BRONX PSYCHIATRIC CENTER
EMERGENCY MANAGEMENT PLAN

Bronx Psychiatric Center
Environment of Care Committee
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Approved: April 1, 2002

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INTRODUCTION

Policy

A. Purpose of the Emergency Management Plan

1. The purpose of the Emergency Management Plan is to set forth the procedures to be activated in the event of a disaster or emergency, which will ensure the safety of our patients, staff and visitors. The plan will maintain the vital operations of the hospital and the functions of its various departments and will assign specific responsibilities to staff members.

   The facility's comprehensive emergency management plan is a flexible plan based on the incident command system and establishes the following:

   a. Mitigation

   b. Preparedness

   c. Response
      1. Declaration of a Disaster
      2. Incident Command System
         a) Command Post
         b) Operations Post
         c) Communications
         d) Public Relations
         e) Conclusion of Emergency Situation

   d. Recovery
      1. Critical Incident Stress Debriefing
      2. Evaluation and Improvement

B. Definition of an Emergency

1. An emergency is defined as a condition, under which the normal operations of the facility or community are threatened, and the health, safety, or the security of the patients, staff, visitors and/or community, and the buildings and grounds of the facility are in jeopardy.

2. The Environment of Care Committee utilizes a hazard vulnerability assessment and federal emergency management guidelines to identify emergencies that are

   most likely to occur. Possible emergencies are given numerical values. These numerical values were compiled to predict the possibility of occurrence and possible severity of these emergencies. Emergency operation plans are then completed for those emergencies with a high-enough numerical value.

3. All of the emergency operations plans are designed under the Comprehensive Emergency Management format. They share the same common activities in three out of the four phases of emergency management. These stages are addressed here and are universal throughout the specific plans. The one stage that may vary according to the emergency is the response stage.

   a. Mitigation

   Mitigation activities are those activities that actually eliminate or remove the chance of occurrence or the effects of an emergency situation (disaster). These are more commonly known as the steps to take to prevent an emergency situation, or at the very least reduce the damaging impact for those emergency situations that cannot be prevented. The facility utilizes standard ways of mitigating the effects of emergency situations. Any new construction is done according to applicable building and fire prevention codes, along with the NFPA Life Safety Code #101. Renovations are also completed according to these codes. Any area or building that has shown a history of being susceptible to the effects of emergencies are reviewed for renovations that can eliminate the problems or the effects thereof. All buildings and areas are maintained in the best possible conditions so as to eliminate or lessen any effects of emergencies.

   b. Preparedness

   Preparedness actions are those utilized for planning how to respond in case an emergency occurs and working to increase the availability of resources in order to respond effectively. These activities are designed to help save lives and minimize damage by preparing people to respond appropriately when an emergency situation is imminent. The emergency operation plans that are completed are the end product of preparedness.

Bronx Psychiatric Center utilizes a multiple approach to prepare for emergency situations. The primary approach is training. Employees are trained on the roles they may be expected to fulfill during an emergency situation. The Incident Command System has been implemented at the facility. Those employees expected to fill roles within this system are trained in the use of the Incident Command System. Drills are held to test preparedness to handle these

situations. These include emergency operations drills (disaster drills) and fire evacuation drills. Annually, training is given on fire prevention and topics related to safety, including the Right-to-Know Law and Patient Safety. Resource lists are maintained at the offices of the Chief Safety Officer and Plant Superintendent. These lists are updated at least semi-annually to assure accuracy. Finally, the facility engages in an inspections system to regularly check the building conditions and maintenance.

c. Response

Response activities occur during and immediately following an emergency situation. They are designed to provide emergency assistance to victims of the event and reduce the likelihood of secondary damage. Response is generally divided into three categories - people oriented, property oriented, and damage assessments.

Bronx Psychiatric Center uses a set of guidelines for handling specific emergency situations and can be found in this Emergency Management Plan. These plans are used as a stand-alone guideline, in unison with other specific guidelines or with the general plan. All of these plans utilize the Incident Command System, along with the Notification of an Emergency Situation flow chart (**see Appendix**). Certain employees within the facility have been given the authority to intervene in situations that may pose a threat to life or property (**see Appendix - Immediate Threat to Life**).

The ultimate goal during the response phase is to provide emergency care to individuals in need. Other areas of endeavor are to protect people from further harm and to protect and stabilize the infrastructure of the facility.

d. Recovery

Recovery actions are those actions that continue until all systems return to normal or near normal. These actions take place after emergency assistance has been completed. Recovery is broken down into two categories: short-term and long-term recovery. Short-term recovery returns vital life support systems to minimum-operating standards. Long-term recovery may go on for years until the entire affected area is completed redeveloped either as it was prior to the emergency situation or developed to new standards.

The recovery phase is often the most overlooked phase of emergency management. This is when lives and property are brought back to a state as

close as possible to what it was prior to the emergency situation. This phase can take the most time to complete. It also tends to blend into the mitigation stage during the latter stage. This section is broken down into two main categories: people and property. The recovery work for people is usually completed by use of Critical Stress Debriefing. The facility has employees on staff who are trained to defuse situations and complete debriefings. Bringing the infrastructure back to the condition it was in prior to the emergency is usually what extends into mitigation.

The Environment of Care Committee will critique all emergency situations. A summary of the critique, along with any recommendations, will be routed through the Safety Program and Quality Management process.

1. Critical Incident Stress Debriefing

   The facility understands that a major part of recovery is the well being of employees affected by the emergency situation. In order to accomplish this, a Critical Incident Stress Debriefing team has been set up as part of the Safe and Therapeutic Environment Plan to work with employees and their families when necessary.

2. Evaluation and Improvement

   The Environment of Care Committee will critique all emergency situations. A summary of the critique, along with any recommendations, will be routed through the Safety Program and QM Process.

e. Staff Responsibilities

Staff are expected to carry out their normal duties in the event of an emergency situation. Direct Care staff, which includes physicians, nurses, and unit staff, will supply care to the recipients. Health Information Management (Medical Records Dept.) staff will maintain accurate records and maintain the security of these records. Pharmacy staff will supply required pharmaceuticals to the recipients.

All staff may be asked to perform duties outside the normal realm of their work. These duties will generally be of short duration and necessitated by the emergency. The care of our recipients and staff are of the utmost concern.

C. Activation of the Emergency Management Plan

1. Any condition that may impair the delivery of hospital services will activate the Emergency Management Plan. To report an emergency situation, extension 2333 must be called. The Safety Department will answer the call 24 hours per day, seven days per week.

2. If the reported emergency dictates emergency medical personnel response as indicated, the caller should also inform the Safety Department of the medical emergency during the initial call to extension 2333.

3. Activation of a medical emergency is by code 4040. See the Medical Emergency Procedure in the Emergency Medical System manual.

4. Once the call is made to extension 2333, the desk officer informs the Chief Safety Officer, or designee, and also informs the Plant Superintendent, or designee, of the emergency situation.

5. The Chief Safety Officer and the Plant Superintendent, or their designees will respond to the scene, assess the situation, and contact the Director for Administration (DFAS), or designee.

6. Upon designating a current situation as an emergency, the Incident Command Post will be activated and convened in the DFAS's office. Cabinet level staff assigned to the post will assume their responsibilities.

7. Should an emergency occur after normal business hours, the Senior Nurse Administrator in conjunction with the Senior Safety Officer will assume the role of the Incident Command Post at the Safety Department, until relieved by cabinet level personnel.

TELEPHONE SWITCHBOARD – NOTIFICATION OF KEY STAFF

Policy

A. Once a disaster has been declared, the switchboard operators will notify the following staff by telephone and/or pager, upon the notification from the DFAS and the Incident Command Post:

1. Executive Director*	3100
2. Associate Director*	2527
3. Clinical Director*	2264
4. Director of Program Operations*	3355
5. Director of Quality Management*	2105
6. Director of Community Services*	3279
7. Director of Volunteer Services	2236
8. Director of Medicine	3133
9. Director of Psychiatry	2841
10. Director of Resource Management	2651

*Will be asked to report to the Incident Command Post

B. If the emergency occurs after normal business hours, the above staff in addition to the DFAS are to be contacted at home. Private telephone numbers are on file with the operators at the switchboard.

C. The switchboard operators, as directed by the Incident Command Post, or as requested by the individuals at the scene, will also notify outside emergency services, such as the New York City Police and Fire Departments, and the Emergency Medical Services of the City of New York, through the 911 emergency operators.

TELEPHONE OFFICE
NOTIFICATION CHECKLIST

STAFF NAME	EXTENSION	TIME CALLED	COMMENTS
Executive Director	3100		
Associate Director	2527		
Clinical Director	2264		
Director of Program Operations	3355		
Director of Quality Management	2105		
Director of Community Svcs	3279		
Director of Volunteer Services	2236		
Director of Medicine	3133		
Director of Psychiatry	2841		
Director of Resource Mgmt	2651		
NYC Emergency Services (Police, Fire, Ambulance)	911		

INCIDENT COMMAND SYSTEM

Establishment of Command Posts

A. Incident Command Post

1. Incident Command Post Location

   When an emergency situation as defined in this manual has been declared, an Incident Command Post will be set up. The Command Post will be physically located in the Director for Administration's (DFAS) office, which is in the Rehab Building, Second Floor, Room 202.

   The DFAS, who will be known as the Incident Commander, will staff this Command Post with other administrative staff that will include: Executive Director, Associate Director, Clinical Director, Director of Program Operations, and the Director of Quality Management. The Incident Command Post will be responsible for the total coordination of all clinical and support services during the period of the emergency. If the emergency is in the Rehab Building, the Incident Command Post will be relocated to the Psychiatry Department Conference Room in Building #1.

