In the loss of air conditioning**

Expedite repair services and coordinate support services to insure that:

1. Dietary Department provides essential fluids, ice and cold beverages/foods to prevent dehydration and elevated body temperatures.
2. Additional fans may be obtained from the Maintenance Department or purchased.
3. Determine if patients should be moved out of areas where there are sealed windows and a lack of ventilation based on ongoing staff reports about the condition of patients and possible medication interactions.
4. Those with critically elevated temperatures are moved to appropriately cooled areas and provided with appropriate care.
5. See that consumers on medications are examined and observed for any adverse effects.
6. Coordinate any client relocation activities and informs any other clinical service areas that might be affected.
7. Evaluate conditions and makes plans accordingly for any extended period of service disruption.
8. Notify Central Office of situation if consumers must be relocated.

### **In loss of heat**

Expedite repair services and coordinate support services to ensure that:

1. Additional blankets and/or clothing are available for consumers in affected areas.
2. Assist with temporary consumer relocation as necessary and notify all other affected support departments.

The head of the facility may operationalize the **Incident Command Center**. Based on information and recommendations, the ICC or the facility head will:

1. Decide if/when/where relocation of consumers and/or staff shall take place.
2. Alert department and unit heads of conditions and actions anticipated.
3. Continue monitoring of environmental conditions in affected consumer care areas.
4. See that consumer body temperatures are monitored by nursing staff:
5. See that consumers with lowered body temperatures are moved to appropriately heated areas and provided with appropriate care.
6. See that consumers on medications are examined and observed for any adverse effects.
7. Coordinate any client relocation activities and informs any other clinical service areas that might be affected.
8. Evaluate conditions and makes plans accordingly for any extended period of service disruption.
9. Notify Central Office of situation if consumers must be relocated.

### **AFTER AN EVENT**

**Facility head or designee will:**

1. Notify parents/guardians of the incident if consumers were affected.
2. Conduct appropriate follow-up of physical and emotional treatment and recovery.

## **Incident Report**

Designated staff will complete required reports according to policies and procedures. Necessary reports will be provided to the facility head, DMH Central Office and the state Office of Administration, Division of Risk Management.

## **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center (EOC) and utilization of EOC checklists with job roles and specific duties
3. Safety and security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

<b>FIRE Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

In the event of a fire, the facility will take all precautions to protect consumers, visitors, and staff to the best of its ability. It is extremely important that staff and consumers know how to respond in the event of a fire. The facility conducts fire drills and other in-service training programs to thoroughly familiarize staff and consumers with the emergency plan, needed actions and evacuation routes in the event of a fire.

**DEFINITIONS**

**Fire Hazard:** Fire may be intentionally set, accidentally caused or caused by a natural event such as lightning. The fire may involve a facility building or may be a threat to the facility from a neighboring building or wild fire.

**All Clear:** The announcement (usually over the Public address system and radio system) at the end of an actual emergency or drill indicating that the dangers relating to the fire have been cleared and normal operations may resume.

**Smoke Compartments:** (Fire Zones) Areas on either side of a corridor or wall that will provide safety because of a physical fire/smoke barrier.

**Smoke and Fire Doors:** Room Corridor and/or stairwell doors that will resist the passage of smoke and fire for a given period of time.

**Horizontal Exits:** An exit allowing movement of persons to safe (fire/smoke free) areas on the same floor level.

**Vertical Exits:** Exiting stairs or ramps usually leading to another safe floor level or ground level that can be used as a means of evacuation in a last defense escape route.

**INDICATORS**

- Fire alarms sound indicating smoke or fire.
- A fire is detected and reported by any person at the facility.
- There is a strong smell of smoke or fire or smoke is sighted.
- Local, state or national emergency management offices or other governmental offices announce a wild fire danger.

- There is danger from a fire to a neighboring building and fire or emergency management official advises the facility of danger.
- A lightening strike causes a fire on the facility's property.

### **PROCEDURES**

Anyone detecting a fire should follow RACE:

**R**escue any persons in immediate danger  
**A**larm – Activate alarm and follow emergency procedures  
**C**ontain –After checking rooms close doors as you exit  
**E**vacuate residents and staff. When everyone is safe, attempt to extinguish fire if you were trained to do so.

- 1) Rescue any persons in immediate danger. If clothing is on fire, use **STOP, DROP and ROLL** or a Class A water extinguisher.
- 2) Activate the fire alarm, follow facility emergency procedures - **notify switchboard, call 911 when safe to do so.**

Report:

Name  
Location of fire  
Extent of fire  
What is burning, if known?

- 3) **DON'T HANG UP UNTIL FIRE DEPARTMENT TELLS YOU TO HANG UP.**
- 4) If the fire alarm fails to operate, yell fire several times and notify switchboard.
- 5) Contain the fire by closing all doors beginning with the doors closest to the fire. DO NOT reopen any doors except to exit and then re-close.
- 6) Prepare to evacuate if needed.
  - a) **Do not use elevators.**
  - b) Before exiting a room with a closed door in your path of egress, check the door with the back of your hand for heat before opening. **Do Not open hot doors.**

- c) Start with those people closest to the fire. Move them to the next indoor compartment and then to outside assembly area, if needed.
  - d) Check each room as you move toward the exit. For consumer rooms - look all around the room, under the bed, in the closet, in the bathrooms, etc. to conduct a thorough search.
  - e) Close each door as each room is vacated – if the room is a sleeping room, place a pillow against the door from the hallway side to indicate the room has been evacuated.
  - f) Ensure the exterior door is unlocked when exiting so that fire personnel can enter.
- 7) If there is sufficient staff, some staff can evacuate building while other trained staff can use the fire extinguisher to attempt to extinguish the fire.

**Always remember safety is priority, if this is an extreme emergency or the exits are blocked – go immediately to stage 4.**

#### **EVACUATION PLAN FOR AREAS WITH SPRINKLERS**

- Stage 1:** Evacuate people in immediate vicinity of fire (same room) and adjoining rooms. Close the doors when stage one is finished.
- Stage 2:** Evacuate the area horizontally. Move people to the designated safe area on the same level. Move all people from the occupied areas above and directly below the fire.
- Stage 3:** Evacuate area vertically. Move all people from upper floors to the exit level (ground floor)
- Stage 4:** Evacuate entire building and assemble at pre-determined locations.

**ALWAYS EVACUATE IN DIRECTIONS AWAY FROM FIRE**

If you suspect or determine that someone has been left behind in the evacuation:

- Provide fire officials with precise details about where in the building the person may be. (Remember if counting doors for fire officials --count all doors – closets, baths, etc. )

#### **EVACUATION OF AMBULATORY CONSUMERS**

1. Assemble consumers in a single line inside the fire exit door.
2. One staff member should be at the front of the line and one at the end of the line.
3. Count everyone in the group, consumers and staff.
4. Hold hands and travel down the right side of the passageway, stairwell, etc.
5. Upon arrival at the safe area, recount the line of people.
6. At least one staff person must remain with the consumers at all times.

### EVACUATION OF NON-AMBULATORY CONSUMERS

Evacuate non-ambulatory consumers closest to the fire first. If possible use a three-team approach. If there are not enough staff available, one team will perform all functions.

1. **Loading team** – moves consumers from rooms and hallway. Shuts door to room and places standing pillow against the door.
2. **Carry team** – Moves consumers through the hallway and out of the smoke compartment.
3. **Moving team** – Moves consumers from smoke compartment door to primary evacuation area.

#### The switchboard operator (or designee) will:

- 1) Sound the alarm and/or announce over public address system
- 2) Notify the following people (and/or others appointed by the facility) immediately if in a safe location to do so:
  - a) Head of Facility
  - b) Fire Safety Specialist
  - c) Chief Engineer
  - d) Medical Director
  - e) Nursing Director
  - f) Physical Medical Doctor
  - g) Infection Control Nurse
  - h) Employee Health Nurse
  - i) Director of Social Services
  - j) Security, or shift supervisor
  - k) Director of Housekeeping
  - l) Dietary
- 3) If applicable, identify location at enunciator or fire alarm panel,
- 4) After the **ALL CLEAR** is given by the head of the facility, reset the alarm system.

#### The head of the facility (or designee) will:

- 1) Establish an Incident Command Center if necessary due to the extent of the fire. Members may include:
  - a) Head of Facility
  - b) Medical Director
  - c) Nursing Director
  - d) Physical Medical Doctor
  - e) Infection Control Nurse
  - f) Employee Health Nurse
  - g) Security, Safety or shift supervisor
  - h) Dietary

- 2) Coordinate with the Fire Department and local law enforcement officials.
- 3) Notify the DMH Central Office.
- 4) Notify parents/guardians of status and what the facility is doing to protect consumers.
- 5) Give the **ALL-CLEAR** when it is determined that fire alarms were set off without the presence of fire, or the fire was minor and extinguished and it is safe for consumers and staff to re-enter the area.

**The safety director (or designee) shall:**

- 1) Respond to all fire alarms
- 2) During off hour duties, be contacted and informed of the situation.

**Security** shall respond to all alarms by:

- 1) Confirming fire or false alarm and report to switchboard.
- 2) Assisting in containment of fire and/or evacuation of persons in the area.
- 3) Assist Fire Department by providing locations and door and elevator keys to fire scene
- 4) The Chief of Security (or designee) will coordinate activities of security personnel

**Housekeeping** staff discovering a fire should follow the **RACE** procedure.

- 1) Follow the directions of the ward or cottage nurse.
- 2) Do not alarm the consumers
- 3) Help close doors and windows including those to storage and supply rooms
- 4) Clear all corridors leading to exits
- 5) Help medical personnel on ward
- 6) Conduct clean up after the fire.

**Laundry** – if the facility has on-grounds laundry operations in the area affected by the fire, staff should:

- 1) Remove all equipment from hallways, consumer rooms, etc. Store in linen room if time and safety permit.
- 2) Close all laundry chute vents.
- 3) Close all doors and windows to linen rooms, storage areas and laundry room.
- 4) Report to the person in charge for assignments.

**Dietary** staff discovering a fire should follow the **RACE** procedure

- 1) The chief dietitian will coordinate the activities of dietary personnel.
- 2) If the fire is not too advanced, attempt to extinguish with the proper portable extinguisher.
- 3) If the fire is under the hood, the automatic suppression system will be activated.

**Maintenance** discovering a fire in their area, shall initiate the **RACE** procedure.

- 1) The chief engineer will coordinate the specific duties of the maintenance personnel (or designees) including:
  - a) Disconnecting electrical service on exterior of building.
  - b) Turning off main gas valves on exterior of building.
  - c) Return services as soon as possible after fire.
  - d) Remove any equipment from hallways.
  - e) Close all doors and windows to work areas and storage rooms.
- 2) Assure that the fire protection systems are operable and in service after use in coordination with the Fire/Safety Specialist
- 3) All staff not assigned to a specific job will report to their immediate supervisor.

**Administration** staff shall (if safe to do so):

- 1) Secure all administrative and financial records and have ready to move to a safe area.
- 2) Secure a copy of employment, emergency and consumer rosters.
- 3) Shut off all electrical equipment.
- 4) Close all doors and windows to the office areas.
- 5) Await further instructions.

**ALL STAFF: Respond as directed. If the fire is not in your area, all staff not providing direct assistance should remain in their work area and close all doors.**

### **WARD, UNIT AND COTTAGE AREAS**

**Head Nurse** (or Designee):

- A. Go immediately to your unit
- B. Turn off oxygen equipment
- C. Initiate **RACE** procedure
- D. If trained, attempt to extinguish fire if fire is small.
- E. Contain fire by closing doors.
- F. Get the first aid kit if safe to do so.
- G. Assume responsibility for evacuation of unit if needed.
- H. Administer first aid.

**Professional Staff**

- A. Assist in evacuating consumers
- B. The head nurse maintains leadership. Follow his/her instructions.
- C. After evacuation, account for each consumer assigned to you. Stay with the consumers during the entire process including complete evacuation, return to unit or transfer to another unit.

### **Nursing Staff**

- A. Locate consumers assigned to you or take those designated by the head nurse (or designee) and isolate them from the area of the fire.
- A. Prepare consumers for evacuation. Follow safe carry positions for mobility restricted consumers to avoid unnecessary physical injury.
- B. Follow instructions of head nurse (or designee).
- C. After evacuation, account for each consumer assigned to you. Designated staff should remain with the consumers during the entire process including complete evacuation, return to unit or transfer to another unit.

### **All Ward or Cottage Staff**

- A. All consumers not immediately threatened should remain in their
- B. rooms/cottages.
- C. If evacuation becomes necessary, horizontal exits to the adjacent smoke compartment, ward, wing, or cottage should be used.
- D. After determining the ward to be empty, leave and close the fire door. Take Kardex and Medical Cart if safe to do so.
- E. The head nurse (or designee) should know at all times how many consumers are on the unit.
- F. Determine that all consumers who might have been in restraints and/or seclusion have been evacuated if necessary.
- G. Call/radio the Switchboard operator and report the safe evacuation.
- H. Stay with consumers and staff and wait for further instructions.
- I. Use Kardex to count evacuees and again upon returning to the unit.

### **EVACUATION RULES AND ROUTES:**

- A. Each facility shall have evacuation routes and alternate routes established for each facility building and shall drill all routes established for evacuation.
- B. Some buildings such as forensic and correctional buildings may require specific procedures to be set by the facilities in keeping with JCAHO or ICFM Standards.

### ***See Evacuation Annex***

### **NIGHTS, WEEKENDS AND HOLIDAYS**

- A. All procedures apply to Evenings, Nights and Holidays.
- B. Designated staff shall be trained to follow all procedures within the different roles including cleaning and resetting the alarm system.
- C. Drills should be done on nights and weekends as well as during the day to prepare all staff.

