

Community Based Outpatient Clinics (CBOC) Emergency Operations Plan

PURPOSE

To describe the integration of the Community Based Outpatient Clinics (CBOC) Emergency Operations Plan (EOP) and the VA Medical Centers Emergency Management Program (EMP). The CBOC Emergency Operations Plan (EOP) is designed to accommodate the level of patient care operations occurring within a stand-alone primary care clinic.

DESCRIPTION

CBOCs function as primary care clinics with limited operation hours, limited patient workflow and minimal staffing. Because of the limited operations, work hours and patient volumes, CBOCs inherently face fewer hazards.

The CBOC Emergency Operations Plan (EOP) brings into one document the information that the clinic needs to develop a response program for an internal or external disaster. Although the CBOC Emergency Operational Plan (EOP) is of smaller scale than the Medical Centers, the common framework of "Mitigation, Preparedness, Response and Recovery" is maintained. In order to determine the types of hazards that the CBOC will face, a hazard's assessment has been performed. The plan is a guide, and it is always expected that those employees who find themselves facing an emergency will use good judgment. The plan is updated as necessary and reviewed annually by the Safety and Environment of Care Committee (SECC). Employees are encouraged to make recommendations to improve the plan.

This EOP establishes basic strategies for the wide range of contingencies of natural and man-made events that may disrupt normal operations and require specific and pre-planned responses to both internal and external emergencies. Because each situation is unique, the plan sets up responses and organization necessary to begin to deal with the emergency. The plan seeks to:

- Give guidance for attending promptly and efficiently to all individuals requiring medical attention in an emergency situation;
- Provide maximum safety and protect patients, visitors, and staff from injury;
- Protect federal property, facilities, and equipment;
- Satisfy all applicable regulatory requirements;
- Provide a logical chain of command to allow maximum use of resources;
- Be a clear document that eliminates unneeded definitions, obscure terms, or unique vernacular that would not be clear to all users;

- Be a resource to maintain and restore normal services as quickly as possible following an emergency incident or disaster;
- Minimize injury to persons, damage or loss of property, and damage to records.

IMPACT

In most settings, if a mission critical system (power, water, etc.) becomes non-operational, the CBOC will have the option to "Evacuate or Close".

The CBOC is not equipped or staffed to support community disaster responses. In the event of a community disaster, the CBOC Clinical Manager will determine if the clinic should remain open or if circumstances warrant closing the clinic and rescheduling appointments.

As CBOCs are not required or intended to be functional 24/7, Continuity of Operations (COOP) planning do not apply. However, CBOCs are responsible to assist the Medical Center with their Continuity of Operations (COOP) planning.

KEY PERSONNEL

CBOC Charge Nurse: Has overall on-site responsibility to ensure that the CBOC has a functional EOP that meets environment of care standards for the patients; overall responsibility for the on-site care and safe evacuation of CBOC patients, visitors and staff; determines need for closure and diversion of patients requiring treatment; maintains contact with Medical Center. Responsible for the care and safe evacuation of patients; determines transport, evacuation, and resource needs.

CBOC Business Manager: Protection of records and maintains communications.

Medical Center Emergency Preparedness Coordinator: The Emergency Preparedness Coordinator at the Medical Center provides expertise in planning and developing the emergency operational plan for the CBOC. The Safety Personnel can also serve as a resource via telephone during an emergency situation.

CBOC Staff:

- Maintain normal operating procedures to the best of their ability.
- Shall immediately notify the CBOC Clinical Director of any disruption or emergency (i.e. fire, bomb threat, external community disaster that may affect the CBOC).
- In the event of injuries among staff or patients, staff will render first aid, as needed. Seriously injured persons should not be moved unless they are in danger of further injury. Ensure the entire area is checked.
- Will also participate in emergency response activities as directed by Medical Center leadership.
- Secure/protect patient records and other official files.

MITIGATION/PREPAREDNESS.

Ensure fire safety inspections are conducted and equipment is in working order.

Continue to procure fire retardant materials.

Conduct training and evaluation of drills/exercises.

An assessment of mission-critical systems should be conducted after each period of severe weather.

Staff education:

- ✓ Staff should make themselves aware of evacuation plans for their areas.
- ✓ Staff should be familiar with basic fire, HAZMAT and other emergency responses. Where possible, they should act to protect the life and safety of patients, visitors, volunteers and employees.
- ✓ Staff should participate in CBOC training and exercises. These exercises are intended to practice emergency response activities and improve readiness.
- ✓ Staff should make suggestions to the CBOC Clinical Director on how to improve the planning response activities.

