



Katy Trail Community Health
Emergency Operations Plan (EOP)

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**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.0

Subject: Emergency Management Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By: Marjorie Hardey, LPN/QI Coordinator **Date:** 07/2016

Revision By: _____ **Date:** _____

POLICY:

Emergencies can disrupt care provided to Katy Trail Community Health Centers (KTCH) patients by significantly increasing demand for services or severely impacting current operations. An emergency management plan (EMP) is essential to minimize the disruption of services for patients, assure that KTCH's ongoing financial and organizational well-being, and link KTCH to the local community response.

APPROVAL(S):

Chief Operating Officer

PROCEDURES:

I. Purpose:

The purpose of the EMP is to ensure predictable staff behavior during a crisis, provide specific guidelines and procedures to follow, and define roles and responsibilities. The EMP addresses the three phases of emergency management- preparedness/mitigation, response, and recovery:

- a. Preparedness/ Mitigation- activities which lessen the severity and impact a potential disaster or emergency might have on KTCH's operation; activities which build capacity and identify resources that may be used should a disaster or emergency occur.
- b. Response- refers to the actual emergency and controls the negative effects of emergency situations.
- c. Recovery- actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Recovery planning is a critical aspect to sustaining the long-term viability of KTCH.

For the purpose of this plan the definition of a disaster or emergency is a natural or man-made event that significantly disrupts the environment of care, such as damage to the organization's building(s) and/or grounds due to severe wind storms, tornadoes, hurricanes, or earthquakes. Also, a disaster or emergency may be an event that disrupts care and treatment, such as loss of utilities (power, water, telephones) due to floods, civil disturbances, accidents, or emergencies within the organization or in the surrounding community.

a. Natural Disasters include but are not limited to the following types:

1. Hurricanes, tornadoes, hailstorms, snowstorms, droughts, floods, earthquakes, communicable and disease epidemics/pandemics.

b. Man-made disasters include but are not limited to the following types:

1. Conventional warfare and non-conventional warfare, civil disasters, criminal/terrorist action, and accidents that may involve transportation (vehicles, planes, and/or trains), structural collapse (buildings and structures), explosions, fires, chemical (toxic waste and pollution), and biological (sanitation).

II. Execution:

The execution portion of this plan will be accomplished in three phases: Planning; Operational, and Recovery. Depending on the nature of the emergency/disaster, all three may occur in a matter of hours, or could extend into weeks.

A. Planning Phase:

- i. This plan will be reviewed and approved by the Board of Directors every two years.
 - ii. The KTCH internal emergency team will consist of the CEO, COO, and all Clinic Site Managers.
 - iii. Depending on the nature and extent of the emergency/disaster, the CEO or his/her designated representative will serve as the Emergency Operations Commander (EOC) in accordance with the National Incident Management System (NIMS).
1. Patient Surge and Tracking:
 - i. Primary: Operational patient flow and tracking will be accomplished by Electronic Health Record (EHR) and EMS system.
 - ii. Alternate: In the event power outages prevent efficient patient management, the COO or clinic managers(s), depending on the specific situation, will implement downtime procedures. Cell phones may be used if the network is operational. If necessary, messengers and/or couriers will be used.
 2. Vulnerable Populations' Health Needs:
 - i. Identify Needs – aged, physically and mentally challenged, and the generationally impoverished.
 3. Address Needs – needs will be determined based upon the type of disaster and in collaboration with the various emergency management services.
 4. Site Security:
 - i. Identify Needs: Physical security of personnel and equipment

- ii. Address Needs: Needs will be identified based upon the specific circumstances surrounding the disaster in question. Any needs not met by local public safety entities will be reported by the EOC to the appropriate county EOC.
- 5. Alternate Clinic Sites:
 - i. Prairie Hills-Versailles
 - ii. Harbor Village-Warsaw
 - iii. Katy Trail Community Health-Marshall
 - iv. Katy Trail Community Health-Sedalia
 - v. Katy Trail Community Health Dental-Stover
 - vi. Katy On The Go- Dental RV
- 6. Incident Command: Incident command will be in accordance with the NIMS.
- 7. Memorandums of Understanding:
 - i. Hospital in KTCH footprint:
 - Bothwell Regional Health Center
 - Golden Valley Memorial Health Center
 - Lake Regional Health Systems
 - Fitzgibbon Hospital
 - ii. Local Public Health Agency (LPHA) in KTCH footprint:
 - Pettis County Health Department
 - Benton County Health Department
 - Morgan County Health Department
 - Saline County Health Department
- 8. KTCH information technology infrastructure provides the security and geographical diversity to ensure retention of data.
- 9. KTCH will cooperate with local emergency management agencies whenever they conduct a hazard vulnerability analysis.
- 10. As of the date of the last EMP review, no KTCH entity has been designated as a point of distribution (POD).
- 11. Reporting Requirements:
 - i. As part of the Region F and Region A Health Care Coalition, KTCH will report via EMSystem all operational concerns and status contingent upon the size and severity of the emergency/disaster.
 - ii. If the emergency/disaster is significant, the KTCH EOC will report status and severity to the Federally Qualified Health Center Grant Project Officer

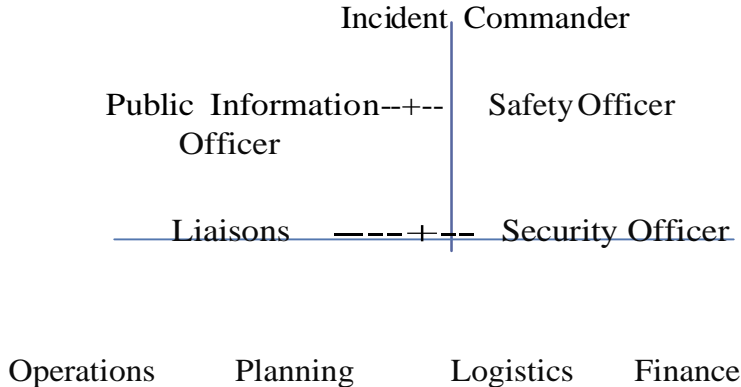
B. Operational Phase:

Emergencies/disasters vary in size, severity, complexity, and duration. Every emergency does not warrant an EOC be established, i.e. a fire, intruder with a weapon, etc. A tornado that travels through the center of Sedalia would most likely require an EOC. Conversely, a tornado that strikes a rural community like Knob Noster would be just as tragic, but the

LPHA or Sheriff's Department would be the more likely focal point(s) for the EOC with KTCH serving as a liaison.

1. This plan will address emergencies, from the very small, to the large and complex
2. The designated health center spokesperson is referred to as the Public Information Officer (PIO) in the Incident Command System (ICS) structure and should have the necessary knowledge, skills, authority, and credibility to effectively communicate with the media and the public at-large. The PIO should be as open as possible in providing information during and after an accident. The PIO should be timely in presenting information, admit when information is not available, avoid making promises which cannot be fulfilled, and ensure the messages provided are consistent with actions taken. Depending on the scale of the incident it may be necessary to coordinate these messages with the local health authorities. In the case of a large scale event, coordination of messages with the Joint Information Center (JIC) organized by the lead emergency management agency in your area to conduct crisis communications where multiple organizations must collaborate to provide timely and accurate information to the public and other stakeholders may be required.
3. In the event that the CEO initiates an EOC, the following guidelines will be used:
 - i. During this phase, KTCH will mobilize the resources and take actions required to manage its response to disasters and as such have established the following disaster response priorities:
 - Ensure life safety- protection of life and provide care for injured patients, staff and visitors
 - Contain hazards to facilitate the protection of life
 - Protect critical infrastructure, facilities, vital records and other data
 - Resume the delivery of patient care
 - Support the overall community response
 - Restore essential services/utilities
 - Provide crisis public information
4. Alert, Warning and Notification: Upon receipt of an alert from credible sources the CEO will notify all officers and directors, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.
5. Response Activation and Initial Actions: This plan may be activated in response to events occurring within the clinic or external to it. Any employee or staff member who observes an incident or condition which could result in a emergency condition should report it immediately to the Clinic Site Manager or his/her supervisor. Fires, serious injuries, threats of violence and other serious emergencies should be reported to fire or police by calling 9-1-1.
6. If the emergency significantly impacts clinic patient care capacity or the community served by the clinic, the CEO or Incident Commander will update the EMSsystem and notify the Missouri Primary Care Association (MPCA).

7. KTCH will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources.



8. KTCH will use the ICS to manage its response to disasters. ICS is a standardized management system used by government agencies and hospitals in emergencies. Under ICS, the clinic's overall response is directed by an Incident Commander. The CEO may serve in that role or may appoint another officer, director, senior clinic manager, or clinician to the position. Based on the specifics of the emergency/disaster, it is possible that the KTCH EOC would be a subsidiary of the Region F or Region A EOC. If this actually happens, the KTCH EOC would provide FQHC liaison support to the Region F or Region A EOC, or, operate independently while providing situation reports (SITREP) to the Health Care Collation (HCC).

C. Recovery Phase:

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete or it may be a simple event report. This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

1. Deactivation of emergency response: The CEO or designee will call for deactivation of the emergency when the clinic can return to normal or near normal services, procedures, and staffing.
2. Establishment of an employee support system: Clinic Site Manager(s) will coordinate referrals to employee assistance programs as needed.
3. Return to normal clinic operations as rapidly as possible.
4. Documentation: To continue providing the same efficient service as was provided prior to the incident, KTCH will immediately begin gathering complete documentation including photographs. Depending on the event, it may be necessary to expedite resumption of health care services to address unmet community medical needs
5. Accounting for disaster-related expenses: The Chief Financial Officer (CFO) will account for disaster related expenses. Documentation will include: direct operating costs; costs from increased use; all damage or destroyed equipment; replacement of

capital equipment; and construction related expenses.