2. Incident Command Duties

   The following steps will be taken by the Incident Command Post following the designation of an emergency situation, if necessary:

   a. Convene the Sub-Command Post and alert them to the nature of the emergency.

   b. Notify the OMH Central Office.

   c. Close all Admissions, if clinically and operationally necessary.

   d. Notify the Safety Department and initiate the necessary precautions to safeguard the patients, staff, and property.

e. Alert community resources (local, state, city, and voluntary hospitals) regarding the emergency situation, the possible effect of the no-admission policy on their hospitals and the possible transfer of patients to their facility.

f. Deploy professional staff from less essential programs to Sub-Command Post for reassignment to inpatient units. All outpatient clinics will be closed and staff assigned to inpatient units if the disaster warrants this action. The Director of Community Services, or designee, will make the notification to the outpatient areas.

g. Assign non-professional staff from less essential areas, such as clerical offices, to Sub-Command Post to ensure adequate support services such as communication, food service, housekeeping, etc.

h. Make an assessment of all available space within the facility to determine its appropriateness for alternate uses during the emergency.

i. Begin the process of discharge and transfer of patients if indicated.

B. Operations Post (Sub-Command Post / Safety Department)

The Incident Commander will designate a staff member as the Operations Officer. The Operations Officer will be in charge of the Operation Post, designate a strategic location (Safety Headquarters) and request/assign staff as needed. (Refer to the Emergency Situation Plan Flow Chart). The Operations Post is where field information on the emergency situation is gathered and the plan of action is carried out. The Operations Post will have direct communication through telephone or radio with the Incident Command Post and with staff in the field in order to relay pertinent information in a timely manner. There should also be a scribe at the Operations Post to record information and actions taken.

1. Sub-Command Post

a. The Sub-Command Post will be physically located at the Safety Department, located on the first floor of Building #2. Safety Department personnel and the Director of Nursing, or designee will staff this Command Post.

b. The Sub-Command Post will be responsible for the total coordination of the health and security of the patients in each building. The Senior Safety Officer and the Director of Nursing, or designees, will be the designated staff responsible for the total coordination of the activities of the Sub-Command Post, and will determine in conjunction with the Incident Command Post the need for patient evacuation and/or treatment.

2. Sub-Command Post (Backup – Work Control Center)

This site will be used as an alternate location in the event that Building #2 is totally evacuated. This Sub Command Post will physically occupy the offices of the Plant Superintendent located in the Work Control Center. This Sub Command Post will be staffed by a Senior Safety Officer, Director of Nursing designees, as well as supervisory staff from Work Control.

3. Once an emergency has been declared, the Chief Safety Officer, and if necessary, the Plant Superintendent are to immediately report to the scene of the emergency. They will remain at the site, and be in total communication with the Central and Sub Command Posts, as well as the communication systems at Work Control and Safety.

4. Upon designation of an emergency, and following the convening of the Incident Command and Operations Posts, the Operations Post will:

a. Make a rapid assessment of the personnel and support service needed for the affected site(s).

b. If instructed by the Incident Command Post, the following actions will take place:

1. Inventory from Central Medical Supplies will be reported.

2. The Nursing Care Coordinators will provide a complete census.

3. Dietary will provide an inventory of food supplies.

4. The Director of Pharmacy Services will report pharmacy inventory to the Clinical Director.

5. The Director of Volunteer Services will provide a roster of available volunteers if deemed necessary.

5. Personnel Pool

a. The Director of Resource Management will be responsible for establishing a pool to assist in the disaster.

b. The following department staff shall report to the Personnel Department, sign in, and await instructions:

1. Housekeeping
2. Business Office
3. Quality Management (Building #2 staff)
4. Staff Development
5. Other staff as designated by the Incident Command Post

INCIDENT COMMAND POST CHECKLIST

NOTIFICATION OF ACTION NEEDED	YES	NO	COMMENTS
Dietary			
Housekeeping			
Pharmacy			
Central Supply			
Storehouse			
Volunteer Services			
Personnel Pool Activation			
OMH Central Office			
Cancellation of Disaster Plan			

6. Public Relations

   a. The DFAS or designee will be responsible for any information provided to outside sources. No other employees are authorized to release information

7. Conclusion of the Emergency Situation

   a. An emergency situation can only be concluded by the Incident Commander, and in his absence, by the Chief Safety Officer or the Plant Superintendent. The Command Post will ensure that all persons involved oraffected by the emergency situation are notified of the conclusion.

EVACUATION - FACILITY

Policy

The Incident Command Center will be responsible in declaring a state of emergency at the Facility. If there is a need for a partial/total evacuation,both Command Posts will be set up according to this Emergency Management Plan.

The Office of Mental Health has designated Creedmoor Psychiatric Center as the 1º and Rockland Psychiatric Center as the 2º receiving sites in case BPC has to undertake a total evacuation. OMH Central Office, the NYC Field Office and the Hudson River region Field Office, as well as the two receiving facilities will be notified in case the decision for a total facility evacuation is reached by the BPC Incident Command Post.

Procedures

A. Evacuation Plan

1. Evacuation of wards will be initiated only upon an order from the Incident Command post and/or in conjunction with uniformed emergency personnel. If fire or smoke is present, patients, staff, and visitors shall evacuate asin fire drills, and do not need to await instructions from the Incident Command Post.

2. The priority for moving patients for evacuation is:

   First: All ambulatory patients (never leave them alone).

   Second: Geriatric patients.

   Third: All wheelchair and stretcher patients.

3. The preferred route for evacuations is horizontal movement. If horizontal evacuation cannot be implemented, vertical evacuation will occur.

4. The Ward Charge, or alternate, will collect the hourly check sheet with all patients' names and check to see that all patients are accounted for and are safe. A staff member, if possible, shall recheck the ward areas to ensure that all patients have been evacuated. Staff members must remain with the patients at all times. During evacuation of patients down stairwells, one staff is to lead the group; at least one staff member is to monitor the movement of patients down the stairs,

and one staff member must remain at the end to remove patient records and to secure the doors. Elevators are not to be used unless instructed by Safety, or other uniformed emergency personnel.

5. Wards housing geriatric patients pose a particular problem during an evacuation. In an emergency, any available Nursing staff, as determined by the appropriate department head, will report to Sub Command Post. From there they will be dispatched to assist Nursing staff in evacuating wheelchair, elderly and incapacitated patients.

6. All patients must be adequately protected from existing weather conditions (use sheets and blankets as necessary) prior to being escorted to an outdoor staging area. After regular working hours, emergency clothing can be obtained from the Boutique by obtaining the key from the Safety Department, as needed.

7. Upon arrival at staging areas, clinical evaluation will take place for all patients in order to determine the most appropriate transfer site. Transfer sites to other OMH facilities will be determined with the assistance of OMH's Disaster Preparedness liaison.

8. All sensitive items, e.g. medical records, checks, money, medication, etc. should be secured, if possible.

9. Upon direction from uniformed personnel, all medical records shall be removed from the building, if a total evacuation should occur.

B. Evacuation Routes

1. Building 2

All stairwells in Parker Building are designated by the numbers 1 through 5 above the doors.

Wards 2, 6, 10, 14, and 18 are to use Stairwell #1. Upon arrival on the first floor, all patients and staff are to proceed to the nearest exit door.

Wards 4, 8, 12, 16, and 20 are to use Stairwell #2. Upon arrival on the first floor, all patients and staff are to proceed to the nearest exit door.

Wards 1, 5, 9, 13, and 17 are to use Stairwell #3. Upon arrival on the first floor, all patients and staff are to proceed to the nearest exit door.

Wards 3, 7, 11, 15, and 19 are to use Stairwell #4. Upon arrival on the first floor, all patients and staff are to proceed to the nearest exit door.

If any of the above stairwells become unusable, Stairwell #5 (Center Stairwell) may be used.

Geriatric Wards and Intensive Diagnostic & Treatment's Ward 6, will be directed to separate Rehab Building program rooms. All other evacuees from Building 2 will be directed to the auditorium and remaining classrooms in the Rehab Building. If necessary, the auditorium at Bronx Childrens Psychiatric Center can be used.

2. Building 1
All stairwells in Thompson Building are designated by the numbers 1 through 3 above the doors:

Wards 21 & 22 are to use	Stairwell #3
23 & 24	#2
25 & 26	#1
27 & 28	#3
29 & 30	#2
31 & 32	#1
33 & 34	#3
35 & 36	#2
37 & 38	#1

Individuals using Stairwell #1 will arrive on the first floor near the Lab .

Individuals using Stairwell #3 will arrive on the first flor near the North entrance (across the Housekeeping Department offices).

If either Stairwell #1 and #3 are unusable, Stairwell #2 (center stairwell) may be used.

In all cases, evacuees will be directed to the Rehab Building auditorium.

3. Rehabilitation Building– Building 4

    A. Evacuate vertically to first floor lobby areas, and if necessary, evacuate to Sunshine Park.

    B. All fire exit stairwells in the Rehab Building are designated on the wall by the letters A-F.

4. Building 5 – Community Services Building

    A. There are four exits on the first floor of the Lazar Building exiting to grade level. The nearest exit door should be used to leave the building.

FACILITY EMERGENCY OPERATIONS PLANS

Types of emergency situations most likely to occur were identified using Federal Emergency Management Guidelines (vulnerability assessment). Possible emergency situations were given numerical values. These numerical values were compiled to predict the possibility of occurrence. The emergency situations with the greatest compiled scores were than planned for.

