

***CENTRAL STATE HOSPITAL***  
***EMERGENCY OPERATIONS PLAN***

**CSH PLAN #8.01**

**SUPERSEDES MANUAL**  
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## **Emergency Operations Plan**

### **I. PURPOSE:**

To designate and assign duties, responsibilities and operating procedures for the staff of Central State Hospital (CSH) in the event of an emergency or a disaster which disrupts normal operations, thereby threatening the client care environment and staff at CSH.

### **II. SCOPE:**

Emergency planning is a necessity and the hospital must be prepared at all times to implement actions to assist in coping with unexpected emergencies that may result in damages and/or casualties. Under such severe conditions and stressful situations, one must use common sense, stay calm, and rely on the sound professional judgment made by those responsible.

This plan will assist in the coordination and utilization of all available resources to ensure the continuation of regular hospital operations as well as providing for the treatment and comfort of those injured.

All Service Chiefs, Department Heads and Office Directors are expected to be prepared at all times to provide limited services for emergencies that may occur within their respective areas and to assist and support other areas as requested.

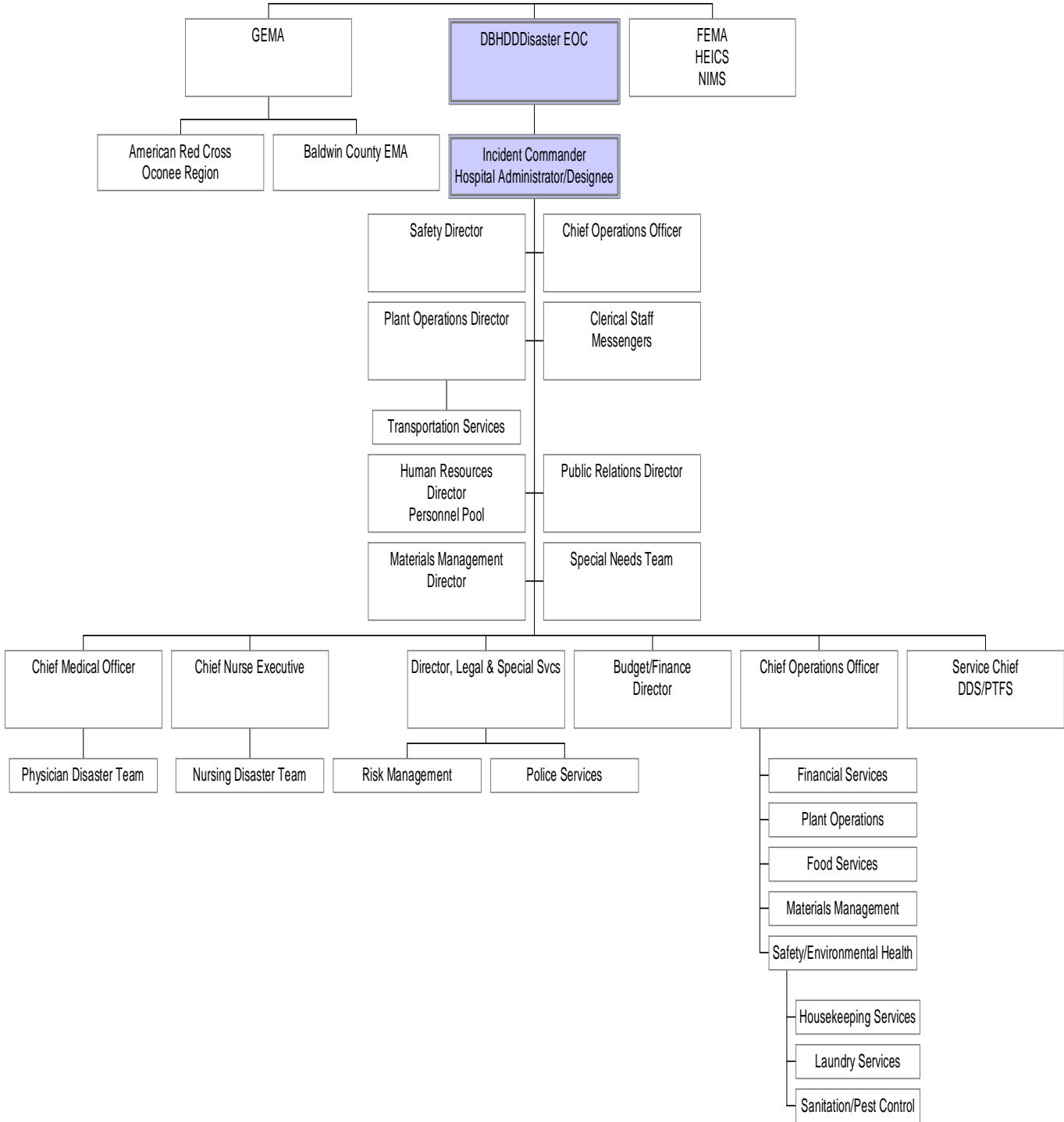
The Emergency Operations Plan allows the hospital to respond to emergency/disaster conditions through the implementation of the four stages of response.

If disaster conditions or events result in client injury or emergency evacuation, the Office of Regulatory Services and CMMS shall be notified.

### **III. INCIDENT COMMAND SYSTEM:**

The incident Command System provides a framework by which the hospital Leadership Team can coordinate with local, state and federal agencies to effectively and efficiently manage a natural or man-made disaster.

**IV. ICS ORGANIZATIONAL CHART:**



## **V. COMMAND POST ACTIVATION:**

### **Scope:**

Upon notification of a pending or existing condition that could disrupt normal hospital operations, a partial or full activation of the Command Post shall take place.

### **Authority:**

During regular working hours, the Hospital Administrator or designee shall be responsible for activating the command post. After regular working hours and on weekends, the Night Nurse Administrator is responsible for initial activation of the command post.

When time permits, the responsibility for activating Stage I lies with the following personnel in priority order:

1. Chief Executive Officer (CEO), Designee
2. Chief Medical Officer (CMO), Designee
3. Director, Legal & Special Services
4. Chief Nurse Executive
5. Night Nurse Administrator
6. Chief Operations Officer (COO)
7. Safety Director
8. Police Captain

### **Stage 1:**

Projected emergency conditions are 48 to 72 hours away.

Stage I Alert gives CSH Leadership Team and key staff advance warning of a possible emergency condition that could affect the safety, care and treatment of clients or staff.

- ❖ The Safety Department and/or the Central State Hospital Police Department notify all personnel via the emergency Radio system, Crisis Communications System, GroupWise e-mail, and the Group paging System.
- ❖ The CEO or designee requests status reports from Service Chiefs, Leadership Team and participating departments.
- ❖ Leadership Team, Service Chiefs, and DDO's submit status reports as requested by the Regional Hospital administrator/Incident Commander.
- ❖ Status Reports shall include readiness of personnel, materials, medical supplies, support service equipment, transportation, available bed space, and other, as requested by the CEO/designee.

### **Stage II:**

Projected emergency conditions are less than 24 hours away.

- ❖ Notification is communicated to CSH staff via the emergency communications system, Crisis Communications System, groupwise e-mail, and other approved means.
- ❖ The CEO/designee (Incident Commander) initiates full or partial activation of the Command post, as needed.
- ❖ Command Post Job Action Sheets are distributed.
- ❖ The Central State Hospital Police Department dispatch calls those initially designated by the CEO/designee.
- ❖ Command Post personnel receive instructions/assignments from the CEO/designee.
- ❖ All areas prepare to respond in accordance with the CSH Emergency Operations Plan, their department/service emergency plan, or as instructed by the Command Post Incident Commander.

### **Stage III:**

Emergency/disaster conditions are present or imminent. Property damage and personal injury has been reported or is a real possibility. If situation occurs after normal working hours or on the weekend, the Night Nurse Administrator takes charge of the Command Post as the Incident Commander until the arrival of the first hospital administration staff person. The Interim Incident Commander shall ensure that the following actions are taken, pending handoff of duties to the CEO/designee.

1. Upon notification of a disaster event, activates the command post, calls CEO and personnel designated on the Command Post call list.
2. Notifies hospital staff via the Emergency Radio System in accordance with the EOP.
3. Implements the EOP Action Plan appropriate to the situation.
4. The Command Post Communications Section maintains communications with personnel at the emergency site, relays all pertinent information to the Command Post Operations Center.
5. Other emergency personnel notified as needed.
6. CEO activates full or partial command post
7. CEO designates the on-scene coordinator.
8. Command Post staff develops a plan of action
9. Request status reports from affected areas
10. All divisions, departments and services respond as directed by the Command Post Incident Commander/designee.
11. Post-incident recovery plan developed and implemented.
12. Post-incident critique/evaluation conducted.

## **VI. DISASTER MITIGATION:**

**Mitigation** activities eliminate or reduce the effects of hazards. Mitigation begins with identifying those hazards that may affect CSH operations, conducting a Hazard Vulnerability Analysis.

**Preparedness** consists of identifying information resources and safeguards related to those hazards. **Response** capabilities are measured and evaluated during drills, exercises, and actual emergencies. **Recovery** is the assessment of damages and return to normal operations.

## **VII. HAZARD VULNERABILITY ANALYSIS:**

In the Hazard Vulnerability Analysis, potential natural or man-made emergency event is evaluated according to the degree of Probability, Risk, and Organizational Preparedness (**Mitigation**).

### **PROBABILITY:**

Issues to consider for probability include:

- known risk
- historical data
- manufacturer/vendor statistics

### **RISKS:**

Issues to consider for risk include:

- threat to life and/or health
- disruption of services
- damage/failure possibilities
- loss of community trust
- financial impact
- legal issues

### **PREPAREDNESS:**

Issues to consider for preparedness include:

- status of current plan and training
- availability of backup systems
- community resources

**VII. HAZARD VULNERABILITY ANALYSIS CHART**

<b>EVENT</b>	<b>SEVERITY</b>	<b>PROBABILITY</b>	<b>PREPAREDNESS</b>	<b>TOTAL</b>
Acts of Terrorism	4	1	1	6
Bioterrorism	5	1	1	7
Blizzard	3	3	1	7
Bomb Threat	3	1	1	5
Chemical Terrorism	2	1	1	4
Civil Disorder	2	1	1	4
Earthquake	3	1	1	5
Epidemic	2	1	1	4
<b>Pandemic Event</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>9</b>
Explosion	3	2	2	6
<b>Fire (Code Red)</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>11</b>
Flood	2	2	2	6
Hail Storm	2	2	1	5
<b>HazMatIncident (Code Orange)</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>8</b>
Radiological Event	4	1	1	6
<b>Extreme Heat</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>7</b>
<b>Hostage Event</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>9</b>
Hurricane	2	1	1	4
<b>Ice Storm</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>8</b>
<b>Tornado</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>10</b>
<b>C&amp;A Abduction (Code Pink)</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>8</b>
<b>Campus Lockdown (Code Brown)</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>8</b>

SCALE OF 1 – 5

**5** being the highest probability of occurrence or the weakest level of preparedness.  
**1** being the least likely to occur or the strongest level of preparedness.

**PRIORITY LISTING:**

- 1. FIRE**
- 2. TORNADO**
- 3. PANDEMIC EVENT**
- 4. HOSTAGE EVENT**
- 5. ICE STORM**
- 6. HAZARDOUS MATERIALS EVENT**
- 6. HEAT**

**VIII. BIOTERRORISM PLANNING:**

CSH has adopted the CDC guidelines for Bioterrorism planning. Clinical and infection control measures are in place to identify any suspected incidents of

infectious disease, food-borne, or water-borne outbreak. In case of numerous patients with similar symptoms, the following would be accomplished:

- Observe standard procedures for segregating patients with infectious disease from other client/patient populations.
- Observe Standard Precautions while treating patients with suspected infectious disease.
- If Bioterrorism is suspected, immediately call those personnel listed in the CSH Bioterrorism Guidelines.

### **HANDLING ANTHRAX AND OTHER BIOLOGICAL THREATS:**

Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do so, the organism must be rubbed into abraded skin, swallowed, or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure by early treatment with appropriate antibiotics. Anthrax is not spread from person to person.

