

9.3 SAMPLE EMERGENCY OPERATIONS PLAN

(See MT TX FP Administrative Manual, Policy 1.8, *Emergency Management*)

Policy: The family planning emergency operations plan ensures that the clinic continuously performs essential functions and operations during an emergency (e.g. flood, earthquake, fire, power outage, blizzard, tornado, and explosion).

Procedure:

1. The following is the line of authority during emergencies:
 - a. Director of Public Health
 - b. Designated Acting Director
 - c. Health Protection and Promotion staff
 - d. Public Health Clinic Manager
 - e. Lab Manager
2. Prioritization of health protection and promotion department functions:
 - a. Emergency contraceptive distribution
 - b. Contraceptive distribution
 - c. Ryan White program
 - d. Sexually Transmitted Infection testing
 - e. Emergency pregnancy testing
 - f. Health education
 - g. Health promotion
 - h. Other (specify)
3. Identification and procedures of health protection and emergency response:
 - a. Emergency contraceptive distribution*
 - b. Contraceptive distribution*
 - c. Emergency pregnancy testing
 - d. STI testing/treatment
 - e. Ryan White program*
 - f. Immunizations
 - g. Other (specify)
 - h. *It should be noted that many of these functions could take place via mail. An alternative location to access services may need to be identified.
4. Identification and procedures of emergency response staffing:
 - a. Indicate how many staff will need to work, what would the schedule be, and who would be assigned during the emergency.
 - b. SAMPLE: two nursing staff and two support staff are essential in order to maintain functions of this department in a crisis as well as a part time laboratory technician.
 - c. Staff will be assigned in 4 hour shifts with at least one support staff and one nurse practitioner or RN on duty at all times.
 - d. All staff include:
 - i. In clinic:
 1. Nurse Practitioners
 2. Registered Nurses
 3. Licensed Practical Nurses
 4. Laboratory Technicians
 5. Support staff
 - ii. In health promotion office:
 1. Health education staff

5. Identification of emergency response resources:
 - a. The following may be needed to provide continuous clinic functioning:
 - i. Generator and fuel for refrigeration
 - ii. Refrigerators to store vaccine and supplies
6. Options for acquiring needed resources:
 - a. Power for lab from a generator
 - b. Currently have 6-8 months of supplies (e.g. birth control, EC, and vaccines) stored in building
 - c. In emergency situation, lab could be closed for regular services and 2 lab techs could provide support for alternate testing of STI's
 - d. Promotion staff will be used for public education
7. Communication procedures
 - a. Indicate what type of outreach will be established to let the public know of available services. Examples:
 - i. Services will be posted on the door with additional hours
 - ii. Voice messages will be changed to advise clients of current procedures and changes
 - iii. Letter to the editor in the paper
 - iv. Flyers
8. Vital records management
 - a. If the record management system is incapacitated there must be a way to obtain information on clients.
 - b. Established client charts should be available during emergency events for clinicians and other personnel to review.
 - c. If using electronic records establish a practice for obtaining and maintaining records until the electricity has been restored.
9. Human capital
 - a. Leaders need to set priorities and keep focus
 - b. Management can include guidance on pay, leave, work scheduling, benefits, telework, hiring, etc.
10. Test, training, and exercise program
 - a. Identification, training, and preparedness of personnel so they are capable of performing their responsibilities in emergency situations.
 - b. Training provides the skills and familiarizes leadership and staff with the procedures and tasks they should perform during emergencies.

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

Designated Responsible Official:

Name: _____ Phone: _____

Emergency Coordinator:

Name: _____ Phone: _____

Area/Floor Monitors (If Applicable):

Area/Floor: _____

Name: _____ Phone: _____

Area/Floor: _____

Name: _____ Phone: _____

Assistants to Physically Challenged (If Applicable)

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY PHONE NUMBERS

Fire Department: 911 or Non-Emergency

Paramedics: 911

Ambulance: 911 or Non-Emergency

Police: 911 or Non-Emergency

Federal Protective Services: FBI

Security: _____

Building Manager: _____

UTILITY COMPANY EMERGENCY CONTACTS

Electric: _____

Water: City of: _____

Gas: _____

Telephone: _____

Evacuation Plan

1. Stay calm and alert. If a fire, pull the closest fire alarm and call 911.
2. Notify clients by stating, "There is an emergency; we need to evacuate the facility immediately."
3. Evacuate clients and personnel from the area using predetermined evacuation routes. Meet at the designated meeting place. Do not panic – **walk, do not run.**
4. If time permits, close all doors and windows and secure medical records.
5. If caught in smoke, drop to your hands and knees and crawl. Be prepared to signal for help from a window.
6. Do not use elevators (handicapped persons are permitted to use elevators in an emergency).
7. Move quickly to designated emergency exits.