The following emergencies/disasters are covered:

A. Fire Safety Plan

B. Bomb Threat

C. Employee Strike Plan

D. Spills and Leaks of Hazardous Materials

E. Mercury Spills

F. Utility Failures

G. Extreme Conditions (Temperatures, Winds, Hurricanes and Earthquakes, Ice, and Snow).

H. Terrorism / Bio-terrorism

NOTE: Other types of emergencies may occur; however, any portion of this plan can be followed to ensure the safety of patients, staff, and visitors.

FIRE PREVENTION PLAN

Hospital Fire Safety

A. Fire safety is of the utmost importance. The protection of our patients against loss of life or injury by fire or smoke is of paramount importance.

B. All hospitals contain special fire hazards; at best, a hospital's construction is only fire resistant, not fireproof. In addition to the fact that there are potential sources for the origin of fires, such as kitchens, laundry rooms, linen storage rooms, pharmacies, maintenance shops, and complicated electrical systems, we have an especially vulnerable patient population. As a large number of our occupants are emotionally unstable or otherwise unable to cope with danger, we must be constantly watchful to prevent fires. Should fires start, we must all be prepared to take whatever immediate, decisive action is necessary to safeguard our patients, staff, and visitors.

C. All employees are responsible for the information in this plan. It was prepared to assist you in meeting your responsibilities and in carrying them out.

Bronx Psychiatric Center

A. Bronx Psychiatric Center grounds cover 114 acres. Its 10 buildings include:

1. One inpatient buildings: Building #2 – Parker Building
2. One outpatient residential building: Building #1 – Thompson Building
3. Rehabilitation Building: Building #4
4. Outpatient Clinic: Building #5 – Lazar Building
5. Power Plant,
6. Industrial shops, and
7. Storage buildings.

The patient buildings and the majority of the others are constructed of fire retardant materials.

B. Thirteen fire hydrants, strategically located throughout the hospital grounds, normally carry pressure of 45 lbs.

1. The Fire Department can connect its hoses to our siamese connections, increasing the pressure within the standpipe hoses.

2. Standpipe hose cabinets are on each ward and in shop buildings. Standpipe connections are capped for FDNY use.

C. ABC multipurpose type dry chemical extinguishers are available in each ward area, industrial departments, and the Rehab Building.

1. Buildings 1 and 2 are residential buildings. Each is equipped with a partial sprinkler system. Building 5 has an outpatient program. Building #5 does not have sprinklers.

D. In case of fire, our main concern is to prevent or reduce the possibility of loss of life and serious injury. Each of us must:

1. Be familiar with evacuation routes and techniques,

2. Assure all passageways are kept clear,

3. Report any defective doors or locking devices to work control and Safety,

4. Report any exit lights out or exit signs missing to work control and Safety,

5. Be alert for fire at all times,

6. At first indication of fire, immediately put fire emergency procedure in effect by using R.A.C.E.: **R**emove, **A**larm, **C**onfine, and **E**vacuate.

E. Fire ignition causes include:

1. careless smoking – Only inpatients are allowed to smoke in designated smoking rooms.

2. faulty wiring,

3. faulty electrical equipment,

4. cooking,

5. spontaneous combustion, and.

6. outside causes which we cannot control which include:

   a. lightning,

   b. aircraft, or

   c. vehicle accidents.

F. Employees and all visitors must abide by the NO SMOKING regulations.

G. Employees must have the “B” key for the fire alarm box on their person at all times.

H. Any faulty electrical or cooking equipment, or improper storage of flammable materials, should be reported immediately for correction to persons in charge.

I. Cleaning materials are a major source of spontaneous combustion. Cleaning materials which were in contact with petroleum products (oil, grease, paints or other flammable liquids) should immediately be disposed of.

J. Although many combustible items may be used, only those amounts absolutely necessary should be stored in any structure housing patients.

K. Be thoroughly familiar with all fire fighting equipment such as extinguishers.

1. When in doubt about any fire safety procedure, contact the Safety Department.

2. Waiting until you are confronted by a fire emergency can be disastrous.

Special Fire Precautions

Smoking: Smoking by inpatients in other than designated areas is prohibited.

Electrical Hazards

A. Notify Work Control if you see frayed wires or over-heated appliances.

1. Do not use extension cords; they are an important cause of overloading receptacles.

Housekeeping

A. Remove rubbish and waste materials fromstairways.

B. Do not store furniture, tables, chairs, and wagons in the hallways that would limit rapid exit.

C. Do not store materials of any kind on stairways, they are to be absolutely free of obstructions.

Exits

A. Close doors to stairways after each use.

B. Do not obstruct corridors with treatment tables and furniture.

C. Fire doors are to be kept closed and in good working condition at all times.

D. Doors must be closed (and locked, where required) at all times so they will serve as fire stops.

1. Do not prop doors open for ventilation.

Employees Responsibilities in the Event of a Fire

A. All Employees

1. Upon discovery of fire, personnel shall verbally call aloud **code red** to inform other staff, then activate the fire alarm. To activate the fire alarm, place the fire alarm "B" key into the alarm box, turn key, and pull the face of the box down. NOTE: Leave box open.

a) The fire alarm system in Building # 5 is a direct connection to the New York City Fire Department. There are two pull boxes: one is located off the lobby, and the other is located at the front entrance to the building.

b) Fire call boxes are located in all ward nursing stations and at the front doors of wards, as well as other visible locations throughout the facility.

2. Remove any patient in close proximity to fire or smoke. GO HORIZONTALLY unless conditions require a vertical exit.

3. Dial 2333 on telephone and report the exact location and extent of the fire to the Safety Department. The telephone operators will also be on the line.

4. Limit the fire by closing windows and doors to contain the fire at its origin.

B. Safety Officer

1. Upon notification of a fire, proceed immediately to the area of the fire, and assess the situation.

2. Determine exact location and the extent of the fire, and advise the desk officer to confirm that the call was transmitted to the NYC Fire Department.

3. Post an individual to direct firemen to the location of the fire.

4. Organize personnel in the area to assist in the evacuation as necessary.

5. Chief Safety Officer or his designee will be in charge at the fire site until relieved by the NYC Fire Department.

   a. He will coordinate to the fullest extent with the supervisor in whose division the fire occurred.

C. Telephone Operators

1. Upon receipt of a fire call directly from the console:

   a. Notify the Safety Department.

   b. Relate fire information to the Fire Department.

2. Immediately relay information about fire emergency to the following:

   a. Director for Administration,
   b Plant Superintendent,
   c. Physicians on call
   d. Director of Nursing,

D. Safety Officer

1. With the concurrence of the highest-ranking administrative person present, issues orders for removal of patients if necessary, including assigning personnel for patient transport.

2. Assign safety staff to maintain freedom of access through stairs and exit doors, and to control interior and exterior traffic.

3. Establish lines of communication, both interior and exterior, keep key individuals and departments informed of the extent of the fire, patient evacuation, etc.

4. "Report of Fire" form is prepared by the Chief Safety Officer in triplicate.

   a. 1 copy to Director for Administration

   b. 1 copy to Chief Safety Officer - Safety Department files

   c. 1 copy to State Office of Fire Prevention and Control

   d. A report on the fire is presented by the Chief Safety Officer at the next Environment of Care Committee meeting.

E. Work Control and Housekeeping

1. Staff from departments will go to the scene after the fire to jointly clean and repair the area.

F. Critical Incident Stress Debriefing

1. The Critical Incident Stress Debriefing Team will assist employees and patients who were located in the area of the fire.

BOMB THREAT

Policy

In the event of a Bomb Threat the following procedure will be followed.

Procedure

A. Emergency Assistance

1. Outside agencies, which render assistance when a bomb threat is received, are as follows:

    a. New York City Police Department - (911),

B. Mobilization Point

1. Rehab Building - Command Post Designation

C. Receipt of Warning

1. Person receiving call should follow the attached bomb threat checklist (see page 27).

D. Search Procedures

1. Incident Command Post in consultation with the Chief Safety Officer, or designee, shall make all necessary decisions, evaluate the bomb threat as received, issue orders and prepare for the arrival of assistance.

2. The New York City Police Department, in conjunction with the Incident Command Post, will make the decision to evacuate and when to return to the hospital complex.

2. Upon arrival of the New York City Police Department they shall be placed in charge of all search procedures. The Police Department may not be familiar with the physical layout of the hospital complex or have sufficient personnel to conduct an adequate search. Competent personnel consisting of Safety Officers and Engineering personnel will be given floor plans by the Plant Superintendent, or designee, to assist the Police Department as requested in a systematic search. It

shall be the specific responsibility of the Plant Superintendent or designee, to supply the foregoing floor plans to the Sub Command Post.

4. The Chief Safety Officer, or designee, will function as liaison between all Police and Fire Units and keep the Command Post apprised regarding the various aspects of the situation. Safety personnel deployed in the searching of areas will act as team leaders when employees from other divisions are assisting. They will also staff the hospital entrances and keep visitors, etc., from entering. Visiting, if in progress, will be halted. Visitors will be escorted from the building. Safety personnel will keep elevators available for search teams, etc.

5. Likely hiding places are as follows: Public areas such as lobbies, gift shop, public telephone booths, waiting rooms, public toilets, stairways, elevators and elevator shafts, etc. The search should be methodical, eliminating those areas that are locked and unavailable to the public. If the caller indicated the area in which the bomb is located, this area should receive immediate attention and all non-essential persons evacuated. Under any circumstance, such search will be conducted under the direction of the NYPD.