For anthrax to be effective as a covert agent, it must be aerosolized into very small particles. This requires highly skilled personnel and sophisticated laboratory equipment. If these particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

### **CHARACTERISTICS OF A SUSPICIOUS PACKAGE:**

The likelihood of receiving a package or letter containing suspicious substances is remote. However, it is important for all personnel to be aware of characteristics that are common to suspicious packages. Some indicators include the following:

- ❖ Excessive postage
- ❖ Handwritten or poorly typed addresses
- ❖ No return address
- ❖ Excessive weight, lopsided or uneven envelope
- ❖ Excessive tape or string
- ❖ A city or state in the postmark that does not match the return address.

### **PROTOCOL FOR HANDLING SUSPICIOUS LETTERS OR PACKAGES:**

- ❖ Do not shake or empty the contents of any suspicious envelope or package. **DO NOT** try to clean up powder or fluids.
- ❖ Do not carry the package or envelope, show it to others, or allow others to examine it.
- ❖ Put the package or envelope on a stable surface; do not sniff, touch, taste or look closely at it or any contents that may have spilled.

- ❖ Alert others in the area.
- ❖ Turn off any fans/ventilation equipment, leave the area, close any doors, and take actions to prevent others from entering the area.
- ❖ Wash hands with soap and water to prevent spreading potentially infectious material to the face or skin.
- ❖ **Immediately notify the following:**
  - State Hospital Police Department: 445-4169**
  - CSH Safety Director: 445-4291 or Pager 866-773-3120**
  - Infection Control: 445-3035/4387, 445-4123, 445-2969,**  
**or via pager at 866-795-5061**

**The Georgia Division of Public Health can be reached 24/7 through the intranet web site, “WebEOC” and through the Georgia Poison Center at 800-752-3442.**

### **Decontamination Procedures**

The decontamination trailer is stored at the Georgia Department of Corrections Arnold Building, and is available to any event on the CSH campus.

## **IX. BUSINESS CONTINUITY PLAN (See Appendix E)**

The Business Continuity Plan is designed to ensure continuity of operations in the event of a loss of essential utilities or services due to a natural or man-made disaster.

## **X. CALL PYRAMID:**

The call pyramid shall be verified during stage I and shall be utilized to provide advance notice of a possible emergency situation, and will be announced via the CSH emergency radio channel by the Central State Hospital Police Department. The call pyramid shall be tested monthly by the Police Department.

## **XI. EMERGENCY ACTION PLANS:**

The Emergency Action Plans (Codes) may be activated with or without activation of the Command Post. Action Plans (Codes) will go into effect when any of the client care areas are threatened with a disaster or when normal operations are disrupted, threatening client care or staff at Central State Hospital.

The responsibility for initiating any emergency plan lies with the Central State Hospital Police Chief if immediate action is necessary; otherwise, the responsibility for activating these plans lies with the following authorized personnel in priority order:

1. Regional Hospital Administrator/Designee

2. Chief Medical Officer
3. Director, Legal & Special Services
4. Chief Nurse Executive
5. Night Nurse Administrator
6. Safety Director
7. Central State Hospital Police Chief

**CALL PYRAMID: (Attachment 1)**

The Police Dispatcher will immediately contact all hospital areas via the CSH emergency radio, Crisis Communications System, or other appropriate alarm system and make the emergency situation known. It is the responsibility of those contacted to notify the appropriate staff within their areas according to their internal call pyramid.

Note: Any disasters involving Intermediate Care Facilities (ICF) shall be reported to the Office of Regulatory Services (ORS), Department of Behavioral Health and Developmental Disabilities (DBHDD).

**VII. EMERGENCY CODE CHART: (See Below):**

Name of Code	General Description
<b>CODE BLUE</b>	<b>CARDIAC ARREST/MEDICAL EMERGENCY</b> Initiated when equipment (Crash Cart) and Specialized Personnel are needed in an area to assist a consumer in cardiac or respiratory arrest.
<b>CODE RED</b>	<b>FIRE</b> Initiated when a real or suspected fire is observed.
<b>CODE YELLOW</b>	<b>PSYCHIATRIC EMERGENCY</b> Initiated when employees need immediate assistance from additional staff in order to ensure the physical safety of the consumer and others.
<p><b>National Weather Service ALERT</b></p> <p>Life threatening weather emergency alerts are announced by :</p> <ol style="list-style-type: none"> <li>1. Type of event (tornado, hurricane, etc.) and national severe weather event category</li> <li>2. Geographic area</li> <li>3. Anticipated severity</li> <li>4. Probability of Occurrence</li> <li>5. Safety instructions</li> </ol>	<p style="text-align: center;"><u><b>Tornado Watch</b></u></p> <p style="text-align: center;">Weather conditions are favorable for the formation of tornados (Follow instructions in the Severe Weather Action Plan)</p> <p style="text-align: center;"><u><b>Tornado Warning</b></u></p> <p style="text-align: center;">A tornado has been sighted in the warning area (Follow instructions in the Severe Weather Action Plan)</p>
<b>CODE BLACK</b>	<b>BOMB THREAT/SEARCH</b> Initiated when there is a bomb (explosive or incendiary device) or discovery of a suspicious package and/or a complete search of the facility must be made to locate the device/package.
<b>CODE ORANGE</b>	<b>HAZARDOUS MATERIAL SPILL/RELEASE</b> Initiated when a hazardous spill/release is likely to cause injury, illness, and/or harm the environment.
<b>CODE BROWN</b>	<b>CAMPUS-WIDE LOCK-DOWN /LIMITED ACCESS</b> Initiated when building entrances and facility access must be secured to prevent harm to the people inside a building.
<b>CODE PINK</b>	<b>INFANT/CHILD ABDUCTION</b> Initiated when an infant/child is missing or known to have been kidnapped. <u>Follow C&amp;A internal plan</u>

**EMERGENCY ACTION PLANS**

## HOSPITAL EVACUATION PLAN

### SCOPE:

In the event manmade or natural events necessitate the total evacuation of Central State Hospital, the hospital Emergency Operations Plan 8.01 and the Command Post shall be activated. The Hospital Evacuation Plan shall be implemented when directed by the Department of Behavioral Health and Developmental Disabilities (DBHDD), as follows:

### ALTERNATE CARE SITES:

East Central Regional Hospital shall be the primary Alternate Care Site in accordance with the written agreement with CSH. The following shall be used to track evacuated clients:

- |                                 |                    |
|---------------------------------|--------------------|
| ➤ ICF/MR (DDS)                  | 331 Operating Beds |
| Clients shall be evacuated to:  |                    |
| East Central Regional Hospital  | <u>331</u> Clients |
| West Central Regional Hospital  | _____ Clients      |
| Atlanta Regional Hospital       | _____ Clients      |
| Southwest Regional Hospital     | _____ Clients      |
| Northwest Regional Hospital     | _____ Clients      |
| Savannah Regional Hospital      | _____ Clients      |
| ➤ Long Term Care                | 165 Operating Beds |
| Clients shall be evacuated to:  |                    |
| East Central Regional Hospital  | <u>165</u> Clients |
| Savannah Regional Hospital      | _____ Clients      |
| Northwest Regional Hospital     | _____ Clients      |
| West Central Regional Hospital  | _____ Clients      |
| Atlanta Regional Hospital       | _____ Clients      |
| Southwest Regional Hospital     | _____ Clients      |
| ➤ Adult Mental Health           | 96 Operating Beds  |
| Clients shall be evacuated to:  |                    |
| East Central Regional Hospital  | <u>96</u> Clients  |
| West Central Regional Hospital  | _____ Clients      |
| Atlanta Regional Hospital       | _____ Clients      |
| Southwest Regional Hospital     | _____ Clients      |
| Northwest Regional Hospital     | _____ Clients      |
| Savannah Regional Hospital      | _____ Clients      |
| ➤ Forensic Maximum Secure(Cook) | 182 Operating Beds |

**Clients shall be evacuated to:**

<b>East Central Regional Hospital</b>	<u>182</u>	<b>Clients</b>
<b>West Central Regional Hospital</b>	_____	<b>Clients</b>
<b>Atlanta Regional Hospital</b>	_____	<b>Clients</b>
<b>Southwest Regional Hospital</b>	_____	<b>Clients</b>
<b>Northwest Regional Hospital</b>	_____	<b>Clients</b>
<b>Savannah Regional Hospital</b>	_____	<b>Clients</b>

➤ **Child and Adolescent** **28 Operating Beds**

**Clients shall be evacuated to:**

<b>East Central Regional Hospital</b>	<u>28</u>	<b>Clients</b>
<b>West Central Regional Hospital</b>	_____	<b>Clients</b>
<b>Atlanta Regional Hospital</b>	_____	<b>Clients</b>
<b>Southwest Regional Hospital</b>	_____	<b>Clients</b>
<b>Northwest Regional Hospital</b>	_____	<b>Clients</b>
<b>Savannah Regional Hospital</b>	_____	<b>Clients</b>

- **Central Care will evacuate in accordance with Local and Regional Emergency Management Agency plans.**

**STAFFING:**

**An event that required a total hospital evacuation would mandate a recall of all CSH personnel through the activation of the Command Post, Crisis Communications System, and Emergency Operations Plan 8.01. Staff shall accompany clients for the duration of the evacuation and return to CSH.**

**TRANSPORTATION:**

**Transportation shall be provided by the CSH Motor Transport section of Plant Operations and transportation resources assigned to each division. Additional transportation may be requested from the six other regional hospitals, Georgia Department of Corrections, and the Georgia Emergency Management Agency (GEMA).**

**COMMUNICATIONS:**

- **Communications with all parties during transport shall be via the emergency radio system, and Nextel radios.**
- **Personnel recall shall be accomplished through the Crisis Communications System and the Group Page System.**
- **All communications shall go through the Command Post as established by the Incident Commander.**
- **Communications between CSH and the receiving hospital shall be maintained.**

**PHARMACY/MEDICATIONS:**

- **A 14 day supply of medications and the medical records shall accompany each client. Pharmacy support shall be provided by the host hospital.**
- **Clients shall be tracked by CSH Admissions**

**LAUNDRY/LINEN/FOOD SERVICE:**

**Laundry, linen, and food service support shall be provided by the host hospital and through contracted services.**

**EMERGENCY ACTION PLAN  
SEVERE WEATHER**

**A. EXTREME OR PROLONGED TEMPERATURE CONDITIONS (HEAT/COLD):**

The Extreme or Prolonged Temperature Emergency Preparedness procedures will go into effect in the case of extreme or prolonged temperature situations that may warrant the need to provide specific treatment/services and/or take preventive measures for clients and employees. Situations that may warrant implementation of emergency preparedness procedures include, but are not limited to the following: Planned or unplanned power outages for an extended period of time during periods of forecasted and/or actual extreme hot or cold temperatures, air conditioning shut-down expected for a period of time which may affect employees and the care and treatment of clients, actual or forecasted extremely high temperatures and humidity that may burden air conditioning systems, any situation which causes the room temperature to be adverse to the physical condition of the clients for an extended period of time, etc.

1. Monitor clients very closely, particularly the elderly and those "at risk" to develop physical problems due to either extreme heat or cold conditions.
2. Each client care building shall develop specific guidelines for treatment of their clients for both extreme cold or heat situations and determine critical temperature levels based on the need of the population in the building.

Examples:

Heat:

- ❖ Open windows on the shady side of the building.
- ❖ Provide fans with protective grills.
- ❖ Provide cool liquids and snacks.
- ❖ Encourage extra fluid intakes.
- ❖ Encourage lightweight and light colored clothing.
- ❖ Provide cool cloth compresses as needed.

Cold:

- ❖ Provide extra blankets.
- ❖ Encourage extra layered clothing and jackets.

- ❖ Provide warm liquids (Hot cocoa, coffee, tea).
- ❖ Provide warm snacks (soup, chili).
- ❖ Congregate clients in warmest areas if possible.
- ❖ Close off unused areas to prevent drafts.

Develop a plan for relocating clients if the need arises. Relocation of clients is to be coordinated with the CSH Command Post.

Develop a plan to protect employees during extreme temperatures. The hospital recognizes the index of 105 degrees Fahrenheit heat index or higher and 20 degrees or lower Fahrenheit wind chill as temperatures that employees will not be required to work outside for any extended period of time except during an emergency situation. This will be announced via the emergency radio channel.

