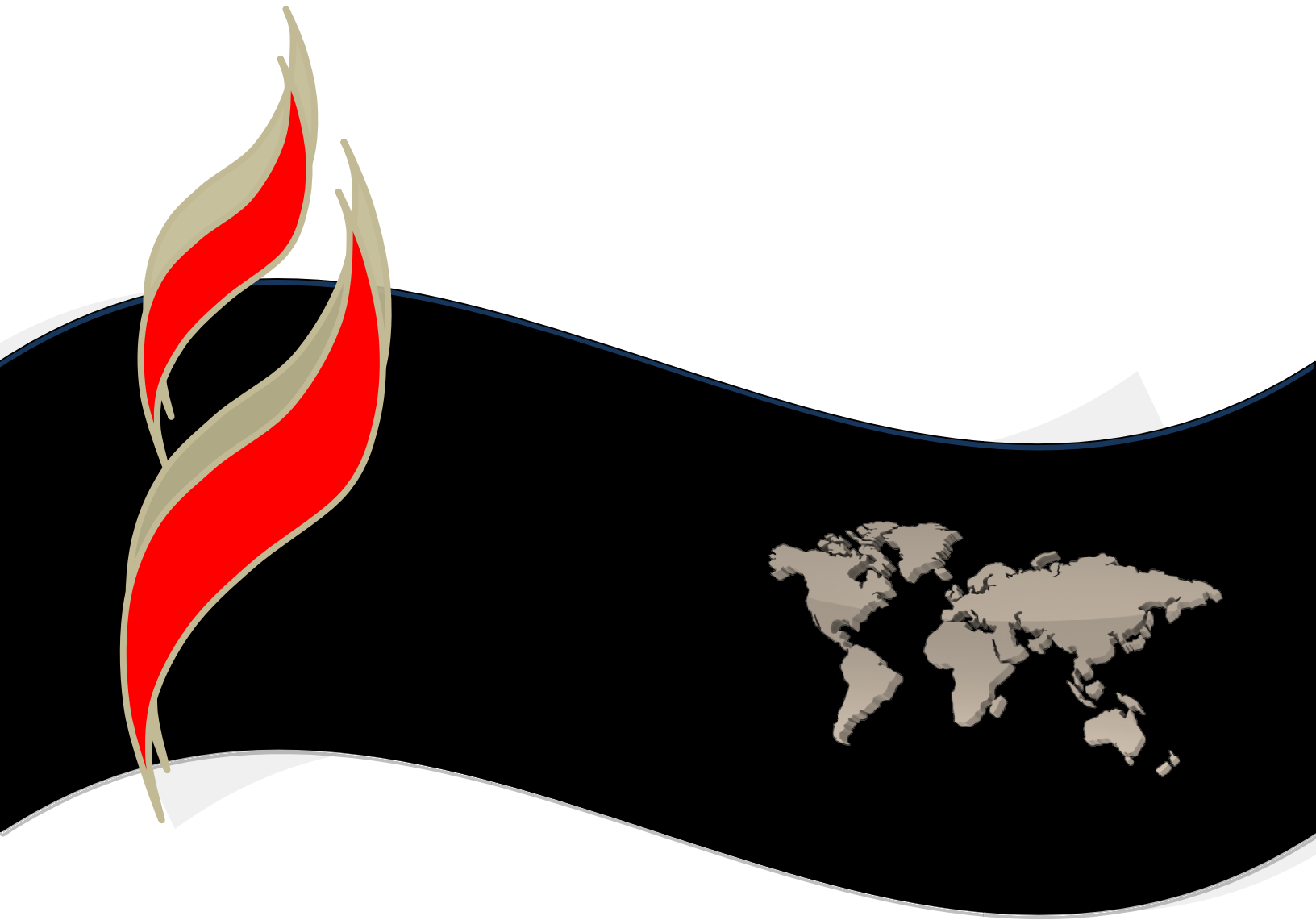


**MOCCASIN BEND
MENTAL HEALTH INSTITUTE**

EMERGENCY PREPAREDNESS MANUAL





Distribution List	
Department	Department
❖ Acute Care Program Director	❖ Social Services
❖ Assistant Superintendent, Clinical Services	❖ Standards and Compliance
❖ Admissions	❖ Switchboard
❖ Gym	❖ Units 1, 2, 3, 4, 5, 6
❖ Assistant Superintendent, Program Services	❖ Committee Member- David Walker
❖ Chief Executive Officer	❖ Committee Member- Mary Oliver
❖ Dietary	❖ Committee Member- Andy Smith
❖ Facilities Manager	❖ Committee Member- Fran Robertson
❖ First Aid	❖ Committee Member- Dr. Jonathan Christianson
❖ Human Resources	❖ Committee Member- James McClellan
❖ Nursing Executive	❖ Committee Member- Polly Sissom
❖ Nursing Supervisor	Total = 28



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PURPOSE OF PLAN

It is the plan of Moccasin Bend Mental Health Institute (MBMHI) to implement and maintain a program to ensure effective responses to emergencies or disasters that affect the health or safety of our patients, staff, and visitors. MBMHI conducts a hazard vulnerability analysis annually that identifies potential emergencies that could affect the need for service or its ability to provide services.

Moccasin Bend Mental Health Institute (MBMHI) is not a Community – designated disaster receiving station.

The role of Moccasin Bend Mental Health Institute (MBMHI) in a community emergency is primarily to:

- (1) Maintain the care and safety of the present patient population at the time of the incident;
- (2) to provide mental health triage screening of individuals referred by community agencies who may be experiencing mental health problem or crises, and make appropriate determinations which may include admission or referral to other community agencies for additional/follow-up care; and
- (3) Provide a safe care inpatient environment in the event patients are admitted in such great numbers so as to exceed MBMHI's current capacity.

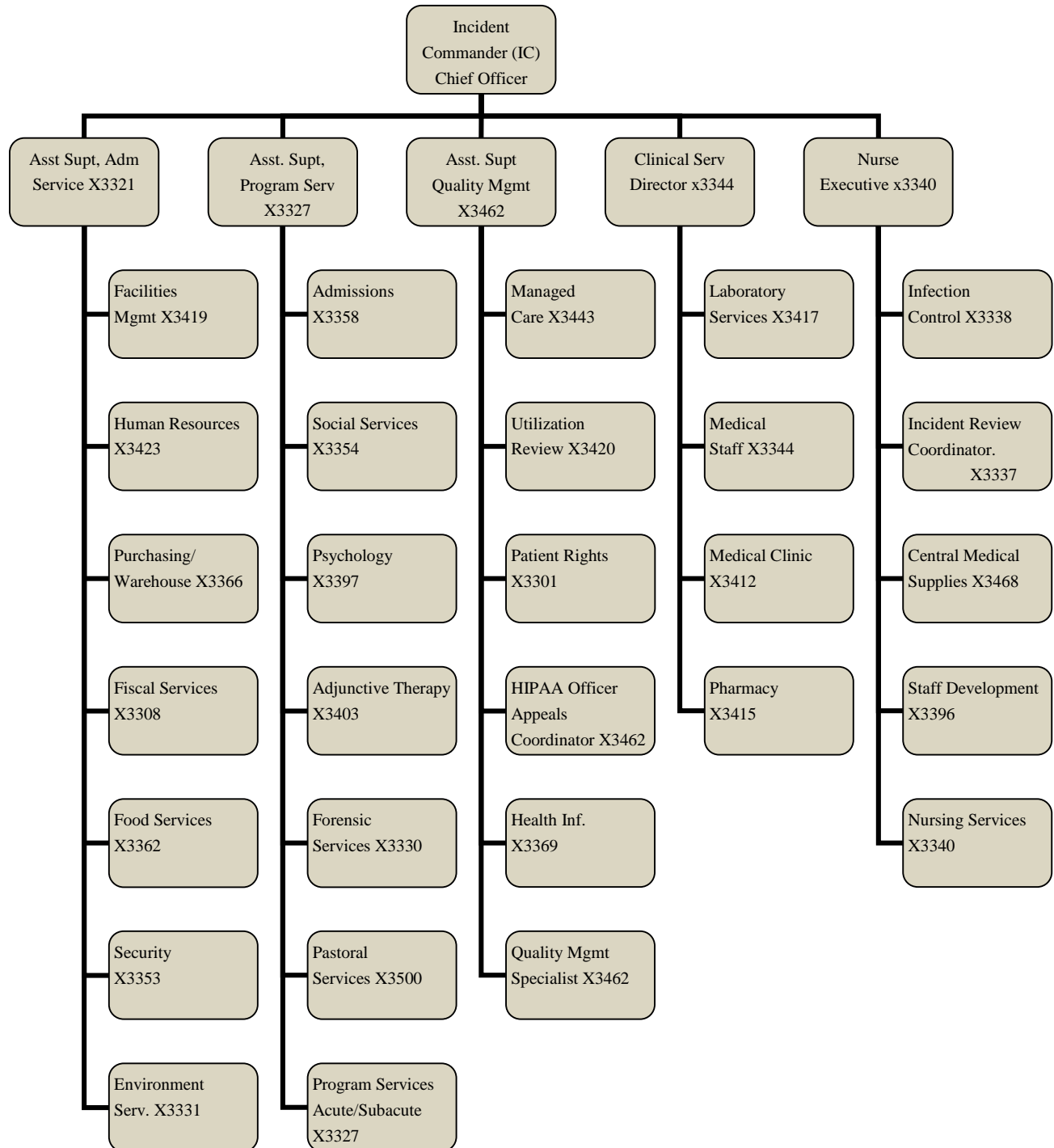
The hospital utilizes an “all-hazards” approach to emergencies by establishing a command center to direct response activities. The hospital’s command center will follow the established lines of authority as outlined in the facilities organizational chart. The Safety Officer is familiar with the National Incident Management System (NIMS) and Hospital Incident Command System (HICS) structure.