6. If a suspicious object is found - DO NOT TOUCH IT!!!!!! Clear the area at once and notify the Police Department. (Some bombs are set to explode when moved- even slightly.) Open all doors and windows in area to reduce blast and secondary fragmentation damage, New York City Bomb Squad personnel, if present, shall be consulted and are the ONLY QUALIFIED PERSONS TO MOVE A SUSPECTED BOMB. The Bomb Squad will notify the Chief Safety Officer when it is safe to re-enter the area.

7. Generally, personnel should remain calm and alert, so that patients will not become alarmed. In the event patients do learn what is taking place, they should be reassured that all is being taken care of and that there is no cause for alarm. Searchers should work quietly and quickly, so as not to disturb or excite the patients unnecessarily.

E. Final Report

1. Safety and Emergency personnel involved in the search procedure shall report to the Chief Safety Officer, or designee, immediately after a thorough search of his building or area has been completed, indicating the results. A written report to the Director, the DFAS, and the EOCC shall be prepared by the Chief Safety Officer outlining any difficulties encountered during the incident and his recommendation

to up-date or revise the existing bomb threat procedures accordingly.

F. Critical Incident Stress Debriefing

1. The Critical Incident Stress Debriefing Team will assist employees and patients who were affected by the bomb threat.

Procedure for Person Receiving Bomb Threat Call

A. See Bomb Threat Checklist on page 27.

B. It is usually the telephone operator who receives the bomb threat. Sometimes it is the evening or night shift Safety Officer or Nurse Administrator. However, in facilities where there is direct inward dialing through an automated attendant, such as we have, any employee can receive the threat. Therefore, the procedure to be followed should be established and rehearsed with all employees.

1. Make notations on form provided (Bomb Threat Checklist) or on any notepaper.

2. NOTE THE EXACT TIME. This is most important since most bombs are activated by some type of watch or clock, which restricts the “bomber” to a 12-hour period, or less.

3. If caller specifies a time, ask him to repeat the exact time. Note whether or not the caller used the 24-hour time system.

4. Ask all the questions that could be helpful in locating the bomb or that would be helpful in case it is a hoax.

5. Ask for location of the bomb by saying, "Did you say the bomb is in the basement?"

6. Ask for time of possible detonation.

7. Inform caller that building has patients and a bomb could result in death or injury to innocent persons.

8. Note background noises such as motors running, music and other sounds that may give a clue as to where the call is being made from.

9. As soon as caller hangs up, report the above to a supervisor and Safety. (2333).

BOMB THREAT REPORT

Name of Person Receiving Call:_________________________________Title:________________
Date:____________________Time:_____________________Phone #/Ext:_________________
As best you can, write the exact words of the caller:_____________________________________
____
____
Questions to ask caller: Ask them to repeat message.
Where is the bomb?____
When will it explode?____
What kind of bomb is it?____
What does it look like?____
Why did you do this?____
Where are you calling from?____
Description of the caller’s voice:
Male:______________________________Female:______________________Age:___________
Was voice familiar?____________________If so whose?________________________________

<u>Voice</u>
___Raspy ___Soft
___High Pitched ___Deep
___Pleasant ___Loud
___Intoxicated ___Other

<u>Speech</u>
___Fast ___Distinct
___Slow ___Slurred
___Nasal ___Distorted
___Stutter ___Muffled

<u>Language</u>
___Good
___Foul
___Poor
___Other

<u>Accent</u>
___Local
___Racial
___Regional
___Foreign**

<u>Manner</u>
___Calm ___Unsure ___Righteous
___Angry ___Rational ___Deliberate
___Serious ___Irrational ___Nervous
___Tense ___Incoherent ___Laughing
___Sure ___Emotional ___Joking
___Other

<u>Background Noises</u>:
Describe:________________________
___Voices ___Street Traffic
___Music ___Animals
___Trains ___Airplanes
___Office Machines ___Quiet
___Factory Machines

<u>Phone Connection</u>:
___Clear ___Static
___Pay Phone ___Long Dist.

Time of Call: ___________________________Time hung up:_______________________________
Remarks: ____
____
Explain**:____

____

____
____

EMPLOYEE STRIKE PLAN

Procedure

The following Plan will be put into effect in the event of an Employee Job Action (strike).

Administration

A. All leaves will be canceled to ensure adequate coverage at all levels of responsibility.

B. The DFAS or designee, in conjunction with the Director of Nursing, will authorize overtime where necessary.

C. Efforts will be made to place patients who are clinically appropriate on home leave as soon as possible.

D. Personnel access will be limited to one entrance of each building.

E. Staffing

   1. All areas of the facility should be prepared to function on an overtime basis.

   2. Limited sleeping facilities will be made available for employees on emergency basis.

   3. Failure of employees to report to work will result in Taylor Law Penalties, which may include docking of two days pay for each day of the job action

F. The Incident Command Post will:

   1. Place key personnel on call.

   2. Make arrangements for sleeping and feeding accommodations, to the extent possible, on a priority basis for those employees who wish to remain in the hospital between their tours of duty.

   3. The DFAS, or designee, has the power to reassign personnel to ensure adequate coverage.

4. The DFAS shall keep the OMH Bureau of Employee Relations and the Governor's Office of Employee Relations informed of activity at the facility and shall serve as the contact point for them.

Medical Services

A. All treatment is expected to continue to function.

    1. Prior to day of the strike, in consultation with the DFAS or designee, and the Clinical Director or designee, all admissions will be suspended for the duration of the strike.

B. Where feasible, treatment units will be consolidated after consultation with the Clinical Director or designee. Staff on duty when strike is called will remain on duty until properly relieved.

Written Report

A. Within 48 hours of the end of the emergency, all Service Directors, Department Heads and Administrators will provide a written report to the DFAS. This report will contain the following:

    1. Summary of key events during the emergency;

    2. Major problems encountered.

B. The DFAS will report to the EOCC at the next regularly scheduled meeting.

SPILLS / LEAKS OF HAZARDOUS MATERIALS

Policy

The following procedures will be followed when a hazardous material spill or a gaseous leak occurs at Bronx Psychiatric Center.

Procedures

A. Call the Safety Department at extension 2333

B. Provide the desk officer with information on what is leaking or has spilled, and the size of the spill and rate of flow. The Safety Officer will bring the Material Safety Data Sheet to the site of the spill.

C. Evacuate anyone who is not going to be involved in spill containment.

D. In the event an employee is injured during a hazardous spill or leak, the 4040 Medical Emergency System procedure should be implemented

E. Safety will contact the Plant Superintendent and other Work Control Center staff for assistance.

F. The source of the spill should be stopped, if possible, by closing valves, and then creating dikes of sandbags, or other available materials to keep the spill from spreading into soil, water or sewers.

   1. Work Control has spill containment kits that include appropriate containment equipment and personal protective clothing. Engineering personnel have been trained to use this equipment.

G. The following actions should be taken for different types of spills or leaks:

   1. If the material spilled is solid, the material should be covered with a tarp. This is particularly important outdoors, where wind or rain could quickly disperse the hazardous material.

   2. Gas is almost impossible to contain. Avoid breathing gas fumes. Let the gas disperse or evaporate on its own. Using fire-fighting foams can however, contain some gases.

3. Liquid spills are the biggest problem. All necessary steps must be taken to keep hazardous liquids from getting into streams, sewers, drainage ditches, etc.

H. If indicated Safety and/or the Plant Superintendent will alert police and/or fire departments, and state and federal authorities.

I. Due to the seriousness of this type of incident, the plans for evacuation may have to be implemented.

J. The Incident Commander will be responsible for concluding the emergency situation.

K. Record all events that took place for evaluation by the EOCC, and if indicated, outside agencies.

Physical Contact

For eyes, flush immediately with plenty of water. Seek prompt medical attention. For skin,wash with plenty of soap and water. Ingestion, drink plenty of fluids. Inhalation, remove to fresh air. Breathing problems may develop from prolonged and repeated exposure. Seek prompt medical attention.

MERCURY SPILL PROCEDURES

Policy

A. Mercury is a highly toxic metal: if absorbed into the body, severe mental and physical problems can develop. As a result, BPC has replaced all sphygmomanometers with aneroid units and mercury thermometers with digital readout units.

B. Mercury spill kits are availableat the Safety Department to clean up mercury spills that occur as a result of broken thermometers or sphygmomanometers. (blood pressure cuffs.)

C. Whenever such a spill occurs, the following procedures must be followed:

1. Remove all patients and staff from the immediate area of the spill.

2. Call the Safety Department at ext. 2333 and inform the desk officer of the type and location of the spill.

3. The Safety Department will clean up the spill according to the directions supplied in the kit using the "Mercury Sponge" method.

4. The Safety Department will place the kit in a plastic bag and deliver it to the Hazardous Materials and Wastes Coordinator in the Rehab Building.

5. The coordinator will contact either one of the following two licensed hazardous waste haulers for removal:

   a. Adrow Chemical Company
      3 Lines Avenue
      Wanaque, NJ
      (201) 839-2372

   b. Mercury Refining Company
      14 Commercial Drive
      Albany, NY
      (518) 489-7363

6. An incident report must be filled out and reviewed by the Director of Nursingand the EOCC.

UTILITY FAILURES

Policy:

It is the policy of Bronx Psychiatric Center that a user training program be put into place to assure that hospital staff understand how to respond to failure of those systems that support the patient care environment.

Utility failures include loss of service of the following systems:

1. Water (including water temperatures - too hot/too cold),
2. Electric / Lights,
3. Heating, Ventilation and Air Conditioning (HVAC)
4. Sewer,
5. Fire Alarm,
6. Elevators, and
7. Communications.

General Instructions for Utility Failure Emergencies

In the case of any utility failure, or utility service that is not of a routine matter and can affect the safety of patients and staff, the following procedures should be implemented.