### **AFTER AN EVENT**

#### ***Facility head or designee will:***

- 1. Offer individualized counseling and support to any consumers who appear to need them.

2. Address the concerns of staff and offer EAP services to those needing them.
3. Provide additional information to parents/guardians if needed.
4. Conduct employee meetings for communication and operational debriefing.
5. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation.



<b>Flood Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Floods are one of the most common hazards in the United States. Floods may also occur due to the malfunction of equipment. The area impacted could be localized such as an overflow of a small stream or break of a dam or it could be widespread due to excessive amounts of rain. This procedure is designed to help management prepare for such an event and to help staff deal with an emergency situation should such an event occur.

**DEFINITIONS**

Flooding is defined as the inundating or excessive flow of water that seriously threatens the functionality of an area. All floods are not alike as some develop slowly; sometimes they might occur over a period of days. Others, such as flash floods may develop rapidly without any warning. Missourians are more subject to overland flooding because a defined river or stream might overflow its banks due to excessive amounts of rainfall. FEMA uses the following terms to define the various threat levels due to flooding:

**Flood Watch:** Flood watches are issued when the risk of a flood event has increased significantly but the occurrence, location, or timing remains uncertain. Watches are issued to provide sufficient lead time for those in the danger zone to set or finalize their plans of how they will deal with this possibility. Those in the affected areas should listen to the local radio stations for weather updates.

**Flash Flood Watch:** Flash Flooding is possible in some areas. Be prepared to move immediately to higher ground. This level of flooding is not only property threatening but can be life threatening and should be taken very seriously. Plans for evacuation should be finalized. Those in the affected areas should listen to the local radio for weather updates.

**Flood Warning:** Warnings are issued when flooding is occurring, is imminent, or has a high probability that it will occur soon. They are issued when hazardous weather conditions pose a real threat to life or property. You may be advised to evacuate or seek higher ground. Listen to the local radio station for weather updates.

**Flash Flood Warning:** A flash flood warning means you may have very little time for before floodwater reach your area. A flash flood can happen so rapidly that you may not even get a warning. If a warning of this type is issued, you should move everyone to higher ground or seek safety immediately. Stay tuned to the local radio station for weather updates.

## **INDICATORS/IMMEDIATE CONCERNS**

- Heavy rains may cause flood water to impact a facility building, access to the building or parking areas. Decision makers should be at a high state of alert and be poised to act. Violent winds may accompany these rainstorms thus making windows, doorways and other infrastructure vulnerable to damage.
- The National Weather issues a flood watch or warning that indicates that streams or rivers will surpass flood levels that will affect the facility or parking areas.
- Electrical centers such as electrical panels and emergency generators may be in an area of high danger. Other equipment such as water heaters, furnaces and A/C may be at risk.
- Storm sewers or sewer traps may be overcome by the excessive amounts of water and cause water to back up or seek another area to flow.
- Walls to the building could become weakened or damaged if the floodwaters are high.
- A pipe ruptures or a sewer system malfunction occurs that threatens to flood or floods a facility building.

## **PROCEDURES**

### **Before a Flood**

#### **The Safety Officer and others as necessary will:**

1. Elevate the furnace, water heaters, and electrical panels and generators if susceptible to flooding.
2. Install “check valves” in sewer traps to prevent flood water from entering the sewer system.
3. Construct barriers such as levees and floodwalls that may stop floodwater from entering the buildings.
4. Have water pumps available to immediately pump out water if the water levels are not overwhelming.
5. Have an emergency plan in place to insure how you will deal with insuring that consumers and personnel will remain safe.
6. Emergency plans should include the security of medications and other medical essentials.
7. Make sure that the facility has emergency drinking water that is safe for both consumers and staff.
8. Make sure that the maintenance department has a plan for handling utilities.
9. Have battery operated flashlights available along with at least one battery operated radio for weather bulletins.

### **During a Flood**

1. If the flooding is due to rainfall causing a flash flood situation without warning, any staff discovering the situation should report it immediately to the Safety Officer and should evacuate anyone in immediate danger to higher levels
2. If the flood situation occurs due to the rising of a spring/river, the facility will follow the directions of the area emergency management agency regarding evacuation
3. Staff discovering flooding due to pipe breakage or sewer back-up will immediately notify the Safety Officer and evacuate anyone in immediate danger.
4. The Safety Officer, engineer, and maintenance staff (if necessary) will:

- a. Shut down the water main if the flooding is due to a busted pipe.
- b. Make sure that all utilities have been disengaged.
- c. Assess the flooding situation and provide a report to the Facility head or his/her designee including extent of involvement, essential services directly affected, essential services indirectly affected and the estimated length in time of the disaster.
- d. Move essential equipment or furniture to higher ground.
- e. Insure that food in freezers will be handled carefully. Dry ice may be used for a few days if alternative freezer space is not available.

**The head of the facility (or designee) will:**

1. Establish an Incident Command Center if necessary due to the extent of the flooding. Members may include:
  - a. Head of Facility
  - b. Medical Director
  - c. Nursing Director
  - d. Physical Medical Doctor
  - e. Infection Control Nurse
  - f. Employee Health Nurse
  - g. Fire/Safety Specialist
  - h. Security
  - i. Engineer
  - j. Human Resources
  - k. Director of Housekeeping
  - l. Dietary

**The nurse supervisors will ensure the safety of everyone by:**

1. Assessing the status of all consumers and reporting this information to the Facility Head, Incident Commander, should an Evacuation advisory be issued
2. Move everyone to higher ground if needed.
3. Make arrangements for medical assistance as needed.
4. If numerous consumers require hospital treatment, alert area hospitals of what to expect.

**The head of the facility and/or the Incident Command Center will:**

1. Coordinate with the Emergency Management Agency
2. Inform all department heads and nurse managers of the flooding and decisions as to relocation, essential services, etc.
3. Provide emergency notification to all staff, to possible alternate facilities if they may be needed and to emergency resource contacts.
4. Assemble all available supervisory and other non-affected personnel as needed to act as a manpower pool to be assigned to affected areas or departments.
5. Recall staff as needed.
6. Supply emergency drinking water if needed from the facility's reserve. Utilize emergency flashlights and other needed emergency supplies kept on hand.
7. Determine if evacuation of one or more departments and/or buildings is necessary.

8. Move all consumers to unaffected area.
9. Notify the DMH Central Office, READI Team and the Regional Office.
10. Notify parents/guardians of status and what the facility is doing to protect consumers.
11. Estimate transportation requirements for evacuation based on the nursing supervisory report regarding the status of current consumers.
12. Ensure that everyone stays away from electrical equipment or anything related.
13. Caution everyone that they should not walk through moving water. Six inches of rapidly moving water can cause one to fall.
14. Caution staff to not drive vehicles into flooded water because a person generally cannot tell its depth. Two feet of moving water can carry away a car into a deeper pool of water.

If it is certain the facility will flood from flash floods or a rising river, the Incident Command Center will:

1. Maintain Contact with the County/City Emergency Manager, requesting assistance in evacuating the facility and transportation of residents, if necessary.
2. Notify Central Office and READI Team to alert SEMA and/or DHSS CERT if needed.
3. Recall staff as necessary.
4. Notify other facilities with which you have agreements to be prepared to receive consumers.
5. Have consumer records moved to a safe area
6. Move furniture, equipment, supplies and food to the highest elevation of the facility.
7. Notify parents/guardians of the status of the consumers.
8. Be prepared to respond to media inquiries or refer to the Central Office PIO.
9. Shut off all utilities.
10. Activate vendor agreements for pump rental or call the fire department or local emergency manager to request assistance in locating pumps.

### ***See Evacuation Appendix***

#### **After a Flood**

- 1) Listen to weather reports to learn when it is safe to return to the impacted areas.
- 2) If you rely on the community water supply, make sure you know when it is safe to drink. Do not use contaminated water to wash dishes or prepare food or make ice.
- 3) Do not use food supplies that have come into contact with flood water.
- 4) Stay away from standing water or downed power lines.
- 5) Insure that all medicines have not been compromised.
- 6) Maintenance staff or others responsible will:
  - a) Carefully examined the building structure to insure its safety.
  - b) Repair as necessary before reoccupation
  - c) Make sure that damaged sewer lines are fixed quickly.
  - d) Make sure that all electrical equipment is inspected carefully before it is restored and returned to normal service.
  - e) Clean and disinfect everything that got wet such as counter tops, cabinets, and flooring.
  - f) Washing machines may also need to be disinfected.
  - g) Carpeting and rugs should be steam cleaned or removed as they may contain molds and other potentially dangerous diseases.

## **AFTER AN EVENT**

### ***Facility head or designee will:***

1. Offer individualized counseling and support to any consumers who appear to need them.
2. Notify parents/guardians of the status of consumers who might have been impacted
3. Address the concerns of staff and offer EAP services to those needing them.
4. Address decontamination procedures and concerns if these were taken by responding emergency personnel
5. Conduct employee meetings for communication and operational debriefing.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.
7. Arrange for additional security or additional staff as needed.
8. Prepare plan as necessary for clean-up and repair activities working with OA Facilities Management.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented

13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

<b>Foodborne Illness Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

In the event of a foodborne illness or food contamination, the facility will take all precautions to protect patients, visitors and staff to the best of its ability. There may be a delay between a person’s ingestion of food and the onset of illness that makes it difficult to recognize the cause of the illness by health authorities. If there is a widespread outbreak of illness, the facility will be in touch with health officials as to the appropriate procedures to take.

**DEFINITION**

A food borne illness is any illness that is related to food ingestion. Although gastrointestinal tract symptoms are the most common clinical manifestations of food borne illness, systemic symptoms may also occur. Food borne illnesses may be caused by viral, bacterial, parasitic, fungal, and non-infectious causes.

**INDICATORS**

- Consumers and/or staff begin complaining of gastrointestinal tract symptoms including diarrhea leading to dehydration, prolonged diarrhea, bloody diarrhea, sudden onset of nausea, vomiting, and diarrhea; severe abdominal pain, weight loss, fever, neurological involvement such as motor weakness, paresthesias, cranial nerve palsies or symptoms of shock.
- Consumers or staff that is diagnosed with a food borne illness.
- Diagnosis is made of one of the following foodborne bacterial illnesses including, but not limited to: Botulism, Brucellosis, Cholera, Escherichia Coli O157:H7, Hemolytic Uremic Syndrome, post-diarrheal; Salmonellosis, Shigellosis, Typhoid fever, notifiable viral food borne diseases and conditions, Hepatitis A, notifiable parasitic food borne diseases and conditions; Cryptosporidiosis, Cyclosporiasis, trichinosis.

**PROCEDURES**

***Illness or Infection is taking place at the facility:***

1. Facility or on-call physicians or nurses and clinical staff will immediately notify the following individuals or their designees if a food borne illness appears to be occurring among consumers at the facility:
  - a. Head of Facility
  - b. Medical Director
  - c. Nursing Director
  - d. Infection Control Nurse

- e. Employee Health Nurses
  - f. Dietary
  - g. Security or shift supervisor
2. The Infection Control Nurse will notify the Local Public Health Agency and the Department of Health and Senior Services (DHSS).
3. The Head of the facility or designee will notify Central Office.
4. To prevent spread of the illness, an investigation will be initiated by the facility and if necessary by DHSS.
5. If an illness is found related to safe food handling practices and technologies, all policies will be reviewed regarding the facility's procedures.
6. Initial Control Measures for Suspected Infections
  - A. Physicians and ward nursing staff will initiate the following control measures:
    - i. Standard Precautions. Implement transmission based precautions if necessary.
    - ii. Ill consumers may be referred to an acute care facility.
  - B. Employees
    - iii. A report regarding ill or exposed employees should be made to the Employee Health Nurse/Infection control nurse and/or after hours to the nursing supervisor.
    - iv. Human Resources or the designated supervisor will call the emergency contacts listed for employees who become ill and unable to drive.
7. The facility head or designee will notify parents/guardians of status and what the facility is doing to protect consumers.

#### **AFTER AN EVENT**

##### ***Facility head or designee will:***

1. Provide additional information to parents/guardians if needed.
2. Conduct appropriate follow-up until the situation is resolved.

#### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

#### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

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10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

### **RESOURCES**

Food Code: <http://www.dhss.mo.gov/FoodCode/>

Information on specific food borne illnesses: <http://www.dhss.mo.gov/CDManual/CDManual.htm>

### **Toll Free Information Numbers:**

CDC Voice Information System: 888-CDC-FAXX (232-3299);

FDA Safe Food Hotline: 888 SAFE-FOOD (723-3366);

USDA Meat and Poultry Hotline: 800-535-4555.



<b>Gas Leak or Disruption in Supply Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Gas is one of the primary sources of power for residential facilities. This source of energy becomes especially important in the winter as many public buildings use gas for heating. It also is a primary fuel used in the preparation of hot foods, heating water, and often used in clothes dryers. All of our staff and residents could immediately be impacted if there is not a normal flow of power in the form of natural gas to the buildings where our consumers are treated and housed. This procedure is designed to help management prepare for an emergency related to gas in the event of a shortage, disruption or leak.

**DEFINITION**

Gas disruptions (lack of gas/power) or gas leaks are defined as anything other than a normal flow of gas controlled completely by user demand.

Most of the gas used by the Department of Mental Health facilities is in the form of natural gas. It is likely transported by buried pipelines. Propane gas, a by-product of petroleum, may be used by some smaller facilities and is often used by modular buildings. Propane is usually stored in large silver tanks that will likely be positioned outside the building. Both natural gas and propane gas are odorless so a harmless chemical odor is added for easy leak detection.