6. Inventory Damage and Loss: KTCH will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory. One copy will be filed with the CFO and another copy in a secure offsite location.
7. Lost Revenue through Disruption of Services: The CFO will document all expenses incurred from the disaster.
8. Lost Revenue Due to Disruption of Services:
 - i. The CFO will document all expenses incurred from the disaster. An audit trail will be developed to assist with qualifying for any Federal reimbursement or assistance available for costs and losses incurred by the clinic as a result of the disaster.
 - ii. Depending on the conditions and the scale of the incident, KTCH will seek financial recovery resources in accordance with the following: The eligibility of clinics for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain (largely untested) circumstances. Public Assistance (FEMNOES) - After a disaster occurs and the President has issued a Federal Disaster Declaration, assistance is available to applicants through FEMA and the OES. The Small Business Administration (SBA) provides physical disaster loans to businesses for repairing or replacing disaster damages to property owned by the business. Businesses and non-profit organizations of any size are eligible.
 - iii. Federal Grant - Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated. A private non-profit facility is eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility's):
 - Pre-disaster design
 - Pre-disaster function
 - Pre-disaster capacity
9. Insurance Carriers ó KTCH will file claims with its insurance companies for damage to the clinic. The clinic will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable
10. Cost / Loss Recovery Sources:
 - i. Depending on the conditions and the scale of the incident, KTCH will seek financial recovery resources in accordance with the following: The eligibility of clinics for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through

- county channels under certain (largely untested) circumstances.
- ii. Public Assistance (FEMNOES) - After a disaster occurs and the President has issued a Federal Disaster Declaration; assistance is available to applicants through FEMA and the OES. The Small Business Administration (SBA) provides physical disaster loans to businesses for repairing or replacing disaster damages to property owned by the business. Businesses and Non-profit organizations of any size are eligible.
 - iii. Federal Grant - Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated. A private non-profit facility is eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility's):
 - Pre-disaster design
 - Pre-disaster function
 - Pre-disaster capacity
 - iv. Insurance Carriers - NHS will file claims with its insurance companies for damage to the clinic. The clinic will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.
11. Psychological Needs of Staff and Patients: Mental health needs of patients and staff are likely to continue during the recovery phase. The Behavioral Health Consultants will continue to monitor for and respond to the mental health needs of clinic staff and patients.
12. Restoration of Services: KTCH will take the following steps to restore services as rapidly as possible:
- i. If necessary, repair clinic facility or relocate services to a new or temporary facility.
 - ii. Replace or repair damaged medical equipment.
 - iii. Expedite structural and licensing inspections required to re-open.
 - iv. Facilitate the return of medical care and other clinic staff to work.
 - v. Replenish expended supplies and pharmaceuticals.
 - vi. Decontaminate equipment and facilities.
 - vii. Attend to the psychological needs of staff and community.
 - viii. Follow-up on rescheduled appointments.
13. After-Action Report: KTCH will conduct after-action debriefings with staff and participate in community after-action debriefings. The clinic will also produce an after-action report describing its activities and corrective action plans including recommendations for additional training and improved coordination.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.1

Subject: Panic Button

Department(s) Affected/Distribution: All Departments

Effective Date: 01/ 2011

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/QI Coordinator</u>	Date:	<u>07/2016</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

POLICY:

Katy Trail Community Health (KTCH) is dedicated to keeping its staff safe within the clinical facility. To help insure staff are safe, safety panic buttons have been installed at all four KTCH locations.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. Panic buttons have been installed at the medical front desk, dental front desk, and executive assistant desk in the Sedalia clinical facility. Panic Buttons are located at the KTCH front desk, Pathways front desk and the front entrance desk at Harbor Village. One panic button is located at the front desk at the Versailles clinical facility. One panic button is located at the front desk at the Marshall clinical facility.
2. Should a staff member at any time feel threatened by a co-worker, visitor, patient, or any other person present in the facility, they should press the panic button.
3. The panic button alerts Nightwatch Security that a problem exists in the clinical facility that requires police intervention. Nightwatch Security will, in turn, contact the police department and notify them that an emergency exists at KTCH that requires their assistance. After notifying the police, Nightwatch Security will then contact KTCH leadership in the following order.
 - a. Tracy Simmons, COO 573-378-0411
 - b. Steve Bevans, CFO 660-619-8261
 - c. Chris Stewart, CEO 660-287-4776

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.2

Subject: Emergency Page

Department(s) Affected/Distribution: All Departments

Effective Date: 01/2011

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/QI Coordinator</u>	Date:	<u>07/2016</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

POLICY:

Katy Trail Community Health sites have the ability to page through the phone system at each clinic.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

To overhead page, follow these instructions:

1. Dial extension 167 (Sedalia); 222 (Warsaw); 750 (Versailles); 555 (Marshall) or push the emergency button.
2. You will hear a few beeps, and the designated speakerphones will turn on. Wait approximately 4-5 seconds before speaking. There is a built-in delay.
3. Begin Speaking. It is best practice to repeat your message; to be sure it is heard.
4. Hang up when finished.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.3

Subject: Power Outage

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2011

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

CODE: *Power Outage*

POLICY:

Katy Trail Community Health (KTCH) is dedicated to keeping its staff, patients, visitors, and equipment safe within the clinical facility during a power outage.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. During a power outage, staff will retrieve flashlights located in their areas. Staff should conduct walk throughs in their areas to make sure staff, patients, and visitors are safe. If the clinic can continue operations, retrieve down time forms, and resume operations. Our contracted IT vendor will be notified and will address any issues immediately.
2. If a prolonged power outage is expected
 - a. Escort patients to outside of building.
 - b. Facilities Coordinator/Clinic Site Manager to call local electric company to report and find out status of power outage.
 - c. If lengthy power outage is expected, make sure that last person out of building physically locks doors. (Magnets on doors will only be active for 6 to 8 hours and then will quit functioning).
 - d. IT to follow IT power outage instructions.
 - e. Refer to VFC ([Vaccine for Children](#)) Emergency Response Plan to ensure proper storage and transportation of vaccines.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.4

Subject: Disruptive Patient Using Physical and Verbal Threats

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 12/2004; 10/2008; 07/2014; 09/2016; 09/2018

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

CODE: *Manpower (state location)*

POLICY:

It is the policy of Katy Trail Community Health (KTCH) that we deal with disruptive, hostile, and difficult patients in a systemized and consistent manner.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. Whether the difficult situation occurs over the phone or in person, the individual dealing with the patient will attempt to resolve the problem. If the patient's behavior is abusive/disruptive or if the patient has a complaint concerning his/her care or service, follow the below protocols:
 - a. If the patient has a complaint concerning his/her service or care and wishes to speak to the employee's supervisor, they should be referred to the appropriate person.
 - b. If the patient is disruptive, the employee will follow the action steps for dealing with disruptive patients. (See Attachment A) It may be necessary to complete an Event Report, following KTCH policy on disruptive patients.
 - c. In all cases where the police are called an event report should always be filled out.
2. If the inappropriate, disruptive behavior persists, or is extreme, the patient's provider, the Chief Executive Officer (CEO), Chief Dental Officer (CDO), and/or Chief Medical Officer (CMO) will meet to discuss whether the patient is to continue to receive care at KTCH. If the patient is to be terminated from the practice, a letter will be generated with the signature of the CEO and the patient's provider. This letter will indicate to the patient that he/she should seek care with another medical/dental provider and adequate time will be provided to obtain such care (minimum of 30

days). The -Quality Improvement & Population Health Director will receive the name of the patient so that a note can be placed in the EMR documenting the dismissal, and a copy of the letter scanned into the patient chart.

Attachment A

DISRUPTIVE BEHAVIOR – VERBAL AND PHYSICAL THREATS

- A. The following addresses the course to take when a staff member feels threatened by a patient/visitor:
1. Validate patient/visitor feelings by saying:
 - a. "I understand you are upset. . ."
 - b. "I realize you have been on the phone a long time," etc.
 2. If this does not work:
 - a. Tell the patient/visitor you do not appreciate his/her attitude, voice, posture, etc.
 - b. Giving him/her two choices:
 - i. "You can calm down and we can finish."
 - ii. "You can leave and come back when you are calm."
 - c. "If you choose not to do one of these two things, you leave me no choice but to call the police." Many times picking up the receiver to phone the police will defuse the situation.
 3. If this still does not diffuse the situation and you feel immediate threat:
 - a. Dial 9-1-1 or press panic button. If you call 9-1-1, state your name, occupation, where you are, including address and telephone number. Tell them "We have a hostile person at Katy Trail Community Health and we need your assistance."
 - b. Call Code: Manpower (**state location**).
 - c. Remain calm.
- B. **REMEMBER:** You need to keep calm in order to keep the situation calm.
1. **Do's . . .**
 - a. Remain calm.
 - b. Try to keep observers calm.
 - c. Make a professional judgment by remaining rational.
 - d. Call for help only when necessary.
 2. **Do Not's . . .**
 - a. Return the verbal abuse (feed in).
 - b. Become involved if you are not directly dealing with that patient.
 - c. Take the patient into a closed room by yourself.
 - d. Cause a scene. There is no need to alarm everyone.

Following each event, file an Event report. The report needs to be completed by the people who had direct contact only. The CEO and CMO/CDO will make the final decision for dismissal of any patient from KTCH due to his/her actions.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.5

Subject: Bomb Threat

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 12/2004; 10/2008; 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Pam Hirshberg, COO **Date:** 04/2014

Revision By: Marjorie Hardey, LPN/Nursing Educator/Safety Specialist **Date:**

CODE: *Bomb Threat*

POLICY:

Katy Trail Community Health, in the event of a bomb threat, will take appropriate action to evacuate the premises and preserve life.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. If a bomb threat is received by phone, it is always best practice to have more than one person listen and to record the phone call. (Use hands free mute where appropriate.)
2. Keep the caller on the line as long as possible. Ask him/her to repeat the message. Write down every word that is spoken by the person.
3. Ask the caller for the location and time of detonation of the bomb, if the caller has not already given that information.
4. Inform the caller that the building is occupied and that detonation could result in death or serious injury to many innocent people.
5. Document background noises (such as motors running, music playing, and noise that could give an indication as to the location of the caller).
6. Document gender, if calm or excited, if they have an accent, or if there is a speech impediment.
7. Call 911 if not done already; evacuate the building by making the following announcement:
öAttention Please. . . CODE Bomb Threat is now in effect, please evacuate the building immediately.ö Repeat 3 times.
8. After the building has been evacuated the CEO/COO or designee will work with emergency authorities to plan and activate the building search.
9. CEO/COO or designee will make the decision to restore activities and re-enter the building.