1. Where possible remove any patients from the area of the problem.

2. Call Safety (Ext. 2333) and/or Work Control (Ext. 2330) and alert them to the nature of the emergency.

3. Monitor patients until help arrives or instructions are received.

   A. Domestic Water System

A loss of water could affect the entire Bronx, the entire facility, an individual building, or a living unit. It could be caused by breaks in water mains or by contamination of the water supply. A loss of water could last any amount of time There would probably be no advanced warning of a loss. The cause could be a city or facility problem.

Upon learning of a loss of water, Work Control should contact those staff according to the "Notification of Emergency Situation" flow chart. The extent of the loss, the approximate time of return if known, and the cause should be relayed

to the DFAS. The DFAS and the Plant Superintendent will then decide if the Incident Command System and the Emergency Management Plan should be put into effect. If the plan is put into effect, a Command Post will be set up.

Outside help can be secured through the NYC Emergency Services The NYC Fire Department should also be notified so they can adjust their fire fighting procedures.

Additional supplies of bottled water can be secured and delivered to the buildings for dispersal. This supply can be obtained from the Perrier Group which already delivers to the facility.

If you discover an area in which the hot water is overheated, immediately ensure that patients are not permitted access to the area. Next follow the general instructions for utility failure.

A lengthy loss of water supply may result in the evacuation of the facility.

B. Electrical Failure

A loss of electricity could affect the entire Bronx, the entire facility, an individual building, or a living unit. This problem could be short term or for an extended period of time. It could result from a myriad of causes. Therefore, this plan is a general guideline for use during an electric outage.

Upon learning of a loss of electricity, Work Control should contact those staff according to the "Notification of Emergency Situation" flow chart. The extent of the loss, the approximate time of return if known, and the cause should be relayed to the DFAS. The DFAS and the Plant Superintendent will then decide if the Incident Command System and the Emergency Management Plan should be put into effect. If the plan is put into effect, a Command Post will be set up.

Outside help can be secured through Con Ed of NY.

The facility has two diesel powered 1750kw emergency generators that can be activated in case of total loss of power.

If an electric failure or electric fault (sparking) is discovered, immediately ensure that patients are not permitted access to the area.

C. Heating, Ventilation, Air Conditioning (HVAC)

The loss of air conditioning would most likely affect only one half of Building # 2. Also, this would be a seasonal problem. The length of time the system would be down and the temperatures outside would be the major concerns.

Upon learning of a loss of air conditioning during times of high temperatures, the Plant Superintendent should alert those staff according to the "Notification of Emergency Situation" Flow Chart. The DFAS and the Plant Superintendent would then decide if the Incident Command System and the Emergency Management Plan is to be put into effect. If the disaster plan is put into effect, a Command Post should be set up.

There is a supply of fans on grounds that can be issued to the areas affected. There are several portable air conditioning units that can be set up in the areas with the most need. These areas would be where the elderly and medically compromised recipients are living. Increased fluids for all persons affected should be considered.

The loss of heat to the facility could result from problems with the high temp/hot water boilers at the powerhouse, or localized within a building or a living area. The extent of the loss would have to be evaluated at the time it occurs. The length of time the loss is expected to last should be looked at along with the weather conditions present.

These types of emergency situation could also result in the facility's evacuation.

It will be the decision of the Incident Commander to conclude this emergency situation upon the return of air conditioning or heat.

If any other problem with any portion of the HVAC system is discovered, such as odd odors, areas not being cooled or heated, or no airflow, follow the general instructions for utility failure. You should indicate if the problem is an immediate emergency or just a problem situation.

D. Sewer or Waste Disposal

If a drainage or sewer line becomes clogged, or if sewage is coming out of the drain, follow the general instructions for utility failure by calling work control at extension 2330.

E. Fire Alarm

The fire alarm system is comprised of several different kinds of detecting devices, flow alarms, and manual stations for activations. It also contains a system for notification utilizing bells and lights. Finally it contains a central panel at Safety Headquarters for monitoring of the system.

A loss of the fire alarm system could affect parts of a building, or a complete building. A loss of this system could affect the safety of patients, employees, and visitors. If indicated, a fire watch should be put in place.

If a problem occurs with the fire alarm system, attempts should be made to isolate the trouble and return as much of the system back to service as possible.

The facility's fire alarm maintenance contractor should be called immediately to perform repairs.

If the fire alarm system should not function, staff should use a ward telephone to contact the Safety Department or Switchboard. The Safety Department should be called at 2333.

F. Elevator Failure

Should you be in an elevator and the elevator stops working, use the emergency telephone in the elevator to directly contact the Safety Department. These are one-touch dialed, two-way phones.

Do not try to open the doors or leave the elevator. The Safety Department will make arrangements to assist you in leaving the elevator.

G. Communications

An emergency situation affecting the communication system can be a facility problem, or an area problem. It could vary in length of tome considerably.

The communication system consists of internal telephone extensions, incoming and

outgoing trunks, pagers, cellular phones, and two-way radios.

If loss of communication occurs, the Safety Department should see that the staff are notified according to the "Notification of Emergency Situation" Flow Chart. The DFAS, the Chief Safety Officer and the Assistant Administrator in charge of

the Communications system will jointly decide if an emergency is to be declared. If an emergency is declared, a Command Post should be set up.

If the cause of communication is internal, there are phones with emergency power failure transfer lines to allow them to communicate outside of the facility. Two-way radios and cellular phones can be issued from the Safety Department.

If the cause of the problem is with outside lines into the facility, the cellular phones, and two-way radios may be used for communications outside of the facility.

In the event of a telephone system failure, the general instructions for utility failure should be followed.

If no telephone is working, the Safety Department or Switchboard should be contacted in person or by use of the public telephone. (Attached is a list of facility pay telephones.)

The Incident Commander will be responsible for concluding the emergency situation.

A report must be prepared for review at the next regularly scheduled meeting of the EOCC.

FACILITY PAY PHONES

BUILDING	FLOOR	WARD/LOCATION	PHONE NUMBER
1 - Thompson	1	Lobby	822-9765
	1	Lobby	822-9875
	1	Dietary	822-8398
	2	22	822-8134
	3	23	822-8643
	3	24	822-9287
	4	25	822-9654
	7	31	822-9306
	7	32	822-8712
	8	33	822-9173
	8	34	822-8557
	9	35	822-9190
2 - Parker	1	Rear Lobby	822-8353
	1	Front Lobby	822-9451
	1	Front Lobby	822-8394
	2	1	822-8382
	2	2	822-8201
	2	3	822-8322
	2	4	822-8957
	3	5	822-8503
	3	6	822-8325
	3	7	822-8440
	3	8	822-9305
	4	9	822-9026
	4	10	822-8643
	4	11	822-9018
	4	12	822-8370
	5	15	822-8323
	6	17	822-8764
	6	18	822-8389
4 - Rehab	1	Near Cafeteria	822-9899
4 - Rehab	1	Near Cafeteria	822-9236
5 - OPC	1	Lobby	822-9553
13 - BATC	1	BATC	822-8131
23 - Garage	1	Garage	822-8900

EXTREME CONDITIONS

Extreme Temperatures

Policy

The policy of Bronx Psychiatric Center isto provide for the comfort, well-being and safety of the patients during extreme temperatures. For the purpose of this policy, extreme temperatures are defined as follows:

A. Extreme Heat Temperature: The procedural steps listed below will go into effectto be implemented by the Service Directors, or designees, by nursing department staff, and by all physicians. If individual wards are suspected of having a high temperature, the Service Directors, or designees, must request measurement of temperature in patient areas. For this purpose, the Work Control Center will be called to measure the temperature.

1. Dietary Staff will provide fluids in sufficient quantities for each ward to ensure adequate supply, especially for weekends.

2. Ward Nursing Staff will take the following measures:

   a. Encourage patients to wear appropriate clothing and adequate protection against the elements.

   b. Patients are to be encouraged to drink fluids liberally as clinically indicated.

   c. Additional rest periods will be encouraged for all patients.

   d. Patients will be encouraged to take cool showers periodically. Extra towels and linen are provided for this purpose.

   e. Ice is available from ice machines located on the fifth floor of Building #2.

   f. Charts describing the signs, symptoms and first aid measures for heat related illnesses are circulated throughout the facility and are posted in the treatment room and nursing station on every ward. In addition, a notice regarding drug related heat reactions will also be distributed with information on heat related illnesses.

   g. Nursing staff will notify physicians for evaluation and possible transfer of

all patients who have any signs or symptoms related to heat or drug reactions.

h. Transportation staff is available to make immediate transfer of patients at any time. On weekends, holidays, and after 4:00 p.m., the Nurse Administrator during a heat emergency will contact the Administrator-on-Site and/or Administrator-on-Call to approve transfer to an appropriate medical facility.

i. Lists of patients at high risk for heat related illnesses are posted in each nursing station, in order to be readily available in case of emergency.

j. Vital signs are taken as per physician's order.

k. The physician on call is called when a patient's body temperature is above the normal range.

3. Physicians must review patient medications for those patients who are considered high risk.

B. Extreme Cold Temperature: The procedural steps listed below will go into effect to be implemented by the Service Directors, or designees, by nursing department staff, and by all physicians. If individual wards are suspected of having lower temperature, the Service Directors, or designees, must request measurement of temperatures by contacting the Work Control Center to measure temperatures.

1. Physicians, in conjunction with Nursing Staff, must identify patients with high risk factors, and, if necessary, arrange for transfer to an environmentally safe and comfortable area:

2. Ward nursing staff must assure that all patients are to be properly attired according to the temperature and weather conditions.