**INDICATORS WITH IMMEDIATE CONCERNS**

- The smell of gas indicates an immediate problem and action should be taken.
- Natural gas is lighter and usually dissipates in air. However, if it is confined in a building, it can become concentrated and if ignited could lead to a violent explosion.
- Any flames or burning objects in the presence of a gas smell are potentially hazardous.
- Heating fuels such as oil, coal, gasoline, kerosene and natural gas can create carbon monoxide. This product is colorless, odorless and high levels can be dangerous. Fuel burning appliances that are functioning improperly are subject to build-ups of carbon monoxide.
- If a gas disruption or loss of gas occurs in the winter, a natural consequence is colder room temperatures and a loss of hot water.

**PROCEDURES (during the event)**

**Nursing staff** should open windows immediately to prevent more gas accumulation. Do not turn on any light switches if they are not already activated. Use flashlights if necessary.

**Nursing supervisors** shall do the following:

1. Notify the safety engineer or maintenance staff of a problem
2. Call the facility head or his designee
3. Assess the physical status of staff
4. Assess the status of residents for medical concerns and inform the Facility Head of the local conditions
5. Be prepared to consider making a recommendation to head of facility that an evacuation may be necessary for the ward or building
6. **If residents and staff are feeling ill, make an immediate evacuation**
7. Arrange or plan for additional staff to boost manpower if any emergency procedures become necessary
8. If we have a disruption of gas in the winter, the impact is not likely to be immediate. Consumers may need blankets to maintain warmth. Loss of gas during days of warm temperature will likely not have much impact on a short-term basis.

**The safety officer, engineer or maintenance staff shall:**

1. Turn-off the main valve
2. Call gas company if necessary
3. Carefully inspect suspect equipment and make repairs as necessary
4. If the gas supply completely shuts down, the engineering department shall inform the gas company or the utility who supplies the gas.

**The head of the facility (or designee) shall:**

1. Inform all department heads and nurse managers of the gas leak/disruption and what procedures may be necessary.
2. Determine if evacuation is necessary; safety of residents and staff is the top priority (See Evacuation Plan)
3. Make sure all visitors exit the immediate area of the building.
4. Review evacuation plan
5. Provide adequate labor pool for evacuation.
6. Make sure that sufficient security staff are available.
7. Insure that the facility has adequate emergency essentials (drinking water, medicines, blankets, transportation) to accompany consumers and staff when/if an evacuation becomes necessary.
8. Notify the DMH Central Office if evacuation occurs.
9. If there is a loss of gas, one immediate concern would be the kitchen, laundry facilities and to a lesser degree, the absence of hot water for bathing. Begin preparation for back-up to each area.
10. Secure necessary back-up items if the facility will have long term loss of gas.

**AFTER AN EVENT**

**Facility head or designee will:**

1. Offer individualized counseling and support to any consumers or patients who appear to need them.
2. Notify parents/guardians of the status of patients who might have been impacted.

3. Address the concerns of staff and offer EAP services to those needing them.
4. Address any decontamination procedures and concerns if these were taken by responding emergency personnel.
5. Conduct employee meetings for communication and operational debriefing.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.
7. Arrange for additional security or additional staff as needed to return to normal conditions.
8. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected.

## **PREVENTION**

Assign a committee to perform a post-event review to evaluate if the facility did everything they could have done to avoid the incident.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns

14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

<b>Hazardous Materials – Chemical Agent Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED:

**INTRODUCTION**

A hazardous material incident may take place inside the facility, for example a chemical spill or from outside of the facility such as a chemical truck, plant spill or plane crash. Although it is not possible to establish procedures for specific situations, the following guidelines will assist in decision making if a spill should occur.

In addition to this procedure, facilities having maintenance procedures will refer to their Maintenance Policy.

**DEFINITION**

Hazardous material release: The release of a substance that requires specialized care and containment and whose release has the potential for harming people’s health.

**INDICATORS**

1. Noxious fumes
2. Unusual odor
3. Unexplained symptoms that would suggest chemical exposure including:
  - a. Tearing
  - b. Difficulty breathing
  - c. Burning sensation in eyes, nose or mouth
  - d. Headaches
  - e. Dizziness
  - f. Confusion
  - g. Lack of coordination
  - h. Nausea
  - i. Neurological changes
4. The spill of a hazardous material that is stored within the facility
5. Unidentified substance or spill at or near the building
  - a. Minor incident at facility – no illness or injuries
  - b. Minor spill at facility with illness or injuries
  - c. Major spill at or near the building – no illness or injuries
  - d. Major spill at or near the building with illness or injuries
6. Package with indicators that contents may be hazardous materials
7. Notification by emergency personnel of a hazardous material spill in proximity to the building
8. Media announcements of a hazardous material incident that affects the facility or areas near by
9. Dying animals or birds.

## **PROCEDURES**

Employees should notify their supervisor and their safety representative of the following conditions:

1. The signs and symptoms mentioned above are experienced by employees or others
2. Spills of substances in or near the building
3. Threats of release
4. Suspicious activity in, on or around any of the facility buildings
5. Approach by unknown parties with request to deliver unidentified or suspicious packages or materials to the facility

### **Minor Incident**

Actions may be taken by anyone within the level of their training at the site of a minor incident (small leak or spill that can be safely handled by person(s) in the area) with no illness or injury:

1. Report to supervisor and/or retrieve a copy of the Material Safety Data Sheet (MSDS) and follow the appropriate instructions per size and quantity of spill to clean up and dispose of the hazardous material(s).
2. Submit a written incident report describing what occurred and how the situation was addressed.

### **Major Incident** (container with 250 gallons or more)

Actions may be taken by anyone who sees the incident.

1. Call 911.
2. Call the facility head or designee, and the safety director or designee
  - a. Report the incident providing:
    - i. Material spilled/released if known;
    - ii. If unknown, give material description, i.e. liquid/solid/powder/gas, color, odor or other noticeable characteristics
    - iii. Location of the spill if immediate outside assistance (medical, clean-up, etc) is needed.
3. Secure the contaminated area from approach by others.
4. Avoid contact with liquids or fumes
5. Eliminate sources of ignition if fire/explosion is a possibility (smoking, electrical motors, flares, etc)
6. As the situation allows, initiate any first aid measures as recommended by the Material Safety Data Sheet (MSDS).
7. Remain at the incident site (if not hazardous to do so) until a response team arrives).

### **Incident Command System**

The facility head or designee shall activate the incident command center:

1. Notify the following (or their designee) of the hazardous incident, providing any information known such as the location and materials involved:
  - a. Chief Executive Officer
  - b. Chief Operating Officer
  - c. Chief of Clinical Services
  - d. Chief of Medical Staff

- e. Fire/Safety Specialist
  - f. Maintenance Department Head
  - g. Chief Security Officer (or Shift Supervisor)
  - h. Hospital Nursing Supervisor or Designee
  - i. Program Shift Manager
2. Notify all others determined necessary.
  3. Assess the situation with command center members, and in the absence of a trained response team contact the following for assistance as necessary:
    - a. The Department of Natural Resources twenty-four hour emergency line: (573) 634-2436
    - b. The DMH Central Office and regional offices.
  4. Activities of the incident command center may include, but not be limited to:
    - Command Center members and responding agencies make a determination if evacuation or other environmental controls are needed.
    - Direct the staff who are familiar with detailed functions of the facility to provide the necessary assistance and expertise to the responding agencies in order to provide timely containment, control, and elimination of the hazardous material(s)
    - Once the hazardous material incident has been properly addressed as determined by the responders, the Facility head shall authorize the “all clear” announcement. If any restrictions apply, appropriate persons shall be notified.
    - If the facility Incident Command members determine that further actions are needed to protect the safety of staff, consumers and visitors, building staff will be advised about appropriate actions for them to take.

#### **EVENINGS NIGHTS, WEEKENDS AND/OR HOLIDAYS**

If an incident occurs during evenings, nights, weekends or Holidays, the designated supervisor will call the emergency number and/or notify appropriate persons of the incident and initiate other needed calls for assistance as determined necessary to alleviate the hazardous materials incident.

#### **AFTER AN EVENT**

##### ***Facility head or designee will:***

1. Offer individualized counseling and support to any consumers who were exposed, decontaminated, or who expressed concern that they were exposed.
2. Notify parents/guardians of the incident if consumers were affected.
3. Offer counseling referrals to any visitors who were exposed, decontaminated, or who expressed concern.
4. Conduct employee meetings for communication and debriefing.
5. Offer EAP services to staff needing them.
6. Address concerns about risks to family and communication with medical providers for staff, consumers and visitors

7. Conduct appropriate follow-up of physical and emotional treatment and recovery until the situation is resolved.
8. Review incident reports

### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete necessary reports including an initial incident report, chronological log, spiller's or discoverer's report, investigative report and final incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Div. of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

## **Heating Ventilation & Air Conditioning Disruption Appendix**

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### **INTRODUCTION**

The Heating Ventilation and Air Conditioning (HVAC) system of any building may be the prime line of defense against emergencies and hazards and is largely responsible for the comfort, safety, and healthy working conditions of all building occupants. The HVAC system can also effectively spread disaster and disease as quickly as it disburses conditioned air and heat.

### **DEFINITION**

Effective use of the HVAC system must be identified to reduce or mitigate the harmful effects caused from extreme weather and storm damage with resultant mold, mildew, dust, harmful particulate matter, smoke and ashfall, internal or external contaminants, dangerous chemicals and other toxins which pose health hazards to building staff and consumers. Successful utilization of the facility HVAC system to isolate, reduce, or remove the spread of potentially harmful contaminants will largely determine the significance of this health threat.

### **INDICATORS**

- An anticipated or unanticipated event results in the contamination or potential contamination of the building in an isolated area or in larger areas of the facility.
- Some type of building contamination is detected either by physical or sensory awareness of unusual odors, behavioral response or a sudden onset of signs and symptoms which are indicative of illness from contaminants.
- The facility is warned by Emergency Management or other first responders that there has been a dangerous release and that the facility should take appropriate precautions.

### **PROCEDURES**

1. The HVAC system should quickly be shut down completely or placed under fire mode as recommended during a fire or smoke event. This action will greatly reduce the potential for spreading the contaminants throughout the facility.
2. The facility may contact the HVAC company emergency representative for additional system specific safety precautions to implement.
3. Precautionary evacuation of staff and consumers should be accomplished as determined by the assessed risk factors.
4. The HVAC system should remain off while a thorough health and structural assessment of the nature and extent of the contaminants has been completed.

5. A fire and safety inspection should be conducted by local authorities prior to returning staff and consumers to the facility.

### **AFTER AN EVENT**

Facility head or designee will:

1. Offer individualized counseling and support to any consumers who appear to need them.
2. Address the concerns of staff and offer EAP services to those needing them.
3. Address decontamination procedures and concerns if these were taken by responding emergency personnel
4. Provide additional information to parents/guardians if needed.
5. Conduct employee meetings for communication and operational debriefing.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
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7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management

11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



# Homeland Security Alerts Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

As a **public entity**, it is the facility’s responsibility to advise facility workforce and residents and take appropriate steps to provide security consistent with accepted community standards. Local situations or conditions or a change in Homeland Security alert levels may require changes in facility security policy and practices. This procedure is designed to promote systematic planning, communication training and response.

**DEFINITION**

The Homeland Security Advisory System (HSAS) is a system designed by the Federal government to combine threat information with vulnerability assessments in order to provide communication to public safety officials and to the public in general. The color coded threat level system is used to communicate the level of threat so that protective measures can be implemented by local governments, communities, businesses, agencies, organizations and individuals.

<p><b>SEVERE</b></p> <p><i>Severe Risk of Terrorist Attacks</i></p>
<p><b>HIGH</b></p> <p><i>High Risk of Terrorist Attacks</i></p>
<p><b>ELEVATED</b></p> <p><i>Significant Risk of Terrorist Attacks</i></p>
<p><b>GUARDED</b></p> <p><i>General Risk of Terrorist Attacks</i></p>
<p><b>LOW</b></p> <p><i>Low Risk of Terrorist Attacks</i></p>

## **INDICATORS**

- Notification of change of HSAS alert level by the State Emergency Management Agency (SEMA) or the Department of Public Safety - Homeland Security,
- Media Reports of change in HSAS alert level verified by checking official website or other sources,
- Local threat or building specific threat that warrants increased security measures,
- Notification by DMH Central Office that the HSAS alert level has changed.

## **PROCEDURES**

1. Notify workforce of local threat or change in HSAS alert level and associated procedural requirements.
2. Notify visitors and vendors of increased security provisions consistent with increased threat levels.

### **Response to alert level changes**

Due to HIPAA confidentiality issues, as well as to maintain employee safety, the minimal level of security required for the facilities must comply with DOR 1.330 Reception and Hosting of Visitors ( found at <http://www.dmh.mo.gov/oqm/regs/dors/ch1/> ) that mandates:

1. Limiting public access to doors that have reception and screening capabilities.
2. Requiring registration and hosting of all visitors to facility buildings.
3. Establishing business hours for reception and prohibiting visitors during non-business hours except for official business purposes and with supervisory pre-approval
4. Restricting access by visitors to areas where confidential information may be accessed

The following procedures establish minimum provisions that must be in place and are the same procedures for low (**green**), guarded (**blue**), and elevated (**yellow**) levels of threat as determined by the Director of Homeland Security at the national level.

1. **Orange - high** or **Red - severe** alert level.

Based on the information provided by the Department of Public Safety, Homeland Security, additional security precautions may be taken by the facility head or his/her designee such as:

- A. Requiring visitors to show identification to access facility buildings
- B. Searching parcels and packages before building entry.
- C. Additional screening of mail or other deliveries
- D. Adding further restrictions to visitors
- E. Increased surveillance and vigilance regarding activity on the grounds or near facility buildings.
- F. Heightened cyber security measures
- G. Any other measures necessary to protect the well-being of employees and others in the building
- H. At the highest levels of alert, extreme precautions may be undertaken such as use of a skeletal or essential workforce only, search of employee bags, canceling all public meetings, locking all doors, and preventing visitor access. The facility head or his/her designee may initiate specific measures that will be described in a directive to staff.