10. If a written threat is received, report to CEO/COO or designee. Save all materials, including envelopes or containers. Make every possible effort to retain such evidence as fingerprints, handwriting or typewriting, paper and postal marks. Do not open suspicious mail.
11. CEO/COO or designee will approve all press releases.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.6

Subject: Medical Emergency

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

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Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

CODE: *Medical Emergency*

POLICY:

It is the policy of Katy Trail Community Health to offer immediate medical assistance when urgently needed.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

In the event that a patient, visitor, or staff member needs urgent medical assistance, staff will page overhead **CODE Medical Emergency** and identify the location, person/persons needing care. This alerts the clinical staff to respond to the emergency as quickly as possible. Clinical staff will respond with the crash cart, oxygen, clipboard and paper/pen, and a medical provider. Staff are responsible for alerting medical providers who may be in examination rooms and do not hear the code being called. See **Clinical Policies, Patient Emergency Policy** for details regarding procedures in different types of emergencies.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.7

Subject: Abducted Child

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Pam Hirshberg, COO **Date:** 04/2014

Revision By: Marjorie Hardey, LPN/QI Coordinator **Date:** 07/2016

Revision By: _____ **Date:** _____

CODE: *Child Abduction*

POLICY:

It is the policy of Katy Trail Community Health to protect staff, visitors, and patients. In the event that a child is missing or abducted, the building will be under lock-down until police arrive.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

In the event that a child is missing or abducted, the staff receiving the message will overhead page CODE Child Abduction. At that time, doors that can be locked will be locked, and staff will take posts at any and all exits, preventing anyone from entering or leaving the building. Police will be called by person calling code, and the building will remain in lock down mode until staff is given instructions by the police.

The goal of the Child Abduction Alert is to instantly empower the entire staff/community to assist in the search for safe recovery of the child.

Sedalia:

Front Entrance-PSR

Community Room-Administration

South Entrance-Administration

East Entrance-Dental

East Entrance (CMO office)-Dental

Ambulance Entrance-Medical

West Entrance (Case Management)-Case Management

Versailles:

South Main Front Entrance (waiting room)-PSR

West Side Employee Entrance (Back hall)-Nursing

North Back Employee Entrance (Side Hall) - Nursing

Warsaw (Harbor Village):

South Front Entrance ó PSR

South Group Room ó Pathways

West Bullpen Area ó Pathways

Employee Break Area ó Nursing

Employee Entrance (Dental ó West) ó Dental

North Kitchen ó Care Connection

North Café ó Care Connection

East Café ó Care Connection

North East Multi-Room ó Care Connection

South East Multi-Room ó Care Connection

East Exercise/Dance Room ó Care Connection

East Fitness Area ó Care Connection

Marshall:

East Front Entrance --PSR

South Exit (onto Patio)ô Nursing

North Exit (hall that goes into Health Department) Nursing

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.8

Subject: Intruder with a Weapon

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 12/2004; 10/2008; 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Pam Hirshberg, COO **Date:** 04/2014

Revision By: _____ **Date:** _____

CODE: *Intruder with a Weapon (state location)*

POLICY:

Katy Trail Community Health (KTCH) is committed to providing staff, patients, and visitors a safe environment. KTCH prohibits acts of violence or threats of violence in the workplace by patients and/or staff. This prohibition extends to persons conducting business with or visiting KTCH, even though such persons are not directly affiliated with KTCH. Signage will be posted at all locations that indicate no firearms are allowed on premises.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. Staff should page "Intruder with a Weapon" if possible and give location.
2. Anyone who experiences, observes, or otherwise knows of an intruder with a weapon should immediately call 911 and/or activate the panic button.
3. Patients, staff and visitors should evacuate the building as safely and quickly as possible.
4. Patients, staff and visitors should follow direction given by law enforcement.
5. When the situation has completely resolved, an event report should be completed. All threats or acts of violence in the workplace will be investigated promptly. All reports of workplace violence are treated confidentially to the maximum extent possible.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.9

Subject: Life Safety Management Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 12/2004; 10/2008; 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Pam Hirshberg, COO **Date:** 04/2014

Revision By: _____ **Date:** _____

POLICY:

The Life Safety Management Plan is designed to protect patients, staff, visitors, and property from disasters that might occur at Katy Trail Community Health (KTCH).

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

Life Safety Management Plan

1. Drills

Drills are held semi-annually at all locations; one will be an evacuation drill and one will be a shelter in place drill. The drills may or may not be announced. The EPO will keep documentation of the drills.

2. Evacuation Plans

Exits will be clearly marked with lighted exit signs. Evacuation plans will be posted adjacent to all fire extinguishers and/or at all exits. The evacuation plans designate the primary and secondary escape routes and locations of fire alarms and extinguishers.

3. Fire Extinguishers

All fire extinguishers will be ABC-type extinguishers. All extinguishers will be inspected monthly by a facility coordinator and annually by an outside contractor. All staff is educated on fire extinguishers at hire, and annually during fire drill in their proper usage. Any staff that identifies a potential fire hazard should report the hazard to the facility safety officer (Site Managers).

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.10

Subject: Hazards Communication Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Pam Hirshberg, COO **Date:** 04/2014

Revision By: Marjorie Hardey, LPN/Nursing Educator/Safety Specialist **Date:** 08/2018

POLICY:

In order to fulfill its obligation to protect the health and safety of employees, Katy Trail Community Health has developed the following hazard communication standard (HCS) program to comply with Occupational Safety and Health Administration (OSHA) standards 29 CFR 1910.1200 and 29 CFR 1926.59. **Katy Trail Community Health** will develop hazardous-chemical lists, obtain safety data sheets (SDSs) for each hazardous material used and provide training to our employees so they have a thorough understanding of what is required of the standard.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

A. GENERAL PROGRAM MANAGEMENT

1. Responsibility-

The program administrator will be **Safety Officers (Site Managers)**. Copies of the written policy, including the written chemical inventory list and SDS will be kept at all clinics.

2. Program Review and Update

In order to have an effective Hazard Communication Program the program should be reevaluated annually. The SDS's will be reviewed annually in order to assure that all chemicals at this company are under the program. Education and review of the program will also be done under these circumstances:

- a. new employees before they are sent to their work station
- b. new chemicals or hazardous materials are introduced into work areas

B. METHODS OF COMPLIANCE

1. List of Hazardous Chemicals-

The Safety Officers will make a list of all hazardous chemicals and related work practices used in the facility, and will update the list as necessary.

2. Container Labeling-

The Site Managers will have the responsibility of acquiring hazard warning labels and making them available for each location. Labels will be consistent throughout the entire company. They will contain, at a minimum, the following information:

- a. identity of the chemical(s)
- b. all potential hazards associated with the chemical(s)
- c. manufacturer's name, address and telephone numbers

Each clinic site manager or other designated person will have the responsibility of assuring that all labels are affixed on containers properly. As new products arrive at the clinic, the clinic site manager or other designated person will inspect the containers for labels. If the container is in need of a label, the clinic site manager will affix one. If a label falls off, it will be the responsibility of the clinic site manager to replace it.

3. Safety Data Sheets-

All SDSs will be maintained by the clinic site manager. The program will consist of a chemical inventory list. If a chemical arrives without a SDS, the clinic site manager will be notified. The clinic site manager will begin the process of obtaining the SDS. New Chemicals arriving at the clinic will not be utilized without a current SDS and proper training for staff.

4. Employee Training and Information-

Employees who potentially could be exposed to hazardous chemicals will receive training in the elements of the hazard communication standard. During their initial training, they also will receive an overview of the chemicals typically used. As new hazards are introduced, additional training will be conducted. The typical training session will address the following:

- a. a summary of the company's written program and the OSHA HCS (Hazard Communication Standard)
- b. methods of detecting hazardous chemicals, including a description of the hazards' chemical and physical properties
- c. health hazards and signs or symptoms of exposure
- d. proper work practices for working with a hazardous substance
- e. PPE (Personal Protective Equipment) selection
- f. emergency procedures and first aid for spills and other exposures and location of the spill kit

- g. locations of SDSs and the written program
- h. how to read a SDS
- i. the type of labeling system
- j. how to obtain additional information

The training program will be conducted initially and as new hazards are introduced. Periodic training will be conducted to further inform employees of hazardous chemicals and the methods of safeguarding themselves. At least annually, refresher training will be conducted to reacquaint everyone with the standard and discuss any changes made to the program.

The training program elements will be reviewed at least annually.

5. Hazardous Non-Routine Tasks

Any maintenance or other infrequent work shall be reviewed by the Safety Officers for potential exposure to hazardous chemicals or other safety problems (e.g., cleaning tanks, entering confined spaces, etc.). A written procedure shall be agreed on, detailing appropriate actions and safeguards for the control of exposure to any hazardous chemicals. This procedure shall be used whenever the work is to be performed. If a written procedure is needed, it will include:

- a. Specific chemical hazards,
- b. Personal protective equipment or safety measures the employee should use, and
- c. Measures the company has taken to lessen the hazards including ventilation, respirators, presence of other employees, emergency procedures and etc.

6. Informing Contractors

It is the responsibility of the Site Manager to provide contractors the following information:

- a. Hazardous chemicals to which they may be exposed to while on the job site
- b. Precautions the employees may take to lessen the possibility of exposure by usage of protective measures.