Winds, Hurricanes and Earthquakes

Policy

The policy of Bronx Psychiatric Center is to provide for the comfort, well-being and safety of the patients during extreme winds ,hurricanes and earthquakes. For the purpose of this policy, extreme winds and hurricanes are defined as follows:

Emergency situations in this category are related to the weather, atmospheric conditions, and geographic problems. While windstorms and hurricanes may have an advance warning, earthquakes usually do not. It is also difficult to preplan for this type of emergency situation due to the varied extent of the damage. Therefore, these plans are of a general type to be used as a guideline.

Should an emergency situation of this type occur, it will probably require the implementation of other facility emergency operation plans to reach mitigation.

These three types of emergency situations will be listed according to whether an advanced warning is possible or not. At the end of this plan, a reference will be made as to other possible facility emergency operation plans that will most likely be utilized.

Emergency Situations With Advance Warning

Emergency situations involving winds and hurricanes may be preceded by a warning. This warning may vary in the amount of time preceding the start of this type of disaster.

If an advance warning of a windstorm or hurricane is received, steps should be taken to minimize damages. This warning should be conveyed to the Safety Department.
The Safety Department will notify staff according to the Emergency Operations Plan "Notification of Emergency Situation" Flow Chart. The Director/Designee and/or Chief Safety Officer will decide whether to declare a disaster or not. If a disaster is declared at this time the emergency operations plan should be followed. The prime concern at this point is to protect the recipients and employees from harm. The secondary concern is to minimize damage to buildings. Recipients should be restricted to safe areas, preferably away from any glass, and on the first floor of buildings.

Emergency Situations Without Advanced Warning

If there is no advance warning, or the emergency situation is in progress, the primary concern is the safety of recipients and employees. The Safety Department would make the notifications according to the flow chart. The Director/Designee and or Chief Safety Officer would declare an emergency situation and follow the Emergency Operations Plan. Recipients and employees should be relocated to the safest areas depending on the amount of time available. However, most efforts will be spent after the actual stormhas occurred.

After the actual storm has passed, the concern will be life safety. This will include rescue of trapped or injured individuals, triage of injuries, and treatment of injuries. The last concern will be to assess buildings and grounds for structural hazards and to develop a plan of correction for these hazards.

Because a disaster of this type will not be a facility-only incident, coordination will be needed with outside authorities. These could include police, fire, and other emergency services. Also most likely to be included are the state emergency services (SEMO), Central Office disaster preparedness, and OGS/DASNY.

Other emergency operation plans that would most likely be put into effect are:
1. Loss of Utilities
2. Evacuation; Partial and Total
3. Major Fire.
4. Hazardous Material Incident

Ice and Snow

Emergency situations in this category are a direct result of weather conditions. This type of storm will usually have an advance warning. However, the amount of time involved in this warning may vary. An emergency situation of this type will also affect the community outside the facility.

Primary efforts for emergency situations such as these should be to preplan as early as possible. Upon learning of a warning being issued, the Safety Department should make the notifications according to the "Notification of Emergency Situation" flow chart. The Director/Designee and/or the Chief Safety Officer will decide if an emergency situation is to be declared. If an emergency situation is declared, the emergency operations plan will be followed. A Command Post should be set up and plans begun.

The primary concern at this time would be staffing. Steps should be taken to hold over staffing to assure adequate staffing levels. The next concern would be to assure an adequate amount of supplies are on hand to last through the expected duration of the storm. Extra blankets should be passed out to the living units in case of cold temperatures. Spare flashlights and batteries should be issued to assure safety during a loss of power. If recipients are off the grounds, attempts should be made to contact them and have them return to the facility. Housing and food should be looked at for those employees who are unable to travel home or are held over to maintain staffing levels.

During the storm, the focus should shift to maintaining the roadways passable. This would be done to allow access by emergency vehicles. There should be no traveling except for emergency purposes. If the storm is of an extended duration, efforts may be put into setting up a pick up spot to bring employees into the facility. This would depend on the outside road conditions and availability of any staff. Recipients should be restricted to their buildings for the duration of storms such as these. When a storm of this type has ended, efforts will be focused on cleaning up the roadways and sidewalks. The grounds and buildings should also be checked for any hazards or structural problems. The Incident Commander will make the decision as to when the emergency situation is concluded.

Other specific emergency operation plans that may need to be activated in handling a disaster like this are listed here.

1. Loss of Utilities 2. Wind, Hurricanes, and Earthquakes

TERRORISM

Terrorism is defined as any act that is carried out or threatened to be carried out for the purpose of causing chaos, confusion, mayhem, or injuries. It may be for personal reasons or for political / state reasons. These acts may be carried out or threatened by a group or by individual persons. These acts may be against people or property.

Terrorist acts may include the use or threatened use of materials known as Weapons of Mass Destruction. These materials are defined in the following categories: biological, nuclear, incendiary, chemical, or explosives.

Terrorist acts are considered a crime under federal statutes. Any of these acts will ultimately end up with the Federal Bureau of Investigation as the lead agency. However, the initial response will be the responsibility of the facility and local emergency services/ law enforcement.

BPC works to eliminate this problem in two ways: 1) by securing buildings and allowing limited points ofentry; 2) people entering the building are checked with visitors being required to sign in and be given a pass. Packages should be checked prior to opening for any that appear to be suspicious.

BIO-TERRORISM

Bronx Psychiatric Center may be the initialsite of recognition and response to bio-terrorism events. If a bio-terrorism event is suspected, the Emergency Medical System plan of this manual should be activated. The Safety Department, the Infection Control Nurse, the Director of Medicine, the Director of Nursing, the Clinical Director, as well as the DFAS who heads the Incident Command Post should be notified. As part of the Incident Command System, the individuals listed will determine the severity of the events and will determine which of the following should be contacted:

- NYC Health Department
- NYS Health Department
- OMH Central Office
- NYPD and NYC Emergency Services
- FBI
- Center for Disease Control

The Infection Control Committee has prepared detailed information on the four diseases with recognized bio-terrorism potential: anthrax; botulism; plague; and smallpox. See the Infection Control Manual for details.

Bio-terrorism may occur as covert or announced events. A number of recent events in the United States were determined to be actual bio-terrorist events such as mailing anthrax through the postal system. All possibilities of a bio-terrorism event should be ruled out with the assistance of the NYPD, the FBI and the appropriate Health Departments.

To prepare for a threatened or actual terrorist act, the facility sets up plans such as this. Employees are trained on the plans and practices of this type of event are planned and carried out.

Response to these events is broken down into two sections. These are threatened acts and those acts that are in some stage of being carried out. The plan for each of these will be listed separately.

Threatened Events

1. Institute an emergency response.
   a) Make notifications to appropriate staff.
   b) Set up Incident Command System.
   c) Set up Command Posts.
   d) Notify outside authorities.
   e) Notify departments, buildings and programs of threat as needed.
   f) Conduct a credibility assessment of the event.
   g) Determine the material threatened, if any.
   h) Determine cleanup required, if any.

2. Assist affected recipients, employees, families, and visitors.

3. Critique event and determine recommendations.

Actual Events:

1. Institute an emergency response.
   a) Make notifications to appropriate staff.
   b) Set up Incident Command System.
   c) Set up Command Post.

d) Notify outside authorities.
e) Notify departments, buildings, and programs of the event as needed.
f) Conduct assessments of injuries, people affected, and/or physical plant stability and condition.
g) Assure accountability of all recipients, staff, and visitors.
h) Provide care of the injured or affected.
i) Clean or stabilize buildings or find alternate housing.
j) Preserve scene as much as possible as a crime scene.
k) Notify authority having jurisdiction (Central Office).

2. Assist affected recipients, employees, families, and visitors

3. Critique events and make recommendations

Recovery for terrorist events can be a lengthy part of emergency management. Recovery for these events are broken down into two areas. The first is the people involved or affected. These not only include the people directly involved but family members and fellow employees not directly involved in the event. Critical stress debriefing is available at the facility and should be utilized to deal with this part of the recovery. The second part is the physical structure. This may require cleaning, rebuilding, or repairing of the facility.

STAFF RESPONSIBILITIES:

Those individuals who have been selected by the facility director to take immediate action, and those listed in the notification of an emergency situation chart will take appropriate action.

Those individual employees who have been trained in the Incident Command system may be called to assist at the Command Post. These people are listed by title within the incident command chart.

Safety Officers will be expected to provide immediate response, area security, liaison to outside authorities, and work within the Incident Command structure.

The Medical Emergency Team may be called to provide immediate care for affected persons. Physicians may be utilized to inform affected people of the effects of certain agents that may have been used.

Staff involved with recipient care will be expected to perform their normal duties so that proper care can be assured. This would also include Pharmacy and Health Information Management departments.

All staff may be called on during emergency situations to complete task that are normally out-of-title assignments but are necessary to continue essential services.

Delegation of Responsibilities

Director for Administration / Designee

A. Is ultimately responsible for all facility activities during the disaster.

B. Assigns someone to handle Information Center inthe Command Post.

C. Responsible for canceling the Disaster Plan after disaster site has been cleared.

Medical Staff (Chief of Medicine and Director of Psychiatry)

A. Make assignments of physicians to various areas of the facility as necessary.

B. Remain free from direct treatment responsibility for individual patients in order to work with the Incident Command Post in coordinating the overall care of the casualties and evacuation of in-patients.

Assistant Business Officers

A. Responsible for keeping telephone numbers of personnel under their supervision, up to date.

B. Upon notification of disaster plan activation, the Assistant Business Officers, or designees, will evaluate and determine the number of staff needed for the Business Office and other support departments they supervise. All extra personnel will report to the Personnel Pool, to be utilizes whenever needed.