- I. Updates will be provided as additional information is available to assure that the workforce is informed.
  - J. Specific procedures for requesting and approving leave will be established consistent with DMH Central Office guidance and with the situation.
  - K. When the alert level is decreased, procedures will return to the earlier status as directed by the facility head.
  - L. There may be times when special instructions are issued from the Director of DMH that will be applicable to certain facilities or all facilities dependent on the alert status and information received.
2. Additionally in a **Red-severe** alert level, the facility head or his designee will:
- A. Establish a communications center or other method to notify families and consumers of DMH activities in response to the increased level.
  - B. Cancel individual or group outings to public events or large public venues for the duration of the red alert.
  - C. Implement daily monitoring of rates and trends in infections and illness among staff and consumers and report any unusual changes to the facility head and DMH Central Office as well as other authorities if it meets threshold reporting criteria for public health conditions.
  - D. Review facility emergency plans, personal readiness plans, and updated call-down lists for facility staff.
  - E. Review approved travel and leave during the red alert period to determine changes needed to assure staffing availability and coverage.
  - F. Refer policy and legal issues through the chain of command as appropriate to the situation.

### **POST EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented

13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation.

<b>Hostage or Barricaded Person Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

A hostage or barricaded subject incident will be approached cautiously with the safety of all involved paramount. The facility’s desire is to keep all staff, visitors and consumers safe and secure. Therefore anyone near the location of the situation will be relocated until the incident is resolved.

**DEFINITIONS**

**Hostage:** Any individual held by another against his/her will by force or threat of force, expressed or implied.

**Hostage event:** When an individual staff, visitor, or consumer is held against his/her will by force or threat of force and specific demands may or may not be made by the hostage taker(s).

**Barricaded subject:** An individual staff, visitor or consumer who has blockaded him/herself in, is in a stronghold position and will not allow anyone to approach. A barricaded subject may or may not have hostages, and may or may not be a danger to him/herself and/or others.

**INDICATORS**

- An individual(s) has taken a hostage(s) and will not release them
- An individual(s) is barricaded in an area alone, will not come out or allow others in to assist them.
- An individual(s) is barricaded with hostages and is threatening verbally with or without weapon(s) present.

**PROCEDURES**

1. Any staff members that are taken hostage are immediately temporarily relieved of their duties.
2. If at all possible, do not allow the hostage taker to leave the building with a hostage.
3. Immediately notify the facility head or designee and security of the hostage situation.
4. Facility staff should not try to disarm or negotiate with the hostage taker, or offer themselves as a hostage.
5. The facility head will notify police and establish an incident command center if needed. A trained hostage negotiator will be requested.
6. The area of the hostage situation is to be immediately secured and supervisors immediately notified by runners or the code system.
7. All uninvolved consumers, visitors and staff are to be removed from the area if this can be safely accomplished.
8. The following information if known is to be gathered so that it is available for the trained hostage negotiator once he/she arrives and/or police:

- Number of hostages
  - Name(s) of the hostages
  - Physical condition of the hostage(s)
  - Name(s) of the hostage takers
  - Weapons involved
  - Exact location of the hostage(s) and hostage taker(s)
  - Demands of the hostage taker(s) if known. No attempts should be made to determine demands unless the hostage taker(s) has/have sent word by note, phone calls, etc.
  - Condition of hostage taker(s) – physical and mental if known
  - Floor plans of facility building where hostages are with ingress and egress marked.
- 9. Upon arrival, the trained hostage negotiator has complete authority while attempting to resolve the hostage situation in a safe manner.**

### **AFTER AN EVENT**

#### **Facility head or designee will:**

1. Offer individualized counseling and support to any consumers who were held as hostages.
2. Notify parents/guardians of the incident if consumers were affected.
3. Offer counseling referrals to any visitors who were held as hostages.
4. Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future.
5. Offer EAP services to staff needing them.
6. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
7. Follow appropriate procedures for treatment and/or prosecution of the hostage taker
8. Arrange additional security as needed.

#### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Any necessary reports will be filed with Central office and the state Office of Administration, Div. of Risk Management.

### **POST EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
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14. Just-in-Time trainings identified and/or utilized
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## Indoor and Outdoor Air Quality Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### **INTRODUCTION**

Air quality can be affected by many different types of materials and the facility’s response includes a combination of prevention and control. Air quality control events can happen quickly. These guidelines are in place for the protection of our consumers, visitors and staff. The most effective action for consumers, visitors and staff to take will be to minimize their exposure to indoor or outdoor air pollutants.

### **DEFINITION**

Air pollution is the addition of harmful substances to the atmosphere resulting in damage to the environment, human health, and quality of life. Air quality can be affected by outdoor pollutants or by substances inside a building such as cleaning materials, paint, gas leakages, etc.

### **INDICATORS**

- State issued warning.
- Local emergency management or city issued warning.
- An air quality alert issued through the St. Louis Office of Air Pollution Control or similar offices in other Missouri cities through public broadcast systems.

### **Outdoor Air**

- Polluted air from smoke, pollen, dust, fungal spores, industrial emissions and vehicle emissions.
- Consumers, visitors and/or staff are exhibiting physical symptoms such as respiratory problems, irritated eyes, cough, wheezing, etc. along with other indicators of pollution.

### **Indoor Air**

- Noxious gases within the facility such as carbon monoxide may or may not have an odor to them. (See Hazardous Materials – Chemical Agent Procedure). \*Carbon monoxide detectors may be utilized with this monitoring process.
- People who are especially susceptible to the effects of indoor air contaminants are having increased problems, for example: allergic or asthmatic individuals or people with sensitivity to chemicals; people with respiratory disease; people whose immune systems are suppressed due to radiation, chemotherapy, or disease; contact lens wearers. These people are having reactions indoors, but not outdoors.

- Consumers, visitors and/or staff are exhibiting physical symptoms such as headache, fatigue, shortness of breath, sinus congestion, cough and sneezing, and/or wheezing; eye, nose, throat, and skin irritation; dizziness and nausea. (These symptoms can also be caused by other factors).
- Clues that indicate the problem may be an indoor air problem follow:
  1. The symptoms are widespread
  2. Symptoms disappear when people leave the building for a day or even less than a day
  3. The onset is sudden after a change at the building such as new cleaning solutions being used, painting or pesticide treatment.
  4. A health care professional has found that a staff person, client or patient has an indoor air-related illness.
  5. Tests of indoor air quality show contaminants at an unacceptable level, i.e. mold levels, etc.
- Emissions from new furnishings and floorings which may emit formaldehyde gas
- The presence of microbial growth such as mold or noxious contaminants absorbed in furnishings and carpeting resulting from absorption of contaminated flood water
- Radon is tested and found. Symptoms from radon exposure may not become evident for many years
- Heating and/or air conditioning systems (HVAC) show contamination such as microbiological growth in drip pans, ductwork, coils and humidifiers, or dust and debris in ductwork
- Emissions from office equipment or shops, vocational art areas, copy/print areas, labs or residuals from chemicals used for cleaning purposes, dry erase markers and similar permanent ink pens, aerosol hygiene and cleaning products, and pests control products
- Odors from dumpsters and unsanitary debris or building exhausts near outdoor air intakes

## **PROCEDURES**

1. The State Office of Administration does not allow sterno cans, potpourri, heated potpourri pots, scented sprays, nail polish remover and burning candles within state buildings due to fire hazards and the chemical sensitivities of many persons. If persons within a facility building are using such materials, they should be asked by their supervisor to remove the materials from the building.
2. Staff will immediately notify their supervisor, and the facility head or his/her designee if an air quality incident is occurring.
3. The facility head or his/her designee will announce instructions as to the facility's course of action which may include the following:
  - a. Determine if one or more than one person is affected and the course of action to take, i.e. removing person or persons from the contaminated area, cleaning the area, etc.
  - b. Calling the DMH Facilities Administrator, and/or outside assistance to investigate the source of the problem if needed
  - c. Calling the division Director if a serious problem is occurring
  - d. Alerting the public information officer and providing accurate information if media have questions
  - e. Initiate staff call-down lists for staffing resources if needed
  - f. Evacuation instructions (with guidance from emergency management)
  - g. Evacuation instructions for specific populations such as persons with chemical sensitivity, heart, lung and/or respiratory problems

**Actions taken specifically due to outside contamination may include:**

1. Avoid outside activity for consumers and staff.
2. Avoid prolonged indoor activity for consumers and staff.
3. Close windows, doors, etc. to buildings.
4. In warm weather, run the air conditioner for internal only circulation.
5. Shelter-in-place or follow safe evacuation instructions (with guidance from emergency management).
6. Listen to public information broadcasts noting instructions being given concerning precautions to take, the severity of the pollution and the expected duration.
7. ALL persons should follow the precautionary instructions given with the alert.
8. Human Resources will notify parents/guardians of status and what the facility is doing to protect consumers.
9. Persons with respiratory ailments should cease doing strenuous activities.
10. See chart.

CATEGORIES	HEALTH EFFECT	CAUTIONARY STATEMENT
<b>Good</b>	None	None
<b>Moderate</b>	Possibility of aggravation of heart or respiratory disease	People with heart or lung disease should pay attention to symptoms.
<b>Unhealthy for Sensitive Groups</b>	Increasing likelihood of respiratory symptoms and aggravation of lung disease such as asthma.	People with respiratory or heart disease, the elderly and children should <b>limit</b> prolonged exertion and stay indoors when possible
<b>Unhealthy</b>	Increased respiratory symptoms and aggravation of lung and heart diseases; possible respiratory effects to general population	People with respiratory or heart disease, the elderly and children should <b>avoid</b> prolonged exertion and stay indoors when possible; everyone else should <b>limit</b> prolonged exertion.
<b>Very Unhealthy</b>	Significant increase in respiratory symptoms and aggravation of existing lung and heart disease; increasing likelihood of respiratory effects of general population	People with respiratory or heart disease, the elderly and children should <b>avoid</b> any outdoor activity; everyone else should <b>avoid</b> any outdoor exertion

<b>Hazardous</b>	Serious aggravation of heart or lung disease and premature mortality in persons with cardiopulmonary disease and the elderly; serious risk of respiratory effects in general population	Everyone should <b>avoid</b> any indoor and outdoor exertion; everyone should remain indoors whenever possible.
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(Recommendations compiled by Shannon Therriault, R.S. Air Quality Specialist Missoula City-County Health Department, 301 West Alder, Missoula, MT 59802; [therriaults@ho.missoula.mt.us](mailto:therriaults@ho.missoula.mt.us) )

**See Evacuation Annex**

**See Shelter-in-Place Annex**

**AFTER AN EVENT**

Facility head or designee will:

1. Conduct appropriate follow-up of physical and emotional treatment and recovery.
2. Provide Instructions to staff regarding resumption of total operations within the building or other buildings if needed.

**Incident Report**

If a loss of property or injury occurs designated staff will complete required reports according to policies and procedures. Necessary reports will be provided to the facility head, DMH Central Office and the state Office of Administration, Division of Risk Management.

**Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

**PREVENTION**

Control strategies include:

1. **Source management** includes source removal, substitution and encapsulation.
  - a. Examples of source removal:
    - i. Not allowing cars to idle close to the entrances
    - ii. Not placing garbage in rooms with HVAC equipment
    - iii. Banning smoking within the buildings
  - b. Examples of source substitution:
    - i. Selecting less toxic cleaning materials, paint, etc.
  - c. Examples of source encapsulation

- i. Asbestos abatement
  - ii. Pressed wood cabinetry with sealed or laminated surfaces
2. **Local exhausts** such as in bathrooms, kitchens, housekeeping storage rooms, printing and duplicating rooms and vocational/industrial areas.
3. **Ventilation** (see local codes) increasing ventilation in situations such as painting, pesticide application or chemical spills.
4. **Exposure Control** includes adjusting the time of use and location of use. Example: remove consumers to a different area when painting is occurring in their room, cottage, etc.; removing consumers when floors are being stripped and waxed.
5. **Air Cleaning** involves the filtration of air particles and should be a professionally engineered system if used.
6. **Education** of staff about sources and effects of contaminants under their control and the proper operation of the ventilation system.

State Office of Administration: [Missouri Emergency Coordinator's Manual](#)

US EPA Indoor Air Quality School website: <http://www.epa.gov>

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



<b>Mail Threat Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

This procedure is designed to assure systematic planning, training and response should delivery of a mail threat, letter or package with suspicious contents occur. Implementation of these procedures should be initiated as soon as the need is identified.

**DEFINITION**

A letter or package is received by the facility that contains a threat or that is suspicious and may contain dangerous material.

**INDICATORS**

- Bomb threat is received by letter or package
- Delivery of suspicious letter or package with reason to believe it may be a bomb or dangerous material
- Suspicious mail recognition may include:
  - Powdery substance on the outside
  - Unexpected or from someone unfamiliar
  - Restricted markings (i.e. confidential, personal, etc.)
  - Incorrect title or title with no name
  - Outdated or addressed to someone no longer with the facility
  - Excessive postage
  - No return address or one that cannot be verified
  - Foreign mail
  - Hand written or poorly typed address
  - Misspelling of common names
  - Excessive securing material such as masking tape or string
  - Excessive weight given size or lopsided package
  - Pictures, drawings or visual distractions
  - Strange odor, stains, noises or protruding wires

**MAIL THREAT**

1. Leave the letter or package where it is and handle as little as possible to preserve fingerprints.
2. If the package leaks a powdery substance, do not touch, open, taste or smell it. Treat it as suspect.
3. Immediately notify the facility head or designee and security.
4. The facility head or designee will contact law enforcement.