- B. **THUNDERSTORMS OR TORNADO WATCH** - Weather conditions are such that a severe thunderstorm or tornado may develop. Client areas should terminate outside activities and be prepared to move clients to a designated safe area on the unit.
- C. **SEVERE THUNDERSTORM WARNING** - A severe thunderstorm has developed and will probably affect this area. All clients/employees should return immediately to their assigned buildings and remain inside and stay away from open doors or windows, radiators, stoves, metal pipes, sinks and plug-in electrical equipment. Close curtains/blinds, assemble extra pillows and blankets.
- D. **TORNADO WARNING** - A tornado has been detected in the immediate vicinity and may affect this area.

**Methods of notification are as follows:**

1. Long, continuous blast from all emergency sirens
2. Emergency Radio System

Staff should:

- a. Stay away from open doors or windows, radiators, stoves, metal pipes, sinks and plug-in electrical equipment.
  - b. Move all clients/employees to designated shelter areas on the unit. Do not use elevators. Have clients sit on floor with their backs to walls. Coats, jackets, blankets, etc., should be used to cover heads, arms and legs.
  - c. Stay away from all large areas of glass.
  - d. Prepare for the possible loss of electrical power.
- E. **OTHER SERIOUS WEATHER CONDITIONS** - Other serious weather bulletins may be issued for our area, such as substantial snowfall, ice storms, etc. which could have the

potential to threaten hospital operations and/or hamper transportation of staff. DDO's shall take the appropriate actions in preparation for a possible emergency situation as specified in their internal plans.

**EMERGENCY ACTION PLAN  
FIRE EMERGENCY  
(CODE RED)**

**I. ACTIVATION:**

The action to be taken by a person discovering a fire is to follow the **RACE** procedure:

1.     **R**     Rescue anyone in immediate danger and close door(s) to fire area.
2.     **A**     Alarm, pull fire alarm and call or have another employee call the Fire Department (5484); give name, location of fire, type, and extent of fire, if possible.
3.     **C**     Confine - close all windows and doors to prevent fire/smoke spread.
4.     **E**     Extinguish/Evacuate, secure fire extinguisher and attempt to extinguish or control fire, if practical. If not practical or if unable to extinguish the fire, follow instructions in section III below to remove or evacuate to safety. Notify the Fire Department if fire is extinguished.
5.     Be prepared to direct Fire Department personnel to fire area.
6.     Turn fire-fighting duties over to Fire Department personnel.

**II. AREAS OF SPECIAL CONSIDERATION DURING FIRE EMERGENCIES:**

- A.     Close all doors to rooms, hazardous areas, fire doors, and corridor smoke barrier doors as soon as the fire alarm is sounded.
- B.     Electrical power will remain on.
- C.     Dispensing of oxygen and anesthetics will be discontinued unless vital to the saving of life. The unit nursing staff shall monitor oxygen shut-off valves. Compressed gases stored near the fire area will be removed under the supervision and direction of the person designated by the Service Chief, department head or office director.

**III. EMERGENCY RELOCATION OF CLIENTS:**

- A.     Relocation is the lateral movement through at least one fire/smoke barrier and wait for further instructions.

1. Remove the clients/employees/visitors from the fire area with greatest danger first.
- B. The person in charge of the area affected will proceed in the following order when an emergency evacuation of clients is required. (See Attachment B for Total Building Evacuation.)
1. All clients/employees/visitors removed will be assembled under supervision in a designated safe area outside the building and away from the building.
  2. Assign a guide to lead all ambulatory clients/employees/visitors from the fire as a group. The guide will be instructed to remain with the group and account for all clients/employees/visitors, give support and guidance and maintain proper control.
  3. During inclement weather or cold weather conditions, clients removed to an outside assembly area will be transported by bus and/or ambulance to the hospital emergency evacuation site, pending return to their assigned building.
  4. Transportation for such clients is under the direction and control of the Police Captain, who will continuously monitor the overall situation for needed assistance.
  5. Visitors will not be authorized within the emergency evacuation site, pending organization and establishment of client care procedures.
  6. Have clients/employees return to the area after the Fire Department personnel give clearance. No one shall re-enter the building until given clearance by the Fire Department.

#### **IV. FALSE ALARM:**

Periodically, the fire alarm will sound when there is not a drill or fire. When it is ascertained by the person in charge of the area that a false alarm has occurred, reassure clients/employees/visitors that there is no active fire. Call the Fire Department to advise them of false alarm and be ready to assist Fire Department personnel when they arrive.

### **EMERGENCY ACTION PLAN EMERGENCY COMMUNICATION SYSTEM**

**I. ACTIVATION:**

- A. The Emergency Communications Plan (TWO-WAY RADIOS) will go into effect when a failure or partial failure of any part of the communication system has occurred that may disrupt services in client care or major support areas.

**II. EMERGENCY RADIO SYSTEM (TWO-WAY RADIOS)**

**III. SERVICE CHIEFS/DEPARTMENT HEADS/OFFICE DIRECTORS:**

- A. Notify State Hospital Police Department Dispatcher by best available resources that telephone services has been disrupted.
- B. Assign person to continuously monitor and operate the CSH emergency radio channel during communication outage.
- C. Request additional emergency radios from Police Department.
- D. Assign messengers at radio units to relay messages to internal offices and other areas.
- E. Ensure that the emergency radios at all stations are monitored continuously.
- F. Ensure that personnel assigned to monitor the emergency radios are trained and competent in the use of the radio.

**IV. GUIDELINES FOR RADIO USE:**

**A. LOCATION OF RADIOS:**

- 1. In-use radios will be located in the assigned service area, in an area of close proximity to that of the service area's 24-hour contact number. Some of the radios may also be assigned to certain key individuals, who will ensure they are secured.
- 2. Radios should be kept in their chargers at all times, except when in use.
- 3. When it is necessary to remove the radio from the Division, Department or Office the charger should be taken with it, and plugged in as soon as possible.
- 4. All surplus radios will be under the control of the Central State Hospital Police Department.

**B. TESTING OF RADIOS:**

- 1. Central State Hospital Police Dispatch will send out an alert tone once per week. Responsible individuals will respond by radio.
- 2. Radio testing will be performed on every shift to ensure all personnel are familiar with its operation.
- 3. Central State Hospital Police Dispatcher will maintain a radio log of test activity that will include the following:
  - a. Time and date activated.
  - b. DDO's who respond.

- c. Listing of those who did not respond along with contact persons for follow-up and correction.

C. RADIO USE:

- 1. Plain language will be used (no 10-codes) in order to minimize confusion.
- 2. Proper radio courtesy will be observed by all involved.
- 3. See internal plans for specific usage/needs.

D. Crisis Communications System:

The Crisis Communications System is a notification program utilized to disseminate emergency information to all staff, and to conduct a rapid recall of essential staff.

**CRISIS COMMUNICATIONS SYSTEM GROUPS**

<u>Call List</u>	<u>List Number</u>	<u>Pass Code</u>
Joint Commission Leadership Forum Nurse Disaster Nurse Administrator Housing Occupants BEP Call Pyramid All Contacts Plant Operations Leadership/PI	<u>See Instruction Card</u>	

E. Nextel cell phones:

Three Nextel cell phones are located in the Night Nurse Administrator office to maintain communications when transporting clients off-campus.

- F. Fifteen (15) two-way radios are located in the Command Post to maintain communications between key command post staff and their subordinates

**EMERGENCY ACTION PLAN  
EMERGENCY WATER SUPPLY**

The Emergency Water Procedure (EWP), as described in the Business Continuity Plan, will go into effect when there is a disruption in water services which may adversely affect the adequate supply of potable water for clients and staff.

**I. ACTIVATION:**

- A. All areas of hospital will be advised if conditions are expected to be critical.

- B. Actions should be implemented which should include the best method(s) to utilize water in supply.
- C. Assign employee to telephone/radio unit(s) to relay messages to internal offices and other areas. Utilize building public address system to make announcements regarding emergency, if deemed appropriate.

## **EMERGENCY ACTION PLAN**

### **Code Black-BOMB THREAT**

#### **I. ACTIVATION:**

Employee receiving information of a bomb threat will collect all possible information on the Bomb Threat Checklist. This checklist should be placed near all telephones at Central State Hospital.

- A. Employee receiving bomb threat will then follow these instructions:
  1. Stay calm, you can think and act more effectively when you are calm.
  2. Make sure that all information on the Bomb Threat Checklist is correct as you received it. Take time to check form and add additional information that you remember. Do not make up things, but add any information that you have no matter how small you think it is. It may be important to the person that evaluates the threat.
  3. **DO NOT** make a call from your telephone or cell phone, intercom or portable radio. (These devices may be able to trigger an explosive device.) If possible, don't even hang your telephone up, just leave it off the hook.
  4. **WITH THE CHECKLIST IN HAND** bring or send a messenger (runner) to the Central State Hospital Police Department as soon as possible. Time is important.
  5. Notify or have someone notify your supervisor, and all the employees in the immediate area of the situation. Encourage them to stay calm.
  6. Wait for the arrival of the Police and Fire Departments and follow your internal plan.

#### **II. NOTIFICATION:**

The Police Department will notify all necessary unaffected areas of the emergency by telephone.

#### **III. THINGS NOT TO DO, IF EVACUATION IS ORDERED:**

- A. Do not touch any suspicious package or item.

- B. Do not turn on or off lights, radios, TV's or other electronic items. (These items may set off the explosion)
- C. Do not lock or unlock desk drawers. Leave them as they were at the time the threat was received.
- D. Do not lock offices, storage areas, etc. Leave as they were.
- E. After you leave the building, do not go back in unless instructed to do so by the on-site commander

**IV. THINGS TO DO, IF EVACUATION IS ORDERED:**

- A. If time permits, take all of your personal items with you when you leave (i.e. pocketbook, coat, hat, lunch, etc.)
- B. Exit through approved areas only, according to your internal emergency plan or as instructed.
- C. If time permits, open the windows in your immediate area. Do not go to other areas.
- D. Exit as orderly and quietly as possible.
- E. After exiting the building, go to your recovery area and account for all personnel. If someone is missing, inform an official party. (Do not look for them yourself).

**BOMB THREAT CHECKLIST**

Time of call: \_\_\_\_\_ Date: \_\_\_\_\_ Time call terminated \_\_\_\_\_  
Person receiving call: \_\_\_\_\_ Phone # \_\_\_\_\_  
Exact words of person calling:

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**Questions to ask:**

Where is the bomb located? \_\_\_\_\_ When will it explode? \_\_\_\_\_  
What does the bomb look like? \_\_\_\_\_ What kind of bomb is it? \_\_\_\_\_  
What will cause it to explode? \_\_\_\_\_ Did you place the bomb? \_\_\_\_\_  
Where are you calling from? \_\_\_\_\_ What is your name? \_\_\_\_\_

**Caller's Voice**

If the voice is familiar, who did it sound like? \_\_\_\_\_

**Was the voice:**

Calm \_\_\_ Stutter \_\_\_ Laughing \_\_\_ Stressed \_\_\_ Slow \_\_\_ Loud \_\_\_ Disguised \_\_\_  
Deep \_\_\_ Nasal \_\_\_ Sincere \_\_\_ Crying \_\_\_ Lisp \_\_\_ Angry \_\_\_ Squeaky \_\_\_  
Foul \_\_\_ Slurred \_\_\_ Broken \_\_\_ Rapid \_\_\_ Excited \_\_\_ Normal \_\_\_ Sad \_\_\_ Irrational \_\_\_  
Reading message \_\_\_ Was there an accent? \_\_\_ What type? \_\_\_\_\_

**Background Noises**

Machines \_\_\_ Train \_\_\_ Animal \_\_\_ Music \_\_\_ Voices \_\_\_ Airplane \_\_\_ Street traffic \_\_\_  
Long distance \_\_\_ Static \_\_\_ Cell Phone \_\_\_ Other \_\_\_\_\_

**Instructions**

1. Stay calm
2. Do not make any calls on telephone, cell phone, intercom, or portable radio
3. Make sure as much information as possible is on the bomb threat checklist
4. Go outside or to another building and call the CSH police department
5. Send messenger/runner to the police department with this checklist.
6. Notify your supervisor and other staff in the immediate area.
7. If bomb is in your building, initiate a total building evacuation using verbal notification  
**(No electronic communications)**
8. Follow CSH Emergency Operations Plan 8.01, Bomb Threat Action Plan, (Code Black)

**EMERGENCY ACTION PLAN  
HOSTAGE SITUATION**

- A. An employee that receives knowledge of a hostage being taken on the grounds of Central State Hospital, whether it is by seeing the incident, or by hearing about it

from the person taking the hostage(s) or other means, will follow these instructions:

1. Call the Central State Hospital Police Department immediately at 4169.
2. **IF SAFE**, notify your supervisor, and all other employees in the immediate area.
3. **IF SAFE**, move all clients and employees to a location that is well away from the incident and stay out of the line of sight of the incident.
4. **DO NOT** attempt to investigate the incident yourself. Wait for the Police to arrive and give them all the information that you have.
5. **IF SAFE**, stop all persons from entering the incident building or area.