Evacuation Routes

1. Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:
 - a. Emergency exits
 - b. Primary and secondary evacuation routes
 - c. Locations of fire extinguishers
 - d. Fire alarm pull stations' location
 - i. Assembly points
2. Site personnel should know at least two evacuation routes.

Emergency Reporting and Evacuation Procedures

Types of emergencies to be reported by site personnel are:

1. Medical
2. Fire
3. Severe weather
4. Bomb threat
5. Chemical spill
6. Structural/building damage
7. Extended power loss
8. Other (specify): _____

Medical Emergency

1. Call medical emergency phone number (check applicable):
 - Paramedics
 - Ambulance
 - Fire Department
 - Other: (specify): _____
 - a. Provide the following information:
 - i. Nature of medical emergency,
 - ii. Location of the emergency:
 - iii. Clinic Address: _____
 - iv. Your name and phone number from which you are calling.
2. Do not move victim unless absolutely necessary.
3. Alert clinical staff available on site that is trained in CPR and First Aid to provide assistance prior to the arrival of the professional medical help.
4. If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
 - a. Stop bleeding with firm pressure on wounds (note: avoid contact with blood or other bodily fluids by using universal precautions).
 - b. Clear the air passages using the Heimlich maneuver in case of choking.

5. In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt First Aid ONLY if trained and qualified.

Fire Emergency

When fire is discovered:

1. Activate the nearest fire alarm
2. Notify the local Fire Department by calling 911.
3. If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):
 - Voice communication
 - Phone paging

Fight the fire ONLY if:

1. The Fire Department has been notified.
2. The fire is small and is not spreading to other areas.
3. Escaping the area is possible by backing up to the nearest exit.
4. The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

1. Clear client care rooms and shut door, indicated room is vacant
2. Lock cash drawer
3. Leave the building without locking the clinic (for Fire Dept. access) using the designated escape routes.
4. Assemble in the designated area: _____
5. Remain outside until the competent authority (Fire Dept. Official or Designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must:

1. Coordinate an orderly evacuation of personnel.
2. Perform an accurate head count of personnel reported to the designated area.
3. Determine a rescue method to locate missing personnel.
4. Provide the Fire Department personnel with necessary information about the facility.
5. Perform assessment and coordinate weather forecast office emergency closing procedures

Area/floor monitors must:

1. Ensure that all clients and employees have evacuated the area/floor.
2. Report any problems to the Emergency Coordinator at the assembly area.

Assistance to physically challenged should:

1. Assist or coordinate assistance for all physically challenged clients and employees in emergency evacuation.

Extended Power Loss

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

1. Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
2. Facilities with freezing temperatures should turn off and drain the following lines in the event of a long term power loss:
 - a. Potable water lines

- b. Toilets
3. Equipment containing fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

1. Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
2. Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

Chemical Spill

The following are the locations of:

Spill containment and security equipment: _____

Personal protective equipment (PPE): _____

MSDS: _____

When a Large Chemical Spill has occurred:

1. Immediately notify the designated official and Emergency Coordinator.
2. Contain the spill with available equipment (e.g. pads, booms, absorbent powder, etc.).
3. Secure the area and alert other site personnel.
4. Do not attempt to clean the spill unless trained to do so.
5. Attend to injured personnel and call the medical emergency number, if required.
6. Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g. mercury) spill cleanup.

For Information: _____

Phone Number: _____

7. Evacuate building as necessary

When a small chemical spill has occurred:

1. Notify the Emergency Coordinator and/or supervisor (select one).
2. If toxic fumes are present, secure the area (with caution tape or cones) to prevent other personnel from entering.
3. Deal with the spill in accordance with the instructions described in the MSDS.
4. Small spills must be handled in a safe manner, while wearing the proper PPE.
5. Review the general spill cleanup procedures.