STANDARD	PERFORMANCE INDICATOR	PERFORMANCE	CORRECTIVE ACTION
1. Staff are able to describe their functions & duties in implementation of the disaster plan	Attend Annual In-service		
2. Procedures are correctly implemented by staff members during a disaster.	95% of all procedures are correctly followed by staff members as documented in observer critiques.		
3. The disaster horn is audible in all areas of the facility	95% of staff in each program report hearing the disaster horn when activated.		
4. Disaster announcements are audible in all areas of the facility.	95% of staff in each program report hearing all announcements.		
5. Designated staff is responsible for obtaining & correctly operating 2-way radios during a disaster.	Communication procedures during a disaster are followed by all staff members 95% of the time.		
6. Conduct a hazard vulnerability analysis on an annual basis.	Review Disaster Plans to identify potential emergencies and the direct and indirect effects these emergencies may have on facilities operations and other demands for its services.		



STATE OF TENNESSEE
MOCCASIN BEND MENTAL HEALTH INSTITUTE – MBMHI
INCIDENT COMMAND CENTER ORGANIZATIONAL CHART





**MBMHI COMMAND CENTER
LOCATIONS**

- **Primary Site**
 - Information Desk Lobby Main Building**
- **Alternate Site**
 - Chief Officers Office**
- **Second Alternate Location**
 - Gym Coordinators Office**

**COMMAND STAFF
KEY**

- **Assistant Superintendents = Officers**
- **Program Director**
- **Department Directors**
- **Division Leaders = Supervisor's of each Division**
- **Nursing Supervisor**
- **UNITS**
 - (Units 1, 2, 3, 4, 5, 6)**



Part 1

Safety Procedures



PART 1: SAFETY PROCEDURES

I. Environment of Care and Safety Committee Composition

The Safety Program at Moccasin Bend Mental Health Institute is the responsibility of the Environment of Care, Safety Committee, and Safety (EOCS).

The EOCS Committee is composed of a multi-disciplinary staff as appointed by the Chief Officer. Moccasin Bend Mental Health Institute EOCS Committee is composed of the following:

- A. Standards and Compliance Coordinator
- B. Facility Safety Officer
- C. Human Resources
- D. Property Officer
- E. Disaster Planning
- F. Infection Control Nurse
- G. Director of Security
- H. Nursing Coordinator, Subacute Care
- I. Clinical Services
- J. Director of Environmental Services
- K. Activity Therapy Program Coordinator
- L. Patient Safety

The Committee meets monthly for the purpose of reviewing any Environment of Care and Safety deficiency and to enact any appropriate new safety procedures. The Environment of Care and Safety Committee maintains their minutes and records.

II. Duties of the Safety Officer

- A. Co-Chairman at the monthly EOCS Committee Meeting
- B. Collect and log Employee Injury Reports
- C. Investigate each fire and maintenance report to determine how the fire started and future prevention measures
- D. Make monthly inspection tours of each building



- E. Insure that monthly checks of fire extinguishers are made and documented, reporting any that need refilling or recharging to the current vendor for servicing
- F. Conduct the Safety Portion of the New Employee Orientation. Such training shall include but not be limited to:
 - 1. Fire Extinguisher Operation
 - 2. Fire Alarm System
 - 3. Building Evacuation
 - 4. Disaster Preparedness
 - 5. Hazardous Materials / Hazcom
 - 6. Common sense safety practices
- G. Require that a quarterly fire drill is held for each shift in each patient care building and that a report is filled with the Safety Officer.
- H. Maintain a reference library of all safety related documents and publications, including Material Safety Data Sheets.

III. Accident and Injury Reporting System

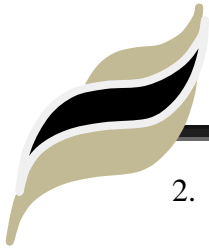
The EOCS Committee has an established reporting system to review and evaluate all accidents occurring to staff and visitors, especially those of a similar nature.

These incidents are investigated by supervisors for the particular area and by the Safety Officer and reported to the EOCS Committee monthly for review and evaluation. This assessment will include monitoring with the possibility of changing hospital practices or policies as needed.

The EOCS Committee considers additional training, individual employee counseling, or other methods to alleviate the causes of those incidents. When appropriate, the EOCS Committee makes recommendations to the Executive Committee for approval.

A. Incident Reporting

- 1. An incident is an unplanned or unexpected event causing injury or the potential for injury. Examples include falls, elopements, allegations of abuse or neglect, or any unusual circumstances involving patients or visitors.



2. Incident report forms are available on all Units. The form must be completed by an RN and given to the Program Director or, in his/her absence, the Shift Supervisor within one hour of the incident. These incident reports are then maintained by the Risk Manager.
3. Any incident involving alleged abuse or neglect will be reported to the Shift Nursing Supervisor immediately. The Shift Nursing Supervisor will notify the Program Director/Designee, who will contact the Institute Investigator.
4. Patient Injuries will be assessed and treated by the physician on call. This will be documented on the Incident Report along with the RN's assessment.
5. If an injury involves equipment, the item(s) should be set aside and held for inspection by Maintenance. The item(s) should not be discarded or repaired.

B. Employee Injuries

1. When an employee is injured on the job during working hours, a TOSHA form must be completed by the employee and signed by the Unit Supervisor. This form is then given to the Shift Supervisor. These forms must be completed prior to leaving the facility, except for a life-threatening injury.
2. If the employee is injured on the day shift, from 8:00 AM until 4:30 PM, the Employee Health Nurse will be notified and will evaluate the employee injury. He/she can be contacted at #3338.
3. In his/her absence, the employee will be assessed and treated at Erlanger North or Workforce locations.
4. If the injury does not require treatment, the completed TOSHA Report will be given to the Shift Supervisor, and a copy forwarded to the Program Nursing Supervisor. The Program Nursing Supervisor will send the completed report to the Safety Officer, and Worker's Compensation Coordinator in the Human Resource Office.

IV. Safety Procedures

A. Building and Grounds

1. Walkways and curbs shall be constructed to facilitate travel by individuals using wheelchairs and crutches.
2. Fountains, toilets, and hand washing facilities shall be provided for the handicapped.



3. Furnishings, decorations, curtains, and ceiling tiles shall be flame retardant.
4. Protection shall be provided from sharp projections, invisible glass, moving parts, heated surfaces, or heavy objects that could fall.
5. The facility shall provide protection from unusual safety hazards, such as, discarded refrigerators with doors, environmental hazards, sewer conduits, and catch basins.
6. Safety Officer will monitor any construction areas utilizing security staff and others to ensure that safety standards are met.

B. Fire Warning and Safety Systems

1. Inspections of all fire-warning systems shall be checked and inspected at least annually.
2. All areas shall have a designated place for fire extinguishers, these fire extinguisher shall be the type required by the Authority having Jurisdiction. All fire extinguishers shall be checked and documented monthly under the direction of the Safety Officer. Annually they will be inspected, tested, and serviced by a certified vendor in accordance with existing regulations.
3. Travel distance to each extinguisher in the area it serves shall not exceed 75 feet except by waiver from the Chattanooga Fire Department.
4. Manual fire alarm boxes shall be installed throughout the facility in locations that are unobstructed, readily accessible, and in the path of normal exit travel. On patient units, alarm boxes will be located in the nurses' station for control and access purposes and posted at back exit of the unit.
5. The fire alarm pull stations and fire extinguisher cabinets are locked on the units. All hospital staff will be provided with a key to these and be required to carry their key at all times.

C. Compressed Gas Cylinders

1. All areas using or storing compressed gases are required to secure the cylinders at all time to prevent them from falling and shall be capped while not in use.
2. Empty cylinders shall be so identified and shall be stored separately from full or partially full cylinders.



3. Unauthorized personnel or patients shall not have access to storage areas for gas cylinders. All cylinders shall be protected from extreme heat and cold (NFPA 56A).

D Handling and Storage of Flammable Gases

1. Flammable gases or liquids shall not be stored near any type of combustible items.
2. The supply of flammable gas stored in the laboratory shall not ordinarily exceed the amount needed for two (2) working days.
3. Flammable liquids or gas cylinders shall not be positioned near flame or heat sources.
4. In laboratory and pharmacy areas, all refrigerators shall be labeled externally to indicate whether or not they are safe for storage of flammable liquids.
5. Any room where flammable gases or liquids are stored shall be constructed to have a fire resistance rating of at least one hour.
6. The areas used for the storage of gases shall be kept free of combustible materials.