The Police Department shall initiate their internal hostage response procedures, and notify all appropriate authorities.

**BUILDING AND CAMPUS LOCKDOWN  
ACTION PLAN  
Code Brown**

**Purpose :**

To provide for a rapid notification and response to man-made or natural events that could be hazardous to personnel not within a protected environment.

**Scope:**

When an emergency situation such as an escape from a DOC prison or Cook, tornado warning, civil disturbance, Hazardous Materials Incident, or other condition exists that could endanger anyone not in a protected area, the entire CSH campus shall be notified via the emergency radio system, Crisis Communications System, and Groupwise. The CSH Command Post shall be activated in accordance with the Emergency Operations Plan 8.01

**Procedures:**

Upon notification, the following shall be accomplished:

1. The CSH Police Department shall activate the emergency communications system in accordance with established procedures.
2. The CSH Police Department shall notify the Regional Hospital Administrator, Safety Director, Georgia War Veterans Homes, Department of Corrections, and others, as appropriate.
3. The CSH Police Department shall announce the emergency condition via the emergency radio system (two-way radios).

4. CSH Administration and the Safety Director shall provide notification via Groupwise, the Group Page System, and the Crisis Communications System.
5. CSH Administration shall notify Georgia War Veterans Homes and Department of Corrections.
6. All buildings shall be locked down, with one person assigned to control entry at the main entrance.
7. Service Chiefs, department heads and managers shall ensure that all clients, staff, volunteers, and visitors under their control are immediately brought into a secure building, and wait for further instructions.
8. EWAC, auditorium, Chapel of All Faiths, and NDI staff shall ensure that all clients and visitors are inside and will lock all entrances.
9. CSH Police Department will perform according to their established procedures.
10. Fire Department Station # 2 shall assist in accordance with their established mission.

**De-Activation:**

This action shall be terminated when the emergency condition no longer exists. Notification of de-activation shall be with an “All Clear” message via the emergency radio system, Crisis Communications System, and through Groupwise. A call via land line to the Department of Corrections and Georgia War Veterans Homes should be initiated by CSH Administration or the Incident Commander.

**EMERGENCY ACTION PLAN  
CODE ORANGE  
CHEMICAL SPILLS/EXPOSURES**

**I. PURPOSE:**

To provide for a systematic internal response to chemical spills or releases occurring within Central State Hospital grounds. The Baldwin County Fire Department has a chemical spill response (HazMat) team whose function is to control and contain a chemical spill or release until assistance from outside HAZMAT agencies arrive, if needed.

**II. RESPONSIBILITIES OF SPILL OBSERVER:**

- A. In the event of a chemical spill or release, employees are instructed to activate this plan as outlined below:
1. Evacuate and secure the immediate area of spill.
  2. Provide first aid or seek necessary assistance to persons who may have been splashed or received chemical exposure.
  3. Call the Hazardous Materials response team by dialing the Fire Department at phone number 5484 and give the telephone number and location you are calling from.
  4. Remain close to the telephone until contacted by the Fire Chief/designee. Be prepared to provide them with the following information:
    - a. Exact location of spill.
    - b. Chemical name and volume of spilled material.
    - c. Actions which you have taken to minimize spill damage or isolate the area.
  5. Follow instructions exactly.
  6. Fill out the Critical Incident Report with as much information as possible and make distribution according to Department of Behavioral Health and Developmental Disabilities (DBHDD) Policy 6001-101.
  7. Material Safety Data Sheet (MSDS) FAX-ON-DEMAND PROGRAM

In addition to the above procedures, the MSDS automated system with Fax-On-Demand backup allows employees to access hospital MSDS

information from the MSDS Online website from any CSH computer, or receive verbal technical assistance in responding to an emergency chemical spill or exposure by calling 888-362-7416. Employees can request the appropriate MSDS or can receive professional technical assistance. Staff shall be trained in the use of this system, and shall be able to demonstrate the skills and knowledge to use the system. Information posters are posted on all official bulletin boards, and the MSDS Fax-On-Demand telephone number shall be posted on all CSH telephones.

### **EMERGENCY ACTION PLAN ELECTRICAL SYSTEM FAILURE**

In the event of a loss of power in any client care building, the Emergency Operations Plan would be activated. The Command Post would be staffed as needed, and staff in the affected building would activate and implement their internal emergency plan. The Engineering Department shall implement the departmental electrical system failure plan specific to the affected building.

#### **LOSS OF NORMAL ELECTRICAL POWER:**

In case of the loss of normal power only, the CSH Emergency Operations Plan, Stage I will be activated. The emergency generator will be switched on automatically within 10 seconds of the loss of normal power. The emergency generator will provide electrical power to the life safety branch of the building electrical system. Areas serviced by the life safety branch include areas such as surgery, Intensive Care Units, Blood Banks, emergency lighting, emergency exit signs, high risk security areas, and those electrical receptacles designated for emergency use only.

In the affected building, staff shall be prepared in the event the emergency generator fails, which would result in a total loss of electrical power. Steps to be taken include the following:

1. Inform key building personnel.
2. Coordinate with the CSH Command Post for assistance and instructions.
3. Expeditiously conclude any surgical procedures in process.
4. Do not start any new surgery cases.
5. Coordinate with appropriate facilities for clients that need surgery, intensive care treatment, or life support.
6. Assess staffing needs and review the call pyramid.
7. Inventory and have available required emergency supplies and equipment.

Other areas shall be prepared to assist the affected building. Preparations shall include the following:

**Engineering**

Coordinate internal resources and external sources such as Georgia Power, to restore power as soon as possible. Keep the management staff of the affected building and the Command Post informed as to the status of the situation.

**Physician Disaster Team**

Be prepared to provide any medical assistance needed to the affected building.

**Nursing Disaster Team**

Be prepared to provide any nursing assistance needed to the affected building.

**Food Service**

Food Service shall ensure the continuity of food service operations in the affected areas.

**Support Service Areas**

All areas shall assess staff availability, and be prepared to assist in the areas of personnel, supplies, equipment, and transportation, as needed.

**Emergency Medical Services**

Call Emergency Medical Services to transport clients requiring surgery, intensive care, or life support to an appropriate facility.

**Central State Hospital Police Department**

The Police Department shall take steps to ensure the safety and security of the personnel, equipment and grounds in the affected area. This shall include securing entrances, and implementing measures to prevent escape or leave without consent.

**Baldwin County Fire Department**

The Fire Department shall be notified should the emergency generator fail, resulting in total loss of electrical power.

**TOTAL LOSS OF ELECTRICAL POWER**

In case of a total loss of electrical power, the CSH Emergency Operations Plan, Stage II, will be activated. In the affected building, staff will implement their internal emergency plan.

Other areas shall maintain a state of high readiness, and assist as follows:

**Engineering**

Continue to coordinate the resources to restore power as quickly as possible. Provide portable generators and light sets, if available.

**Client Care Support**

Requests for additional support shall be made to the Command Post Incident Commander, Chief Medical Officer and Chief Nurse Executive.

**Food Service**

Food Service shall ensure the continuity of food service operations in the affected areas.

**Support Service Areas**

All areas shall report to the Command Post the number of staff available, and assist as needed with personnel, supplies and equipment.

**Emergency Medical Services**

Transport clients to other facilities as directed by appropriate authority.

**Central State Hospital Police Department**

The Police Department shall be responsible for the security of the personnel, equipment, and grounds of the affected area.

**CSH Fire Department**

The CSH Fire Department shall remain on alert until electrical power is restored. They shall make available portable light sets if available.

DURING THE PERIOD OF TOTAL LOSS OF ELECTRICAL POWER, ALL PERSONNEL SHALL BE ESPECIALLY ATTENTIVE TO THE SAFETY AND SECURITY OF THE CLIENTS IN THE AFFECTED AREAS.

**EMERGENCY ACTION PLAN  
CRISIS MANAGEMENT PLAN  
(Workplace Violence):**

**I. SCOPE:**

The Crisis Management Plan is designed to provide a safe and secure environment for all employees of Central State Hospital. This plan shall eliminate or reduce employee exposure to conditions that could lead to death or injury from violence in the workplace. The plan shall complement and support the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Human Resources/Personnel Policy/Procedure # 110, "Preventing Workplace Violence".

**II. IMPLEMENTATION:** The plan shall be implemented through the development and maintenance of the various policies, procedures, and plans, effective administrative work practices, and other control measures, as appropriate.

**III. RESPONSIBILITY:**

1. The CSH Human Resources Management Department shall establish and maintain the Crisis Management Plan in accordance with the DBHDD, Human Resources/Personnel Policy/Procedure # 110.
2. The Human Resources Management Director shall ensure the implementation of the plan through the development of the CSH Crisis Management Team.
3. The Crisis Management Team shall oversee the implementation and management of the Plan. The Crisis Management Team shall consist of the following:
  - A. Safety Officer
  - B. Risk Manager
  - C. Human Resources Management Director (or designee)
  - D. Police Chief
  - E. Chief Nurse Executive (or designee)
  - F. Director of Plant Operations
  - G. Chairperson of the Employee Wellness Committee (If appropriate)
  - H. Others as deemed appropriate by the CEO

**IV. GENERAL PROVISIONS:**

1. Employees, supervisors and managers are expected to maintain a professional and businesslike relationship with fellow employees, clients, customers, vendors, and all other work-related contacts.
2. Employees are responsible for notifying their supervisors or other authorized officials of all acts or threatened acts of violence
3. Employees who report acts or threatened acts of violence are protected from retaliation. Acts of retaliation shall be reported to Human Resource Management.
4. Acts or threatened acts of violence will not be tolerated in the workplace, while on duty, or while off duty when the act is directed toward a work-related contact, or otherwise bears a relationship to work.

5. Examples of prohibited behavior include, but are not limited to:
  - A. Threatening, abusive, or intimidating language or written material.
  - B. Fighting or other acts of violence whether directed toward a manager, supervisor, co-worker, client, patient, customer, vendor, or any other individual while on duty or representing the facility.
  - C. Stalking
  - D. Possession of weapons on facility grounds is prohibited unless specifically authorized by hospital policy or is authorized due to the nature of work performed.
    1. The hospital reserves the right to conduct reasonable searches of state property, including, but not limited to desks, lockers, work areas, state vehicles, etc.
    2. All employees should remain alert and be familiar with their surroundings in order to recognize potentially serious situations, as most acts of targeted workplace violence are preceded by direct or indirect threats. Employees on all levels shall take all threats seriously and report them as soon as possible.

**V. CRISIS MANAGEMENT TEAM:**

The Crisis Management Team shall oversee the implementation and management of the plan. The team shall cultivate and maintain established relationships with state and local emergency management agencies such as law enforcement, County Emergency Management Agency, Georgia Emergency Management Agency, Fire Department, and Emergency Medical Services. The team shall develop a Facility Profile to include:

- A. A floor plan for each building, locating electrical and communications entry points.
- B. Utility systems shut-offs.
- C. Evacuation routes and organizational map indicating where each staff is located.
- D. A description of windows, doors, partitions, and location of keys.
  1. A personnel profile shall be maintained in a secure location and include:
    - A. Current personnel roster with office locations and telephone numbers.
    - B. Identification of staff that have specialized skills such as medical, security and fire fighting, and ensure that the list is kept current.
  2. Notification of management and law enforcement/emergency services shall be accomplished in accordance with established hospital procedures.
  3. Mechanisms for communication and maintenance of the plan will be monitored for effectiveness.
  4. The Crisis Management Team shall report as needed to the CSH Environment of Care Team.
  5. Crisis Management Team reports shall be included in the Environment of Care Team reports to the Leadership Team.