Participate in emergency response activities as directed by the CBOC leadership.

RESPONSE AND RECOVERY

There are five phases of a CBOC emergency response. They are:

I – Identification: Identification of the emergency and how it affects the CBOC is critical.

C – Containment: Initial containment of the emergency to ensure that its effects are limited.

E – Evacuation: Moving patients, staff and visitors to safety, if necessary.

R – Response: Apply the necessary CBOC and community resources to assist the affected victims and confine the physical affects of the event.

R – Recovery: Do those things necessary to return the CBOC back to normal operations. This includes both physical plant and human resource issues.

An Internal Disaster is an event that causes or threatens to cause physical damage and injury to the CBOC, personnel or patients. Examples are fire, explosion, hazardous materials releases or bomb threat.

An External Disaster is an event that occurs in the community. The CBOC is not staffed to respond to external disasters. The CBOC Clinical Director will determine if the clinic should be closed as a result of an external disaster or remain open.

If there is obvious building damage, move employees and patients to a safe area.

Use telephones only for emergency calls where a life-threatening situation exists and for damage and fatality reports. Cell phones may be used except in cases of a bomb threat, as the phone frequency may ignite the bomb.

Preparedness Drills: In accordance with JCAHO standards, the CBOC will conduct one disaster exercise (test) each year.

Coordination with the Medical Center for back-up assistance as needed.

Communications:

During any emergency event, communications is a major activity. Emergency communications from the CBOC will be by telephone. If the telephone system is inoperable, the staff should contact the Police by any means possible, including personal cell phones, and request assistance.

First notification of an internal emergency will usually be made by the employee discovering the emergency. Fire notification can be through pulling the fire alarm box. If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 911.

During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the CBOC, it is important to communicate with the other staff as soon as possible.

Medical Treatment:

The CBOC is not equipped or staffed to provide medical support as part of the community emergency response program. The CBOC will either continue normal operations, or close the clinic based on an assessment of the external disaster.

To the extent possible, patients, visitors, or staff injured during an internal disaster will be treated by the CBOC staff. If the circumstances do not permit treating patients at the CBOC, they will be referred to the Medical Center unless their injuries require immediate attention. If immediate medical attention is required and it is not safe or appropriate to refer the patient to the Medical Center, 911 will be called and the patient will be treated by the emergency medical system locally.

Visitors who require non-emergent medical evaluation or treatment should be treated and referred to their physician or sent to local hospitals.

Fire Safety

The acronym **RACE** will be used to remember Fire Plan Procedures.

Rescue/Remove persons in immediate danger.

Feel the door with the back of hand before opening it. If the door is **HOT -- DON'T OPEN THE DOOR.**

If the door is not hot, open slowly and stay low to the ground where there is breathable air.

Move patients into the corridor and out of the building.

Close the door to the room on fire.

Alarm/activate the fire alarm.

Alert other employees in the area.

Go to the nearest fire alarm pull box and activate the alarm.

Confine the Fire.

Close all doors and windows between the fire and occupied areas.

Turn off oxygen and compressed air systems if you are directed to do so or if the oxygen or compressed air is causing fire to increase.

Turn off all air circulating and other electrical equipment. **LEAVE LIGHTS ON.**

Extinguish fire with available fighting equipment.

Extinguisher use

P -- Pull the pin between the two handles.

A -- Aim at the base of the fire.

S -- Squeeze handles together.

S -- Spray from side to side.

Stay between the fire and a path to safety. Keep low to the floor to avoid heat and smoke. First responders to a fire are responsible for taking immediate action to ensure the safety of employees, visitors and patients. Supervisors in this area, should check for injuries and render first aid if necessary. Evacuation may be necessary if smoke or flames threaten patient safety. If necessary, move patients horizontally beyond smoke doors or down stairs.

Damage Assessment:

The purpose of conducting a damage assessment soon after an emergency event is to determine if an area, room, or building can continue to be used safely. If the area is unsafe for occupancy or use, then evacuation of patients, staff and/or visitors may be necessary. The need for rapid assessment of post-emergency damage to the physical plant is essential to ensure that it is safe to occupy and/or use. Such damage assessment may be required as a result of an explosion, hazardous material spill, fire or utility failure. In each case, the safety of potential occupants needs to be considered. A more thorough damage assessment needs to be completed by local emergency responders, i.e., police and/or firefighters.