Director of Nursing Services

A. Responsible for keeping telephone numbers of the Nursing Service Department up to date.

B. Responsible for total nursing care given to the victims during the disaster.

C. Evaluates the higher supervisory nursing staff situation and determines the best allocation of help.

Institution Food Administrator

A. Responsible for keeping telephone numbers of Dietary Department up to date.

B. Maintains a list of sources available for extra food and supplies.

C. Manpower

1. Upon the declaration of an emergency , and the redirection of food delivery, the Institution Food Administrator and/or the SupervisingDietitian together with Dietary Supervisors shall mobilize staff to plan and carry out a feeding program for all affected patients. If necessary, food will be provided to employees and volunteers.

2. The responsibility of Dietitian and/or other Dietary Department supervisors shall be to manage and direct their staff in the service of food, by assigning dining area and reporting the correct census to the kitchen.

3. The Head Cooks shall be responsible to assign duties to cooks in the preparation of food in the main kitchen.

4. Volunteers and non-dietary personnel, if necessary, shall be assigned to work with an experienced dietary staff member.

D. Function of Supervising Dietitian and Dietitians

1. The Supervising Dietitian shall plan simple menus using emergency food based on availability of energy, water and personnel and to coordinate the work of each dietitian.

2. The Dietitian is responsible for posting menus in each dining area.

3. Correct census of each dining room is to be collected by the Dietitian at least two hours prior to each meal and reported to kitchen.

4. Each unit shall serve food on disposable plates, cups, bowls and plastic cutlery. These disposables shall be issued at the beginning of each meal.

5. Soiled disposables are to be collected at the end of each meal and placed in a heavy-duty plastic garbage bag, tied and placed in the dumpsters by food service staff.

6. Sanitation and Infection Control measures are essential by maintaining a tidy and clean area such as clean tables, chairs, floors, etc.

E. Preparation and Distribution of Food

1. Head Cooks shall supervise the production of food in the main kitchen and make assignment in food production.

2. Menus are to be checked against foods actually available and substitution made with the approval of Food Administrator and/or Supervising Dietitian. Correct menu posted at workstations.

3. The Head Cook shall compile list of the correct census for each meal.

4. All food items that need to be obtained from storehouse must be recorded on a food requisition form and approved by Food Administrator or Supervising Dietitian.

5. Refrigerators and ingredient rooms shall be locked at all times.

6. Only experienced dietary personnel shall operate all pieces of equipment.

7. The office of the Head Cook shall have an area designated for the safe keeping of knives, cooks tools, recipe cards and can openers.

Housekeeping Department Head

A. Responsible for keeping telephone numbers of Housekeeping Department up to date.

B. Responsible for maintaining supply of clean linen at all times at needed areas.

C. Maintains Housekeeping office as a base of operations for all Housekeeping personnel.

D. Housekeeping Supervisor:

1. Will assign all available personnel to Personal Pool.

2. Housekeepers will make sure all wards have a supply of clean linen. The items will be obtained from the linen room.

Plant Superintendent

A. Responsible for keeping telephone numbers of Engineering Department staff up to date.

B. Responsible for keeping the facility supplied with all utilities.

C. Assigns engineers throughout the facility to handle "on the spot" problems as needed.

D The Work Control Center will be under the command of supervisory personnel.

1. Additional responsibilities of the Work Control Center include the maintenance of fuel supplies at maximum levels (gasoline, fuel oil), developing alternate means for securing needed fuel, insuring the availability of all maintenance supervisors to comprise an emergency maintenance force based at the sub-command post and ensuring that each of the maintenance trade areas has an adequate inventory of materials for emergency repairs.

E. Power House, Water Pumping and Sewage Disposal services will be under the command of the Senior Plant Utility Engineer stationed at the Power Plant, reporting to the Plant Superintendent. Essential services will be maintained as follows:

1. Operation of Power House to provide heat, electricity and hot water, emergency generator will be put on standby to provide limited electricity in case of power failure.

2. Potable water will be supplied from the house storage tanks using Building House Pumps.

3. Sewage disposal system will be monitored by the Power Plant.

F. Plumbing and Heating Division

1. This division will secure water mains entering damaged buildings. Repair damage to all utility piping and restore services to occupied buildings and maintain the sanitary sewage system.

G. Electrical Division

1. This division will isolate damaged wiring in buildings, underground voltage feeders and substations. Restore service to occupied buildings and provide emergency light and power as required.

H. Power Plant Division

1. This division will operate the institutional power plant and the emergency generating system in the event of a power failure.

Medical Records Director

A. Responsible for keeping telephone numbers of the Medical Records Department personnel up to date.

B. Medical Records shall have access to the names of all patients and their locations.

C. Available Medical Records staff, as part of the Quality Management staff, will report to the Personnel Pool.

C. The Medical Records Director, or designee, shall be responsible for initiation and maintenance of medical records for incoming evacuees from other New York State facilities. The Medical Records Department will also, as stated in the evacuation section of this plan, to the best of their ability, secure Bronx Psychiatric Center's medical records.

Director of Resource Management

A. Responsible for keeping the telephone numbers of the Personnel Department up to date.

B. Responsible for organizing Personnel Pool.

C. Upon notification of the activation of the Emergency Management Plan, the Personnel Department staff shall respond as follows:

1. The Director of Resource Management, or designee, will assemble all department personnel on duty and will make assignments.

   a. Assign employees from Personnel Pool as requested by Command Post.

Pharmacy Director

A. Responsible for keeping the telephone numbers of the Pharmacy personnel up to date.

B. Responsible for ensuring necessary prescribed drugs are made available.

C. Responsible for having a list of patients by ward, with their current ordered medications.

D. Has a list of sources available for emergency items as needed.

Public Relations/Volunteer Coordinator

A. Public Relations

1. In the event of a disaster, all public relations will be initiated by the Incident Command Post.

   a. No other individuals are authorized to make any statements to the Media without the expressed consent of the DFAS.

B. Volunteers

1. Volunteers will be recruited only with specific authorization from the Incident Command Post.

   a. All such volunteers will register with the Volunteer Department and they will be assigned to work crews by the Personnel Pool.

C. Family of Patients, Staff

1. The second floor Conference Room in the Rehab Building shall be the official receiving area for concerned family members of patients and staff involved in a disaster. Safety Officers at the front gate will direct all people to this area who enter with the groups seeking information.

2. If patients and staff are adversely affected by a disaster the Central Command Post will make an announcement as to how concerned family members may obtain information.

Central Supply Manager

A. Responsible for keeping the telephone numbers of the Central Supply Department personnel up to date.

B. Responsible for providing treatment rooms and clinics with the neessary back up supplies.

Safety and Security

A. Safety Department will operate under the command of the Chief Safety Officer who will report directly to the Incident Command Post. In the absence of the Chief Safety Officer, the Senior Safety Officer will assume Command.

1. Safety shall prohibit all vehicular (except emergency vehicles fire, police, ambulances, and employee vehicles specifically authorized for the emergency) traffic from entering the Campus. This mandate includes the news media.

2. Safety shall maintain all roads and areas clear of traffic for emergency vehicles.

3. All areas not operating for the duration of the Emergency will be secured.

4. Safety may arrest individuals who are committing unlawful acts or interfering with the operation of the emergency.

5. Safety Officer in command shall maintain radio communication and serve as liaison between all emergency units and keep the Incident Command Post informed regarding the emergency situation.

6. Safety shall assist (ifsufficient manpower is available) staff in evacuating patients, visitors and staff, if evacuation is necessary.

Transportation/Grounds

A. These services are located at the North end of the campus. Telephone Extension #2286 or #2686. Under the supervision of the Plant Superintendent.

1. Purpose

   a. To transportation of medical-surgical supplies, food, beds, bedding, and any other materials requiring trucking services.

   b. Evacuation of patients to other areas of the campus as specified by a Command Post.

2. Equipment

   a. All trucks, passenger vehicles, or other vehicles available for use.

b. Additional ambulances and passenger vehicles will be obtained from nearby State facilities as necessary.

c. The transportation supervisor or his designee willbe responsible for maintenance and dispatch of all vehicles from the Transportation Department.

d. It will be the duty of the person requesting transportation to briefly describe the type/size of vehicle(s) necessary.

B. It may be necessary to pickup groups of employees at various points in the community and bring them into the center.

1. It may be necessary to pickup shipments of supplies at distant points or at other institutions.

2. It can be expected that there will be sufficient number of qualifid drivers available for assignment from the maintenance and grounds departments to supplement the regularly assigned drivers.

Communications

Operators/Safety Officers on duty at the time of the disaster will continue to staff the switchboard according to previously established procedures. Shifts will be scheduled to arrange around the clock coverage with appropriate relief. Safety Officers will follow established procedures for handling 4040 emergency calls. Communications staff will follow instructions from the Incident Command Post.

As soon as staffing permits, Communications staff will survey all private telephone lines and determine if they are operable and inform the Incident Command Post of the status of these lines.

There are coin operated phones on each residential ward and on the 1st floors of each building. There are over 50 cellular phones assigned to Safety, departments and individuals which can be used during an emergency

There are over 250 pagers assigned to staff from all departments and to the Emergency Medical System. As staffing and time permits, Operators will survey the pager list and determine which staff are available for an assignment by the Incident Command post. If the pager system should break down, other systems such as cellular phones and e-mail should be used.

No private or personal calls, in or out, will be accepted by the switchboard. Incoming, urgent or critical, private or personal messages will be accepted in writing to be transmitted by phone when the use of telephones is no longer critical. At the discretion of the Incident Command Post, the Operators will transmit any urgent or critical message into or out of the facility.