5. If a chemical or biological agent is suspected, immediately shut off the heating and air conditioning system.
6. Isolate the area around any suspicious packages, closing off all doors leading to the area until authorities arrive.
7. If the item is handled by staff, they should wash exposed skin areas for at least three minutes with soap and water and rinse for one minute. Exposed staff should shower with soap and water as soon as practical.
8. Isolate staff who may have been exposed to a suspicious substance until authorities determine any further interventions that should be taken.
9. Make a list of all staff that have touched the letter/package including contact information and have this information available for the authorities.
10. Only discuss the incident with those persons necessary to the investigation

### **AFTER AN EVENT**

#### **Facility head or designee will:**

1. Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future.
2. Offer EAP services to staff needing them.
3. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
4. Offer individualized counseling and support to consumers or patients exposed.
5. Notify parents/guardians of the incident if consumers were affected.
6. Offer counseling referrals to any visitors exposed
7. Arrange additional security as needed.
8. Review reports completed by the safety officer or designated staff.

#### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Any necessary reports will be filed with Central Office and the state Office of Administration, Div. of Risk Management.

### **POST EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Mail handling review of practices
19. Isolation of contaminated building sites
20. Decontamination process for exposed persons
21. Treatment of exposed persons
22. Other issues relevant to the specific situation.



<b>Mass Casualty Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Anyone who is in the surrounding area of a mass casualty event is at risk for injury. The most severe injuries in mass casualty events are fractures, burns, lacerations, and crush injuries. The most common injuries are eye injuries, sprains, strains, minor wounds, and ear damage. Traumatic events cause varying degrees of stress to all persons directly and indirectly involved. Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect survivors, rescue workers, and the friends and relatives of victims who have been involved. Stress reactions immediately following a traumatic event are very common. If signs and symptoms of stress reactions persist beyond a reasonable period of time, reevaluation of the need for additional mental health services should be made.

**DEFINITION**

Mass casualty events include those caused from explosions, building collapses, fires, radiation accidents and chemical emergencies, acts of terrorism, natural disasters and weather events. Mass casualty events result in an imbalance of needs and resources.

**INDICATORS**

A traumatic event occurs or, is reported to have occurred, that results in significant numbers of casualties with resultant physical symptoms and injuries and/or is witnessed by a significant number of persons, and results in observed or reported symptoms associated with the traumatic event.

**PROCEDURES**

- An immediate call to 911 initiating response by emergency responders and law enforcement will be made by anyone able at the scene.
- The facility’s medical staff will set up a triage team to identify and assess the presence of physical injuries and wounds resulting from the event.
- The medical staff will direct and provide stabilizing emergency first aid services to injured consumers and staff.
- Incident command is established at the site to insure coordinated work with responders, to enhance safety at the scene, and to minimize exposure of those with more minor injuries. The safety of uninjured staff and consumers should be maintained.
- Consumers and staff who require urgent medical attention shall be evacuated to the closest and appropriate medical facility for medical care.

- The facility head or designee will maintain a record of which medical facilities the injured staff and consumers are taken to and will immediately initiate the notification procedure of designated family and guardians.

### **AFTER AN EVENT**

#### **Facility head or designee will:**

1. Follow the condition of those hospitalized and maintain support of individuals with family members or guardians.
2. Offer individualized counseling and support to any consumers who appear to need them.
3. Address the concerns of staff and offer EAP services to those needing them.
4. Address decontamination procedures and concerns if these were taken by responding emergency personnel.
5. Provide additional information to parents/guardians if needed.
6. Conduct employee meetings for communication and operational debriefing.
7. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

#### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

#### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
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5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)

9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



## Mass Evacuation Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### **INTRODUCTION**

Emergency events such as fires, explosions, chemical spills, radiation events, terrorist threats, or other situations may require the safe evacuation of all consumers and staff from the buildings. An Emergency Evacuation Plan or (EEP) and adequate familiarity of the facility structure and location of all consumers and staff will help to minimize threats to life and property. Pre-event facility evacuation planning should be performed in collaboration with the local fire marshal to ensure timely and successful evacuation of all consumers and staff. Provision of facility maps and pre-identified consumer locations will assist staff and first responders to safely assist consumers with health, mobility or cognitive limitations to evacuate within a safe period of time.

### **DEFINITION**

Mass evacuation refers to the evacuation of all consumers and staff from an existing structure or location under threat of an adverse event. Evacuations may occur as a result of an evacuation order that is issued prior to the event with pre-established time frames. Evacuations may also occur without warning and are necessitated by a perceived or issued warning or imminent threat. Unexpected evacuations pose higher risk for communication problems and resultant mistakes, which increase the potential for physical and emotional trauma for consumers, staff, and responders.

### **INDICATORS**

- Local, state or national emergency management offices or other governmental offices announce an imminent threat that requires initiation of a mass evacuation within a specified time frame, or as an immediate response to an imminent threat.
- Facility staff detects or receives a report or a threat of a potentially hazardous condition within the facility that constitutes an immediate threat to the safety of consumers, staff and visitors and requires an evacuation procedure.
- An event occurs that requires the immediate evacuation of consumers, staff and visitors from a facility.

### **PROCEDURES**

1. If under an immediate evacuation order, the staff will initiate notification of emergency responders with 911 procedures.
2. Notification of all staff that an evacuation is necessary with the pre-planned statements and with instructions for consumers and visitors as needed.

3. Follow the designated evacuation routes and implement the evacuation process for consumers, visitors and staff that are followed in a Fire Drill plan.
4. As practical pre-assigned staff should report to their designated areas to assist consumers with mobility or cognitive barriers that require staff assistance to safely evacuate the facility.
5. Staff and consumers should report to pre-designated safe locations for inventory and identification of persons who still require first responder extrication.
6. Procedures should be in place for an extended evacuation period, housing at other campus facilities or at sister-facilities in other parts of the state if necessary.
7. Those procedures should be attached to this plan and include:
  - A. Transportation plan, with related contract or Memo of Understanding with Transit firm or agency partner.
  - B. Staffing plan
  - C. Plan for retrieval or replacement of personal items, medications, and other assistive devices as needed
  - D. Plans for an adequate quantity of food and water available in the shelter, or to complete the transfer to another facility or alternative site
  - E. Contingency planning should include Redi Kits for consumers and staff who may be away from the facility when an emergency occurs.
  - F. Staff is encouraged to have their own Redi Kit to accompany them if evacuation is necessary.
  - G. Redi Packs to include first aid essentials should be included as available assets for all consumers and staff
  - H. Plans for notification of parents or guardians

The Department of Mental Health should be notified of the need for a facility to be evacuated. Central office administrative and/or the Disaster Readiness staff will offer assistance to the facility throughout this emergency process.

### **AFTER AN EVENT**

#### ***Facility head or designee will:***

1. Offer individualized counseling and support to any consumers or patients who appear to need them.
2. Address the concerns of staff and offer EAP services to those needing them.
3. Address decontamination procedures and concerns if these were taken by responding emergency personnel
4. Provide additional information to parents/guardians if needed.
5. Conduct employee meetings for communication and operational debriefing.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

#### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



<b>Medication Evacuation Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

This facility is interested in the well-being of our consumers and staff should take necessary measures to protect them to the best of their ability in any type of disaster. If evacuation is required the staff shall follow necessary procedures to evacuate and provide adequate amounts of necessary medication to maintain consumers in a stable manner and with minimal physical and emotional stress. The safety of staff is preeminent to this policy and if medications cannot be safely evacuated with the consumers then other appropriate steps should be taken to ensure that safety measures are implemented to maintain the safety of both staff and consumers

**DEFINITION**

Medication evacuation includes the safe removal of medications in a secure container with the medication administration record in an emergency event that requires consumer evacuation.

**INDICATOR**

An evacuation must occur to vacate the facility, or any part of the facility, due to an emergency event.

**PROCEDURES**

1. The nurse in charge will determine if medications and their administration records can be safely evacuated with the consumers and staff, as time and the danger of the situation dictates.
2. If medications can be safely evacuated with the consumers, the charge nurse will direct this process and will designate staff person(s) to transfer the necessary medications in a safe and secure transportable container.
3. The medications will remain in the custody of assigned staff at all times
4. If consumers are able to reoccupy the ward/facility from where they evacuated, the medications may be returned to their normal locked storage area, upon return to the facility.
5. All medications will be accounted for after the event.
6. If medications cannot be safely evacuated, the facility will obtain replacement medications as needed through pre-arranged emergency resources.

**Evenings, Nights, Weekends and/or Holidays**

If notification of evacuation occurs during evenings, nights, weekends or Holidays, the nurse in charge or designated staff will initiate the procedures for the safe evacuation of medications.

## **AFTER AN EVENT**

Facility head or designee will:

**See evacuation procedure.**

### **Human Resources**

Human Resources will address any human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete a medications incident report and provide it to the facility head.

Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

### **\* Refer to Mass Evacuation Appendix**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
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8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

## Nuclear - Radiological Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### **INTRODUCTION**

In the event of a nuclear – radiological incident, the facility will take all precautions to protect consumers, visitors and staff to the best of its ability. Radiological incidents can occur anywhere that radioactive materials are used, stored, or transported.

Radiation exposure to a person’s body can be minimized in three ways: distance, shielding and time. The more distance between a person and the source of the radiation, the less radiation the person will receive. Shielding involves having heavy, dense materials between a person and the source of the radiation. When sheltering in place, walls provide thickness for protection. Most radioactivity loses its strength fairly quickly. The shorter the period of exposure the less harm is done.

Although the likelihood of such a nuclear event is remote, the facility is prepared to follow the instructions of the emergency management agency.

### **DEFINITION**

**Radiological incident:** An event that involves the release of potentially dangerous radioactive materials into the environment. The release is usually in the form of a cloud or “plume” and could affect the health and safety of anyone in its path. Radiation cannot be detected by sight, smell, or any other sense.

**Nuclear attack:** The purposeful release of radiation by a nuclear weapon with the intent to harm people.

**Dirty bomb:** A mix of explosives, such as dynamite, with radioactive powder or pellets. When the dynamite or other explosives are set off, the blast carries radioactive material into the surrounding area. A dirty bomb *cannot* create an atomic blast.

### **INDICATORS**

1. A nuclear incident is occurring or has occurred
2. A nuclear attack is occurring
3. Emergency officials contact the facility about an incident or attack
4. The community siren warning system is activated
5. Media reports on radio or television about a radiation release
6. A dirty bomb explodes.

## **PROCEDURES**

### ***Incident at or close to facility:***

1. Inform the community emergency management agency and other community Emergency resources that a radiation hazard may exist.
2. Depending on the exposure and instructions from Emergency Management, either:
  - a. Evacuate persons from the radiation area and assemble in a nearby safe area until Radiation surveys and decontamination are performed, or
  - b. Shelter-in-place

***See Shelter in Place Appendix***

***See Mass Evacuation Appendix***

## **AFTER AN EVENT**

### **Facility head or designee will:**

1. Remind staff that food from gardens or milk from cows or goats should not be used until these can be inspected by a local emergency official. Contamination could affect areas as far as 50 miles from the accident site.
2. Offer individualized counseling and support to any consumers who appear to need it.
3. Notify parents/guardians of the incident if consumers were affected.
4. Offer counseling referrals to any visitors who were involved in the incident.
5. Conduct employee meetings for communication and debriefing.
6. Offer EAP services to staff needing them.
7. Conduct appropriate follow-up of physical and emotional treatment and recovery.
8. Implement the Continuity of Operations and/or Continuity of Government plan if necessary.

### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

If a loss of property or injury occurs designated staff will complete required reports according to policies and procedures. Necessary reports will be provided to the facility head, DMH Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
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9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

**(Information resources may be obtained from FEMA and CDC website)**



<p style="text-align: center;"><b>Severe Weather –Tornados, Straight Line Winds Thunderstorms and Lightening Appendix</b></p>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Severe weather consisting of tornados, high winds and lightening can be extremely dangerous and occur most often in the Midwest including Missouri. The facility takes thunderstorm and tornado watches and warnings seriously and participates in tornado drills so that all staff, consumers, visitors and vendors will know where to take shelter if a warning is issued.

**DEFINITIONS**

**Tornado:** A violent windstorm characterized by a twisting, funnel-shaped cloud spawned by a thunderstorm. Tornado season is generally March through August, but tornados can occur anytime of the year. Tornados can be nearly invisible, marked only by swirling debris at the base of the storm or by several mini-funnels. Before a tornado hits, the wind may die down and the air become very still. Tornados generally occur near the trailing edge of a thunderstorm.

**Thunderstorms:** Formed from a combination of moisture, rapidly rising warm air and a force capable of lifting air such as a warm and cold front. All thunderstorms contain lightning. Thunderstorms may occur singly, in clusters or in lines. Thus, it is possible for several thunderstorms to affect one location in the course of a few hours. Some of the most severe weather occurs when a single thunderstorm affects one location for an extended time.

**Lightening:** An electrical discharge that results from the buildup of positive and negative charges within a thunderstorm. A bolt of lightening can be very dangerous.

**High Winds:** Straight line winds that have not formed into a tornado can still cause severe damage to people, automobiles and buildings in their paths

**Thunderstorm/Tornado Watch Bulletin:** A watch means conditions are right for a severe thunderstorm or a tornado, however none are presently sighted. A watch estimates where and for how long the severe storm threat is expected to exist. It does not mean that severe storms will not occur outside the watch area or time frame.

**Warning bulletin:** A thunderstorm or tornado warning is issued by the local office of the National Weather Service when a severe thunderstorm or tornado has been sighted in the area. Persons should seek shelter in a tornado warning. Tornados are not always indicated by radar or observed by severe

storm spotters; therefore a warning may not always be given and persons should be on the alert to the possibility of such storms when threatening conditions occur.

**Severe Weather Statements:** are issued by the local offices of the National Weather Service on an hourly basis to keep the public fully informed when winter weather watch or warning bulletins are in effect.

**Severe Weather Bulletins:** May be issued after a warning is canceled, but the watch continues in an area, or if a warning is in effect for an adjacent area.