E. Patient and Personnel Safety Measures

1. To prevent personal injury, the temperature of the hot water supply shall be regulated and shall not exceed 110 degrees Fahrenheit at the outlet.
2. The facility has a written plan of emergency action for personnel to implement in the event of a serious accident in the Laboratory. This document is located in the Laboratory in compliance with Life Safety Codes.
3. Staff shall be familiar with the policies for supervision of patients using the following special areas:
 - a. Activity Therapy
 - b. Recreation Area



F. General Storage Areas

1. The lowest shelves in storage areas shall be either sealed to the floor or have sufficient space underneath to allow access for cleaning.
2. The height and arrangement of stored items shall not obstruct the proper functioning or testing of any fire detecting or extinguishing system. All storage shall be at least 18 inches below fire sprinklers.
3. The storage arrangement shall not prevent ready access to any fire extinguisher, safety equipment, or tools.

G. Waste Disposal

1. Contaminated waste shall be placed in sealed containers at the site of origin for further removal.
2. More detailed policies can be found in the Infection Control (Biohazard Waste) and Environmental Services Manuals.

H. Blood Borne Pathogens Standard

“Standard Precautions” means to handle all blood and body fluids as if it is infected to prevent exposure to BLOOD BORNE Pathogens such as HIV or HBV.

1. If a blood/biohazard spill occurs:
 - a. Wear gloves for contact precautions and other personal protective equipment, as needed, a gown, mask, and goggles.
 - b. Blot blood with absorbent materials. Use the “Clean Up Kit” available on all Units; directions on box.
 - c. Place the contaminated waste in a Biohazard bag (red bag).
 - d. The hospital-approved disinfectant is used after the biohazard waste is removed.
2. **DO NOT RECAP NEEDLES.** Place all sharps in an approved sharps container.
3. Contaminated linens will be handled as little as possible and only while wearing gloves. These linens will be placed in the soiled laundry containers in the dirty utility room. If linen is saturated, it can be placed in a clear trash bag NOT red. A contract laundry service is used.



4. Every employee is offered the Hepatitis “B” vaccine free of charge. The Infection Control Manual contains the procedures for the prevention or transmission of BLOOD BORNE diseases and is available on the internet. MBMHI's Exposure Control plan is explained during orientation, and also on the internet.

I. Needle Sticks and/or Blood and Body Fluid Exposures

1. Follow Blood borne Pathogens/Needle Stick Procedure CSM 7.2. (located on the internet and posted on units, supervisors office).
2. Immediately wash the infected area.
3. Notify the Employee Health Nurse at #3338.
4. In the absence of the Employee Health Nurse, report to an approved treatment facility (see above) for evaluation and treatment.
5. Patient lab work will be drawn for screening; consent is requested but not required.
6. When lab work results are known, the Infection Control Nurse will contact the employee for follow-up.

J. Code Blue (Aggressive Behavior)

1. Notify the Nursing Supervisor and call for additional staff at the same time, if the situation demands it.
2. The Team Leader establishes visual and verbal communications with the patient. The RN will assess the situation to determine if an emergency exists and determine the appropriate course of action and the need for additional staff.
3. The Operator at #5555 is directed to page a Code Blue whenever a patient is out of control.
4. The Team Leader will continue to attempt verbal de-escalation.
5. An assigned staff member will establish a zone of safety. Furniture and obstacles that would hinder the management of the patient will be removed.
6. Under the direction and leadership of the RN, the Code Blue Team will stabilize the patient by providing treatment interventions that may include, but not be limited to, administration of medication, 1:1 intervention, and/or seclusion/restraint.
7. All staff members participating in a Code Blue will wear gloves.



8. Seclusion and/or restraint will only be used if the patient is a threat to self or others.
9. Before putting a patient into seclusion or restraint, staff will remove any sharp objects or other objects that would potentially cause harm to the patient, such as belts, shoes, glasses, etc. before placing him in seclusion and/or restraint.
10. A brief review of the situation will be completed after the psychiatric emergency has been managed. This review will provide the opportunity to evaluate the staff member's response to the crisis and compliance with all aspects of MBMHI policy and procedure.

K. Code Ninety-Nine (Medical Emergency)

1. Call for help in your area, request crash chart.
2. Pick up the phone and dial 5555, state Code Ninety Nine and your location. Stay on the line until released by operator.
3. If necessary, administer First Aid and/or begin CPR (only if you have been trained). Ventilate with ambu bag on crash cart or disposable oral resuscitator. Apply AED as soon as it arrives.
4. The Nursing Supervisor brings the crash cart in First Aid to the scene.
5. Assist Medical Team, as needed, when they arrive
6. IF THE NURSING SUPERVISOR OR PHYSICIAN DETERMINES THAT AN AMBULANCE IS REQUIRED, notify the Operator, and provide a brief description of the problem. The Operator will then call 911 and request that emergency responders be dispatched to the facility.
7. RN will complete transfer forms to Outside Service Request Forms and have physician sign. In an emergency, the patient is transferred to the hospital closest to the Institute.

L. Elopement

1. The first person who discovers a patient missing or suspects a patient to be missing will immediately report this situation to the charge nurse.
2. All staff will check the unit areas for breach of security, including open doors, open windows, and missing ceiling tiles.



3. The Operator will immediately notify Security, Administration, and Program Director with the patient's name, description, and legal status.
4. The Shift Nursing Supervisor/designee will take the patient's chart to the Information Center.
5. Security will assist in searching building and grounds in calibration with the Nursing Supervisor.
6. Staff on patient's unit will search each room for the missing patient, including office suites, bathrooms, patient bedrooms, activity areas, and courtyards.
7. The Unit Social Worker will notify the next of kin or guardian and case manager of the disappearance. In the absence of the Social Worker, the Shift Nursing Supervisor/designee will complete the notification.
8. The Nursing Supervisor/designee will notify the Unit Physician of the patient's disappearance.
9. The Shift Nursing Supervisor/designee will notify the Program Director and Program Nursing Supervisor.

NOTE:

If charts are not readily available, secure all the essential information needed by telephone and contact the following immediately:

Security, Chattanooga Police, Chief Officer, Assistant Superintendent for Administrative Services and Assistant Superintendent for Program Services.

10. Ask the staff reporting the elopement/missing person the following questions:
 - a. What is the patient wearing?
 - b. Present condition of patient
 - c. Dangerous to self or others?
 - d. Unable to care for self?
 - e. Time patient last seen



- f. Where was patient last seen?
- g. What direction was patient headed when last seen
- h. Legal status

11. The Nursing Supervisor will:

- a. Notify Security.
- b. Complete all forms; include current legal status (found on Face Sheet and/or treatment plan cover sheet).
- c. List all legal charges (found on bottom of Face Sheet).
- d. Notify appropriate county police/sheriff's department if patient have legal charges in addition to Police.
- e. Check physical examination sheet for physical description.
- f. List name and time of persons notified and name of person giving notification.

12. Ground Search:

The Institute has a policy in the Clinical Standards Manual governing the search procedures for missing patients. It is Policy No: 4.30

- a. When it is determined that a patient is missing, the nursing supervisor shall notify Security either directly or through the telephone operator.
- b. Teams of nursing staff and security personnel will be formed to search for the patient.
- c. Unit staff will provide a full description of the missing patient as well as what time the patient was last seen and the possible direction the patient may have taken.
- d. Walkie-talkies are available from security in order for the teams to communicate effectively with security and other teams.
- e. The most dangerous areas, such as the riverbanks, may be searched first.
- f. The fence should be examined carefully for any signs that the patient may have climbed over it.
- g. Eloping patients frequently take the path that follows the river.



- h. Interception points to which teams are to be assigned is:
 - * The Chattanooga Police rifle range
 - * Hamm Road
- i. It takes a patient 30 minutes to one hour to reach these areas after eloping from the hospital.
- j. When deemed necessary, search teams may be selected to explore the wooded areas.
- k. For missing patients from the Subacute Program, the wooded areas will be searched immediately.
- l. The nursing Supervisor, in consultation with the physician on call, the program director, and/or the Chief Executive Officer and/or the Director for Clinical Services, will make the decision on obtaining further assistance from other programs and when to call the Rescue Squad.

M. Hostage Situation

When any one person has been placed in a hostage situation and the threat of bodily injury or death is possible:

1. Notify the Operator at 5555.
2. The Operator will page “Dr. Strong Call the Operator” three times.
3. The Operator will notify the Chief Officer, the on-call Administrator, and the appropriate Program Director/Designee.
4. The Chief Officer will establish a Control Center and assess the situation.
5. The Chief Officer or senior staff member will determine whether to call the Police Department.
6. The immediate area will be isolated and people quietly evacuated.
7. The hostage area will be cordoned off.
8. Secure facility by isolating the area where the hostage taker and hostages are located (i.e., Patient Unit, Library, Front lobby)
 - A. Unit staff locks unit doors.