The Site Manager will be responsible for contacting each contractor before work is started in the company to gather and disseminate any information concerning chemical hazards that the contractor is bringing to our workplace.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.11

Subject: Fire Prevention Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

POLICY:

Katy Trail Community Health (KTCH) will use this Fire Prevention Plan to eliminate the causes of fire, prevent loss of life and property by fire, and to comply with the Occupational Safety and Health Administration (OSHA) standard on fire prevention, 29 CFR 1910.39. It provides employees with information and guidelines that will assist them in recognizing, reporting, and controlling fire hazards.

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

KTCH is committed to minimizing the threat of fire to employees, visitors, and property, and complies with all applicable laws, regulations, codes, and good practices pertaining to fire prevention. KTCH will reduce the risk of fires in the following ways:

1. Identify materials that are potential fire hazards and their proper handling and storage procedures.
2. Distinguish potential ignition sources and the proper control procedures of those materials.
3. Maintain fire protection equipment and/or systems used to control fire hazards.
4. Identify persons responsible for maintaining the equipment and systems installed to prevent or control ignition of fires, and to prevent accumulation of flammable or combustible material.
5. Describe good housekeeping procedures necessary to insure the control of accumulated flammable and combustible waste material and residues to avoid a fire emergency.
6. Provide training to employees with regard to fire hazards to which they may be exposed.

A. ASSIGNMENT OF RESPONSIBILITY

Fire safety is everyone's responsibility. All employees should know how to prevent and respond to fires, and are responsible for adhering to company policy regarding fire emergencies.

1. Site Managers *ó All Sites, Dental and Medical*

Site Managers are responsible for ensuring that employees receive appropriate fire safety training, and for notifying the COO when changes in operation increase the risk of fire. They are also responsible for enforcing fire prevention and protection policies.

2. Employees

- a. Complete all required training before working without supervision.
- b. Conduct operations safely to limit the risk of fire.
- c. Report potential fire hazards to their supervisors.
- d. Follow fire emergency procedures.

B. PLAN IMPLEMENTATION

1. Good Housekeeping

To limit the risk of fires, all employees shall take the following precautions:

- a. Minimize the storage of combustible materials.
- b. Keep hallways, stairs, walkways, and other exit routes clear of obstructions.
- c. Dispose of combustible waste in covered, airtight, approved metal containers.
- d. Use and store flammable materials in well-ventilated areas away from ignition sources.
- e. Use only nonflammable cleaning products.
- f. Keep incompatible (i.e., chemically reactive) substances away from each other.
- g. Keep equipment in good working order (i.e., inspect electrical wiring, replace)
- h. Inspect wires/equipment and appliances regularly and keep motors, tools, and machines free of dust and grease.
- i. Ensure that heating units are safeguarded by maintaining 36 inches around perimeter of units; this includes hot water heaters
- j. Report all gas leaks immediately. COO or designee will ensure that all gas leaks are repaired immediately upon notification.
- k. Clean up flammable liquid leaks immediately.
- l. Keep work areas free of dust, debris, and grease.
- m. Do not plug in heaters and refrigerators into extension cords, but instead plug in directly to wall; do not overload circuits or outlets; do not cross cords under mats or across walkways, do not have lighted candles.
- n. Turn off electrical equipment when not in use.

2. Maintenance

COO/designee will ensure that equipment is maintained according to manufacturers' specifications. Only properly trained individuals shall perform maintenance work.

The following equipment is subject to the maintenance, inspection, and testing procedures:

- a. Portable fire extinguishers, automatic sprinkler systems, and fixed extinguishing systems.
- b. Detection systems for smoke, heat, or flame.
- c. Fire alarm systems.
- d. Emergency backup systems and the equipment they support.

C. TYPES OF HAZARDS

Major workplace fire hazards and procedures for controlling the hazards

1. Electrical Fire Hazards

Electrical system failures and the misuse of electrical equipment are leading causes of workplace fires. Fires can result from loose ground connections, wiring with frayed insulation, or overloaded fuses, circuits, motors, or outlets.

To prevent electrical fires, managers or safety officer shall:

- a. Make sure that worn wires are replaced.
- b. Use only appropriately rated fuses.
- c. Never use extension cords as substitutes for wiring improvements.
- d. Use only KTCH approved extension cords [i.e., those with the Underwriters Laboratory (UL) or Factory Mutual (FM) label].
- e. Check wiring in hazardous locations where the risk of fire is especially high.
- f. Check electrical equipment to ensure that it is either properly grounded or double insulated.
- g. Ensure adequate spacing while performing maintenance.

2. Portable Heaters

Portable electric heaters are not permitted in the workplace unless KTCH approved

3. Office Fire Hazards

To prevent office fires, all employees shall:

- a. Avoid overloading circuits with office equipment.

- b. Turn off nonessential electrical equipment at the end of each workday.
- c. Keep storage areas clear of rubbish.
- d. Ensure that extension cords are not placed under carpets.
- e. Ensure that trash and paper set aside for recycling is not allowed to accumulate.

Safety Officers shall regularly evaluate the presence of fire hazards. See [Fire Prevention Checklist](#).

4. Flammable and Combustible Materials

Safety Officers shall regularly evaluate the presence of combustible materials. See **Fire Prevention Checklist**.

5. Common Combustibles

Common combustible materials (wood, paper, cloth, rubber, and plastics) that can act as fuel are found in non-specialized areas such as offices. To handle safely:

- a. Dispose of waste daily to prevent fire hazards.
- b. Keep work areas clean and free of rubbish that could allow a fire to spread.
- c. Keep combustibles away from heat- or spark-producing devices.
- d. Make frequent inspections to anticipate fires before they start.

Water, multi-purpose dry chemical (ABC) are approved fire extinguishing agents for Class A combustibles.

6. Flammable and Combustible Liquids

To handle safely:

- a. Store, handle, and use combustibles only in approved locations where vapors are prevented from reaching ignition sources such as heating or electric equipment, open flames, or mechanical or electric sparks.
- b. Do not use a flammable liquid as a cleaning agent inside a building (the only exception is in a closed machine approved for cleaning with flammable liquids).
- c. Do not use, handle, or store combustibles near exits or any other areas normally used as exits.
- d. Do not use unsafe electrical appliances or equipment near combustibles.
- e. Do not generate heat, allow an open flame, or smoke near combustibles.
- f. Know the location of and how to use the nearest portable fire extinguisher rated for combustible fire.

Water should not be used to extinguish combustible fires caused by flammable liquids. Water can cause the burning liquid to spread, making the fire worse. To extinguish a fire caused by flammable liquids, use the ABC fire extinguishers on site.

7. Smoking

KTCH is a smoke free campus and smoking is prohibited inside or outside the building, including the parking lot and vehicles. Any open flame, as with cigarettes, cigars, and pipes, can be a safety hazard.

8. Obstruction of Exits

Exits should be clear and free of obstructions, and should be clearly marked. The ability to find, reach and be able to exit a building in a fire can be lifesaving. The Nursing Educator/Safety Specialist will complete an **Environmental Rounds** quarterly to verify that exits follow OSHA regulations.

D. TRAINING

Site Managers shall present basic fire prevention training to all employees upon employment, and when changes in work process necessitate additional training.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.12

Subject: Fire Evacuation Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 12/2004; 10/2008; 07/2014; 09/2016; 09/2018

Revision By:	<u>Jacque Sousley</u>	Date:	<u>12/2011</u>
Revision By:	<u>Pam Hirshberg, COO</u>	Date:	<u>04/2014</u>
Revision By:	<u>Marjorie Hardey, LPN/QI Coordinator</u>	Date:	<u>07/2016</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>

CODE: *Fire (state location)*

POLICY:

It is the policy of Katy Trail Community Health to provide a safe environment for all patients, visitors, employees, and property, and protect all from fire, smoke, and other products of combustion.

APPROVAL(S):

Chief Operating Officer

PROCEDURES:

Code Fire is the call that initiates evacuation procedures in case of fire, explosion, and heavy smoke and will always mean you are to evacuate the building according to the posted evacuation signs at each exit.

KTCH evacuation location:

- Sedalia: Go to the southwest grassy area, right beyond the parking lot, and closest to the street.
- Warsaw: Go to the back parking lot on the North side of the building.
- Versailles: Go to the grassy area on the East side of the building at a safe distance.
- Marshall: Go to the grassy area (East) in front of the building next to the sign.
- US Bank Building: Go to the grassy area on the south side of the building parking lot. Must use stairwell not the elevator.

The purpose of going to the grassy area at all sites is to stay clear of vehicles, and to be able to gather in a location where all can be accounted for and seen.

When evacuating any room, close the door, and place a trash can in front of the door. In dental open operatories, place a trash can in the hallway in front of operatory. This alerts other staff that the room is empty of human life.

1. If you discover a fire or other potentially dangerous situation, immediately:
 - In Sedalia use the emergency page function on the ShoreTel phone system. Dial extension 167. You will hear a few beeps, and designated speakerphones will turn on. Wait approximately 4-5 seconds, before speaking and announce CODE Fire and the department where the fire is located.
 - In Versailles use the emergency page function on the ShoreTel phone system. Dial extension 750. You will hear a few beeps, and the designated speakerphone will turn on. Wait approximately 4-5 seconds, before speaking and announce CODE Fire and the department where the fire is located.
 - In Warsaw use the emergency page function on the ShoreTel phone system. Dial extension 222. You will hear a few beeps, and the designated speakerphone will turn on. Wait approximately 4-5 seconds, before speaking and announce CODE Fire and the department where the fire is located.
 - In Marshall use the emergency page function on the ShoreTel phone system. Dial extension 555. You will hear a few beeps, and the designated speakerphone will turn on. Wait approximately 4-5 seconds, before speaking and announce CODE Fire and the department where the fire is located.
2. **PSRs Dental and Medical:**
 - Print schedule from check in/check out screen.
 - Evacuate Dental and Medical waiting rooms and bathrooms.
 - Bring patient, the outside of the building on a clipboard. Check off patients as soon as possible from list.
 - Accompany staff, patients, and visitors to outside southwest corner of building.
3. **Nursing Personnel/Dental Techs:**
 - Evacuate Exam Rooms/Procedure Room/Dental Ops/Clinic Bathrooms both in medical and dental.
 - Accompany staff, patients, and visitors to designated outside area.
4. **All Providers:**
 - Evacuate patients, especially patients with special needs (wheelchairs, canes, etc.), children, etc.
 - Accompany staff, patients and visitors to designated outside area/.
5. **Care Coordinators/Billers/Medical Records/Referral Staff/All Other Staff:**
 - Evacuate all offices.
 - Evacuate Medical Patient Bathroom.
 - Assist patients out as necessary.
 - Accompany staff, patients, and visitors to designated outside area.
6. **Emergency Planning Committee**
 - Verify location of alarm
 - Gather Radios for Communication if safe to do so

- Walk through building, making sure all patients, visitors, and employees have evacuated. If there is no member in Warsaw, Site Supervisor, or Provider will perform this function.
- Assist in evacuation.