**All Clear Bulletin:** Issued when the threat of severe weather has ended for the area where severe weather bulletins have previously been issued.

### **INDICATORS**

- A thunderstorm or tornado watch or warning is issued for the geographic area by the National Weather Service. The weather office reports high winds or straight line winds that may be dangerous.
- The area “Tornado warning” sirens sound.
- The weather alert radios sound.
- One can see the hazardous weather approaching

### **PROCEDURES**

#### **Watch Procedures**

Switchboard operator will notify the facility head, security, safety and nursing services. An announcement of the watch alert will be made via intercom to building occupants if appropriate and/or wards/cottages; etc will be notified by telephone.

Nursing staff will account for supply of blankets, pillows and other linen supplies. Prepare “Kardex”, flashlights and first aid kit for possible evacuation.

Maintenance department head or designee will inspect designated shelter areas for electrical power, lighting, and stored materials

Fire Safety Specialist will monitor the local emergency alert system for further announcements.

#### **Warning Procedures**

***(Each facility will need to write this section specific to their facility’s designated shelter areas)***

#### Switchboard operator

1. Shall announce the warning twice over the PA system
2. Contact by phone any endangered outlying areas not connected to the PA system.

Nursing staff, ward personnel and other direct care staff will assemble consumers in the facility designated “safe areas” that may include:

1. Basements or towards the center core of the building, closing doors to rooms and fire doors, and staying away from exterior windows and glassed areas
2. Distribute pillows and blankets and instruct consumers to cover exposed body areas and to remain with staff in that area.
3. Reassure and calm consumers.

All persons (including staff, vendors and visitors) not in direct consumer care should also seek shelter in facility designated “safe areas” that may include:

1. Basement
2. Towards the center core of the building, closing office doors, and
3. staying away from exterior windows and glassed areas
4. General facility staff sheltering with consumers shall follow the lead of the ward personnel in offering assistance to the consumers.
5. Security personnel shall inform all persons who are outside to seek shelter indoors.

### **In Vehicles**

1. Get all persons out of the vehicle and into a building to shelter.
2. If no buildings are close by, lie in a ditch or low-lying area away from the vehicle. Be aware of potential for flooding.
3. Do not park under highway overpasses or bridges.
4. As soon as it is safe, call the facility and report to your supervisor, cottage or ward.

### **AFTER A SEVERE STORM OR TORNADO**

Facility head or designee will:

1. Determine that the tornado or severe thunderstorm is no longer a threat and an “all clear” has been issued by the National Weather Service
2. Instruct the Switchboard Operator to announce the “All Clear” for the facility.
3. **If there is damage at the facility:**
  - a. Call for emergency assistance if needed
  - b. Activate the incident command center to evaluate the situation and initiate rescue and/or clean-up actions, if needed. Activities may include:
    - i. Emergency first aid
    - ii. Accounting for all consumers, staff and visitors
    - iii. Evacuating a building or buildings that have damage
    - iv. Establishing security around buildings to prevent unauthorized entry.
    - v. If approved by emergency officials, assist employees and consumers in retrieving personal belongings if it can be done safely.
    - vi. Initiating staff call-down (re-call) procedures
    - vii. Initiate room reassignments or transfer plans if needed
  - c. Notify division director.
  - d. Notify parents/guardians of the incident if consumers were affected.

## **Human Resources**

If staff are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Any necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

<b>Smallpox Virus Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Smallpox was declared eradicated in 1980 however, the reintroduction of cultured strains of the virus as a bioterrorism threat is of some concern. The Center for Disease Control and Prevention (CDC) had been designated as the lead agency for the national public health response to biological terrorism. A single case of smallpox is likely to represent a bioterrorism release and will require an immediate and coordinated public health, medical, and law enforcement response to control the outbreak and to protect the public from any additional release.

**DEFINITION**

Smallpox is a variola virus and is human specific with no known animal or insect host capacity. The most frequent mode of transmission is person-to-person spread with direct deposit of infective droplets onto the nasal, oral, or pharyngeal mucosal membranes or in the alveoli of the lungs from close, face-to-face contact with an infectious person. Indirect spread may occur with during the first week of infection with significant cough, generating fine-particle aerosols.

Symptoms usually occur within the first 12 to 14 days following exposure of a susceptible person to the virus, and follow a predictable disease progression with a rash stage. Smallpox vaccine, a living-virus vaccine made from vaccinia virus, is highly effective at inducing immunity against smallpox prior to exposure. If administered within 3 days after exposure it may prevent the disease, or decrease the severity of the disease process. Although the vaccine is considered safe, there are some post-vaccination events that can occur. Vaccine precautions must be considered during an outbreak.

**INDICATORS**

- Notification is received that a Smallpox release or outbreak has occurred.
- Staff or consumers are observed or present with symptoms associated with the disease process.
- Staff or consumers report their exposure to a contact or family member who had become infected with the virus.

**PREPARATION**

Facilities are encouraged to partner with their Local Public Health Agency to pre-identify what their anticipated vaccination supplies would include with the pre-designated Strategic National Stockpile (SNS) delivery methods.

## **PROCEDURES**

The initial strategy to employ during a Smallpox outbreak will involve isolation procedures and timely reporting of the disease incident to the public health authorities.

1. Facility medical staff should immediately seek guidance from the Department of Health and Local Public Health Agency to ensure that swift vaccination protocols may be implemented.
2. The CDC has identified general medical practices for the identification of vaccination measures with priority populations.
3. Since Smallpox is usually transmitted by close personal contact, facility staff and consumers would necessitate a well-coordinated response effort under the guidance and direction of the Local Public Health Agency.
4. Initially measures should be taken to identify, isolate, and vaccinate all persons exposed to the smallpox virus.
5. Secondary exposure may be reduced with vaccination of other persons and family members who have been in contact with those exposed to the virus. This practice will reduce the secondary spread of the Smallpox virus.
6. The facility will need to work closely with Central Office, DHSS and other facilities regarding procedures for admittances and releases during the smallpox outbreak.

## **AFTER AN EVENT**

### ***Facility head or designee will:***

1. Offer individualized counseling and support to any consumers who appear to need them.
2. Address the concerns of staff and offer EAP services to those needing them.
3. Provide additional information to parents/guardians if needed.
4. Conduct employee meetings for communication and operational debriefing.
5. Work with DHSS and the LPHA to determine any sterilization procedures needed for the building and materials.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed

## **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation



<b>Snow - Ice Emergency Appendix</b>			
DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

**INTRODUCTION**

Snow and ice emergencies can cause hazardous travel and walking situations for staff and consumers. The facility takes the precaution of preparing for such events including preparing for workplace disruption (covered in a separate emergency procedure).

**DEFINITIONS**

**Watch bulletin:** Provides an indication of where and when the probabilities of severe weather conditions are highest. Persons within 75 miles of the watch area should also be alert for threatening conditions.

**Warning bulletin:** Indicates that the area could be affected and is determined by the size, location, direction and movement of the weather pattern.

**Severe weather statements:** Issued by the local offices of the National Weather Service on an hourly basis to keep the public fully informed when winter weather watch or warning bulletins are in effect.

**All Clear Bulletin:** Issued when the threat of severe weather has ended for the area where severe weather bulletins have previously been issued.

**INDICATORS**

- A winter storm watch or warning is issued for the geographic area by the National Weather Service.
- One can see the hazardous weather – i.e. sleet, icy rain, heavy sticking snow, etc.
- Hazardous walking and/or travel conditions develop.

**PROCEDURES**

**All Employees:**

1. Review the DMH hazardous travel policy and monitor media broadcasts for announcements of winter weather advisories.
2. Consult the MODOT hotline at 800-222-6400 or website at [www.modot.mo.gov/road\\_conditions/](http://www.modot.mo.gov/road_conditions/) for current road conditions before traveling.
3. Make reasonable effort to report to work at times scheduled as it is the responsibility of each individual staff member to report to work regardless of weather conditions.
4. Take necessary precautions when traveling on state business and consider not traveling when winter weather creates hazards.

**The facility head or designee will:**

1. Attempt to determine estimated duration and the essential services directly and indirectly impacted.
2. Notify department heads to be aware of the situation and that a work disruption might occur due to the impending weather.
3. Notify the Division Director
4. Notify department heads of action plan including the declaration of an emergency weather situation and implementation of ***the incident command center/team***.
5. The incident command center will:
  - a. Coordinate support staff services, including reassignment of staff, to ensure continuation of required services.
  - b. Prioritize and approve emergency pick-ups of staff.
  - c. Arrange for bed and lodging for employees/volunteers held over to provide required coverage.
  - d. If available, arrange for motor pool services as necessary to ensure critical transportation services are available to the extent possible

**Department heads and or nursing supervisors/designees will:**

1. Refer to ***civil disturbance/work disruption appendix*** and implement the following as necessary:
  - A. Retain current employees for required services until relieved
  - B. Implement call-down list and contact relief workers to report to duty as needed to provide required services
  - C. Prepare work schedules for direct care nursing personnel retained not to exceed sixteen (16) consecutive hours.
  - D. Coordinate with ***incident control*** to arrange emergency pick-up of necessary staff if this service is available
  - E. Reassign available staff to duties as required to maintain essential services

**Maintenance department head or designee will:**

1. Check inventories for supply of snow shovels and de-icing chemicals.
2. Coordinate the clearing of sidewalks, driveways and parking lots.

**\*Also Refer to Missouri Emergency Coordinator’s Manual and Electrical Failure Procedure if needed**

**POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
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## Strategic National Stockpile Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### INTRODUCTION

The Center for Disease Control (CDC) stores large quantities of medicine and medical supplies to protect the American public if there is a public health emergency i.e., an act of terrorism, or a large scale natural disaster, like an earthquake, that might exhaust local supplies. The SNS may be accessed by any state within a 12 hour period of time, once Federal and local authorities agree that the SNS is needed. The SNS is organized for flexible response. The first line of support is the immediate response 12-hour push packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat within the early hours of an event. Once the agent is well-defined the SNS can customize a vendor managed inventory or (VMI) which can be shipped to arrive within 24 to 36 hours.

In Missouri, the Department of Health and Senior Services (DHSS) manages the shipment of the SNS supplies throughout the state in the event of a catastrophic natural event, act of terrorism or in any public health emergency. The DHSS works with the Local Public Health Agencies (LPHAs) to identify the need for the SNS.

### DEFINITION

The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and resupply state and local public health agencies in the event of a state or national emergency.

### INDICATORS

- Consumer and/or staff complain or present with a variety of symptoms which are identified as caused by a chemical, biological, radiological, nuclear or explosive agent (CBRNE) or an infectious disease process.
- Consumers and/or staff begin complaining with a variety of serious symptoms for which the cause is unknown.
- Members of the community are identified with symptoms for which the cause may or may not be known but the numbers and seriousness of the symptoms causes investigation and deployment of the SNS to a geographic area.
- The Missouri DHSS or the LPHA identifies the release of an agent or a contagious illness for which prophylaxis is required for residents.
- A catastrophic event occurs that necessitates the shipment of the SNS to parts of Missouri.

## **PRE-INCIDENT**

1. DMH facilities establish a Memo of Understanding (MOU) with their Local Public Health Agency (LPHA) to implement timely delivery of needed treatment and/or prophylaxis treatment. The MOU should also identify the mode of transportation utilized for delivery of the SNS, and the anticipated quantity.
2. The facility should have a plan for the administration of any prophylaxis to its consumers, staff and their families.
3. Plan for issuance of PPE equipment from stored supplies if needed.

## **PROCEDURES**

### **Large scale illness or infection is occurring at the facility or in the community.**

1. When an event occurs that necessitates the delivery of the SNS to a community, the facility should implement its MOU with the LPHA for the utilization of the SNS supplies for consumers, staff and families. Facility or on-call physician immediately notifies the following individuals or their designees if symptoms occur among residents or staff indicating a contagious illness or exposure to a CBRNE agent:
  - a. Head of facility
  - b. Medical director
  - c. Nursing director
  - d. Infection control nurse
  - e. Employee health nurses
  - f. Dietary
  - g. Security or shift supervisor
2. The infection control nurse will notify the Local Public Health Agency (LPHA) and the Department of Health and Senior Services (DHSS).
3. The head of the facility or designee will notify DMH Central Office .
4. The facility will facilitate any disease/agent investigation necessary by the LPHA and DHSS.
5. The medical director will confer with DHSS and/or the CDC to identify the recommended medical response, with identification of available pharmaceuticals and other necessary supplies. Isolation and or quarantine procedures will be initiated as directed by the DHSS authorities under advisement with the CDC.
6. The medical director will then work with the facility medical planning team to assess their anticipated treatment needs, their need and access to adequate Personal Protective Equipment (PPE), their capacity to respond effectively to the emerging medical situation, and the availability of local medical assets.
7. After their initial assessment and planning process, the medical director will report the facility's capacity to effectively respond to the needs of their consumers and staff.
8. If the medical director requires necessary medical supplies that are not available at the local level, the facility will request consideration for access to the SNS.
9. DMH Central Office Disaster Readiness staff will work with SEMA and DHSS to prepare and expedite an official request for SNS push packages as identified.
10. Modified SNS supplies may be requested depending on the course of the disease scenario and the consumer and staff needs indicated.

11. Isolation procedures should be continued pending a medical investigation performed in cooperation with the Department of Health and Senior Services (DHSS), or with the Centers for Disease Control.

### **AFTER AN EVENT**

Facility head or designee will:

1. Offer individualized counseling and support to affected consumers.
2. Address the concerns of staff and offer EAP services to those needing them.
3. Address decontamination procedures and concerns if these were taken by responding emergency personnel
4. Provide additional information to parents/guardians if needed.
5. Conduct employee meetings for communication and operational debriefing.
6. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.