- B. Office staff locks their door and stay inside office area.
 - C. Dietary Area - Dietary staff will secure the kitchen and dining hall area.
 - D. Purchasing Area - Purchasing staff will secure the Purchasing area and storeroom.
 - E. Laundry Area - Laundry staff will secure the Laundry area and the loading dock.
 - F. Maintenance Area - Maintenance staff will secure the maintenance area, garage area, and motor pool.
9. Due to the potential violence and unpredictability of the situation, it is important to be aware of and follow these suggestions:
- A. Immediate demands for food, drink, communication, and medical supplies will be met.
 - B. Don't be important.
 - C. Don't be confrontational.
 - D. Be passive and cooperative.
 - E. If they talk to you, listen.
 - F. Hostage taker may want you to negotiate with officers; if so, cooperate.



V. Hazard Communication Program, Hazardous Materials, and Waste Plan

REFERENCE: Hazardous Materials / Chemical Control and Disposal of Hazardous Waste

A. Hazardous Materials

The Safety Officer shall identify all items that are hazardous and provide Program Directors with a list of all items in their area that may be hazardous. This list is available from the Safety Office.

B. Hazardous Chemicals

Hazardous chemicals will not be accepted unless labeled with the following information:

1. Identity of the Hazardous Chemical
2. Appropriate Hazard Warning
3. Name and Address of the Manufacturer

It will be the responsibility of the Department Director or designee to ensure that all chemicals containers / bottles are properly labeled; and relabeled any container that becomes defaced in any way No chemicals will be produced or improperly mixed at this Institute.

C. Material Safety Data Sheet (MSDS)

The Hazard Communication Standard requires that MSDSs be available to all employees for each hazardous chemical identified and used. All employees have the right to know what hazards they may face on the job and how to protect themselves against these hazards.

- 1 The Safety Officer will be responsible for maintaining and updating the Master MSDS library. Maintaining and updating department specific MSDS binders will be the responsibility of the area director or designee.



2. Material Safety Data Sheets contain pertinent information about a chemical or hazardous material including exposure time limits, symptoms of overexposure, reactivity, PPE requirements and first aid procedures and precautions. Spill or leak procedures are outlined to insure safe cleanup of hazardous material accidents.

The poison control number (1-800-222-1222) is available on all units.

3. The MSDS will be written in English and will consist of all information listed on OSHA Form 174, including the specific chemical identity and common names.
4. All new procurements of hazardous chemicals should be evaluated by the New Product Committee / Infection Control Committee; the least hazardous substance will be purchased.
5. Training of all employees regarding any new or updated MSDS will be documented.
6. Hazardous chemicals should not be incorporated into any work process until an MSDS has been received and reviewed by the Safety Officer and the employees exposed to the chemical. The MSDS must be available in the MSDS library before incorporating the new product into the work process.
7. It is the responsibility of each Department Director or designee to forward the MSDS of any new chemical to the Safety Officer for review prior to incorporating the new product into the work process.
8. When purchasing hazardous materials / chemicals, the vendor will be required to provide Material Safety Data Sheets for the materials purchased. When a product is discontinued or a new product is purchased to replace an item, the MSDS for the item purchased will be provided.

Accessibility of Material Safety Data Sheets.

- a. A current MSDS library will be maintained in the Safety Office, Front Desk (Operator Desk), Security Station, Facilities Manager office, Auto Shop, Housekeeping office, Kitchen, Laundry.
- b. The MSDSs will be readily available to all employees during each work shift.



- c. If a new MSDS contains changes or new information, the old MSDS will be replaced with the new one in both the master file and the work site file. Affected personnel will review updated or modified MSDSs.

Labels and Other Forms of Warning

All containers of hazardous chemicals must be properly identified and labeled with at least the following information:

1. Identify of the hazardous chemical;
2. Appropriate hazards and warnings (including target organ effect);
3. Name and address of the manufacturer.
4. Unlabelled containers should not be used.
5. All primary and secondary containers will be regularly checked and verified that labels have not been defaced or removed and the information contained on them is current.

Where the manufacturer's label provides this information, it shall be used in lieu of an in-house label.

D. Training

Each Department Director shall ensure that all of employees are made aware of the following during initial orientation and on an annual basis. All training must be documented in Human Resources.

1. Any operations where hazardous chemicals are present in the work area
2. Location and availability of the Material Safety Data Sheets
3. Physical and health hazards of chemicals
4. Available measures of protection, including Personal Protective Equipment (PPE)
5. Steps taken by the facility to prevent exposure to hazardous chemicals / materials
6. First aid and emergency procedures
7. How to obtain and read a MSDS (Material Safety Data Sheets)



It is the responsibility of Department Directors and immediate supervisors to forward a copy of all training to the Safety Office and the Staff Development Office.

Bringing chemicals into the facility that are not listed on the approved chemical list is strictly prohibited.

E. Hazardous Waste

The Department Directors shall establish written procedures, which cover the handling of hazardous waste. The Department Directors shall ensure that documentation of the hazardous waste disposal is on file and supply a copy to the Safety Officer for review.



VI. Suspicious Powder Guidelines – Mail

- A. Any employee exposed to a suspicious substance will immediately notify their supervisor and, in turn the hospital's Chief Officer or designee (AOD).
- B. The Chief Officer will contact the Tennessee Emergency Management Agency (TEMA) at 615-741-0001 or 1-800-262-3300.
- C. In turn, TEMA will contact the Department's Commissioner and the Tennessee Bureau of Investigation (TBI) and the Tennessee Office of Homeland Security.
- D. The Chief Officer shall proceed with ordering a quarantine of the immediate area, determine evacuation or patient placement (see internal movements), and contact local law enforcement. Facility evacuation typically will not be required. The Chief Officer shall offer any needed assistance (hospital security) to the TBI or local law enforcement agencies further securing the hospital as indicated by the incident.
- E. Any employee who receives a suspicious letter or package:
 - 1. Handle with care – Do Not shake or bump
 - 2. Do not open, smell, touch, or taste
 - 3. If the package or letter has been opened and powder spills out – Do not attempt to clean it up.
 - 4. Double-bag the letter or package in zip lock type bag using nitrile gloves.
 - 5. Make sure that all suspicious packages are isolated and the immediate area cordoned or locked off
 - 6. Ensure that all persons who have touched the mail piece wash their hands with soap and water immediately.
 - 7. Notify your supervisor and call Administration at 3401
 - 8. Make a list of all persons who have touched the letter and/or envelope and who have been exposed to the area.
- F. The following guidelines should be followed in determining whether an article of mail appears suspicious:
 - 1. Strange odor or oily stain



2. Restrictive labeling, such as “Personal” or “Private”
3. Markings, such as:
“Fragile – Handle with Care” or
“Rush – Do Not Delay” or
“Deliver by Date/Time”
4. Hand written or poorly typed addresses
5. Misspelling of title (i.e. General, etc) or title only or wrong title with name
6. Distorted handwriting or “cut and paste” lettering
7. Cancellation of postmark and return address indicating different locations.
8. Excessive postage

OR ANY REASON YOU FEEL IT MAY BE SUSPICIOUS



VII. Seasonal Decorations

Seasonal decorations are used in accordance with the regulations of The Chattanooga Fire Department and Hamilton County. . The use of live trees and open flames (candles), however, is prohibited regardless of whether or not the Fire Marshal allows their use.



Part 2

Disaster Procedures



PART 2: DISASTER PROCEDURE

I. Disaster Drills

***Note:** Moccasin Bend Mental Health Institute (MBMHI) is not a community – designated disaster receiving station.

A. Plan Audits and Reviews

1. Evaluation Planning and Execution:

The hospital will test its emergency management plan twice a year, either in response to an actual emergency or in a planned exercise. The hospital will give attention to numerous issues before, during, and after the drill. Drill organizers will have training in how to design and conduct a disaster drill before planning the evaluation of a drill.

The hospital completes an annual Hazard and Vulnerability Assessment. Together with community partners and information, the high priority issues are identified and specifically addressed in this emergency preparedness plan.

2. Preparation before the Drill:

Drills organizers will meet before the drill, and define the role of each participant, during the disaster scenario.

3. Observers:

The value of the learning opportunity, and the success of the drill, depends on the observers. Serving as an observer is a demanding role requiring skills in observing, understanding, and recording. Observers may record personal statements about their observations in the comment boxes.

4. Background knowledge required:

Observers observe the activities during the drill and record their observations. Observers must not have any role other than that of evaluating the drill; they also must not respond to questions from drill participants about the drill. To qualify as observers, volunteers drawn from outside the hospital must have knowledge of hospital functions.



5. Training sessions:

Training sessions for observers must occur before the drill takes place. During these sessions, the observers should receive their assignments, and the relevant area/zone must be reviewed in detail. Observers will be documenting complex tasks, and complete familiarity with the content of the evaluation. All questions and response sets should be explained. Questions about the forms should be addressed at the training sessions. Observers should be given instructions about how to be an effective observer. The following points should be emphasized:

- All observations made during the drill are confidential.
- All observers must be completely familiar with the content of the forms they are completing, including the meaning and intent of the form contents and the points to describe in the comment sections.
- Observers should position themselves so that they are not obstructing the flow of the drill but are able to see drill activities.
- Observers may ask questions of drill participants to clarify the actions they have taken or to clarify observations and discussions. Questions should be asked in an unobtrusive manner. Observers should refrain from asking leading questions that may alter the actions of participants.
- Observers must not participate in drill activities. If asked a question by a drill participant about a drill issue, they should state that they are evaluating and are unable to answer the question.
- Each question on each module should have a response. The response NA should be indicated only when the question does not apply.