Evacuation of patients should only occur if the patients will be safer being evacuated rather than remaining in place.

The CBOC facility may require at least two levels of evaluation. The first shall consist of a rapid evaluation to determine if the building is safe to occupy. The second phase will consist of a detailed evaluation that will address structural damage and utilities in more detail. A third level, engineering evaluation, may require licensed engineers to conduct structural and geological assessments.

Evacuation:

The purpose of this section is to describe how evacuation from the CBOC should take place. It outlines priorities for evacuation and sets out in concept how the evacuation should take place. Each situation is different and the individuals responsible for the evacuation need to consider the actual event and act accordingly.

The decision to evacuate is not an easy decision. Patients should be evacuated only when necessary. Examples include when they are in danger based upon a fire, smoke or hazardous material spill. Evacuation may also be required as a result of physical plant damage, where the patient is in more danger by remaining in place than being moved.

All available staff members and other able-bodied persons should assist personnel at the location of the fire or emergency in the removal of non-ambulatory or injured patients.

Priorities for moving patients are:

Persons in imminent danger.

Other

- ✓ Exact evacuation procedures to be followed will be dictated by the nature of disaster and the extent of damage to the hospital buildings.
- ✓ Orders for evacuation will be from the Clinical Manager, or designee.
- ✓ All rooms will be thoroughly searched upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.
- ✓ When patients are removed from the clinic, staff will remain with the patients until they are able to safely leave or have been transported to the appropriate facility for their continued care and safety.
- ✓ If the patient is evacuated from the CBOC, the relatives of patients will be notified of the patient's location and general condition by the CBOC staff as soon as possible.
- ✓ Close all doors and windows and turn off all unnecessary electrical equipment, but leave the lights on.
- ✓ Evacuation routes are posted on corridor walls.

Public Information.

Good public information is necessary to keep people informed on what has happened and may/will happen. The information should address misinformation and provide information to assist the publics in their planning.

Any release of information to the media and patients' families will be coordinated with the Public Affairs Officer at the Medical Center. Depending on the situation and the circumstances, the Public Affairs Officer will travel to the CBOC to assist with release of information.

When an emergency incident occurs, the Emergency Preparedness Coordinator will assess the nature of the event and impact on patients, staff and the general public and, with the Public Affairs Officer, develop a Public Information Plan. This plan may include such things as employee meetings, internal informational publications, press releases and other programs intended to disseminate accurate information regarding the event and impact as well as deal with misinformation.

Bomb Threat

Terrorists use bomb threats to disrupt the activities of an institution to achieve a political goal. Real or not, the threat itself will achieve their goal/objective. Bombs come in a variety of packages and sizes. This is why personnel who work in a given area assist with the bomb search. They will know if anything is out of place or unusual.

Telephone Threat - Any employee, who receives a threatening call that announces a bomb or explosive threat, will follow the following steps:

- Keep the caller on the line as long as possible. Ask him/her to repeat the message. Record every word spoken if possible.

- If the caller does not indicate the location of the bomb or the time of possible detonation you should ask him/her for this information. Inform the caller that the building are occupied and detonation of a bomb could result in death or serious injury to many innocent people.

- Be alert for distinguishing background noises: such as traffic, music, voices, aircraft, church bells, etc.

- Note distinguishing voice characteristics (sex, voice quality, impediments).

- Note if caller indicates knowledge of the CBOC by his/her descriptions of locations.

- Complete a "Bomb Threat Questionnaire" while you are on the phone or as soon as the caller hangs up.

- Immediately call the VA Police Dispatcher (3333) and local Police (911).

Extortion Letter - If a letter is opened which contains a threat of a bombing or a demand for extortion, immediately place the page(s) and envelope between to clean pieces of paper to preserve evidence.

- Do not handle the letter or envelope any more than necessary.

- Notify VA Police Dispatcher (3333) and local Police (911).

Suspicious Package

If a package is received or found that appears suspicious, do not touch it. Notify the Police Dispatcher who will notify Chief Police Service. If the package appears suspicious to the Chief Police, the Dayton Police and Bomb Squad will be called.

BOMB THREAT QUESTIONNAIRE

Complete this questionnaire immediately following a telephone bomb threat.