**VI. HUMAN RESOURCES DEVELOPMENT:**

Human Resources Development shall provide initial training and annual update training to all facility staff.

**VII. HUMAN RESOURCES MANAGEMENT:**

In accordance with usual progressive discipline practice, and in conjunction with DBHDD ORHM Management Actions and Appeals Section, Human Resources Management will assist in the preparation of appropriate disciplinary action. HRM shall assist in the reduction and prevention of workplace violence through the application of the guidelines recommended in Policy DBHDD #110, “ How to avoid hiring potential violators”.

**VIII. RISK MANAGEMENT:**

In accordance with the Risk Management Plan, Risk Management shall support the Crisis Management Plan by providing guidelines and methods to assure that the broad range of both administrative and clinical activities at the facility are monitored and coordinated in order to reduce losses associated with client, employee or visitor injuries, property loss or damage, and other sources of potential facility liability.

**IX. WARNING SIGNS:**

Individuals may exhibit certain behaviors that may be warning signs of potential violent behavior. The presence of these behaviors can sometimes indicate the potential for violent acts. Sometimes no unusual behavior is exhibited prior to acts of violence. Employees, supervisors, and managers should be aware of circumstances and behaviors, including, but not limited to:

1. Recent disciplinary action, passed over for promotion, or pending separation.
2. No outside interests, such as family life, hobbies or friends.
3. Individual is a loner
4. Often blames others for problems, has difficulty accepting authority or refuses to accept responsibility.
5. May be going through personal problems such as family crisis or illness.
6. May have a history of substance abuse.
7. May have financial problems.
8. Fascinated with guns and weapons and may discuss ownership at work.
9. Has a history of violent behavior and may frequently discuss past incidents of violent behavior.
10. Has made direct or indirect threats of violence toward co-workers or others.
11. Added stress in the workplace due to impending layoffs or staff reductions.

**X. INVESTIGATIONS:**

1. All alleged acts or threats of violence will be reviewed by appropriate managers. If the nature of the alleged threat or act of violence warrants investigation, management shall coordinate with the Human Resources Director, who will coordinate with OHRM Management Actions and Appeals Section to begin the investigation. The investigation shall be conducted in accordance with the DBHDD, Human Resources/Personnel Policy/Procedure # 110, “Preventing workplace Violence”.
2. Investigations shall begin as soon as possible.
3. Witnesses may be interviewed by telephone or in person, as appropriate.

**XI. REPORTS:**

A “Workplace Acts or Threatened Acts of Violence Report” shall be completed by the employee, supervisor or other authorized official, as determined appropriate. Any employee who receives an anonymous report of an act or threat of violence must also complete this report. This report shall be completed in accordance with DBHDD Policy # 110, and forwarded through the Human Resources Director.

The Crisis Management Team shall report at least quarterly to the CSH Leadership Team through the CSH Environment of Care Team.

**XIII. DISASTER OPERATIONS: (Stage III)**

Stage III of the Disaster Plan will go into effect when disaster conditions exist and appropriate client care has been affected, or normal hospital operations have been disrupted.

**A. DRILLS/EXERCISES:**

**ACTIVATION:**

1. The responsibility for initiating immediate action lies with the Central State Hospital Police if the situation warrants it; otherwise, the responsibility for activating this Disaster Plan lies with the following authorized personnel in priority order:
  - A. Regional Hospital Administrator/Designee
  - B. Night Nurse Administrator after-hours
  - C. Chief Medical Officer/Designee
  - D. Chief Operations Officer
  - E. Safety Director
  - F. Police Chief/Shift Leader
  
2. Depending on the situation, a fully staffed Command Post may be necessary and will be determined by the Chief Executive Officer or designee. If one of the authorized personnel feel the situation warrants full implementation of the Disaster Plan, authorized personnel should notify the Police Dispatcher to notify all hospital areas via the emergency radio channel to implement Stage III of their disaster plan.

**COMMAND POST:**

1. When Stage III activation is underway the Command Post activation is the next priority. The command post is located in the Night Nurse Administrator's Conference Room, phone #6222, unless otherwise notified to the alternate site.
2. The Command Post will be staffed by the following persons:
  - a. Chief Executive Officer/designee and other staff at the discretion of the Chief Executive Officer.
3. The Command Post will coordinate all phases of the Emergency Operations Plan as requested by the "On Scene Commander".
  - a. The Command Post will be radio-equipped on the Police Department frequency, Fire Department frequency, EMS frequency, DBHDD Disaster Channel, and CSH Emergency frequency.
4. Disaster Communication:
  - a. Landline communication will be maintained during disaster unless contraindicated (such as in the case of a bomb threat).
  - b. Each unit DDO (or building) will have access to portable radios to maintain communication.
  - c. The Nextel radios will provide for communications with DBHDD Disaster Control, Georgia Emergency Management Agency, and other state facilities.
  - d. Fifteen two way radios are located in the command post.

**DISASTER SCENE CONTROL:**

1. Control of the disaster scene will be coordinated by the Central State Hospital Police Chief and the Fire Department Personnel. The Police Chief or Senior Police Officer on scene is responsible for operational control of all disasters except that the Fire Department has total control in all fire emergencies and all hazardous material emergencies. The Police Chief is also responsible for the security of the area including the perimeter of all disaster scenes.
2. The first Emergency Medical Technician on the scene will assume triage leadership responsibility until the arrival of the first physician.
3. Responding medical and nursing personnel and non-emergency transport services will report to the disaster scene for briefing, instructions and assignment by the disaster site coordinator. The senior emergency medical technician shall provide advice and instructions.

**CASUALTY TRANSPORTATION:**

1. Transportation Priorities:
  - a. CRITICAL (rapid) Red Tag
  - b. SERIOUS (rapid) Yellow Tag
  - c. EXPECTANT (upon reassessment this category may be either upgraded to red tag or downgraded to black tag.) Green Tag
  - d. MINIMUM (not transported until all other injuries are transported.) Green Tag
  - e. DEAD (not transported until all injuries are transported.) Black Tag
  
2. Transportation:
  - a. Responding EMS will be responsible for transportation of the categories RED and YELLOW to appropriate medical facilities for treatment.
  - b. Motor Transport will be responsible for transportation of categories MINIMUM (green) and DEAD (black).
  - c. Outside ambulance and transportation needs will be assessed by on-scene commander and requested as necessary. The Command Post will be responsible for securing these services.
  
3. Tagging of Casualties:
  - a. The on-scene Medical Team Leader and the Nursing Team Leader will assist emergency medical technicians with the tagging of any remaining victims that were not previously tagged by the EMTs.
  - b. The on-scene Medical Team Leader will be responsible for upgrading or downgrading the EXPECTANT category priority of transportation as condition changes.

#### **DEACTIVATION:**

The Command Post will scale down or totally deactivate when the emergency no longer places an undue burden on normal operations.

#### **DRILLS/MONITORING/CRITIQUE**

1. Semiannual implementation of the plan, either in response to an emergency or in a planned drill, will occur. These drills must be at least four months apart and not more than eight (8) months apart. One of the drills shall include the receipt of casualties or the movement of clients to an appropriate facility.

2. Drills will be planned, implemented and monitored by members of the Emergency Preparedness Sub-Committee of the CSH Environment of Care with assistance from members of the CSH Environment of Care.
3. A critique will be scheduled by the Safety Director at the earliest possible time following the drill or actual emergency situation.
4. A written report that summarizes, at a minimum, the participation, problems identified and corrective actions taken will be prepared by the Safety Director within five (5) days following the event of a drill or actual emergency situation. The written report will be distributed to the Leadership Team, DDO's and others as appropriate. In addition, it is the responsibility of each licensed unit to prepare a similar summary specific to its area to meet licensure requirements and forward a copy to the Safety Director, Yarbrough Building.
5. Service Chiefs, Department Heads, Office Managers shall review quarterly and revise as necessary the **Command Post notification lists, Crisis Communications System, and internal call pyramid** to insure that names and telephone numbers are up-to-date and to submit documentation of the review to the ISPE Department. Any changes to these lists shall be reported immediately to the Telecommunications Coordinator Safety Director, and Information Services. This review mechanism is monitored through the quarterly review process.

## **B. COMMUNITY INVOLVEMENT**

- A. Central State Hospital will participate with the state and regional Emergency Management Agencies (EMA) and local governments via mutual aid agreements in the event of a regional disaster. This participation may include the:
  1. Utilization of CSH Fire and State Police capabilities.
  2. Automatic dispatch of Fire support following 911/EMA requests.
  3. Mechanisms for additional services such as Physician and Nurse Assistance.

Police Department, Plant Operations, Motor Transport, etc., services shall be provided upon request from the Emergency Management Agency. The Kidd Building is designated as an inpatient overflow-back-up facility for the Oconee Regional Medical Center. The responsibility for activating and directing requests for emergency services lies with the following in priority order:

  1. Chief Executive Officer/Designee Night Nurse Administrator after hours)
  2. Chief Medical Officer/Designee
  3. Chief Operations Officer/Designee
  4. Director of Nursing

B. State Involvement

The Georgia Emergency Management Agency (G.E.M.A.) has designated Baldwin County as a host county for any special needs during an emergency.

The Howell Building South is a maintained evacuation site and will be used during any emergency which requires Central State Hospital to receive any evacuees for any reason.

C. **TRAINING REQUIREMENTS**

- A. **ORIENTATION:** The General Orientation Program for all new employees shall include an overview of the hospital emergency management program.
- B. **EMERGENCY MANAGEMENT:** Command Post staff shall receive training at least twice annually, specific to their command post duties. All employees will receive general emergency preparedness training (tornado preparedness, extreme temperature conditions/preparedness, bomb threat guidelines, etc.) annually, to be provided by the Staff Development and Training Department. In addition, all staff shall maintain required training and certifications related to their jobs.
- C. **FIRE SAFETY:** New employees will receive fire safety training during their first year of employment with an annual update thereafter. Employees receive additional fire training during the fire drills and departmental fire safety training conducted by the CSH Safety and Environmental Health Services.
- D. **HAZARDOUS CHEMICAL TRAINING:** Employee training is described in CSH Plan 8.15 and is in accordance with Georgia Department of Labor. The Fire Department maintains trained personnel in emergency response.
- E. **RADIO USE TRAINING:** Training in the proper use of the Emergency Radio will be provided by the Central State Hospital Police Department. Service Chiefs, Department Heads and Office Directors are required to have at least one trained employee per shift.
- F. **OTHER TRAINING:** Additional training will be offered whenever specific training needs are identified through the evaluation of planned drills or actual emergency situations

#### **D. SERVICE AREA/DEPARTMENT PLANS**

All departments and major services shall have an internal emergency operations plan that coordinates the specific response requirements of the department with the response requirements of this plan. The plan shall describe in detail the role/responsibilities of staff, notification of staff, transportation resources, evacuation plans, emergency discharge/admission procedures, business continuity plans.

These plans shall be reviewed by the CSH Safety Director and the EOC Function Team every two years.

#### **E. DISASTER TEAMS**

As the hospital does not have a standing emergency department, and medical staff is not trained in disaster/emergency triage, in the event of a disaster, CSH medical staff shall provide first aid to victims and assist EMS personnel upon their arrival. A Special Needs Team (Composed of licensed counselors and Ordained ministers with chairperson of Social Work and/or Psychology) is available to provide stress and grief counseling during and after disaster events

#### **F. RECOVERY AND EVALUATION (STAGE IV)**

Recovery and evaluation includes inspection of buildings and grounds by the Safety Director and the Director of Plant Operations, and Leadership Team assessment as to the ability to continue to provide essential services.

#### **XIV. VOLUNTEER LICENSED PRACTITIONERS**

##### **Volunteer \*Practitioners**

*In accordance with the Joint Commission definition, a \*practitioner is an individual who is qualified to practice a health care profession and is engaged in the provision of care and services. \*Practitioners are required by law to have a license, certification, or registration to practice their profession.*

When the CSH Emergency Preparedness Plan is implemented and the immediate needs of clients cannot be met with available CSH staff, a modified and streamlined process for determining volunteer \*practitioner qualifications and competency will be implemented. Although this streamlined process is used to determine qualifications and competence, safeguards are in place to assure that these \*practitioners are competent to provide safe and adequate care, treatment and services.