7. Administration Staff:

- Evacuate administration area, including community room.
- Executive Assistant/Facilities Manager to bring visitor list and employee contact sheet outside.
- Evacuate both public restrooms
- Accompany staff, patients and visitors to outside southwest grassy area
- EHR Program Manager: Verify no one is in server room before evacuating the building.

8. After congregating and checking in with the PSR with the sign in sheet, the following Personnel will be stationed at the exterior doors to prevent personnel/patients from entering the building until fire department, emergency vehicles arrive. If in Warsaw, staff will coordinate with Pathways staff to monitor doors. A general staff plan is listed below.

West doors:	Care Coordinator Supervisor or designee
South doors:	Site Supervisor or designee
North Doors	Front Office Supervisor or designee
East Doors	Dental Site Supervisor or designee

9. Providers will assist with medical care if necessary.

Employees at the US Bank Building:

- Executive Assistant will ensure all KTCH employees are aware of the fire and that any visitors and the offices of the CEO and CFO are evacuated.
- A designated biller and the Senior Accountant will ensure the following offices will be evacuated óBilling department, training room, scheduling suite, and any other KTCH employees at this location.

10. See Appendix F.4 – Floor Plan

12. CEO/designee will assure the safety of facility or determine alternative care site and develop temporary staffing plan for continuity of care.

FIRE SAFETY

What should you do if you discover a fire?

RACE

R - Rescue everyone from danger ó

A-Alarm-report the fire by announcing "Fire and state location"

C - Confine the fire, close the doors.

E - Extinguish the fire, but only if it is small and confined to a small area and only if you have been properly trained to use a fire extinguisher as below:

PASS

P - Pull the pin

A - Aim the nozzle at the base of the fire

S - Squeeze the lever above the handle

S - Sweep back and forth at the base of the fire until it is out

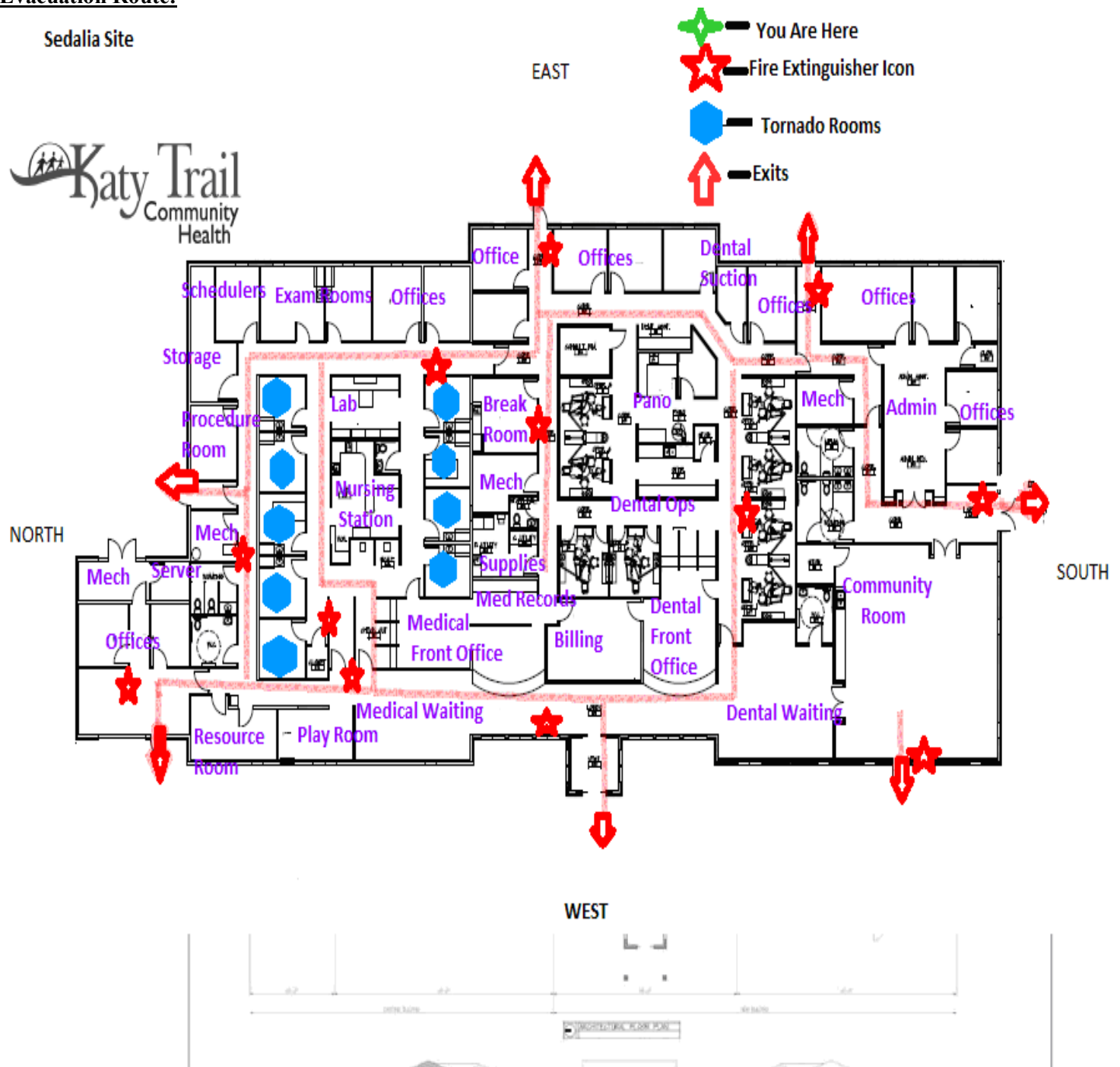
Fire extinguishers Sedalia

FIRE EXTINGUISHERS			Date Checked												
Number	Model #	Location	Jan	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	10 HISA80 ABC	Admin South Exit													
2	10 HISA80 ABC	Admin East Exit													
3	10 HISA80 ABC	Nursing East Exit													
4	XN-310980 B456	Break Room													
5	XT-868478 B456	Medical Clinic East Hall													
6	XN-318996	North Hall (ambulance door)													
7	XN-321723	Care Connection													
8	XN-310977 B456	Medical Clinic (NW locked closet)													
9	XN-314735 B456	Medical Waiting Room													
10	10 HISA80 ABC	West Main Exit													
11	XN -310979 B456	Dental South Wall													
12	10 HISA80 ABC	Community Room Exit													