6. Before the Drill:

- Recruiting and selecting observers.
- Organizing training sessions.
- Assigning observers to area.
- Distributing relevant material for review prior to drill.
- Distributing evaluations to the observers.

7. During the Drill:

- Assuring that all participants know the code word needed to stop the drill in case of a real emergency.
- Acting as a point of contact for observers during the drill.
- Monitoring performance of the observers in the various zones during the drill.



- Rotating in new observers as appropriate.
- Identifying the end of the drill and notifying observers.
- Collecting forms at the end of the drill.
- Reviewing the forms briefly with the observers to assure completeness and legibility.
- Supplying evaluation information for the specific hospital to the evaluation coordinator for the entire drill when the drill involves more than one hospital.

8. After the Drill:

- Coordinating after-drill activities, including debriefing sessions, and informing the observers, including those who may have changed shifts.
- Encouraging all participants to attend debriefing sessions.
- Ensuring that all observers attend the debriefing sessions, and when there are multiple debriefing sessions, assigning observers to specific sessions.
- Collecting information from the post-drill debriefing session.
- When the drill involves more than one hospital, supplying evaluation information for a specific hospital to the evaluation coordinator for the entire drill.

9. Debriefing (After-Action Review):

Debriefing is an integral part of the drill process. A debriefing should occur in all disaster drills to obtain feedback from participants and observers on performance during the drill. There are different approaches to debriefing; one method is to conduct one large debriefing session with all participants and observers, or a group debriefing.

10. Documenting the debriefing:

A scribe should be assigned to record the responses of the group. Videotaping and/or audiotaping the debriefing session may help to capture all comments. The leader of the debriefing should make a general announcement that the purpose of audiotaping and/or videotaping will be restricted to evaluating the exercise more completely and should not hinder open exchange.



11. Post-drill Information Management and Review:

The evaluation information should be collected by the Evaluation Coordinator, reviewed with the drill organizers, presented to the Environment of Care and Safety Committee, and forwarded to the Executive Council.



II. Coordination of Security Activities with Local Authorities

- a. Chattanooga Police: The hospital maintains an agreement with the Chattanooga Police for emergency services. Floor plans and maps of the hospital grounds are maintained at the Security desk
- b. T.E.M.A.: The Tennessee Emergency Management Agency is a state department. A COOP is maintained with the state and is part of the area wide response plan.
- c. Tennessee Hospital Association. MBMHI is a member of the Tennessee Hospital Association and participates in statewide responses though this agency participating with other state of Tennessee hospitals.
- d. Department of Mental Health. MBMHI is a member of a group of five Tennessee Regional Mental Health Institutes. Coordination of efforts statewide is addressed through TDMHSAS.



III. Media Relations

While patients and staff shall not be compromised, the Chief Officer or his designee shall be responsible for all media communication. The Chief Officer or his designee shall coordinate media communication with the Commissioner of the Tennessee Department of Mental Health and Developmental Disabilities. Every effort will be made to insure that the media is fully and accurately informed of any special circumstances related to the condition of the hospital's patients and staff.



IV. Fire Control Plan

A. Introduction

The purpose of this plan is to provide a reference for all personnel in the event of a fire. A fire will be announced as Code Red an evacuation route is posted in each unit in the event an evacuation is necessary.

B. How to Prevent a Fire

You can help keep Moccasin Bend Mental Health Institute safe from fires by:

1. Recognizing fire hazards of a specific nature and act accordingly.
2. Keeping duty areas clean and free from non-essential clutter or combustible material.
3. Not using electrical equipment that is defective or has a frayed cord and by not using extension cords as permanent wiring.
4. Recognizing that the greatest cause of fire is HEAT.
5. Enforcing NO SMOKING regulations.
6. Knowing the location and how to properly use a fire extinguisher.
7. Knowing your evacuation routes.
8. Keeping all exit doors, aisles and exit discharge areas clear.

C. Types of Fires and How to Control Them

Fire fighting is a job for professional fighters. However, a fire can spread very rapidly while the firefighters are being summoned. Small fires can rapidly become large fires if not addressed appropriately. Staff knowledge and training can control a small fire may prevent larger fires, loss of lives, and property damage.

1. Classifications of Fires:
 - a. Class A: Wood, paper, textile, trash, and similar materials.
 - b. Class B: Alcohol, ether, gasoline, grease, and other flammable liquids.
 - c. Class C: Fires involving electrical equipment or wiring.



- d. Class D: Fires involving metal.
 - e. Class K: Fires involving kitchen-cooking equipment (Deep Fry).
2. Each of the above classes of fires has unique characteristics and it is important that the proper method of extinguishment be used. The most important points to remember are:
 - a. Water will conduct electricity. The use of water on an electrical fire may cause severe shock or even death.
 - b. Water will spread burning liquids.
 - c. The pressure of a carbon dioxide extinguisher will spread a paper or a rubbish fire.
 3. If the fire is too big to be put out by an extinguisher, it is important to contain the fire and smoke as much as possible.
 4. Fire needs oxygen to burn. Therefore, cut off as much air supply as possible by:
 - a. Closing windows and doors.
 - b. Placing wet linens or blankets under doors.
 - c. Closing corridor doors.
 5. If a fire occurs at night, turn on as many lights as possible, so evacuation and extinguishing the fire will not be hampered by darkness.
 6. After a fire extinguisher has been used, never place it back in a cabinet or on the hooks, as it must be serviced before being used again. Notify the Safety Officer that a fire extinguisher has been used and the location of the fire extinguisher as soon as possible after the emergency is over. The Safety Officer will replace the used fire extinguisher and ensures the used fire extinguisher is serviced.



D. Detection of a Fire

Early detection of a fire is imperative. A fire that is not quickly controlled cannot be put out with an extinguisher. The temperature can rise quickly, creating panic and producing heavy smoke. Staff should remain calm, as not to alarm patients. Never shout **FIRE, use Code Red** be calm and move with assurance. If patients become excited, assure them help is available. Containing smoke is also important. Smoke kills more people than fire.

E. Reporting a Fire

The person discovering the fire shall use the fire emergency response plan:

- | | |
|----------------------|---|
| R: RESCUE | Remove any patient from immediate danger. |
| A: ALARM | Pull the lever on the manual fire alarm and dial 5555. Tell the Operator the exact location and nature of the fire. |
| C: CONFINE | Confine the fire and smoke as much as possible. Close doors and windows of rooms that contain fires. |
| E: EXTINGUISH | Secure the fire extinguisher and attempt to put out the fire, if you can do so safely. |

(Do not shout "FIRE!" Remember the RACE acronym.)

The portable fire extinguishers available on all units are designed to extinguish small fires, not large ones. All employees are required to know the location and proper operating procedures for the fire extinguishers located in their work area.

- a. Pull the nearest FIRE ALARM PULL STATION.
- b. Call the Main Reception Desk, by dialing the emergency phone number (5555).
- c. Give your name.
- d. Location of fire.
- e. Extent of fire.
- f. Stay on the line until released by operator.
- g. Stand by to direct fire fighting personnel to the scene (at a safe distance).
 1. Upon notification that a fire exists, the person responsible for the area should take the following action: **Remember the R.A.C.E. acronym**



R = Rescue patients in immediate danger.
A = Alarm - sound the alarm.
C = Confine the fire by closing all doors, etc.
E = Extinguish the fire by smothering with a blanket or using a fire extinguisher.

- a. . Check to see that windows and doors are closed.
 - b. Insure that all charts and records are removed where feasible.
 - c. Supervise the evacuation of patients.
 - d. Establish communications with the Main Reception Desk.
 - e. Request any assistance, if necessary.
2. Fire extinguishers are on each unit (nurse stations), Mechanical rooms etc. To use a fire extinguisher: ***Remember the P.A.S.S. acronym***

P: Pull the pin.
A: Aim at the base of the fire.
S: Squeeze the handle.
S: Sweep from Side to Side to Evenly Coat the Area.

(The acronym PASS will help you remember how to properly use the extinguisher.)

3. Individuals on duty in areas not affected by the fire will secure their area and stand by to support the area when requested.

F. Do Not Leave Your Patients Unattended

1. The Main Reception Desk Operator, upon receiving the report and location of fire, will:
 - a. Call the fire department.
 - b. Report all necessary vital information.
 - c. Notify the security and maintenance departments.
 - d. Issue fire alert message.



- e. If after normal duty hours, notify personnel on list of key personnel.
2. The Shift Nursing Supervisor responsible for the affected patients will:
 - a. Go to the area.
 - b. Assume responsibility for coordinating fire-fighting activities.
 - c. Remain at scene to issue instructions.
 - d. Coordinate activities of those personnel engaged in fighting fire and evacuation of patients.
 - e. Turn responsibilities over to person in charge of Fire Department Crew, when Fire Department arrives.
 - f. Remain to assist in any way possible.