1. Human Resource Management/designee will verify all \*practitioner's professional licenses, certifications, and or registrations required by the individuals stated profession.
2. Volunteer \*practitioners will present at a minimum, a valid government-issued photo identification issued by a state or federal agency (drivers license, passport, etc) AND at least one of the following:
  - A current health care organization picture identification card that clearly identifies a professional designation
  - A current license, certification, or registration (as required by profession)
  - Identification indicating that the individual is a member of a (DMAT) Disaster Medical Assistant Team or MRC (Medical Reserve Corps), ESAR-VHP (Emergency system for Advance Registration of Volunteer Health Professionals), or other recognized state or federal organizations or groups.
  - Identification indicating that the individual has been granted authority to render client care, treatment, and services in disaster circumstances
  - Identification by current organization member(s) who possesses personal knowledge regarding the volunteer \*practitioner's qualification
3. Human Resource Management/designee will issue identification badges to be worn by volunteer \*practitioners assigned disaster responsibilities.
4. Primary source verification of licensure, certification, or registration begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer \*practitioner presents to the organization.
5. A decision is made by CSH Leadership within 72 hours related to the continuation of the disaster responsibilities initially assigned.
6. Department Supervisors/designees (nursing, social work, etc) will assign volunteer \*practitioners to specified areas and assign duties within the scope of the

- volunteer's practice.
7. All volunteers will be under the supervision of a CSH employee.
  8. Volunteers may be assigned disaster responsibilities based on a case-by-case basis in accordance with the needs of the organization, the clients, and qualifications of the volunteer \*practitioner.
  9. The immediate supervisor is responsible for overseeing and assessing the volunteer's professional performance. Performance may be assessed through direct observation, mentoring, or review of the clinical record.

**Appendix A:**

**EMERGENCY PREPAREDNESS CHART  
BASIC STAFF RESPONSE**

PROBLEM	DESCRIPTION	INITIAL RESPONSE	SECONDARY RE- SPONSE	FOLLOW UP
Extreme/Prolonged Temperatures	Hot/Cold conditions due to planned or unplanned power outages	Monitor clients closely, particularly the elderly and those considered at risk. Review Internal plans,	Relocate clients if necessary, in coordination with the CSH Command Post.	Post-incident assessment; Revise internal plans if appropriate.
Tornado/Extreme Thunderstorm <u>Watch</u>	Conditions such that severe thunderstorm or tornado <u>MAY</u> develop.	Prepare to move clients to a designated safe area on the unit.. Review internal plan.	Assemble extra blankets, close windows, blinds, and drapes.	Post-Incident assessment; Revise internal plans, if appropriate
Severe Thunderstorm <u>Warning</u>	Severe thunderstorm has developed; Will probably affect this area.	All Clients and staff should return immediately to their assigned buildings. Review internal plan.	Stay away from open doors, windows, radiators, heaters, metal pipes, sinks, and electrical equipment.	Post-Incident assessment; Revise internal plan if appropriate.
Tornado <u>Warning</u>	A tornado has formed and may affect this area.	Move all clients and staff to designated shelter area on the unit.	Do not use elevators; sit on floor with back to wall; cover head, arms & legs	Post-Incident assessment; Revise internal plan if necessary.
Fire (Code Red)	Fire, smoke, or smell something burning	R.A.C.E. <u>R</u> escue anyone in immediate danger. <u>A</u> larm activated by manual pull station <u>and</u> call 5484. <u>C</u> ontain the fire(close doors); <u>E</u> xtinguish the fire if safe to do so.	Relocate clients, visitors and staff laterally or totally evacuate the building, <u>IF NEC</u> <u>ESSARY.</u>	Post-Incident assessment; Revise internal fire plan if needed.
Bomb Threat (Code Black)	Notification of a bomb on campus	Obtain as much information as possible, using form CSH- 266; Notify your supervisor and review internal plan	Send information <u>VIA RUNNER</u> to the CSH Police Dept. And evacuate everyone in immediate danger.	Follow instructions from CSH Police Dept.; Conduct post-incident assessment; Revise internal plan if needed.
Emergency Evacuation	Remaining in area may be hazardous to Life Health, or Safety.	Evacuate in accordance with CSH and internal plans. (Ambulatory, Wheelchair, bed-ridden) Take records if safety permits.	Report to designated assembly area and account for all that were in previous area.	Report all personnel unaccounted for. Conduct post-incident assessment.

<b>Hostage Situation</b>	<b>Individual(s) held against their will</b>	<b>Call CSH Police Dept. # 4169; Clear the area if safe to do so</b>	<b>Report all pertinent information to arriving CSH police.</b>	<b>Conduct t-incident assessment; Revise internal plan</b>
<b>Chemical Spill (Minor)</b>	<b>Staff have the tools and skills needed to do the clean-up</b>	<b>Close the area to all traffic. Get MSDS. Get needed supplies and clean area as instructed by MSDS.</b>	<b>Contact supervisor and complete incident report if necessary.</b>	<b>Conduct post- incident assessment; Revise plans if needed.</b>
<b>Chemical Spill (Major)</b>	<b>Too large to handle with available supplies or releases fumes or vapors.</b>	<b>Evacuate and secure the area. Provide first aid if needed. Call the Fire Department at 5484 .</b>	<b>Direct Fire Department to the area. Follow instructions and provide assistance as required.</b>	<b>Conduct post- incident assessment; Revise policies, procedures, and plans as required.</b>
<b>Staff Down (Code Yellow)</b>	<b>Staff needs immediate assistance</b>	<b>All available staff respond immediately.</b>	<b>Notify appropriate Personnel.</b>	<b>Conduct post-incident assessment;</b>
<b>Code Pink</b>	<b>Infant/ child abduction</b>			
<b>Bomb Threat (Code Black)</b>	<b>Bomb threat received or device discovered</b>	<b>Follow Code Black Plan</b>	<b>Notify CSH State Police</b>	<b>Conduct post-incident assessment</b>

**Appendix B: ESSENTIAL UTILITY SYSTEM FAILURE/PROBLEMS**

<b>FAILURE OF:</b>	<b>WHAT TO EXPECT:</b>	<b>WHO TO CONTACT:</b>	<b>RESPONSIBILITY OF USER:</b>
Computer Systems	System Down	Information Services 4193/4194 Help Desk 800-764-1017	Use backup manual/paper system
Electrical Power Failure: Emergency generator works	Some lights are out,; Only emergency outlets/receptacles work (Some building emergency generators will carry the full building load)	Engineering, 4162	Ensure that life support systems are on emergency power system; Ventilate clients manually if necessary; complete cases in progress ASAP; check flashlights and batteries.
Total Electrical Power Failure	Failure of all electrical systems (including emergency generators)	Engineering , 4162 and Respiratory Therapy, 5790	Use flashlights/portable lighting; hand ventilate clients; manually regulate IV 's; Don 't start new cases.
Elevators out of service	All vertical movement must be by stairwells	Engineering 4162 and all Managers	Review fire and evacuation plans; establish services on 1st or 2nd floor; Use carry teams to move critical clients and equipment to other floor.
Elevator stopped between floors	Elevator alarm bell sounding	Engineering 4162 and Fire Department 5484	Keep verbal contact with persons still in the elevator; let them know help is on the way.
Fire Alarm System	Fire alarm/ protection systems not operational	Engineering , 4162 and Fire Department 4291	Develop and implement Interim Life Safety Measures to include an hourly fire watch and an alternate method to report a fire.
Medical Gases	Gas alarms, No oxygen, Medical Air, or Nitrous Oxide	Engineering, 4162 Respirator Therapy, 5790	Hand ventilate clients, transfer clients if necessary, use portable Oxygen and other gases, and call for additional portable cylinders.
Medical Vacuum	No Vacuum; Vacuum systems fail and in alarm	Engineering, Respiratory Therapy, 5790	Call <u>ext. 5790 or 4162</u> obtain portable vacuum from crash cart; finish cases in progress; don 't start new cases.
Natural Gas: Failure or Leak	Odor; No flames on burners, Etc.	Engineering 4162 and Fire Department 5484	Open windows to ventilate; Turn off gas equipment; do not use any spark-producing devices or electrical equipment.
Nurse Call System	No patient contact	Engineering 4162 and Bio-medical Engineering	Use bedside client telephone; Move clients if necessary; Use bells; Detail a rover to check patients.

<b>Sewer Stoppage</b>	<b>drains backing up</b>	<b>Engineering 4162</b>	<b>Do not flush toilets, Do not use water.</b>
<b>Steam Failure</b>	<b>No building heat or hot water; Sterilizers inoperative; No laundry Services; Limited cooking.</b>	<b>Engineering 4162 and SPD</b>	<b>Conserve sterile materials and linens; provide extra blankets; prepare cold meals; Use chemical sterilization.</b>
<b>Telephones</b>	<b>No phone service</b>	<b>DOAS Telecommunications 445-1930</b>	<b>Use cellular phones where practical, 2-Way radios, Nextel radios, pay phones, Runners.</b>
<b>Water</b>	<b>Sinks and toilets inoperative</b>	<b>Engineering 4162, SPD, 6607, and Environmental Health 5303</b>	<b>Implement Interim Life Safety Measures if sprinkler system is inoperative; conserve water; use bottled water; use red bag liners in toilets; use alternative hand washing methods such as alcohol wipes. Be sure to turn off all faucets.</b>
<b>Water is contaminated</b>	<b>Tap water is unsafe to drink</b>	<b>Environmental Health, 5303, Engineering, 4162 Food Service, 4550, and all Managers.</b>	<b>Place Non-Potable water-Do Not Drink signs at all drinking fountains and sinks. Educate staff</b>
<b>HVAC</b>	<b>No ventilation, No Heating, no cooling</b>	<b>Engineering, 4162</b>	<b>Implement Interim Life Safety Measures if applicable; Open windows, obtain extra blankets if necessary; restrict use of odorous/hazardous materials.</b>

## **Appendix C:                    BUILDING EVACUATION PLAN**

### **SCOPE:**

The Building Evacuation Plan shall provide for the systematic total building evacuation of clients/residents in the event of natural or man-made emergency or disaster conditions. This plan shall be coordinated with the CSH Emergency Operations Plan and shall be activated through the CSH Command Post. The safety of the clients and residents shall be of utmost priority during practical exercises or actual emergency events.

### **OBJECTIVES:**

- ❖ Through training, evacuation drills, performance measures and program evaluation, the Building Evacuation Plan shall ensure that all clients, residents, visitors and staff can be safely and effectively evacuated from all ICFMR buildings.
- ❖ Every building housing ICFMR clients shall participate in a total building evacuation exercise once per year per shift.
- ❖ Special provisions shall be made for the evacuation of clients with physical disabilities
- ❖ A critique shall be conducted after each implementation of the plan to evaluate the effectiveness of the scope, objectives, and performance of the plan.

### **AUTHORIZATION:**

The CSH CEO/Designee shall authorize the activation of the Emergency Operations Plan and Command Post when required to assist in a total building evacuation. The CSH Leadership Team shall make available adequate resources in personnel, materials, and supplies to support the safe and effective evacuation of ICFMR clients.

### **PROCEDURES:**

- ❖ When emergency or disaster conditions exist which require the total evacuation of a building, the building supervisor/designee shall notify the CSH Police Department, providing explicit details of the emergency.
- ❖ The CSH Police Department shall immediately activate the emergency Operations Plan Command Post, and initiate the Command Post Call List.
- ❖ The Police Chief shall act as the Incident Commander until the CSH CEO/designee arrives.
- ❖ CSH Police Department and Baldwin County Fire Department shall establish a perimeter around the affected building to control traffic, prevent clients from wandering, and provide assistance to staff as needed.
- ❖ Emergency Medical Services (EMS) shall be notified as needed.
- ❖ The building supervisor shall organize building staff and initiate the evacuation of all clients, visitors, and staff.
- ❖ Direct care staff from other buildings shall report to the building supervisor for direction.
- ❖ Support staff from other buildings shall report to the CSH Police Chief for direction.