### **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

### **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

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12. Modifications of care protocols implemented
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14. Just-in-Time trainings identified and/or utilized
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# Terrorism Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

## **INTRODUCTION**

An act of terrorism against the facility is unlikely, but nevertheless must be considered and planned for. The facility administration also realizes that other factories, businesses, and/or schools within the community could be targets and the effects of those targeted could spill over and affect the facility. By definition an act of terrorism is different from workplace violence, armed robbery or hostage situations.

## **DEFINITION**

Terrorism is the illegal use or threatened use of force or violence to make a political, social or religious statement or to retaliate for a perceived wrong. It has the intent of causing fear.

## **INDICATORS**

- Any threatening phone calls, written or drawn materials including electronic media indicating a terrorism threat to the facility or staff, consumers, vendors or visitors to the facility.
- A take-over or threatened take-over of facility building(s)
- Warning by emergency management that an act of terrorism is occurring or has occurred in the community
- Eye witness report of terrorism occurring close to the facility
- A change in Homeland Security alert levels that require changes in facility security policy and practice or indicates a threat to the facility or the community surrounding it.

## **PROCEDURES**

### **Phoned threat:**

1. Attempt to keep the caller on the line as long as possible and retrieve as much information as possible.
2. If possible alert another employee to call 911
3. Follow the bomb threat procedures and the bomb threat form to obtain information from the terrorists.

### **Threat through writing, drawing or electronic media:**

1. Staff should immediately contact a supervisor.
2. The threatening letter, drawing, or electronic transmission should not be handled or changed in any way.
3. The supervisor or designated staff will alert appropriate law enforcement
4. Facility staff will follow the recommendations of law enforcement.

**Terrorist take-over of building:**

1. Employees should comply with the terrorist demands/instructions, if possible.
2. If it can be done safely, call 911.
3. If part of the building can be evacuated safely, do so quietly.
4. Do not attempt to be a hero and overpower the terrorist or hostile persons
5. Facility staff will follow the recommendations of law enforcement.

**Community Terrorism Incident:**

**The facility head or his/her designee will:**

1. Follow instructions of the city/county emergency management officials
2. In consultation with emergency officials decide to:
  - a. Lock-down facility buildings,
  - b. Evacuate or
  - c. Maintain normal routine with the exception that all consumers shall remain on the facility grounds until the community threat is past unless signed out by a parent or guardian.
3. Notify Central Office of circumstances
4. Provide available information to staff and vendors regarding the community circumstances including timely updates. Staff and vendors may wish to stay at the facility until circumstances are resolved or they no longer feel threatened if traveling.
5. If staff and consumers are on a field trip, notify staff and have them return to the facility if they can safely do so.

**PRE-EVENT**

**Designated staff will:**

1. Assess surrounding structures/businesses. For example, are there chemical factories close to the facility? Other businesses or schools that could be a target?
2. Review facility security plans including ID or badging system, vendor deliveries, and surrounding areas such as parking lots, access roads and the surrounding neighborhood.
3. After the assessment, report to the Facility head any changes that are needed to better secure the facility.

**DURING-EVENT**

**Facility Control Team will:**

1. Decide the need for an incident command center at the facility
2. Contact appropriate staff for the center
3. Work with emergency officials, turning control of the incident over to the officials once they are on campus
4. Determine if the call-down list needs to be activated.

## **AFTER AN EVENT**

### ***Facility head or designee will:***

1. Offer individualized counseling and support to any consumers who were held against their will.
2. Notify parents/guardians of the incident if consumers were affected.
3. Offer counseling referrals to any visitors who were involved in the incident.
4. Conduct employee meetings for communication and debriefing.
5. Offer EAP services to staff needing them.
6. Conduct appropriate follow-up of physical and emotional treatment and recovery until the situation is resolved.
7. Arrange additional security as needed.
8. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.
9. Initiate facility building clean-up if needed.

### **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

### **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central office and the state Office of Administration, Div. of Risk Management.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
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9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns

14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

## Water Outage and Shortage Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

### INTRODUCTION

Water is one of the most essential resources in any workplace. We use it for purposes of drinking, bathing, washing clothes, washing dishes, preparing foods, and disposing of body wastes. We only recognize its importance when we no longer have it in the abundance we usually enjoy or worst of all, we do not have it in any quantity. It is essential that each mental health facility have a plan in place that will assist management in dealing with this issue. This set of procedures is intended to serve as a guide for the development of facility policy.

### DEFINITIONS

**Water Shortage Emergency:** a condition in which the normal supply of water may be limited to the extent that special water conservation procedures may be necessary to protect the health and safety of the consumers and staff. A shortage may result from conditions causing low water pressure, pump failure, pipeline break/rupture, or due to local water restrictions, such as a drought. In these events, the facility may need to ration or restrict the use of water as a safety precaution.

**Water Outage Emergency:** a condition in which the supply of water has ceased or is in jeopardy of cessation. A water outage could place the facility in crisis mode if the outage lasts for longer than twenty-four hours. Immediate action may be required to ensure that essential potable/drinkable water is available for staff and consumer use.

### INDICATORS/IMMEDIATE CONCERNS

- There is little or no water pressure. Bathroom facilities do not flush. There is no water to wash hands. Drinking fountains do not work.
- The facility cannot any longer conduct normal operations due to the outage. Most shortages or outages will be short-lived and normal pressure is usually restored in a brief amount of time.
- Available water for human consumption, for fire suppression, and for operation of the sanitary sewer system is halted or temporarily lost. Steps must be taken to remediate the danger or threat.
- Utilities generally update the public on the approximate time that the facility would be without power. The facility may need to use the option of using their back-up water supply they have maintained for this event.
- Mental health facilities have to maintain their basic daily operations but it will not be business as usual; instead, different methods or procedures may be necessary.
- Contamination may have occurred due to a break in the line.
- The facility has been notified by the city/jurisdiction of extended water outages.

## **PROCEDURES**

### **Pre-event planning stage**

The facility head or designee shall do the following:

1. Prepare a set of procedures that will address how the facility will manage a condition where water will need to be rationed or restricted.
2. Prepare a set of procedures that will address how the facility will handle a total water outage issue.
3. Identify an emergency water supply that can be used for drinking and flushing of bathroom facilities. At a minimum, the water supply should last at a minimum of three days, and the facility must address how this supply will be supplemented. A five-day to two-week supply is recommended for those areas threatened by an earthquake.

### **During the event: mitigation stage**

The facility head or the designee shall designate staff to implement the following tasks:

1. Provide status report of the progression and extent of the problem to supervisors and staff. It is essential that everyone have the necessary information about the event. Staff members who have full and complete knowledge are able to make better decisions to support the facility's efforts to manage the crisis.
2. If there is a water shortage or the supply of water is insufficient in meeting the demand, it may be necessary to ration the existing water, and to identify additional use restrictions. Reference may be made to the facility's policy on water rationing and water conservation methods. Implement and/or revise the existing policy as necessary.
3. A water outage is considered an extreme emergency since it creates a life-threatening situation and may pose a threat to the hygiene of consumers and staff. An outage indicates the potential for a complete water stoppage. Refer to the facility policy on water outage and implement emergency measures to identify an alternate water provider and initiate provision of emergency bottled water as the situation warrants.
4. Activate the procedures to address fire and safety issues as the sprinkler system will be down.
5. Activate the back-up water supply. Provide security to insure that this water supply is not compromised or misused.
6. Make sure that all visitors vacate the building if the water issue is not a short-term problem.
7. Notify the DMH Central Office that the facility is experiencing a water problem

### **Nursing supervisors or the designee shall do the following:**

1. Notify the safety engineer or maintenance staff of the problem as soon as a water problem or irregularity has been identified
2. Nursing staff should immediately be concerned about the well-being of consumers and take steps to reassure them that everything will be done to keep them safe and comfortable
3. Assess the status of residents for medical concerns and inform the Facility Head of the presence of any adverse health or environmental conditions that might pose a more imminent threat to the health and safety of the consumers and staff

4. Relate recommendations for mitigation of the situation to the charge nurse or facility designee as appropriate if they identify actions that would help to maintain the safety and comfort of consumers and staff
5. Do not hesitate to report any adverse conditions that might place the consumers or staff at higher risk or if they are experiencing a condition or situation that they cannot handle in a satisfactory manner
6. Take steps to minimize the use of water if the facility is experiencing a shortage. If there is a water outage, make certain that all staff understand the necessary steps to be taken.
7. Closely monitor the use of water on the ward(s) as directed

**The safety officer, plant engineer or maintenance staff shall:**

1. Call the water company to determine if the problem is widespread or if it is limited to the facility
2. If the outage is expected to be lengthy, begin the process of accessing the back-up supply of water.
3. If the problem is local, carefully identify and repair as possible
4. The maintenance staff should exercise caution when increasing the pressure in the water lines to avoid water hammer. Bleed air from the lines when possible.
5. If the pipeline or water main has been compromised and may have been contaminated, it may be necessary to impose a boil order for a brief amount of time until the entire water line has been flushed and is determined to be safe for drinking. The Local County Health Agency (LPHA) should determine the safety of the water following any possible contamination prior to termination of the boil order
6. If the community is experiencing an adverse water situation, the local Emergency Management Center will make recommendations for safe operations and will offer their assistance in requesting safe bottled water as a temporary safety measure

**POST EVENT**

**Facility head or designee will:**

1. Provide additional information to parents/guardians if needed and initiate the notification process of parents/guardians of any consumers who were adversely affected or sustained injuries during the event
2. Address the concerns of staff and offer EAP services to those needing them
3. Conduct employee meetings for communication and operational debriefing.
4. Provide Instructions to staff regarding resumption of operations within the building or other buildings, i.e. a next-day plan, two-day plan, etc., if needed.
5. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
6. Evaluate how the emergency system worked
7. Replenish emergency supplies used during the outage
8. Work with Safety Officer to insure the safety of the water supply

## **Human Resources**

Human Resources will oversee any related workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **Prevention**

Have the Safety Officer or Plant Engineer assess if anything could have been done to avoid the problem.

## **POST-EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Other issues relevant to the specific situation

# Workplace Violence Appendix

DIVISION	FACILITY	EFFECTIVE DATE	REVIEWED

## **INTRODUCTION**

This procedure is designed to assure systematic planning, training and response should a workplace violence incident occur. Implementation of these procedures should be initiated as soon as the need is identified. It is everyone’s responsibility to be alert to the conditions that could lead to a workplace violence issue and to report these to a supervisor in an effort to prevent a workplace violence incident.

## **DEFINITION**

Any threats, threatening behavior, or attempted or violent act against an employee that creates an environment that negatively affects the employee, either physically or psychologically.

Refer to: Missouri Code of State Regulations 1CSR 20-3—Office of Administration, Division 20, Personnel Advisory Board and Division of Personnel, p. 12-13 (2 H and 2 M)

## **INDICATORS**

- Disturbance outside of facility building: Individual with weapon is seen, force is used to enter building, attempted entry through locked doors, windows or roof; Shots or violence is heard or seen outside the building
- Any threats or suspicious activity in the parking lot, against the facility, the building or any of its occupants.
- Restraining order violations
- Disturbance in facility building: Angry voices, threats, display or use of weapons, physical force, screams for help
- Hostage situation (see hostage procedure)
- Vehicle tampering
- Any threatening phone calls, written or drawn materials including electronic media

## **PROCEDURES**

1. Confirm nature and scope of situation if you can do so safely.
2. If the situation is verbal threats without physical threats or weapons present, attempt to notify a supervisor to handle the incident
3. If the threatening situation is verbal and you believe the situation is deteriorating and may lead to physical violence, or if the incident involves physical force to property or person:
  - a. If in the reception area, press the “alert button” if one is available.
  - b. Call 911: indicate type of situation, scope, injuries, etc. if determined.
  - c. Notify facility head or his/her designee

4. Secure immediate area where threat is being made if possible. For example, lock doors leading to other areas.
5. Each facility will have a printed, emergency code system. A coded message such as “Code \_\_\_\_\_ is now in effect in unit \_\_\_\_\_” will be announced in a workplace violence incident. When a coded message is announced, facility policies are immediately activated to determine the proper procedure.
6. Traffic within the building is suspended until further notice.
7. If necessary, other facility buildings will be locked down to protect consumers, staff, and visitors.
8. When law enforcement personnel arrive, staff should follow all directions given by them. Staff may assist police by providing information regarding areas for staging, command posts, emergency medical, identifying and assembling witnesses, etc.
  - a. The scene becomes a “crime scene” which means:
    - i. Police may not allow people to enter the building.
      1. People coming out of the building will be treated as “hostile” until verified that they are not the perpetrator(s).
      2. The facility head will designate a staff person to be responsible for being a liaison with the police in this situation.
9. The building designated staff will initiate and maintain an event log to share with law enforcement
10. Designated staff will coordinate attempts to account for all employees, consumers and visitors.
11. Injured or ill Persons:
  - In building:**
    - i. Only assist injured persons in evacuation if it can be done safely
    - ii. Notify emergency personnel where the injured persons are located
    - iii. Only provide First Aid or CPR inside the building if it can be done safely without putting others at risk.
  - Outside building:**
    - i. Provide first aid until the arrival of emergency personnel per the emergency medical guidelines.
      - a. If the person is responsive ask for symptoms, medical conditions, current medications, allergies, medical care providers and emergency contacts
      - b. Provide this information to emergency personnel
    - ii. Clear immediate area of anyone not assisting victim
    - iii. If persons are able to identify their emergency contacts, a supervisor or designated staff will call the emergency contacts provided.
12. After the all clear is given by law enforcement:
  - a. The leadership within the facility’s department or unit will account for staff, consumers and visitors by roll call and on-site head count as well as accounting for those taken to the hospital or other off-site locations
  - b. The facility leadership will designate staff to assist employees with notifying coworkers and family members of the situation
13. Media are to have contact with facility designees only.
  - a. Any other staff should direct all inquires to the facility’s Public Information Officer, the Chief Executive Officer, or the Chief Operating Officer (COO).