G. Evacuation of Patients, Visitors, and Personnel

1. Patient Areas

When a fire occurs, the first duty of the Nursing Staff is to move any patient who may be in immediate danger. Never wait for instructions to move these patients. If the fire is not in the immediate area, prepare to evacuate. If evacuation is necessary, follow specific instructions and evacuate to another area if possible. Volunteers will remain on their unit and will assist staff if patients are taken outside the unit. Administrative staff is assigned to assist on the units. These assignments are posted on the Emergency Response Plan.

2. Non-Patient Areas

If the fire is in the immediate area, evacuate to a safer area.

H. Evacuate from the Hospital



I. Security

The Security Guards will be prepared to:

1. Handle traffic and direct Fire Department to scene;
2. Keep area around building free from unauthorized vehicles; and
3. Maintain order and do not allow unauthorized persons in area.

J. All Clear Signal

1. The all clear signal will be given by the Fire Department.
2. The persons in charge will notify the Main Reception Desk Operator when the all clear signal has been given.
3. The Operator will announce the all clear signal over the public address system.
4. Patients may be returned to their units.
5. If the fire is extensive, the Chief Officer (or person in charge) will issue instructions to relocate patients in another area.

K. Training

1. Each person in charge of a specific department or area will be responsible for detailed instructions and training to ensure that all employees are familiar with the following:
 - a. Fire alarm system and reporting fires;
 - b. Location of firefighting equipment;
 - c. Operation of firefighting equipment;
 - d. Method of containing fires;
 - e. Survival techniques;
 - f. Evacuation plan and procedures for patients
 - g. Evacuation of employees and records; and



- h. Accountability.
2. Fire Exit Drills
- a. Are held to ensure the efficient and safe use of exit facilities.
 - b. Proper drills ensure orderly controlled exit and prevent panic, which has been responsible for the greater part of loss of life in major fire disasters.
 - c. Can be conducted without disturbing patients by:
 - 1.) Advance training in the choice of location of the simulated emergency; and
 - 2.) Closing doors to patients' rooms and units in the vicinity prior to evacuation.
 - d. Shall be held at least each quarter for each shift. Area Supervisors may conduct a practice drill at their own discretion.
3. It is the responsibility of the Safety Officer to train and educate employees in the FIRE ALARM and PROTECTION EVALUATION PLAN and FIRE PREVENTION PROGRAM. It is the Safety Officer or Designee's responsibility to conduct drills and evacuations as required.
4. Fire Drill Procedures
- a. Technicians/Nursing Staff**
 - (1) Search each patient's room to verify that all patients are out of the rooms.
 - (2) Shut door and place pillow on outside of bedroom door to indicate that the room is clear. (Pillowcases are to be put in dirty linen once fire drill is completed, and new pillowcases are to be put on pillows prior to be placed back on the beds.)
 - (3) Take the patients to the outside activity room with adjoining courtyard (Safe Zone).
 - (4) Check the kitchen, activities rooms, offices and all other areas on the unit. Take the patients to the outside activity room and ensure all patients and staff is accounted for.



- (5) If a patient is in a seclusion room, have a staff member remain with the patient, and do not remove out of the seclusion room until instructed to do so.

b. Charge Nurse

- (1) Remove all patient medical charts from the nursing station work area, and take into the activity room with the patients.
- (2) Make a head count of all patients and staff present, and account for any patients or staff not on the unit.
- (3) Remain with the patients and staff until the all clear is announced.

c. Administrative and Support Staff

- (1) When the fire alarm sounds, clear your work area. Put the “CLEAR” card on the outside of the main door when the last person leaves to office.
- (2) Go to your designated unit or assigned area.
- (3) Remain at the nurses’ station until the patients and staff go into the courtyard area.
- (4) Assist the nursing staff with the patients in the courtyard area; and, when, the patients and staff go into the open yard.

L. Reports

Each department will submit a report of fires, fire drills, and evacuations to the Safety Officer no later than twenty-four (24) hours.



V. Bomb Threat Procedures

A bomb threat to a hospital presents unique challenges in order to protect patients and staff from injury. In many instances, movement of sick and elderly patients may jeopardize their health. When a threat is received, the person in charge must consider all information carefully to determine if the threat is a false alarm before ordering evacuation.

- A. Treat all bomb threats seriously. Never take for granted that any call is a prank. Document all information received during the conversation.
1. Do not hang up, remain calm, and attempt to keep your voice on an even level. Immediately write down everything the caller says.
 2. Attempt to get someone's attention and notify him or her that you are receiving a bomb threat.
 3. Attempt to keep the caller on the phone as long as possible by asking questions: specifically, determine the location of the bomb and time of detonation, if possible.
 4. Pay particular attention to any background noises, such as running motors, music, or any other clues as to the origin of the call. Listen closely to the voice (male/female), voice quality (calm/ excited), accents, or speech impediments.
 5. Write down the exact time of the call and estimate the amount of time you were on the phone with the caller.
- B. The person receiving the call should attempt to keep the caller on the line and obtain the following information:
1. **WHEN** the bomb is set to go off (DETONATION);
 2. **WHERE** it is;
 3. **WHAT** kind it is;
 4. **WHAT** does it look like?
 5. **WHO** placed the bomb; and
 6. **WHAT** the explosive is.



C. The following information should be documented during the conversation:

1. Sex of caller;
2. Time call received;
3. Note background noises, voices, characteristics;
4. Was the voice of the caller familiar; and
5. Length of call.

D. After receiving the call indicating that a bomb threat has been made, the person receiving the call will notify the Switchboard Operator by dialing 5555, giving the details to the Switchboard Operator. Once this has been accomplished, the person receiving the call will report in person to the individual in charge at bomb threat site. The details of the call are not to be repeated to anyone other than Administration and Police and Fire Department personnel.

E. Duties of the Switchboard Operator

After receiving the call indicating that a bomb threat has been made, the Switchboard Operator will notify the Hospital Chief Officer, or if not available, the Assistant Superintendent for Administrative Services; if not available, the Administrator of the Day (AOD), and/or the Nursing Supervisor. If the Superintendent is not immediately available, the Operator will immediately contact the next Senior Representative. The Senior Representative will decide if the situation is such that other agencies should be contacted. If the decision is made to notify others, the Switchboard Operator will:

1. Announce “Plan B is in effect” three times;
2. Notify the Chattanooga Police tactical squad at 911 (bomb squad);
3. Notify the state highway tactical squad at 741-5660;
4. Notify the fire department at 911; and
5. Notify those hospital officials on the emergency telephone list.



F. Security

1. A Security Guard will report to the alleged bombsite immediately upon notification.
2. A Security Guard will be posted at the front, side, and rear exits of the hospital.
3. Depending on the circumstances, Security should normally search the public areas as soon as possible for any suspicious objects.
4. Support Services will secure Admissions Area.

G. Search Procedures

1. The Hospital Chief Officer or person in charge will:
 - a. Make all decisions as to the extent of the search;
 - b. Determine whether or not evacuation will be necessary;
 - c. Evacuation areas that should be considered are the courtyards adjacent to each Unit, and/or the Gym after these areas have been searched. This would then allow a thorough search of the living areas. (NOTE: If the Nurse in charge feels that, the threat is of an immediate danger and not a false alarm, (s) he will order evacuation to a safe area).
 - d. Ensure that all other safety precautions be taken.
2. All personnel who are familiar with a particular building or area should keep them available to the Tactical Squad to assist, if necessary, in the search.
3. If the decision is made to search the area, the following will apply:
 - a. Department Heads, Supervisors, and /or Designated Staff will assist in every manner and will assist Police Officers during the search of the area;
 - b. The search of the hospital will be thorough. If the caller indicated a particular area, this area should be searched first;



- c. If you see what appears to be a bomb, **DO NOT TOUCH IT**. Clear the area and notify the person in charge of the search; and
 - d. Personnel will remain calm and alert. Do not alarm patients. Reassure patients as to their safety.
4. Each Department Supervisor will report to the person in charge immediately after the search is completed and make a verbal report.
 5. If evacuation occurs, regardless of the area, the only individuals to remain in the threatened area will be the Police, Firemen, or any hospital personnel asked to assist in the search.
 6. When an evacuation is necessary, all patients and employees shall be evacuated to a safe distance as determined by the person in charge.
 7. The all clear signal shall be given through the paging system and two-way radios only after the Switchboard Operator officially are notified by the Hospital's Chief Officer or person in charge.
 8. After the all clear signal, employees should remain and assist in getting the patients back into their proper units, and then return to their own area immediately.
 9. Evacuation routes will be the same for a bomb threat as for a CODE RED evacuation.
 10. Do not leave patients unsupervised or without sufficient coverage, in case of another emergency.

H. Written Report

After each bomb threat, the hospital employee who assumed control of the situation will submit a complete report of the circumstances and events to the Safety Officer within twenty-four (24) hours, except as follows:

1. If after 4:30 p.m. on Friday, report should be received by Monday; and
2. If on Holidays, the report is due on the next working day.



VI. Internal Disaster Response Plan

A. Introduction

The purpose of this plan is to establish procedures and assign individual responsibilities, which will permit this facility to respond to emergency/disaster situations on the Moccasin Bend Mental Health Institute grounds in an orderly and effective manner. An Emergency Preparedness Manual is located on each unit and in each office area. MBMHI Emergency Disaster Plan provides processes for notifying, identifying, and assigning staff during emergency conditions.