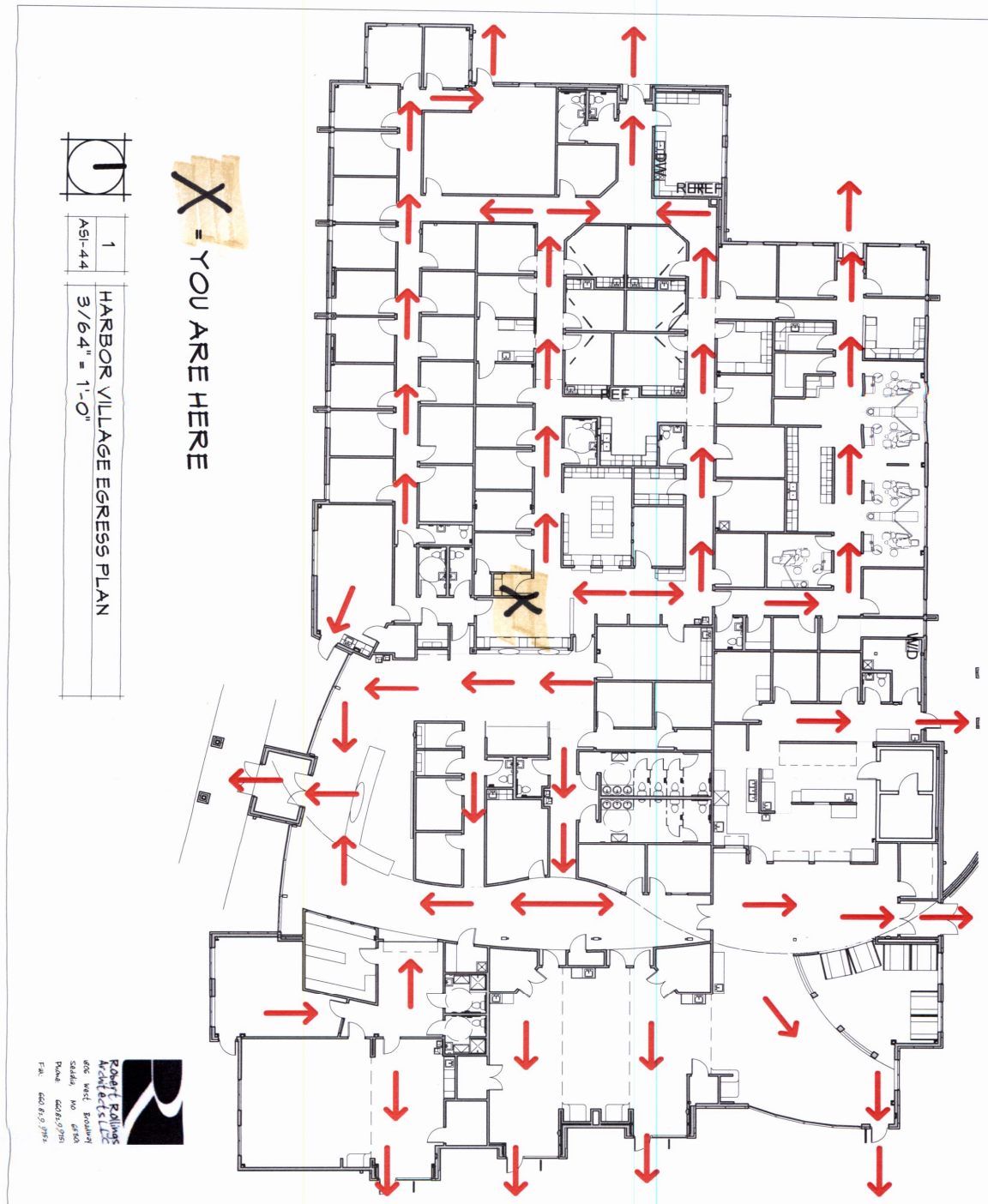


Evacuation Route:

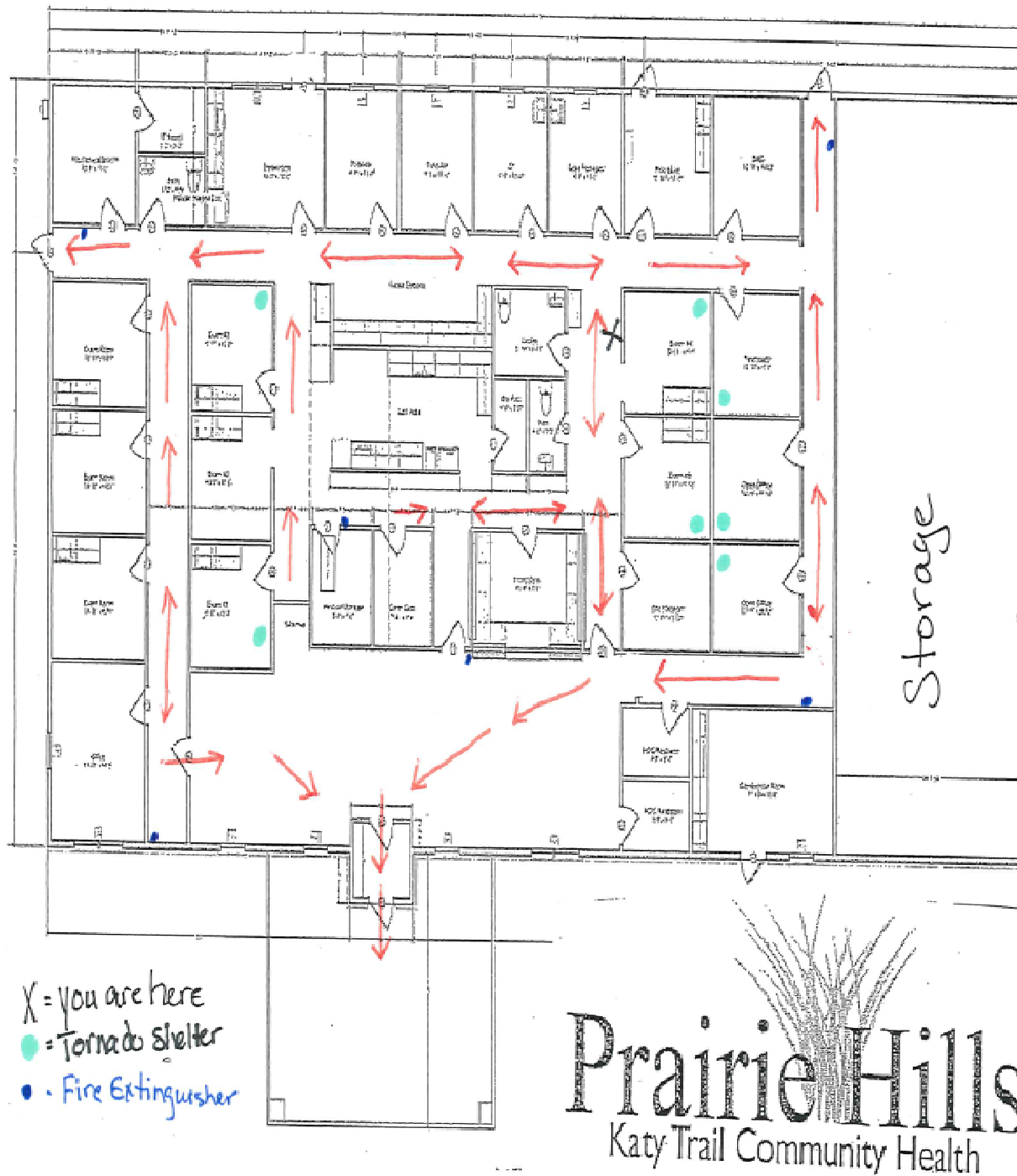
Sedalia Site

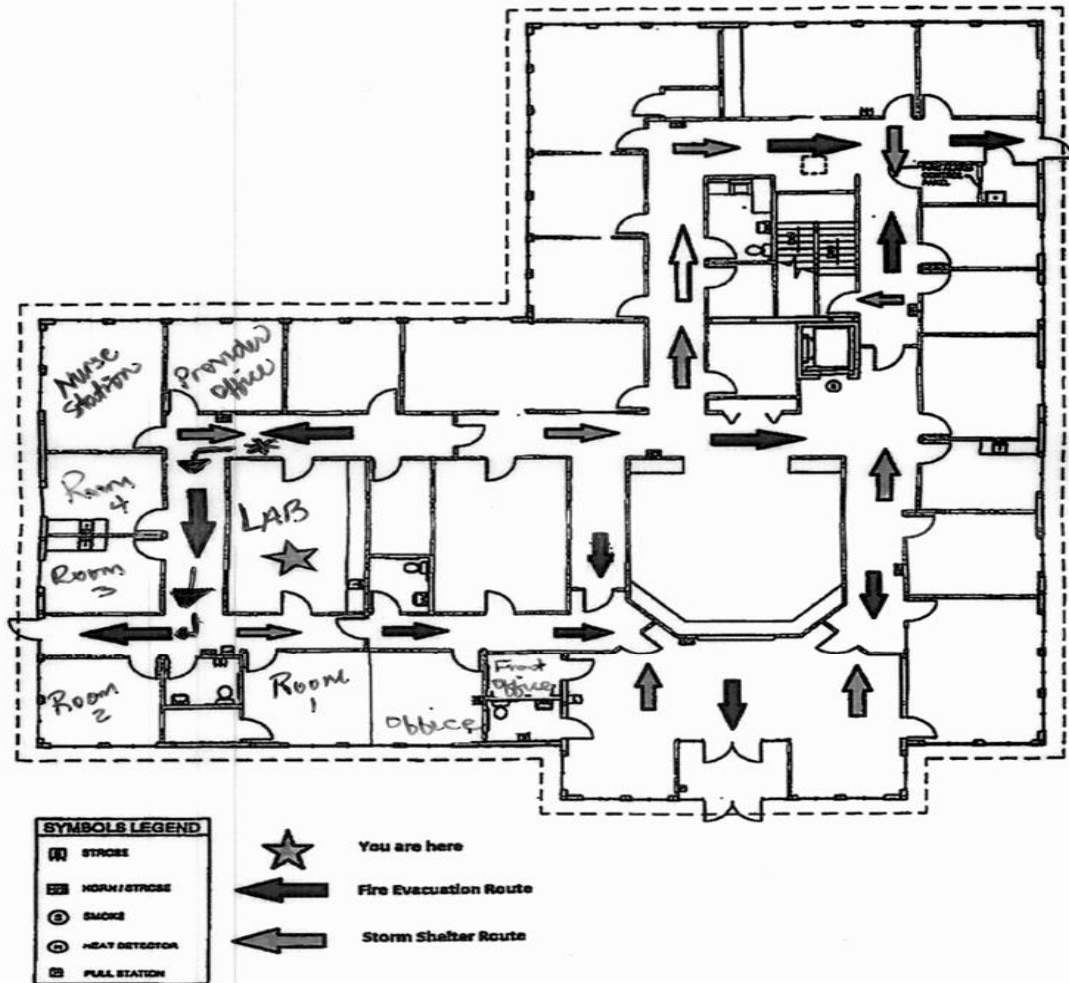


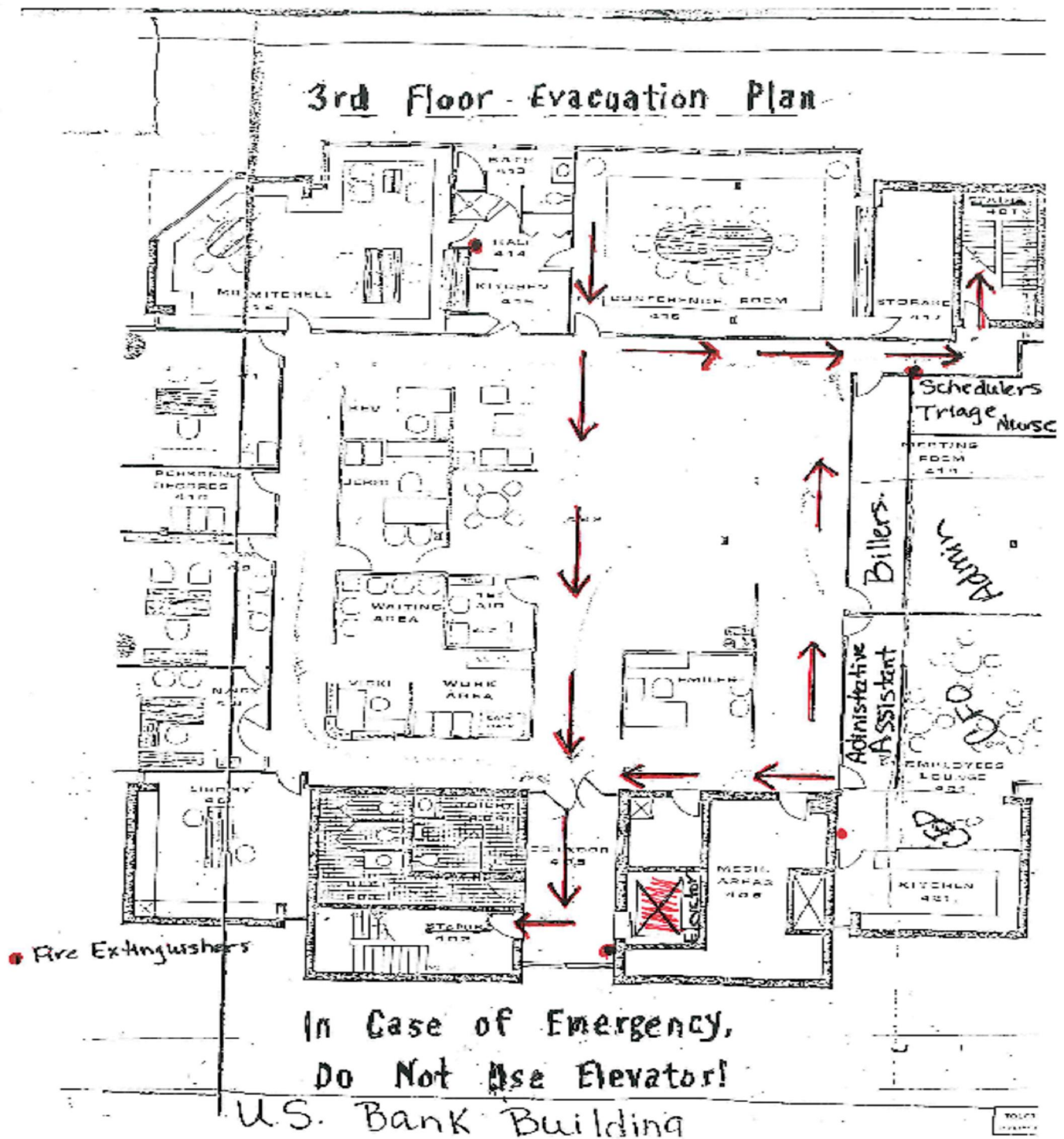
Evacuation Routes- Warsaw:



Fire extinguishers and evacuation route Versailles:







**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.13

Subject: Tornado

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 7/2014; 09/2016; 09/2018

Revision By:	<u>Marjorie Hardey, LPN/QI Coordinator</u>	Date:	<u>07/2016</u>
Revision By:	<u>Marjorie Hardey, LPN/Nursing Educator/Safety Specialist</u>	Date:	<u>08/2018</u>
Revision By:	<u></u>	Date:	<u></u>

POLICY: It is the policy of Katy Trail Community Health to provide a safe environment for all patients, visitors, employees, and property. A tornado warning alerts the community that impending weather may risk life or property, and shelter should be taken.

CODE: **Tornado**

APPROVAL(S):
Chief Operating Officer

PROCEDURES:

Code Tornado initiates a Tornado Warning and will always mean you are to seek protection in the internal structures of the building. Any staff member can page Code Tornado when appropriate. A tornado warning is when the radio or television alerts its viewers/listeners of a tornado warning in your area, or the sirens go off in the community.

SEDALIA: Rooms designated as safer rooms are medical Exam Rooms, , 5, 6, and 7,

WARSAW: Rooms designated as safer rooms are medical exam rooms 1-6 and the KTCH Conference Room.

VERSAILLES: Rooms designated as safer rooms are medical Exam Rooms: 106, 105, 118,117,116, and 102.

MARSHALL: Go to Basement using stairwell not elevator.

US BANK BUILDING: Go to the basement using the stairwell, not the elevator.

Staff/Patient/Visitor Safety

When evacuating any room, close the door, and place a trash can in front of the door. This alerts other staff that the room is empty of human life.

1. PSRs Dental and Medical:

- a. Move all visitors from the waiting rooms and bathrooms to safe rooms.

2. Nursing Personnel/Dental Assistants:

- a. Move patients/visitors/staff from the Medical Exam Rooms/Procedure Room/Dental Ops and bathrooms both in medical and dental to the designated safer rooms.

3. All Providers:

- a. Move patients, especially those with special needs (wheelchairs, canes, etc), children, etc, to the designated safer rooms.

4. Care Coordinators/Billers/Medical Records/Referral Staff/All Other Staff:

- a. Move staff, patients, and visitors from all offices.

5. Emergency Planning Committee

- a. Gather Motorola Radios, walkie-talkies, and weather radios if time permits.
- b. Walk through building, making sure all patients, visitors, and employees are in safer rooms.
- c. Station themselves in different exam rooms, each having a form of communication and a weather radio.
- d. Sedalia Site-All interior medical rooms will have a box of supplies located under counter - (This box will contain staff information sheet, water, juice, crackers, coloring books and crayons blanket, paper, pen, etc). Warsaw's supply box is located in the medical storage closet. Versailles's supply boxes are located in each of the designated Safe Room in cabinet by sink. Marshall's supply boxes are located in the basement, where they will take shelter.

6. Administration Staff:

- a. Move all patients, visitors, and employees from administration area, community room, and public restrooms to safer rooms.

7. EHR Program Manager:

- a. Verify no one is in server room.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.14

Subject: Earthquake

Department(s) Affected/Distribution: All Departments

Effective Date: 10/2011

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 07/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Marjorie Hardey, LPN/QI Coordinator **Date:** 07/2016

Revision By: Marjorie Hardey, LPN/Nursing Educator/Safety Specialist **Date:** 08/2018

POLICY: It is the policy of Katy Trail Community Health to protect patients, employees and visitors in the event of an earthquake, and follow emergency procedures appropriately.

CODE: **CODE Earthquake**

APPROVAL(S):

Chief Operating Officer

PROCEDURE(S):

1. Upon realization that an earthquake is occurring, the ideal location for personnel to be is under their desk, a chair, up against an interior wall or under a door way. They should stay away from equipment that could fall on them or tip over on them and stay away from storage cabinets containing heavy objects. If outside, stay away from power lines and light poles.
2. Front office personnel should instruct patients in waiting room to move away from glass (windows), heavy objects, (like a television), and crawl under doorways or next to interior walls, and cover their heads with their hands. PSRs should get under their workstations.
3. Dental Operatory personnel should move patients to the nearest hallway wall outside the operatory. This will protect them from falling cabinetry and equipment. Protect head with hands.
4. Medical Personnel should direct patients to doorways or up against the hallway walls. They should protect their head with their hands.
5. Any other staff should crawl under their desks, get under doorway frames, and stay near interior walls, away from falling or potentially falling/falling over objects.

- Trying to move during shaking puts you at risk: Earthquakes occur without any warning and may be so violent that you cannot run or crawl; you therefore will most likely be knocked to the ground where you happen to be. It is best to drop before the earthquake drops you, and find nearby shelter or use your arms and hands to protect your head and neck. "Drop, Cover, and Hold On" gives you the best overall chance of quickly protecting yourself during an earthquake. The main goal of "Drop, Cover, and Hold On" is to protect you from falling and flying debris and other nonstructural hazards, and to increase the chance of your ending up in a Survivable Void Space if the building actually collapses (space that has air pockets and space for your body).
 - The greatest danger is from falling and flying objects: You are much more likely to be injured by falling or flying objects than to die in a collapsed building. "Drop, Cover, and Hold On" (as described above) will protect you from most of these injuries.
 - If there is no furniture nearby, get down next to an interior wall and cover your head and neck with your arms (exterior walls are more likely to collapse and have windows that may break).
6. When there is an all clear, all personnel will evacuate the area by the most direct exit. Do not attempt to retrieve personal items.
 7. Prior to exiting the clinic, the Facility Manager(s) will secure all equipment and check to make sure that everyone has left the clinic.
 8. Trash cans will be placed in front of doors/rooms if possible to alert staff and rescue workers that this area is all clear.
 9. All employees, patients, and visitors will assemble outside.
 - a. Sedalia: South west grassy area between parking lot and street, but stay away from the light poles and cars.
 - b. Warsaw: The grassy area north of the building by the back parking lot, but stay away from light poles and cars.
 - c. Versailles: East side of the building in grassy area but stay away from light poles and cars.
 - d. Marshall: Back of building in grassy area away from light poles and cars.
 - e. US Bank Building: The grassy area south of the building by the parking lot away from light poles and cars
 10. The fire department and police department are to perform firefighting and/or rescue duties. At no time will clinic personnel attempt on their own initiative, a rescue, or fire suppression after departing the facility.

Katy Trail Community Health Emergency Operations Plan

Policy/Procedure #: 1.15

Subject: Pandemic Influenza

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 7/2014; 09/2016; 09/2018

Revision By: Marjorie Hardey, LPN/QI Coordinator **Date:** 07/2016

Revision By: _____ **Date:** _____

PREFACE:

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads from person to person and can cause serious illness. Everyday life would be disrupted because so many people in so many places become seriously ill at the same time. It is expected that such an event will quickly overwhelm the healthcare system locally, regionally, and nationally. Healthcare workers available to respond to these increased demands will be reduced by illness also.

POLICY:

Katy Trail Community Health has a responsibility for providing a safe and healthful workplace for their employees, and will make every effort to protect/train staff in protecting themselves in a pandemic event.