## **AFTER AN EVENT**

The facility head or designee will:

1. Offer individualized counseling and support to any consumers involved in the incident
2. Notify parents/guardians that the incident has occurred if consumers were affected
3. Offer counseling referrals to any visitors involved in the incident
4. Conduct employee meetings with involved staff to discuss the situation, staff responses and methods of responding in the future
5. Offer EAP services to staff needing them
6. Conduct appropriate follow-up regarding the physical and emotional treatment and recovery of individuals affected
7. Follow appropriate procedures for treatment and/or prosecution of the person initiating the workplace violence
8. Arrange additional security as needed
9. Arrange for additional staff as needed
10. Provide instructions to staff regarding resumption of operation, plan for supported re-entry into the building by staff.
11. Facility clean-up and repair activities will be initiated if necessary;
12. Plan long term to address event triggers and anniversary memories.

## **Human Resources**

If people are injured, Human Resources will oversee workers compensation claims, address the Family Medical Leave Act (FMLA) if needed, address any other human resources issues and make the proper reports to appropriate and required offices.

## **Incident Report**

Designated staff will complete an incident report and provide it to the facility head. Necessary reports will be filed with Central Office and the state Office of Administration, Division of Risk Management.

## **PREVENTION**

Violence at the work place will not be tolerated.

1. Employees should discuss issues that could affect the workplace with their supervisors including:
  - a. Restraining orders against a person or persons
  - b. Recent confrontations that are causing the employee fear in the workplace or outside of the working place.
  - c. Domestic violence
  - d. Threats between employees
  - e. Weapons in the workplace
2. If an employment separation occurs, the facility will introduce extra precautions if necessary.
3. Extra precautions that the facility may take in any of the above situations or other situations where there might be concern include:
  - a. Appointing extra security if perceived necessary (Other situations when extra security might be needed include: large scale lay-offs, facility closures, etc.

- b. Keeping all doors and windows locked in facility buildings.
- c. Asking security to escort vulnerable employees to their cars if needed.

### **POST EVENT REVIEW**

There should be a committee formed including members of incident command, but not limited to incident command personnel to perform a post-event review focusing on the need for changes in policy, planning and training to include the following areas:

1. Warning method effectiveness
2. Criteria for activation of facility Emergency Operations Center and utilization of EOC checklists with job roles and specific duties
3. Safety and Security measures
4. Communications and planning
5. Continuity of operations
6. Shelter-in-place planning and process
7. Evacuation process including essential equipment, consumer records, essential medications and consumer assistive devices to alternate care site
8. Access and Issuance of Personal Protective Equipment (PPE)
9. Personal preparedness plans of staff
10. Strategic National Stockpile: Access, supply, and management
11. Supply and acquisition issues
12. Modifications of care protocols implemented
13. Ethical considerations and concerns
14. Just-in-Time trainings identified and/or utilized
15. Procedures for identification, notification and support of parents/ guardians and others who were affected by the incident
16. Staff performance and response issues
17. Determination of corrective actions needed
18. Isolation of area in building where violence occurred
19. Other issues relevant to the specific situation

# IV. ADDENDUMS



## IV. Addendums

**A. Parent/Guardian Notification:** Identification of process the facility will implement to notify consumer parent and/or guardians of the emergency and the decisions relating to the care and plans to change the consumer’s service delivery and/or DMH placement.

**B. Organizational Chart:** Facility staff chart which may identify emergency chain of command and associated duties. Identify specific job duties for easy access and reference.

**C. Facility Maps/Building Locations:** Copies of relevant facility maps for use by facility staff and/or emergency response teams engaged in response and recovery efforts.

- **Consumer Locations:** Maps which identify where consumers are located for evacuation purposes. This could also identify consumer evacuation needs and priority-care consumers. Locations may need to be identified with the location of consumers to correlate with relation to their day and evening schedule.



# V. MITIGATION PLAN



## V. Mitigation Plan

The mitigation plan is a pre-disaster plan to reduce or eliminate risk for staff and consumers. An example of this would be to secure the hot water heater to the wall with safety cords, anchoring bookcases to walls to prevent them from falling in high winds, or earthquake activity. Mitigation planning may also take place after a disaster to reduce the risk factors in future disasters.

**A. Buildings:** A listing of all buildings with schematics and locations with access points for entry and exit logistics and/or grounds drawings.

**B. Building Contents:** An inventory of building contents which should identify resources to be opened and for use by staff and emergency response teams during emergency scenarios. This should include the Personal Protective Equipment (PPE) caches as supplied by the Missouri Hospital Association for some DMH facilities.

**C. Facility Grounds:** Maps of the entire facility grounds to include access points for utilization by staff and emergency response teams during emergency response situations. These should include locations of vehicle access points, locations of all utility connections, water access and storage sites, stored food supplies, medication caches, generators and fuel supplies, and other important grounds information that would be needed during an emergency situation.

**D. Emergency Inventory:** This listing would identify supplies needed to sustain consumer and staff populations within a facility for duration of at least 72 hours. It is recommended that facilities work with local law enforcement, fire officials and emergency management regarding the availability of maps and building locations of the facility campus. First responders should be provided with useful information about consumers and staff to pre-identify their location and evacuation needs. Helpful information may include the location of all facility buildings, locations of consumers and/or staff that may require assistance to evacuate safely; utilities access points, facility entry points and other critical infrastructure information.



# VI. REDUNDANCY PLAN



## VI. Redundancy Plan

The redundancy plan should include the facility's planning to include an agreement with sister facilities to support each other in an emergency. Reciprocating facilities are encouraged to have an MOU to identify how they would be expected to respond in the event of an emergency. Partnerships may include resource sharing and temporary relocation of consumers and staff, to an appropriate alternate facility site, to maintain adequate continuity of care.

**A. Physical Plant Space:** It is recommended that facilities identify all usable space that might be utilized in various capacities during emergency situations. Staff accommodations might be needed during a long term event to guarantee continuity of care. Additional storage capacity may need to be identified for utilization in emergency situations of longer durations. Identification of the facility's capacity to take additional consumers and additional staff would be identified.

**B. Internal Operations Functions:** Identify DMH Facility procedures for redundancy in following areas under continuity of operations.

- **Computer Supports:** Address critically needed communication and business supports with Information Technology section.
- **Pharmacy:** Plan for continuity of operations, and medication needs in a mass evacuation process.
- **Payroll:** Identify redundancy plan to maintain fiscal support to staff and to maintain consumer accounts during times of emergency.
- **Staffing/Patient Care:** Identify Consumer care needs and redundancy of staff to maintain adequate consumer care.



# VII. SURGE CAPACITY



## VII. Surge Capacity

This section will address the facility's capacity to expand their operations to accommodate an influx of consumers. The surge capacity of the facility will also need to include planning for the safe and timely evacuation of consumers to other cooperating operational facilities, matched appropriately to receive and care for relocated consumers and staff as required to ensure continuity of care. Surge capacity would include the assumption that the facility would still have the capacity to care for consumers in an effective manner. Surge capacity may also include supporting local hospitals by taking their patients into DMH facilities to enable the hospitals to surge for the medical needs of the community. Memo's of understanding to identify reciprocity is encouraged within this section.

**A. Consumer Capacity:** Careful consideration should be given to utilizing consumers to assume more responsibilities for self care and/or any maintenance activities in their living environment. Consumer education, supervision, and possibility compensation issues must be weighed along with consumer capability.

**B. Staffing:** Identification of essential staffing ratios and planning provision for completion of essential client care tasks in times of disasters will need to be addressed within this section. Personnel resource management issues for redundancy and continuity of operations planning.

**C. Waivers Needed:** Care Protocols used for identification of capacity to maintain continuity of operations and essential functions during times of emergency. This section will pre-identify DMH facility business rules and state statutes that may be relaxed in disasters.

**D. Suspension of Voluntary Admittances/Commitments:** Identification of the process to follow if the facility no longer has the capacity to support court system commitments.



# **VIII. EMERGENCY DRILLS**



## VIII. Emergency Drills

Identification of the facility drill schedule is an indicator of the opportunity to practice the facility's emergency response planning and meet accreditation standards.

**A. Drill Schedule:** This section would identify the facility's emergency drill schedule to correspond with the state's suggested drill schedule to ensure responsive planning and training for emergency situations.

**B. Review Process:** This section would identify the facility's emergency preparedness exercises, educational process, and the monitoring efforts to identify the effectiveness of the facility's emergency planning process in a lessons-learned approach.



# IX. Resources



## **FY08 NIMS Implementation for Healthcare Organizations**

FY 2008 NIMS implementation will continue to align healthcare organizations with their State, territory, tribal and local partners through the use of compliance metrics. In FY07 the concept of metrics was introduced to State, territory, tribal and local entities as a method to assess NIMS implementation.

In August 2007, a healthcare working group assembled to review and clarify the existing NIMS implementation activities and compliance metrics for healthcare organizations first established in September 2006.

During the FY 2008 funding cycle Hospital Preparedness Project (HPP) awardees will be required to insure that participating healthcare organizations are in a position to report full compliance with the following implementation activities:

### **Adoption**

1. Adopt NIMS throughout the healthcare organization including all appropriate departments and business units;
2. Ensure Federal Preparedness awards support NIMS implementation (in accordance with the eligibility and allowable uses of the awards).

### **Preparedness: Planning**

3. Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework(NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.
4. Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and non-governmental organizations.

### **Preparedness: Training**

5. Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.
6. Identify the appropriate personnel to complete IS-800 or an equivalent course.
7. Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.

### **Communication and Information Management**

8. Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.
9. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.
10. Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

### **Resource Management**

**No implementation objective**

### **Command and Management**

11. Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.
12. ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.
13. Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
14. Ensure that Public Information procedures processes gather, verify, coordinate, and disseminate information during an incident or event.

**NIMS Training: Course Contact Hours**

The chart below summarizes the *minimum* course contact hours for all NIMS Training as outlined in the *Five-Year NIMS Training Plan*.

Course Grouping	Course ID	Course Title	Minimum Contact Hours
Overview	IS-700	National Incident Management System (NIMS), an Introduction	Classroom: 3*
	IS-800b	National Response Framework (NRF), an Introduction*	Classroom: 3*
ICS Courses	ICS-100	Introduction to the Incident Command System (ICS)	Classroom: 6*
	ICS-200	ICS for Single Resources and Initial Action Incidents	Classroom: 6*
	ICS-300	Intermediate ICS	Classroom: 18
	ICS-400	Advanced ICS	Classroom: 18
NIMS Components and Subcomponents	IS-701	NIMS Multiagency Coordination System	Classroom: 16, Web-based: ≈ 4
	IS-702	NIMS Public Information Systems	Web-based: ≈ 3
	IS-703	NIMS Resource Management	Classroom: 16, Web-based: ≈ 6
	IS-704	NIMS Communication and Information Management	Classroom: 6*
	IS-705	NIMS Preparedness	Classroom: 12, Distance learning: 4
	IS-706	NIMS Intrastate Mutual Aid, An Introduction	Web-based: ≈ 2.5
	IS-707	NIMS Resource Typing	Classroom: 4, Web-based: 2
ICS Position-Specific Courses	P-400	All-Hazards Incident Commander	Classroom: 40
	P-402	All-Hazards Liaison Officer	Classroom: 16
	P-403	All-Hazards Public Information Officer	Classroom: 40
	P-404	All-Hazards Safety Officer	Classroom: 32
	P-430	All-Hazards Operations Section Chief	Classroom: 40
	P-440	All-Hazards Planning Section Chief	Classroom: 32
	P-450	All-Hazards Logistics Section Chief	Classroom: 40
	P-460	All-Hazards Finance Section Chief	Classroom: 24
	P-480	All-Hazards Intelligence/Investigations Function	Classroom: 24

\* Minimum contact hours can be met by interactive, web-based course as well



## 4B: Sample Memorandum of Understanding (MOU)

### Agreement between the Anytown Head Start Agency and the Anytown Metropolitan Transportation Authority

#### Introduction:

This agreement will define the relationship, responsibilities, and obligations between the Anytown Head Start Agency and the Anytown Metropolitan Transportation Authority. The purpose of this MOU is to ensure that, in the event of a natural or human-generated disaster that calls for evacuation, the staff and children in the care of the Head Start Agency may be efficiently evacuated from the Head Start site and transported to safety.

#### Authorities:

The Anytown Head Start Agency (hereinafter referred to as "Head Start") serves the child development needs of preschool children (birth through age five) and their low-income families. The Anytown Metropolitan Transportation Authority (hereinafter referred to as "MTA") works to plan, develop, build, and operate a balanced transportation system in the Anytown area.

#### Areas of Cooperation Under the Terms of the Agreement:

- MTA agrees to provide three city buses for the transport of Head Start staff and children in the event of an evacuation. The management further agrees to provide certified drivers, fuel, and....
- Head Start agrees to maintain responsibility for the presence and well-being of Head Start staff and children. Head Start will maintain roll sheets and assemble staff and children for transport. Further, Head Start agrees to...
- MTA and Head Start agree to mutually determine a list of potential "pick-up points" at which Head Start children and staff may assemble and MTA drivers may arrive.

#### Insurance and Indemnification:

Each participating organization will maintain independent/individual insurance coverage.

- MTA will insure drivers and riders against...
- Head Start will be responsible for any and all...

#### Periodic Review:

- Records of persons transported will be recorded and ...
- Records of services provided by MTA will be recorded and...

#### Terms of Enforcement:

This agreement shall become effective upon the execution by authorized individuals of both organizations. It shall continue with or without subsequent modification until it is terminated. Modification shall be by the same means as original execution.

_____ Signature	_____ Date	_____ Signature	_____ Date
Anytown Head Start Agency		Metropolitan Transportation Authority	