B. Definitions

1. Internal Disaster

Any situation(s) on the institute grounds involving a medical or Non-medical emergency, or both, which is, or has the potential to be, of such magnitude, as to disrupt this facility's ability to continue to operate in a normal manner. An internal disaster exists when the emergency warrants activation of the Internal Disaster Response Plan in order to bring the emergency under control and to return the facility to normal operations.

2. Emergency

An emergency is any situation that poses an immediate threat to life, health, or safety of patients, staff, or visitors of this facility.

a. Medical

A medical emergency is a situation in which illness or injury poses an immediate threat to life or health of patients, staff, or others.

b. Non-Medical

A non-medical emergency is a situation not yet involving illness or injury, which causes, or may cause, a threat to life, health, safety, or property, if immediate corrective action is not taken. Some examples of non-medical emergencies are:

- (1) Presence of fire, gas, or smoke;
- (2) Damaged electrical lines,



- (3) An approaching tornado.

C. Procedures

When an employee observes an emergency situation(s) he/she should:

1. First determine if there are any persons who are ill or injured;
2. Act at once to prevent loss of life or further disability. Remove injured to a safe area;
3. Try to attract the attention of someone who will notify the Switchboard Operator. The caller will remain on the line until released by the Switchboard Operator;
4. Activate the nearest fire alarm if fire or smoke is present. Alert staff, and follow fire safety policy and procedures;
5. The Switchboard Operator will obtain:
 - a. Information regarding the number of persons injured and types of injuries;
 - b. Location and nature of incident; and
 - c. Name of person calling.
 - d. Instruct Switchboard Operator to sound disaster horn.
 - e. Instruct the Switchboard Operator to calmly announce over the intercom: (Each instruction repeated 3 times)

"Attention Please - Attention Please - Attention Please."

f. "Plan _____ is in effect."

Code Red - Fire Plan
"Plan B" (Baker) - Bomb Threat Plan
"Plan D" (David)..... - Internal Disaster Plan
"Plan C" - External Disaster Plan
"Evacuate the Building" - Mass Evacuation Plan
"Plan T" - Tornado Plan
"Dr. Strong" - Hostage Situation Plan
 - g. "All patients will remain on units or return to units."



- h. "All visitors will remain on units or in front lobby."
 - i. "The Command Post is located _____ Extension No. _____."
 - j. "Triage Area is _____." This will be announced three times.
 - k. "Manpower Pool is located in the Rec Hall of the Main Building. Announced three times.
6. After receiving the information in 5. (above), the Switchboard Operator will:
- a. Announce appropriate plan three times or until the Emergency Medical Team (EMT) and the Emergency Medical Officer (EMO) respond;
 - b. Notify Security ;
 - c. Security will notify the Switchboard Operator when the EMT/EMO arrives at the disaster/emergency site;
 - d. Notify the Safety Officer/Designee who will act as Emergency Response Coordinator (ERC) until the Disaster Management Officer (DMO) arrives. In the absence of the Safety Officer, the Designee is named by the Senior Administrator on Duty;
 - e. Notify the Chief Officer/Designee. Announce Command Center location if different from disaster site;
 - f. Follow the instructions of the ERC and the EMO if medical emergency is present;
 - g. Give everyone called by phone:
 - 1.) Nature of the emergency; and
 - 2.) Location of the emergency.
 - h. Notify the Employee Health Nurse.



D. Responsibilities of Designated Personnel

1. Safety Officer/Designee

- a. Acts as Emergency Response Coordinator (ERC) when illness/injury is not involved. If illness/injuries are involved in the emergency, the Safety Officer/Designee shall still function as the ERC, but (s) he shall coordinate efforts with the EMO in order to provide assistance to the EMT in their efforts to prevent disability or loss of life.
- b. Takes all necessary actions to prevent injury or loss of life by removing the person(s) from hazardous situations. At the scene, provides basic first aid techniques that are within staff ability, until the EMT arrives.
- c. Takes actions necessary to prevent further property damage.
- d. Reports a CODE 99 – DISASTER if it was not originally called, or if additional injury or illness is discovered, or occurs, during the emergency management process.
- e. Calls in additional help if the situation warrants. At the Chief Officer/Designee discretion, staff may be called from Units or other areas to provide medical assistance and support.
- f. Calls the Fire Department, if necessary.
- g. Insures that roads are clear for movement of emergency and support vehicles. Clears the emergency site of persons not involved in emergency management.
- h. Notifies the Chief Officer/Designee as soon as possible.
- i. Completes report of incident.

2. Chief Officer/Designee

- a. Functions as Disaster Management Officer (DMO). In the absence of the Chief Officer, the chain of command for DMO purposes shall be as follows:
 - 1.) Assistant Superintendent for Administrative Services;



- 2.) Assistant Superintendent for Program Services;
 - 3.) Safety Officer/Designee; and
 - 4.) In the event that none of the above persons are available to fill the role, in both medical and non-medical emergency situations, the EMO should continue efforts to bring appropriate administrative persons into the disaster management process. However, these efforts should not delay any necessary actions, which need to be taken to provide assistance to ill or injured persons or to prevent property damage. If an AOD is present, the EMO should bring him/her into the process to provide appropriate assistance.
 - 5.) After hours, the ATP Nursing Supervisor will act as EMO until relieved by Chief Officer / Designee.
- b. Places the Internal Disaster Plan in operation and identifies separate command center, if necessary.
 - c. Notifies state and local authorities and media, as necessary
Establishes communications with in the hospital as well as entities outside of the hospital (including police, fire, public health, and other health care organizations within the community.)
 - d. Determines if additional staff is needed. Off-duty staff can be called, if needed. Resource mobilization and allocation to be addressed including responders, staff roles and responsibilities, equipment supplies, personal protective equipment and transportation.
 - e. Address issues related to Safety and Security. Orders building evacuation and patient movement to emergency shelter areas, if necessary institute the Utility Management Plan to address interrupted services.
 - f. Activates the Dietary Emergency Feeding Plan (see Attachment 1), if necessary.
 - g. Address medical needs and priorities with consultation with the EMO including clinical and support care activities such as lab, x-ray, or life support equipment.

3. Incident Commander



- a. Responds immediately to the announced location.
- b. If, in the opinion of the EMO, no medical emergency exists, (s)he contacts the Switchboard Operator and cancels code/plan.
- c. Determines if additional manpower is needed.
- d. Asks Switchboard Operator to alert Nursing Supervisors of **CODE - PLAN**.
- e. Notifies EMS Hamilton County Ambulance Services and other agencies, as needed.
- f. Maintains constant communication with EMT and ERC and continues to monitor the situations.
- g. Directs the Nursing Supervisor or designee to set up triage.
- h. Directs additional personnel to the scene to:
 - (1) Assist with care of injured;
 - (2) Assist in transportation of injured to special care area(s); and
 - (3) Maintain order, etc.
- i. Keeps record of persons transported to other facilities, special care areas, morgues, etc.
- j. Notifies the Switchboard Operator to announce **“ALL CLEAR”**.

4. Emergency Medical Team (EMT)

- a. Upon notification of a CODE DISASTER PLAN situation, the Emergency Medical Team proceeds immediately to the announced disaster site.
- b. Under physician's direction, the EMT controls the emergency area until the situation is resolved, or until the EMT members are relieved. The EMT members:
 - 1.) Assesses injuries or illness;
 - 2.) Treats life threatening injuries and /or illness first; and



- 3.) Minimizes further injury or illness from occurring.
- c. Communicates to DMO/designated Medical Officer (OD)
 - 1.) Number and types of injuries.
 - 2.) Need for additional help and supplies.
 - 3.) Need for transportation to a secondary care area.
 - d. Properly identifies all injured and maintains a list of their locations.
 - e. Volunteer Licensed Independent Practitioners/Contract Staff
 1. MBMHI has a process for determining qualifications and competence of volunteer practitioners in the event of an emergency/disaster situation. The volunteer practitioners only include those practitioners that are required by law and regulation to have a license, certification, or registration to practice their profession. The ability to assign disaster responsibilities to volunteer practitioners is made on a case-by-case basis. Guidelines to this procedure are in the MBMHI “Emergency Preparedness Volunteer Practitioners – Disaster Recovery” Policy.
 2. Volunteer practitioners, i.e., retired staff, may be utilized during a disaster event when staffing levels fall below the ability to provide for patient needs, safety, and welfare.

The Chief Executive Officer, or designee, will assign disaster responsibilities and duties.

Volunteer staff will work with assigned hospital staff. Their clinical competence will be assessed by direct observation and chart/peer review.

Volunteer practitioners must present valid government-issued photo identification (e.g. valid driver’s license or passport) and one of the following:

- Current hospital picture identification card/tag that clearly identifies professional designation
- A current license, certification, or registration.



The facility will issue the volunteer a temporary ID tag.
Human Resources will verify licenses within 72 hours.

- F. During an emergency / disaster situation, staff providing care and directing the medical/emotional needs and services shall take into account the specific services required of vulnerable populations served including children, adolescence, and geriatric patients.