- ❖ Personnel from other areas of the hospital, as identified through the Command Post, shall be dispatched to the affected building. These personnel shall report to the building supervisor for instructions.
- ❖ All clients, visitors, and staff shall evacuate the building and assemble at the designated area of refuge. **ALL CLIENTS SHALL BE ACCOUNTED FOR.**
- ❖ In inclement weather, or if the evacuation will be prolonged, clients shall be further evacuated to the CSH Auditorium, or other designated shelter area.

**EMERGENCY COMMUNICATIONS:**

In case of a loss of telecommunications that would hinder the emergency evacuation, the emergency radio system shall be utilized.

**Appendix D: INFORMATION SERVICES EMERGENCY PROCEDURES**

**I. Downtime and Recovery Procedures for Computer System at CSH.**

**A. Purpose:**

To provide uniform guidelines and procedures to be followed to promote immediate and efficient response to scheduled or unscheduled system downtime.

**B. Definitions:**

LAN	Local Area Network
Computer	Desktop PCs, handheld PCs, servers, and laptop PCs.
Peripheral	Printers, PDA's, digital cameras, scanners, or any other device that attaches permanently or temporarily to a PC.
E-mail	Electronic mail received and sent via GroupWise or the internet
ISPE	Information Services and Performance Evaluation Department, including CSH's Data Management operations.
GETS	Georgia Enterprise Technology Services
Data Manager	The head of the Data Management Section of ISPE
Help Desk	A service entity contacted via a toll free number established to function as the clearinghouse for all end-user problems associated with computer equipment and software.
LAN Engineer	The head of the DDBH Services-IT operations located at CSH
DDO	Service Chief, Department Head or Office Director
Avatar	Main client database
System	Local PC, LAN, Novell operating system, GroupWise, BHIS, file server, Lab database, pharmacy database, or other source of electronic communication
Normal working hours	8 a.m. - 5 p.m., Monday through Friday
PC	Personal computer

## C. Scheduled Downtime

Scheduled downtime of one or more systems is sometimes necessary to perform routine maintenance, upgrades, and correct other issues. The following procedure is followed in the event scheduled downtime is required.

1. DBHDD Services-IT LAN Engineer contacts hospital Data Manager to explain the need for system downtime. The LAN Engineer also conveys which systems will be unavailable and the approximate length of time the systems will be down.
2. The Data Manager communicates with supervisory personnel in the areas that will be most effected by the downtime to determine the best time take the system(s) down.
3. The Data Manager and the LAN Engineer agree on a mutually convenient time to take the system(s) off-line.
4. The Data Manager sends an e-mail message to all employees who may be affected by the downtime to notify them of the reason and approximate length of time the system(s) will be unavailable.
5. The LAN Engineer sends out a Novell broadcast message about five minutes before the system will be offline to remind users of the downtime.
6. If the system is not back online in the estimated amount of time, the downtime then becomes unscheduled. Unscheduled downtime procedures will then be followed.

## D. Unscheduled Downtime

Unscheduled downtime is an uncontrolled event that occurs without prior planning. This downtime may occur automatically (if a wire is cut, for example) or manually (if DBHDD Services-IT must suddenly take the system offline to protect the database).

1. Downtime During Normal Working Hours  
Any computer problems encountered during normal working hours are to be reported to the Help Desk (877-482-3233). If a Help Desk technician is unable to resolve the problem over the phone, a ticket will be generated for local DBHDD Services-IT support. Local DBHDD Services-IT technicians on site will then work to resolve the problem.

If DBHDD Services-IT determines that the problem involves more than just an individual PC, the Data Manager is contacted. The Data Manager and DBHDD Services-IT technical support discuss the nature of the problem to determine who is to be notified, as well as how notification may be transmitted. DBHDD Services-IT will keep the Data Manager informed of the downtime status and progress made on bringing the system(s) back online.

Depending on which system(s) are affected by the downtime, the Data Manager will notify hospital staff using one of the following methods of communication. These methods are listed in the order of preference.

1. GroupWise e-mail
2. Novell broadcast message
3. Telephone

E-mail and Novell broadcast notification will go out to everyone connected to the LAN. Please see Attachment A for the Telephone Notification listing. This notification will consist of the nature of the problem, the systems affected, an approximate length of time the system(s) will be unavailable. Affected areas will also be notified to switch to a manual system for collecting data.

Once the system is back online, the Data Manager will notify users via the communication method available that is most appropriate at that time. All data collected manually will be entered into the system as soon as possible.

2. Downtime NOT During Normal Working Hours

Unscheduled downtime that occurs at times other than normal working hours is reported and handled differently due to the personnel on duty and the technical support available.

If a computer problem is encountered on the client care units, the user is to call the Admissions Office. If the Admissions Office is not experiencing any problems, the problem may be isolated to the individual user's PC. If this is the case, the user should report the problem to the Help Desk.

If the Admissions Office is also experiencing similar problems with a specific system (Avatar, for example), the problem should be called in to the Help Desk immediately.

Admissions Office staff should also send an e-mail message or call the Data Manager stating the problem experienced, date and time the problem occurred, who was contacted, and when the problem was resolved. The Data Manager will follow up on this report on the next working day.

If the help desk determines the problem to be of a serious and far reaching nature, the LAN Engineer or support technician will call the Data Manager at home to discuss the problem and the best resolution.

Once the system is back online, users will then be notified via the communication method available that is most appropriate. All data collected manually will then need to be entered into the system as soon as possible.

**E. System Backups**

System backups are performed on a routine basis for each major system. DBHDD Services-IT personnel are responsible for performing backups and storing backup tapes. In the case of the Lab system (SunQuest), the Lab supervisor at Central State Hospital is the statewide system administrator. As such, the CSH Lab supervisor performs system backups and stores the tapes for the Lab system. The LAN Engineer will restore backup tapes as requested and appropriate. The Data Manager serves as the hospital liaison to coordinate these requests.

**F. Disaster Plan**

In the event of a serious disaster, DBHDD Services-IT personnel are responsible for coordinating switching over to redundant disk drives or alternate servers as appropriate. The Data Manager serves as the hospital liaison to receive communication from the LAN Engineer and to pass information on to hospital personnel as appropriate.

## **APPENDIX E: BUSINESS CONTINUITY PLANS**

Plant Operations Department

Business Continuity Plan

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6. Plant Operations Department's *Disaster Manual/Emergency Preparedness Plan*

## 1. Introduction

Central State Hospital Plant Operations Department's Business Continuity Plan supplements Central State Hospital Emergency Operations Plan 8.01. The purpose of this document is to provide a plan for minimizing loss of essential Plant Operations Department services related to potential unanticipated interruptions. General procedures for implementing emergency plans are covered by the Plant Operations Department's *Emergency Preparedness Manual* (copy is provided in Appendix A). The Plant Operations Department's Plan provides information about each utility system, motor transport, and covers Plant Operations support issues related to food service, pharmacy, safety and security, staffing, and communications. Section 5 of this report summarizes conclusions about the Plant Operations Department's readiness, and provides recommendations for coordination with other CSH departments.

### 1. Utilities

#### 2.1 Water Service

##### 2.1.a Water Service Existing Conditions

Water is supplied by the City of Milledgeville, and is pumped by the City to CSH's two bulk ground storage tanks. The net available capacity of these tanks is an estimated 1.25 million gallons. Currently, CSH typically uses from 1 to 1.5 million gallons of water per day. From the bulk tanks, water is pumped to elevated tanks by CSH equipment located in the pumping station behind the Jones Building. The pumping station houses several electric pumps and two diesel pumps (with 500 gallons total of local fuel storage). The diesel pumps are old, but are test-operated weekly, and provide two levels of backup. Elevated storage tanks provide proper water pressure for domestic water service and fire service, so the volume of these tanks should not really be considered as available for use except in the event of a fire.

For information, a summary of elevated tanks follows:

Veterans Complex	200,000 gallons
Kidd (Medical/Surgical Hospital)	250,000 gallons
Binion Building	200,000 gallons
Powell Building	150,000 gallons
Colony Farm	<u>100,000 gallons</u>

**Total elevated storage is 900,000 gallons**

##### 2.1.b Water Service Interruption Scenarios and Plans

Water service to CSH could be interrupted by either loss of supply from the City or loss of electricity from Georgia Power (or CSH's distribution system).

If we lost electricity service only, then one of the two back-up diesel pumps would ensure continued water service. Plant Operations staff would be present to ensure proper pump operation and that fuel is available.

If we lost water, then a strict conservation plan would need to be put into place. This plan would limit water usage to food service, steam plant make-up, and minimal usage required for hygiene, toilets, infection control and sanitation.

The estimated daily water consumption for Steam Plant make-up is 50,000 to 100,000 gallons per day. Under worst-case conditions, the Central Steam Plant could use up to 700,000 gallons in seven days, thus leaving an allowance of 300,000 gallons for Food Service, hygiene, etc.

Note: This is based on steam plant loads of 50,000 (winter average) to 70,000 (winter peak) pounds per hour and 50% - 65% condensate return. The normal make-up water rate for the steam plant is about 40,000 to 50,000 gallons per day. In the event of a campus-wide power failure, in buildings where condensate pumps are not tied into emergency generators, steam to these buildings would need to be isolated (or substantially reduced) in order to minimize water losses by lack of condensate return.

If we lost both water and electricity, then both of the above plans would take effect.

### **2.1.c Water Service Actions for Preparedness**

It is very important to note that in a water conservation mode (or with loss of electricity); CSH would be without central laundry services. A seven-day supply of clothing, linens, etc. should be available for preparedness.

Further, water use for hand washing, bathing, and toilets would be severely limited. Plans and provisions for hand sanitizing, bathing alternatives, and infrequent toilet flushes should be available.

Ensure that bottled drinking water is provided for CSH, Veterans, and GDC staff and clients.

At 0.5 gallons per person per day, a seven-day supply for CSH clients (1,200) and staff (2,500) corresponds to 13,000 gallons. Veterans and GDC would need to provide their own bottled water.

Conduct emergency training drills at the water pumping station to ensure staff know how to operate emergency (diesel) pumps. These drills have been completed.

Have diesel pumps inspected by outside contractor (engine specialist).

Ensure that diesel pump fuel tank is maintained full.

Have bulk storage tanks cleaned by outside contractor.

## **2.2 Sewer Service**

### **2.2.a Sewer Service Existing Conditions**

Sewer service is provided by the City of Milledgeville. Sewage leaving CSH facilities flows by gravity to pumping stations, and is then pumped back to the City, or flows by gravity back to the City's treatment facility.

### **2.2.b Sewer Service Interruption Scenarios and Plans**

Sewer service to CSH would be interrupted by failure of the City's sewage treatment facility or loss of electricity to power lift pumps.

If we lost electricity service only, then sewage from the central campus would still flow by gravity to the City. The City's sewage lift station is equipped with a backup power generator, so sewage service should not be affected.

If the City lost its ability to receive sewage, then a waste minimization program would take effect. This would involve reduction of water use as provided in the water conservation plan in Section 2.1.

## **2.3 Electricity Service**

### **2.3.a Electricity Service Existing Conditions**

Georgia Power Company supplies electricity to CSH's main substation. From this point, operation and maintenance of the distribution system is by CSH.

### **2.3.b Electricity Service Interruption Scenarios and Plans**

In the event of a Georgia Power or CSH system failure, then the following emergency generators are available:

<u>Building</u>	<u>Service</u>
Allen	Full building load
Binion	Life-Safety circuit only
Boland	Full building load
Boone	Full building load
Central Kitchen	Full building load
Cook	Partial building load (Control Room & Life Safety)
DDD Offices	Life-Safety circuit only
Freeman	Full building load
Howell	Partial building load

Kidd	Full building load
NHC No.1	Full building load
Police Dept.	Full building load
Powell	Partial building load
Steam Plant	Full building load
Wood	Life-Safety circuit only

Buildings with full-load generators would have all normal electricity-based services, although use of lighting and all other equipment should be minimized in order to conserve diesel fuel. Assuming that generators in CSH (not Veterans or GDC) facilities are in operation under normal load conditions, approximately 3,000 kW of emergency power would consume about 5,000 gallons per day of no. 2 fuel oil. With 120,800 gallons of fuel on site, we would be able to generate emergency power for about 24 days (assuming no other demand for heating/generator fuel oil). This would require access to central plant boiler fuel, and equipment available to pump fuel from these tanks.