Date: _____ Time: _____

Exact words of the Caller: _____

Questions to be asked:

- a. When will it explode? _____
- b. Where is it located? Building _____ Floor _____ Area _____ Room _____
- c. What kind of bomb is it? _____
- d. What does it look like? _____
- e. Why do you want to kill or injure innocent people? _____

- f. What is your name? _____
- g. Address _____

Description of Voice:

Male _____ Female _____ Calm _____ Nervous _____ Young _____ Middle/Old Age _____ Speech: Rough _____
Refined _____ Accent _____ Speech Impediment (describe) _____

Unusual phrases _____
Recognize voice? _____ If so, who do you think it was? _____

Background Noise:

Music _____ Running Motor (type) _____ Traffic _____ Whistles _____ Bells _____
Horns _____ Aircraft _____ Tape Recorder _____ Machinery _____ Other _____

Did the caller indicate knowledge of the facility? _____
If so, how? _____

Reporter Name: _____ Phone No. call received on _____

IMMEDIATELY NOTIFY THE POLICE DISPATCHER AT 3333 and 911.

Civil Disturbance - Hostage

When a group of individuals or a single gunman takes over the CBOC, all employees will comply with the demands of the gunmen. Staff will ensure all patients also comply.

Staff is to do their best to remain clam and wait for Police Officers to respond to the situation.

When appropriate, speak to the gunman about your hopes, dreams, family, etc.; anything to remain human in the eyes of the gunman. You do not what to be just a bargaining chip.

Chemical Spills - Incidental

All areas and/or disciplines within the CBOC are required to have enough absorbent materials available and procedures established to address minor or incidental chemical spills. Personnel responsible for the chemical spill will be responsible for spill clean up.

In the event of an incidental spill contained in the immediate use area, (i.e. work bench, fume hood, small surface area), only the area affected need be evacuated. The user(s) may clean up the spill if they have been trained and have the appropriate personal protective equipment and clean-up materials.

Secure spill area to prevent further contamination and prevent chemical(s) from entering any drains. Ventilate the area if necessary.

Identify chemical(s) involved and obtain Material Safety Data Sheet(s) (MSDS).

Materials used to absorb the chemical spilled shall be disposed of as hazardous chemical waste.

Contact the Safety Section (2825) to report the spill and for clean-up/disposal guidance/assistance.

If an individual is experiencing signs and symptoms of chemical exposure, remove them from the spill area to a fresh air environment. Seek medical treatment.

Victims with clothing that is contaminated will be grossly decontaminated at the accident site.

Gross Decontamination Procedure:

Remove contaminated clothing and if available, flush with copious amounts of water or as instructed by the chemical's Material Safety Data Sheet.

The victim should be wrapped in a sheet to prevent additional chemical off-gassing and immediately seek medical treatment.

VHAC Systems and local exhaust systems will be left on (operational) to clear out any fumes.

Report of Accident (2162) using the Automated Safety Incident Surveillance Tracking System (ASISTS) will be completed on all employees and visitors that are injured as a result of hazardous material incident.

VA Form 2633, Report of Special Incident Involving a Beneficiary, will be used to document VA Patient injuries.

Chemical Spill – Major External

The person who first witnesses or has knowledge of a major chemical incident that threaten the CBOC will notify the Clinical Manager and call 911.

The Clinical Manager will evaluate the situation and report findings to the Director (or designee). In the event the plum of hazardous or toxic gases/vapors/fumes is moving toward the CBOC, Shelter-In-Place may be necessary to protect building occupants from harm.

Shut down all air handing systems, close fresh air intake dampers, close exhaust dampers, and turn off localize ventilation systems.

Continue to Shelter-In-Place until the Fire Department provides and "All Clear".

Severe Weather

Severe Thunderstorm Warning - Weather conditions are favorable for wind gusts, heavy rain and/or dangerous lighting.

Tornado Watch - Weather conditions are favorable for the development of tornadoes or tornado-force winds.

Tornado Warning - A tornado is imminent, or has been sighted. Tornado sirens are activated.

TORNADO WARNING

Environmental Management personnel and any other personnel in the will report to the Charge Nurse to assist in the moving people away from windows.

Pull all drapes and close all blinds and doors.

Move ambulatory patients and their visitors to safe areas such as interior hallways or a building or rooms without windows.

Assure all open flames not absolutely essential are extinguished.