APPROVAL(S):

Chief Operating Officer

PROCEDURE:

1. Notification

- Rapid detection of unusual influenza outbreaks, isolation of possible pandemic viruses, and immediate notification of national and international health authorities is critical **Clinic Site Managers or designees will call the Local Public Health Agency (LPHA) department. Pettis County Health Department 660-827-1130 or Benton County Health Department 1-660-438-2876 or Morgan County Health Department 573-378-5438 or Saline County Health Department 660-886-3434 in the case of unusual outbreaks.**

2. **Staffing**

- CMO/COO will create a temporary staffing plan to insure KTCH can operate at a minimum during regularly scheduled hours.

3. **Signs, Symptoms, and Treatment:**

- **Avian flu includes** lower respiratory tract infection with shortness of breath and viral pneumonia, conjunctivitis, diarrhea, abdominal pain, vomiting, lab findings include lymphocytopenia, thrombocytopenia, and elevated aminotransferase levels. Ask patient(s) about recent travel, working with animals, and report to local health department.
- **Pandemic Influenza has** clinical signs and symptoms which are similar to seasonal influenza, although the clinical presentation and the course of illness may be severe in a high percentage of cases of pandemic influenza. Incubation period can be for longer periods, possibly 10 days. Ask patient(s) about recent travel, working with animals, and report to local health department. Providers should be aware of most current treatment available, which can be found at local Health Departments and CDC.

4. **Protection**

- **In the case of a pandemic outbreak, PPE should be worn by all staff members. Each staff member has a designated PPE kit located at each clinic.**
- Hand washing before and after patient contact, masks, and eye protection available for staff and patients, proper disposal of all PPE. Avoid contact with blood, body fluids, non-intact skin, and mucous membrane, isolate symptomatic patients into a closed area (special exam room with separate exit/entrance), disinfect patient care equipment, rooms, and soiled linen. Address environmental -cleaning, spills-management, and handling of waste.

5. **Care of Staff**

- Self- monitor for fever twice daily for temperature and cough.
- Screen for symptoms for influenza type illness among staff reporting for duty. If symptoms are present, staff will limit contact with others and notify Clinic Site Manager. Use anti-viral for treatment only when staff member feels sick.
- Only if stock allows, consider anti-viral prophylaxis for critical staff with frequent high risk and unprotected exposure.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.16

Subject: Hazardous Chemicals and Shelter-in-Place

Department(s) Affected/Distribution: All Departments

Effective Date: 12/2004

Origination Approval: Linda Messenger **Date:** 12/2004

Approved By Board of Directors: Date(s): 7/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: _____ **Date:** _____

POLICY:

Katy Trail Community Health will make every effort to keep staff, patients, and visitors safe if hazardous materials have been released into the atmosphere by sheltering-in-place.

APPROVAL(S):

Chief Operating Officer

PROCEDURES:

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Information will be provided by local authorities on television and radio stations on how to protect you and your family. It is important to keep a TV or radio on, even during the workday. It is important to follow instructions of local authorities and know what to do if they advise you to shelter-in-place.

How to Shelter-in-Place

- Close the business.
- Take all patients/visitors and staff into exam rooms. Shut and lock the door(s).
- When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.

- The Site Manager will advise LammTech to turn on after hours messaging and indicate the business is closed.
- Close and lock all windows, exterior doors, and any other openings to the outside.
- If there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems. Gather essential disaster supply box.
- Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Write down the names of everyone in the room, and call your business's designated emergency contact to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer.)
- Keep listening to the radio or television until you are told all is safe or you are told to evacuate. Local Incident Command Officers on the scene are the best source of information for your particular situation. Follow their instructions during and after emergencies regarding sheltering, food, water, and clean-up methods.

Remember that instructions to shelter-in-place are usually provided for durations of a few hours, not days or weeks.

**Katy Trail Community Health
Emergency Operations Plan**

Policy/Procedure #: 1.17

Subject: Bioterrorism Response Plan

Department(s) Affected/Distribution: All Departments

Effective Date: 8/2007

Origination Approval: Linda Messenger **Date:** 8/2007

Approved By Board of Directors: Date(s): 8/2007; 10/2008; 7/2014; 09/2016; 09/2018

Revision By: Jacque Sousley **Date:** 12/2011

Revision By: Marjorie Hardey, LPN/Nursing Educator & Safety Specialist **Date:** 09/2018

POLICY:

To create a Bioterrorism Response Plan that enables Katy Trail Community Health (KTCH) to respond to a bioterrorism attack in a timely and effective manner.

APPROVAL(S):

Chief Operating Officer

INTRODUCTION:

KTCH recognizes the need to be fully integrated into their community's emergency management and disaster response network. This plan will guide KTCH through times or periods of uncertainty and emphasize the importance of being a part in disaster response and delivering critical emergency services.

This document is intended to serve as a tool for KTCH in the development of practical and realistic response plans in preparation for a real or suspected bioterrorism attack. It will attempt to deal with those occurrences that create a local public health emergency, which creates needs and causes suffering to citizens that cannot be alleviated without the assistance of governmental, private, and voluntary resources.

**Mass Prophylaxis Treatment Clinics
Dispensing of Antibiotics**

All LPNs and Medical Assistants employed by Katy Trail Community Health may dispense medications to individuals presenting for prophylactic treatment to a known or potentially harmful biological agent. KTCH will follow the guidelines set by the local county health department, State of Missouri or the governing federal agency overseeing this event.

The most current medication recommendations can be found on the CDC website.

If staff suspects an event involving Bioterrorist weapons has occurred, they should:

- Remain calm and isolate the victims to prevent further contamination within the facility.
- Contact the CMO/COO, Facility Manager or physician/provider.
- Secure PPE and wait for instructions.
- Comfort the victims.
- Contact appropriate Operational Area authorities.
 - **Emergency Response Contacts** - Sedalia-Pettis County 660-827-1130.
Warsaw-Benton County (660-438-2876) and Versailles-Morgan County (573-378-5438), Marshall- Saline County (660-886-3434)
- Shelter-In-Place
- Terrorist use of Weapons of Mass Destruction may result in the release of radiation, hazardous materials, and biological agents in proximity to the clinic. Shelter-In-Place may be the best strategy to minimize risk of exposure to these agents. See **Policy Sheltering in Place**.

Reporting

- KTCH will immediately report to the local public health agency those diseases that pose a significant public health threat, such as agents of biological terrorism and other communicable and infectious diseases Sedalia-Pettis County 660-827-1130. Warsaw-Benton County (660-438-2876) and Versailles-Morgan County (573-378-5438), Marshall-Saline County (660-886-3434)

KTCH response to a bioterrorism incident may be initiated by the CMO/COO/CEO due to:

- The request of local civil authorities.
- Report from the local public health agency (LPHA) to KTCH.
- Government official notification of an outbreak within or near the KTCH community.
- If a patient presents with a suspected exposure to a bioterrorist agent. **KTCH** will follow current CDC response guidelines, beginning with reporting to the local epidemiologist at PCHC.

Potential indicators of a bioterrorism attack are:

- Groups of people becoming ill around the same time.
 - ❖ Sudden increase of illness in previously healthy individuals, i.e., flu like symptoms, rashes, diarrhea, muscle weakness and paralysis, etc.
- Simultaneous disease outbreaks in human and animal or bird populations.
- Unusual geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

Patient Management

A) Isolation Precautions

All KTCH patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses, should be managed using Universal Precautions. They are designed to reduce transmission of contagious infections. For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.

B) Patient Placement

KTCH Clinics can be designated as quarantine areas during a bioterrorism event at the discretion of the CMO/COO. The use of the clinic sites during an emergency will be limited to medication dispensing and/or non-life-threatening medical triage. The KTCH facilities are not equipped to handle in-patient services.

C) Patient Transport

Patients should be decontaminated and stabilized to the best of our ability before transport. Universal Precautions should be followed before, during and after transport. If a specific bioterrorism agent is known, there may be additional requirements before transport of a patient. The local public health department is the best resource for more information and we should be coordinating with them during an event.

D) Cleaning, disinfecting, and sterilization of equipment and environment

Universal Precaution should be followed; Routine care, cleaning, and disinfecting of environmental surfaces, beds, equipment, and other frequently touched surfaces and equipment will ensure that these procedures are being followed.

E) Discharge Management

Patients with bioterrorism-related infections will not be discharged from KTCH Clinic(s) until they are deemed noninfectious and/or other arrangements are made for their transport to another healthcare facility.

Post Exposure Management

A) Decontamination of Patients and Environment

The need for decontamination after exposure to a bioterrorism agent depends on the suspected exposure and in most cases will not be necessary. The goal of decontamination is to reduce external contamination and prevent further spread. Decisions regarding the need for decontamination should be made in consultation with state and local health departments.

B) Prophylaxis and post-exposure immunization

Recommendations for prophylaxis are subject to change. Up-to-date recommendations should be obtained in consultation with local and state health departments and the CDC. Management of healthcare workers exposed to infectious diseases will be managed as any type of exposure, with appropriate alterations according to disease.

C) Psychological aspects of bioterrorism

Following a bioterrorism-related event, fear, and panic is possible from patients and healthcare providers. Responses may include horror, anger, and panic, unrealistic concerns about infection, fear of contagion, paranoia, social isolation, or demoralization. KTCH staff, including its care coordinators and Behavioral Health staff, will assist with emergency response agencies and the media.

Laboratory Support

KTCH will work with local, state, and federal agencies to tailor diagnostic strategies to specific events. Currently the Bioterrorism Emergency Number at CDC is at the Emergency Response Office, 800-232-4636, or visit www.bt.cdc.gov to access further information.

Patient, Visitor, and Public Information

Clear, consistent, understandable information should be provided to patients, visitors, and the general public. During bioterrorism-related outbreaks, visitors may be strictly limited. The CEO or his/her designee will provide information to the media when appropriate.