Buildings without full-load generators would not have air distribution capabilities, and thus for all practical purposes would lose their space heating systems. These buildings could continue to be occupied until temperature conditions exceed CSH policy limits.

A list of CSH facilities that have **no emergency power backup** follows:

- Alpha House
- Auditorium
- Ballfield Restrooms
- Chapels (all)
- Colony Pond Pavilion
- C&A Activity
- Dental Clinic
- Elevator Shop
- EWAC
- Gamma House
- HVAC Shop
- Laundry
- Lawrence
- Museum/Depot
- Post Office
- Pump Station\*
- Rivers Pavilion
- Staff Apartments
- Staff Dormitories
- Yarbrough
- 1 and 2 Pine Knoll
- 11, 13, 14, 15 and 16 Broad St.

- All other staff housing, including single-family residential dwellings capabilities
- Any other facility not shown to have emergency power

Diesel pumps are provided for backup in the main water pumping station.

### **2.3.c Electricity Service Actions for Preparedness**

Ensure that all emergency generators are in best possible working condition, have been load-tested if necessary, spare parts are available, and that all fuel storage tanks are maintained full.

Have generators inspected by outside contractor (engine specialist).

## **2.4 Natural Gas Service**

### **2.4.a Natural Gas Service Existing Conditions**

CSH receives natural gas from a third party through Atlanta Gas Light's pipeline system. A contract is in place for monthly purchases of natural gas.

### **2.4.b Natural Gas Service Interruption Scenarios and Plans**

In the event of a natural gas system failure, then the following alternative fuels and systems are available:

The Central Steam Plant boilers can operate on natural gas, wood and diesel fuel. Wood fuel storage capacity provides boiler fuel for about seven days, and additional wood supplies should be available. Approximately 90,000 gallons of fuel oil are available in underground and day tanks, providing an additional five to seven days of heating fuel.

The rest of the central campus is served with heating fuel by a propane-air facility, with a net capacity of 48,000 gallons of propane. This supply would serve the non-steam-plant operations of the central campus for 2 to 3 weeks. It could also be used as a last resort to provide fuel for central plant boilers.

The Kidd Building has 22,500 gallons (net) of fuel oil that would be able to provide heating for at least 7 days (one boiler uses

120 gallons per hour under peak conditions), or heating and electricity (during a simultaneous power outage) for about 4 days. Note that additional fuel oil is available from other storage tanks (see Section 2.5).

Additionally, Kidd & EWAC have a propane-air facility with a net capacity of 24,000 gallons (installed primarily to serve EWAC) that could provide additional boiler fuel to the Kidd Building as a last resort. This amount of propane would provide fuel for Kidd boilers for

approximately 5 days under peak conditions (with service to EWAC isolated).

#### **2.4.c Natural Gas Service Actions for Preparedness**

Ensure that all backup fuel tanks and supplies are maintained full (propane, fuel oil, and wood).

### **2.5 Fuel Oil**

#### **2.5.a Fuel Oil Service Existing Conditions**

CSH stores no. 2 fuel oil in several underground storage tanks for heating (space and domestic hot water), emergency generators, and motor transport vehicles. A list of tanks is as follows:

<u>Building</u>	<u>Tank Capacity (gallons) and Service</u>
<b>Allen</b>	<b>2,500 - generator fuel</b>
Boland/C&A	600 - generator fuel
Boone	2,500 gallons - generator fuel
<b>Freeman</b>	<b>2,500 gallons - generator</b>
Powell	600 gallons - generator
<b>NHC #1</b>	<b>560 gallons – generator</b>
Motor Transport	6,000 gallons – vehicle fuel
Kidd	<u>25,000 gallons – heating and generator</u>

**Total on-site storage is 140,260 gallons (gross capacity)\***

\* This corresponds to net capacities of 120,800 gallons of non-vehicle fuel and 5,400 gallons of vehicle fuel.

Please note that the no. 2 fuel oil contained in the tank at Motor Transport is low-sulfur fuel. Although it is more expensive than regular heating oil, it can legally be used for boilers and generators if needed. The no. 2 fuel oil in the other tanks, however, cannot legally be used for fleet vehicles since it does not meet sulfur limits for vehicles and appropriate road taxes have not been paid.

#### **2.5.b Fuel Oil Service Interruption Scenarios and Plans**

In the event of the unavailability of fuel oil from local or other suppliers, then the following alternative fuels and systems are available:

If the Central Steam Plant has depleted or is unable to use all available wood and natural gas, and if fuel oil is not available or is being reserved for emergency power generators, then the central propane facility could be used as a last resort to provide fuel for central plant boilers.

Please note, however, that the central propane facility, when full, would provide a three-day supply for central plant boilers.

The Kidd Building has 22,500 gallons of fuel oil that would be able to provide heating for 7 days, or heating and electricity (during a simultaneous power outage) for 4 days. If natural gas is available, then Kidd boilers would operate on natural gas, leaving enough fuel oil for 10 days of operation of Kidd generators (during a simultaneous power outage). Note that fuel would likely be available from other on-site tanks.

Additionally, Kidd & EWAC have a propane-air facility with a net capacity of 24,000 gallons (installed primarily to serve EWAC) that could provide additional boiler fuel as a last resort.

### **2.5.c Fuel Oil Service Actions for Preparedness**

Ensure that all fuel tanks, and back-up fuels are maintained full (propane, fuel oil, and wood).

## **2.6 Wood Fuel**

### **2.6.a Wood Fuel Service Existing Conditions**

CSH stores receives and stores wood fuel for use in central plant boilers. A seven-day fuel supply is provided when the storage facility is full. All wood receiving equipment and wood boilers are provided with emergency power, so the central steam plant could meet approximately 75% of its peak steam load with wood alone.

### **2.6.b Wood Fuel Service Interruption Scenarios and Plans**

In the event of the unavailability of wood, then the following alternative fuels and systems are available:

The Central Steam Plant can operate on natural gas and fuel oil as described in previous sections.

### **2.6.c Wood Fuel Service Actions for Preparedness**

Ensure that wood boiler system is ready for extended operation.

Ensure that wood storage shed, and other bulk steam plant fuels are maintained full (propane and fuel oil).

## **3. Motor Transport**

During an emergency mode, normal daily transportation activities would cease, thereby freeing numerous vehicles for emergency use. The existence of both gasoline and diesel vehicles provides another level of backup.

The existing 6,000 gallons of diesel fuel and 10,000 gallons of gasoline provide vehicle fuel for a few weeks of foreseeable operation.

### **3.1 Motor Transport Actions for Preparedness**

Ensure adequate inventory of spare parts exists.

## **4. Other Important Issues**

### **4.1 Food Service**

Provision of utilities to all CSH facilities is covered in previous sections. In consideration of the fact that Food Service Operations will have a 7 to 10 day supply of food available, the most critical issue is ensured refrigeration. CSH Plant Operations will ensure that adequate fuel is available for the Central Kitchen generator in the event of a power outage.

If we lose water, then Food Service would be asked to minimize the use of water to the fullest extent possible without affecting food safety. Similarly, if the City's sewage treatment plant fails, we would need to minimize sewage.

During an electricity outage, facilities not equipped with emergency generators (see Section 2.3) would not be able to re-heat foods in these respective buildings (Howell and Powell). Refrigeration in these facilities would also be affected.

### **4.2 Pharmacy**

In the event of a power system failure, it is proposed that pharmaceutical items requiring refrigeration be relocated to a facility with a full-load generator (see Section 2.3).

### **4.3 Safety and Security**

Emergency Safety and Security issues related to Plant Operations and Maintenance are covered in the Plant Operations Department's *Emergency Preparedness Plan*.

### **4.4 Staffing, Equipment and Materials**

CSH Plant Operations Department designated personnel will be provided with an emergency kit, including items such as: flashlight, rubber boots, rain suit, batteries, hardhat, spotlight for vehicle, various hand tools (screwdrivers, channel locks, adjustable wrench, bolt cutters, etc.), maps of utilities systems (including building system cut-off diagrams), and campus road maps with buildings clearly identified.

Ensure that an adequate inventory of spare parts, water treatment chemicals (for steam plant and HVAC systems), flashlights, batteries etc. are available in Plant Operations Warehouse or other appropriate location.

Call trees are discussed in Section 4.5.

## **4.5 Communications**

### **4.5.a Equipment**

Communications equipment available for use during possible interruptions includes campus telephones, Plant Operations Department's Nextel radios, Command Post Nextel radios, and the CSH emergency radio system. Use of these systems for emergency communications is covered in the Plant Operations Department's Emergency Preparedness Plan provided in Appendix E of this plan.

### **4.5.b Call Trees**

Internal and external call trees will be established for contact with all utilities suppliers, emergency power generators, key CSH Plant Operations staff, and key *non-Plant Operations* staff.

External contacts include:

- Georgia Power
- Atlanta Gas Light, Natural Gas Distribution Co.
- Brent Phelts, Natural Gas Purchasing Consultant
- Natural Gas Suppliers
- City of Milledgeville Water & Sewer Departments
- Baldwin County Fire Department
- Wood Suppliers
- Fuel Oil Suppliers
- Cummins South (generators)

Internal call trees for Plant Operations personnel will include up-to-date names, addresses (with detailed directions to homes), phone nos., and call tree procedures.

CSH campus call trees will need to be updated and coordinated.

## **5 Conclusions & Recommendations**

Upon completion of action items described herein, it is believed that the CSH Plant Operations Department will be well-prepared for possible interruptions.

Utility outages beyond CSH control are covered by backup plans.

Most plans involve some degree of conservation or even possible evacuation of facilities.

Detailed administrative plans for water conservation must be available.

CSH Environment of Care Team and the hospital Leadership Team annually review this plan and consider the impact of possible outages of electricity and/or space heating.

It is important to note that in the event of a power failure, there would be many facilities (such as personal care homes and staff housing) that would not have space heating. These facilities are identified in Section 2.3.b. The Howell Building, Freeman Building and Binion Building would be able to accommodate approximately 400 persons, providing space heating and emergency lighting. CSH Administration will need to determine how the capacity of these Buildings could be utilized for housing evacuated clients and staff.

## **BOBBY E. PARHAM FOOD SERVICE FACILITY CONTINGENCY PLAN**

**POLICY:** The Bobby E. Parham Food Service Facility will continue to provide meals for customers during a potential disaster.

**PURPOSE:** To ensure that customers are provided meals during an emergency situation.

**STANDARDS:**

1. The Bobby E. Parham Food Service Facility will maintain a seven-day supply of perishable food and a seven-day supply of non-perishable food.
2. A 30-day supply of enteral products will be maintained at all times at the Food Service Facility.
3. A seven-day supply of disposable food plates and utensils will be kept in the warehouse for use in case of an emergency.
4. The Bobby E. Parham Food Service Facility will maintain an emergency plan for unexpected emergencies.

**PROCEDURES:**

**I. DISASTER ON THE CENTRAL STATE HOSPITAL CAMPUS**

- A. Immediately after becoming aware of a problem with power outage, refrigeration or retherm operations, the receptor site personnel will notify the Food Service Facility.
- B. During normal working hours, food intended for the meal following a power outage will be immediately picked up by the vehicle operators and transported to the Bobby E. Parham Food Service Facility.
- C. Food service personnel will retherm the food to 165 degrees and transport back to the building observing all food safety and holding guidelines.
- D. Depending on am or pm meals, cold items such as cereals or cold cuts will be utilized if the power outage is widespread.
- E. During non-working hours, the on-call administrative person will assemble a contingency of staff members, and same procedures will be followed for retherming meals.

**II. DISASTER ON A REGIONAL HOSPITAL CAMPUS**

- A. Immediately after becoming aware of a potential disaster, the receptor site personnel will notify the Bobby E. Parham Food Service Facility.
- B. Based on type of disaster, the Directors of Dietary Services at the Regional Hospital and the Bobby E. Parham Food Service Facility will develop a plan for meal service for clients.
- C. If the Regional Hospital clients are evacuated to the Central State Hospital campus, the Bobby E. Parham Food Service Facility will provide meals.