Turn off all electrical equipment or devices not absolutely necessary.

Utility Outage

Utilities include: electricity, water, sewage, heat/air, telephone, LAN line. In the event of an outage, Chief Prime Care and Engineering Service are to be immediately notified. Every effort will be made to quickly restore the disrupted utility or take counter measures to restore clinical services.

Water outage

Hard plastic containers have been placed at each CBOC that can be used for washing hands and flushing toilets. These containers have Clorox added to the water as a preservative and are not intended for consumption.

Steps must immediately be taken to conserve all available water, to seek alternatives, stop excessive waste and restrict toilet usage.

Drinking water must be obtained from other resources such as grocery stores and/or drug stores.

HAZARD VULNERABILITY ANALYSIS (HVA)

The Hazard Vulnerability Analysis (HVA) is a systematic approach of assesses and identifying the probability and consequence of naturally occurring events (floods, tornadoes, etc.), man-made events (hazardous material releases) or threats (bomb threat, nuclear / chemical / biological terrorism etc.) involving the VA Medical Center, VA Community Based Outpatient Clinics (CBOC) and the surrounding community. The Hazard Vulnerability Analysis will be reviewed at least annually when the Emergency Management Plan is reviewed.

Probability:

- **Probability:** The likelihood the event would occur within one or two years.
 - Scoring: 0 = N/A, 1= Low Probability, 2= Moderate Probability, 3=High Probability

Severity:

- **Human Impact:** Severity of impact (injury or death) on patients, visitors, and staff during an event.
 - Scoring: 0 = N/A, 1= Low Severity, 2= Moderate Severity, 3=High Severity
- **Operational Impact:** Interruption of patient related services.
 - Scoring: 0 = N/A, 1= Low Probability of Interruption, 2= Moderate Probability of Interruption, 3=High Probability of Interruption
- **Property Impact:** Potential loss or damage to facility infrastructure impacting patient care.
 - Scoring: 0 = N/A, 1= Low Potential, 2= Moderate Potential, 3=High Potential

Event Scoring:

- Risk = Probability X Severity
 - Scoring: 1-2 = Negligible Risk, 3-4 = Marginal Risk, Greater than 5 = Significant Risk

Events identified as Marginal or Significant Risk will have a Hazard Specific Procedure established in order to mitigate as much of the risk as possible.

Hazard Vulnerability Analysis

Community Based Outpatient Clinics

Richmond Lima Springfield Middletown Marion

Type of Event	Probability	Severity			Risk	Hazard Specific Procedure
		Human Impact	Operational Impact	Property Impact		
	Likelihood will occur within 1 year	Possibility of injury or death	Interruption of critical services	Physical loss or damage		
	0= N/A 1= Low 2= Moderate 3= High	0= N/A 1= Low 2= Moderate 3= High	0= N/A 1= Low 2= Moderate 3= High	0= N/A 1= Low 2= Moderate 3= High		
Natural Events Threats / Events						
Earthquake	1	1	1	1	Negligible	No
Flood / Runoff	1	0	0	0	Negligible	No
Thunderstorms	1	1	1	1	Negligible	No
Tornado	2	2	1	2	Significant	Yes
Blizzard/Ice Storm	1	2	2	1	Marginal	No
Temp. Extremes	1	2	2	1	Marginal	No
Human Related Threats / Events						
Criminal / Robbery	1	1	1	1	Negligible	No
Bomb Threat	1	1	1	2	Negligible	Yes
Civil Disturbance / Hostage Situation	1	1	1	1	Negligible	Yes
Cyber Attack	1	1	2	1	Negligible	Yes *
VIP Situation	1	1	1	1	Negligible	Yes *
Violence in Workplace	1	1	1	1	Negligible	Yes *
Terrorism, Chemical	1	2	2	1	Marginal	Yes *
Terrorism, Biological	1	2	2	1	Marginal	Yes *
Terrorism, Radiological	1	2	2	1	Marginal	Yes *
Mass Casualty-Trauma	1	2	2	1	Marginal	Yes *
Technological Threats / Events						
HAZMAT – Fixed, Transportation	1	2	2	1	Marginal	Yes *
Utility Failure	1	1	1	1	Negligible	No
Fire / Alarm System	2	1	2	1	Marginal	Yes
Supplies	1	2	1	1	Negligible	No

* = Hazard Specific Procedures maintained in another program.