Structural/Building Damage

1. Evacuate the building if warranted.
2. Notify Building Manager:
 - a. Name: _____
 - b. Phone: _____
3. Notify City of _____ Building Inspection Department if warranted:
 - a. Phone: _____

Severe Weather and Natural Disasters

Tornado:

1. When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
 - a. Small interior rooms on the lowest floor and without windows,
 - b. Hallways on the lowest floor away from doors and windows, and
 - c. Rooms constructed with reinforced concrete, brick, or block with no windows.
2. Stay away from outside walls and windows.
3. Use arms to protect head and neck.
4. Remain sheltered until the tornado threat is announced to be over.

Earthquake:

1. Stay calm and await instructions from the Emergency Coordinator or the designated official.
2. Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
3. Assist people with disabilities in finding a safe place.
4. Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

1. Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
2. Follow the recommended primary or secondary evacuation routes.

If outdoors:

1. Climb to high ground and stay there.
2. Avoid walking or driving through flood water.
3. If car stalls, abandon it immediately and climb to a higher ground.

Blizzard:

1. Stay calm and await instructions from the Emergency Coordinator or the designated official.
2. Stay indoors!
3. If there is no heat:
 - a. Close off unneeded rooms or areas.
 - b. Stuff towels or rags in cracks under doors.
 - c. Cover windows at night.
4. Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
5. Wear layers of loose-fitting, light-weight, warm clothing, if available.
6. Exercise to keep blood circulating and to keep warm

Training

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility: _____

Name: _____

Title: _____

Responsibility: _____

Date: _____

Sample Telephone Bomb Threat Checklist

Questions to Ask:			
When is the bomb going to explode?			
Where is it right now?			
What does it look like?			
What kind is it?			
What will cause it to explode?			
Did you place the bomb?			
Why?			
What is your name?			
What is your address?			
Exact wording of the threat:			
Threat Language:			
<input type="checkbox"/> Foul	<input type="checkbox"/> Message	<input type="checkbox"/> Well Spoken	
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Taped	<input type="checkbox"/> Lisp	
<input type="checkbox"/> Other:			
Sex of caller:			
Ethnicity:			
Age:			
Length of call:			
Number at which the call was received:			
Date:		Time:	
Callers Voice:			
<input type="checkbox"/> Accent	<input type="checkbox"/> Deep	<input type="checkbox"/> Laughter	<input type="checkbox"/> Rapid
<input type="checkbox"/> Angry	<input type="checkbox"/> Deep Breathing	<input type="checkbox"/> Lisp	<input type="checkbox"/> Raspy
<input type="checkbox"/> Calm	<input type="checkbox"/> Disguised	<input type="checkbox"/> Loud	<input type="checkbox"/> Slow
<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Distinct	<input type="checkbox"/> Nasal	<input type="checkbox"/> Slurred
<input type="checkbox"/> Cracking Voice	<input type="checkbox"/> Excited	<input type="checkbox"/> Normal	<input type="checkbox"/> Soft
<input type="checkbox"/> Crying	<input type="checkbox"/> Familiar	<input type="checkbox"/> Ragged	<input type="checkbox"/> Stutter
<input type="checkbox"/> Other:			
If voice is familiar, who did it sound like?			
Background Sounds:			
<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Factory Machine	<input type="checkbox"/> Music	<input type="checkbox"/> Street Noises
<input type="checkbox"/> Clear	<input type="checkbox"/> House Noise	<input type="checkbox"/> Motor	<input type="checkbox"/> Voices
<input type="checkbox"/> Crockery	<input type="checkbox"/> Local	<input type="checkbox"/> Office Machines	<input type="checkbox"/>
<input type="checkbox"/> Booth	<input type="checkbox"/> Long Distance	<input type="checkbox"/> PA System	<input type="checkbox"/>
<input type="checkbox"/> Other:			
Continued on next page			

Remarks:	
Report Call Immediately to:	
Phone Number:	
Date:	

SAMPLE