The telephone system at BPC has the capacity to provide emergency telephone service during a power failure or malfunction of the equipment controlling the telephone system.

Power failure phones have been assigned to strategic locations throughout the facility. Cellular phones and available Nextel phones may also be used to communicate around the facility.

The Safety Department has portable radios to be used for portable communications. A portable radio is permanently assigned to the Incident Command Post. Additional portable radios can be assigned to wards or individuals at the discretion of the Incident Command Post.

EMERGENCY MEDICAL CARE (DISASTER)

Policy

A. Emergency Medical Care (Disaster)

1. The Emergency Medical Care Areas will be utilized to assess the extent of injury, treat conditions for which immediate treatment is imperative, and to provide and organize systems for decisions regarding transport to the appropriate Medical Care Facility.

2. Area

   a. Emergency Medical Care will be provided at the scene, if possible. If an employee is injured, and NYC EMS intervention is not indicated, the employee may be clinically assessed, and an appropriate referral to a private provider may be made. If injuries sustained require medical intervention, Bronx Psychiatric Center's emergency medical system will provide stabilization until transport by NYC EMS.

      1. A portable emergency medical kit is available in Clinic B and should be taken to the scene of the disaster.

      2. The Safety Department will transport emergency medical equipment to the scene of the disaster if the disaster is outside of a residential building.

3. Staffing

   a. The Chief of Medicine, or designee, is in charge of this area. During off-hours, the Doctor-on-Call is in charge.

      1. Any medical specialists on duty in the event of a disaster will proceed to Sub Command Post (Safety Department) for assignment.

      2) The Nurse.Administrator may call in additional M.D.'s.

   b. Pharmacy staff and other needed personnel can be called in, if needed.

4. Equipment

   a. Sufficient supplies for the emergency treatment are maintained. If needed, additional supplies may be obtained from Central Supply.

5. Record Keeping

   a. Senior Nurse Administrator will assign needed patient care personnel to assist with placing identifying tags on casualties and to assist as needed.

   b. Identification tag will indicate name, origin, approximate age, and general statement of problem.

      1) Treatment or first measures to be recorded with the time administered on the tag.

   c. An ongoing record (log) for statistical and legal purposes should be maintained.

      1) Journal book/log in Clinic B should be utilized for this purpose.

      2) Nursing Department will assign staff for this function.

EXTERNAL DISASTERS

Policy

A. External Disasters for purposes of this manual shall be defined as an incident or condition which occurs in the community in which Bronx Psychiatric Center is located, but is not caused by Bronx Psychiatric Center. This incident or condition must threaten the health, safety, or security of people in the community in which Bronx Psychiatric Center is located. The procedure to activate is as follows:

1. Cabinet level staff will assess the situation and determine what response, if any, Bronx Psychiatric Center should have. Before doing this, the DFAS may wish to consult with the Commissioner of the Office of Mental Health. In any event, the DFAS must notify the office of the Commissioner of OMH if Bronx Psychiatric Center will assist in any manner in the external disaster.

2. If Cabinet level staff decides that Bronx Psychiatric Center will participate in the external disaster, full implementation of the Bronx Psychiatric Center Emergency Management Plan will occur.

3. Bronx Psychiatric Center is a member of the Bronx Emergency Preparedness Coalition BEPC) which was formed after the terrorist incidents of 9/11/2001. Members of the BEPC include municipal and private hospitals, nursing homes, private ambulance services, and the NYC Emergency Services which includes police , fire and ambulance.

COMMUNITY SERVICES EMERGENCY MANAGEMENT PLAN

Policy

All Community Service staff must familiarize themselves and know their roles and responsibilities as stated in the facility Emergency Management Plan. This section of the plan deals with certain specific procedures to be followed. It is intended that when combined, both plans will provide all necessary procedures to be followed during an emergency/disaster.

A. Activation of the Community Services Emergency Management Plan

1. Any condition that may impair the delivery of services within the Thompson and Lazar Buildings will activate the Emergency Management Plan.

2. Activation of the plan within the ComCare/PMHP clinic (3050 White Plains Rd.) will occur when the services of the NYC Emergency Services (Police, Fire, Ambulance), and the Bronx Psychiatric Center's Safety Department are immediately required.

   The Safety Department will notify the DFAS of the nature of the emergency at this site.

B. Emergency Preparedness Procedures

1. For any emergency in Building #1– Thompson Building, and Building #5 Community Services Building, please refer to the facility Emergency Management Plan.

2. For emergencies necessitating evacuation in the ComCare/PMHP clinic, the following evacuation procedures should be followed, and thereafter the NYC Emergency Services (police, fire, and ambulance) should be notified with the cellular phones provided:

   a. There are five exit doors from the clinic leading to a common hallway. From the hallway, there are two stairs leading to a grade level exit.

   b. The ComCare/PMHP clinic is equipped with 24hour/7 days per week central fire, smoke and intrusion monitoring system.

c. Elevators are not to be used in case of fire or smoke, unless directed by uniformed personnel.

d. As in the main facility Emergency Management Plan, medical records, drugs, cash, and other sensitive and valuable items should be secured, if possible.

e. After evacuation is complete, arrangements are to be made to have clients return to their place of residence. If necessary, state vehicles shall be made available to transport.

f. Staff are then to report to the Director of Program Operations at the BPC campus for further instructions.

3. For all other non-emergency conditions such as loss of water, and/or electric, the DFAS and the Director of Program Operations will be notified for instructions.

C. It shall be the responsibility of the Director of Community Services, or designee, who is a member of the Environment of Care Committee to prepare and present a written report on any and all actual emergencies that occur in the ComCare/PMHP clinic.

APPENDIX

BRONX ADDICTION TREATMENT CENTER (BATC)

Due to the fact that the Bronx Addiction Treatment Center (BATC) is a co-located facility on the Bronx Community Campus, there are certain services that are provided by Bronx Psychiatric Center (BPC) to the BATC as per the Memorandum of Understanding between the New York State Office of Mental Health and the Office of Alcoholism and Substance Abuse Services. These services will continue to be provided to the BATC during emergencies.

1. In the event an emergency is declared by the administration of the BATC, the BATC will convene a command post. If an emergency is declared by BPC, and it involves the BATC, a sub command post will be established at the BATC. A notification process with the BPC Director of Administration shall be established. The BPC Director of Administration will ensure that necessary supplies and materials are provided to the BATC as per the Memorandum of Understanding during the emergency. The BPC Director of Administration or a designee will contact the following Department Heads to provide emergency services to the BATC, as necessary:
   - Safety Services - Chief Safety and Security Officer, ext. 2222
   - Work Control Center – Plant Superintendent, ext. 2437
   - Laundry / Linen Services – Assistant Business Officers, ext. 2617/2476

- ? Dietary – Institution Food Administrator, ext. 3101
- ? Pharmacy – Director of Pharmacy Services, ext. 2558
- ? Central Supply – Central Supply Tech, ext. 2244
- ? Medical Clinics– Chief of Medicine, ext. 2814 / 2220

2. In the event that the BATC needs to evacuate their building, BPC will provide emergency housing within the BPC inpatient buildings.

3. The BPC Safety Department will conduct fire drills, inspections, and annual training for BATC employees on Fire Safety, Right-to-Know, and other safety related topics, and assist in emergency preparedness drills.

IMMEDIATE THREAT TO LIFE

POLICY

It is the Policy of Bronx Psychiatric Center to maintain a plan and procedures for the effective utilization of available resources so that patient care can be continued during an emergency.

A state of emergency will exist when there is a large-scale disruption of normal activities. Emergencies may include fire, explosion, structural failure, utility failure, severe weather conditions, and any other event that prevents the facility from providing normal services.

AUTHORITY & RESPONSIBILITY

The Executive Director, Director for Administration, the Administrator on Call, or designee, has the authority to activate, direct, and deactivate the Emergency Management Plan. If the Emergency Plan is activated, the Office of Mental Health Central Office will be notified. In the event of an emergency/disaster, the Executive Director, Director for Administration, Administrator on Call, or designee have the authority to centralize all functions (command posts) and may authorize the assignment of personnel to units, departments, or duties other than those usually considered within their job classification.

In the absence of the Executive Director, or his designee (i.e., evenings, nights, holidays, and weekends), the authority to activate, direct, and deactivate the Emergency Management Plan has been delegated to the Administrator on Call. This person will decide to activate the plan in consultation with the Senior Safety Officer and the Senior Nurse Administrator. The Chief Safety Officer or the Plant Superintendent, or designee, has the authority to take immediate action to respond to any emergency/disaster (i.e., ordering immediate action to shutting down a facility operation, immediate notification to appropriate local authorities). If the Emergency Management Plan is activated, the OMH Central Office will be notified.

REPORTING/NOTIFICATION

Any condition that may impair the delivery of facility services will activate the Emergency/Disaster Plan. To report an emergency situation, extension 2333 must be called. The Safety Department and the telephone operators will answer the calls jointly, 24 hours per day, seven days per week.

- If the above emergency dictates emergency medical personnel response as indicated, the caller should also inform the Safety department of the medical emergency during the initial call to extension 2333.

- Activation of a medical emergency is by code 4040. See the Medical Emergency Procedure in the Emergency Medical System manual.

- Once the call is made to extension 2333, the desk officer informs the Chief Safety Officer, or designee, and also informs the Plant Superintendent, or designee, of the emergency situation.

SPECIFIC PROCEDURES/INSTRUCTIONS

See the Emergency Management Plan

Insert EMP Flow Chart Here

Insert PowerPoint Notification/Declaration here