5. Security

- a. Proceeds immediately to the scene of the emergency unless instructed to come to the Hospital Reception Desk to transport the Emergency Medical Team.
- b. Follows instructions of the Emergency Medical Team and the Emergency Response Coordinator.
- c. Ensures constant communication with all involved personnel as needed.
- d. Keeps area secure from unauthorized persons.
- e. Directs and escorts emergency vehicles to and from the disaster site.
- f. If necessary, additional staff may be used for traffic control and other functions which security usually handles.
- g. Restrict news media personnel to front lobby.
- h. All employees are issued photo identification cards. This I.D. will be inspected by Security Guards at the entrances before admission is allowed.

6. Ancillary Staff

- a. When additional staff is needed, the manpower pool will be activated.

MANPOWER POOL:

- In Charge: Patient Education Coordinator (Issued 2-way radio for communication)
- Alternate: Activity Therapist designated by Patient Education Coordinator



- Location: The following will report to Recreation Hall in the Main Building for assignment:
 1. Fiscal Services
 2. Accounting Office
 3. EDP
 4. Secretaries from all buildings (not already assigned to specific duties)
 5. Maintenance personnel not assigned
 6. Library Personnel

 - Duty: Be available to assist in areas where additional manpower may be needed. Manpower requests will originate from Command Post.
- b. Upon instructions from the Emergency Medical Officer, the Ancillary Department Heads will mobilize their staff and direct them as needed.
- c. Pharmacy maintains a stock of medications to cover up to three weeks in the case of a medication supply interruption. For additional needs, MBMHI has an account Morris and Dickson Co., 10301 Hwy 1 South, Shreveport, LA 71115, Acct# 51403, (318) 797-7900.
- d. Support Services shall provide necessary transportation for patients and staff. In the event relocation is necessary, TEMA, Tennessee Air National Guard, and Tennessee Highway Patrol shall help with coordination of this process.
- e. The MBMHI Command Center will communicate with patients and visitors within the hospital. Communication can be accomplished by telephone, overhead page, and radio.
- f. The Materials Management department will coordinate physical resources and assets for distribution during an emergency. The department will maintain on file alternate vendors for essential services (food, linen, water, fuel, and transportation) or recourses as outlined in the COOP section of this plan to obtain or replenish supplies. The Material Management Department will work with the command center to obtain additional supplies or medical materials as the situation dictates.



- g. Emergency food service for staff can be ordered through the dietary department during an emergency. A sleeping area can be established (by Materials Management) in a designated area determined by administration for staff to rest or sleep between shifts if unable to leave the facility.

- h. Environmental Services will ensure that bio-hazardous waste is removed in a timely manner and placed in the designated storage area. The removal schedule will be adjusted as the situation warrants.
 - To arrange removal of minor debris not requiring the use of heavy machinery
 - To have personnel trained in stretcher bearing and to take stretcher and wheel chairs to the triage area.
 - Issue blankets and other linen supplies.
 - Responsible for setting up additional beds in designated areas, if needed.
 - Assist in setting up gymnasium as a temporary shelter in case of additional sleeping areas is needed.

- i. Maintenance Department will:
 - To provide emergency repairs, rescue work, traffic control, transportation, and removal of large debris requiring mechanical equipment.
 - Eliminate hazards to patients and personnel caused by damaged utility services.
 - Effect as early as possible the resumption of damaged utility services.
 - Advise the Command Post of any major damage and of corrective action taken.
 - Insure that all doors between the Triage Area and the First Aid are wedged open to allow easy passage of stretchers and wheel chairs.
 - Have all Maintenance personnel not involved in specific assignments report to Manpower Pool.



- Assist Environmental Services in setting extra beds up in designated areas if needed.
 - If electric power is out, the emergency generator is designed to switch on automatically.
 - If natural gas is out, operate boilers by switching to oil.
- j. In case it becomes necessary, the Medical Records Administrator will designate a records removal group for the removal of clinical records from damaged buildings.
- k. Supervisor of Psychology
- Will assign one psychologist to report to Triage Coordinator to assist as needed.
 - Will assign one psychologist to report to First Aid Room Coordinator to assist as needed.
- l. Social Worker designated by the Director
- Three (3) Social Service Workers will report to the Triage Area with one to keep a list of casualties showing where they are sent and will utilize the number from the Disaster Tag to show where casualties were sent.
 - Will assign one Social Service Worker to the First Aid Room to complete identification data on Emergency Treatment Record.
- m. In the event that staff is not able to leave the campus or report to their workstations during an event, special considerations will be made. They will be provided with meals, the ban on cell phones/beepers will be lifted so that staff can communicate with family during a break, and staff will be permitted to make arrangements for child/elder care.



Emergency Treatment Personnel

TRIAGE AREA

- 1 Triage Coordinator (RN)
- 2 Physicians
- 1 Chaplain
- 10 RN's
- 3 Social Workers
- 2 Psychologists
- 1 Security Guard (to remove unauthorized persons and prevent entry)
- 4 Psychiatric Technicians

There will be a "Triage Coordinator" to coordinate the tagging and movement of all casualties. This person is an R.N. to be designed by the Nurse Executive. The Triage Coordinator will be furnished a 2-way radio. The first physician on the triage scene is responsible for medical decisions. D. Transportation to triage or duty assignment is responsibility of individual employee.

FIRST AID STATION:

- 1 First Aid Room Coordinator (R.N.)
- 4 -5 Physicians
- 2 RN's
- 1 Social Service Worker
- 1 Lab Technician
- 1 Psychologist

Note: The above personnel will be pre-assigned by appropriate department heads.



E. The Triage Area will vary with the site of disaster and casualties will be tagged.

1. ORGANIZING THE SITE:

To provide for the best organization of personnel, a disaster scene should be broken up into three zones: (1) disaster, (2) treatment, and (3) transportation. Different types of personnel are assigned to each zone.

2. THE DISASTER ZONE:

The disaster zone is the actual location of the incident (e.g., the wreckage of a plane or the rubble of a collapsed building). Patients may be scattered throughout this hazardous environment. Because this site is, by its very nature, the most confusing and dangerous area of a disaster it is a difficult location in which to deliver adequate patient care. If disaster personnel try to treat patients there, they can be defeated by the difficulty of moving supplies to the patients and by the spreading out of their personnel. Therefore, disaster zone activities should include the following:

- providing site safety
- achieving access to patients
- stabilizing life-threatening conditions for patients
- moving patients to a better zone for treatment

3. THE TREATMENT ZONE:

A second zone should be established to which patients can be moved to receive treatment. This site is usually situated within a safe distance of the disaster zone, unless a dangerous environment forces it to be located farther away. The treatment zone is a better area in which to carry out patient care because equipment and personnel can be concentrated at this site, which is somewhat removed from the confusion of the disaster zone. Nurses should spend most of their time in this zone during a disaster. Activities carried to in this zone include the following:

- * triage of patients into treatment categories
- * thorough assessment of each patient
- * treatment of injuries
- * preparation for transport



4. THE TRANSPORTATION ZONE:

Patients should be laid out in rows according to the severity of their condition. Highest priority patients are put in the row that will be transported first, second priority patients are put in the next row, and so on. The end of each row should border the transportation zone so that rescuers can move patients to the ambulances without having to step over other patients.

5. IDENTIFICATION CODES FOR INJURY TAGS

First Priority - (Red Tag/Rabbit) Erlanger Medical Center

- airway problems of any type
- most types of chest wounds
- deteriorating vital signs
- suspected internal hemorrhage
- severe uncontrolled external bleeding
- head injuries with decreasing level of consciousness
- partial and full-thickness burns of 20% & more of body surface - some types of medical emergencies, such as status epilepticus or insulin shock

Second Priority - (Yellow Tag/Turtle) Erlanger Medical Center

- fractures
- multiple fractures
- spine injuries
- large lacerations
- partial and full thickness burns of 10%-20% of body surface
- medical emergencies, such as angina pectoris or diabetic coma

Third Priority - (Green Tag/Crossed Ambulance) First Aid Station

- minor burns
- sprains and strains
- minor lacerations
- abrasions and contusions

Last Priority - (Black Tag/Erlanger Medical Center, Moccasin Bend Mental Health Institute Morgues, or in case of 3 or more fatalities the gym will be utilized to house bodies until other arrangements can be made.

- Deceased



Tags

Example 1

C 09707

TIME OF TRIAGE

C 09707

C 09707

NAME OF PATIENT IF CONSCIOUS & COHERENT

HOME STREET ADDRESS IF PRACTICAL

HOME CITY & STATE IF PRACTICAL

ENTER OTHER PERTINENT INFORMATION

NAME OF PERSON DOING TRIAGE

0 †

I C 09707

II C 09707

III C 09707

Example 2

TRIAGE COORDINATOR

INDICATE DESTINATION OF VICTIM

RETAINS

INDICATE INJURIES ON BODY DIAGRAM

TIME		
BLOOD PRESSURE	/	/
PULSE		
RESPIRATIONS		
INTRAVENOUS MEDS / FLUID TIME	INTRAVENOUS MEDS	TRIAGE

0 † 0

DEAD, MOVE TO MORGUE

I TO BEH. FIRST CRITICALLY INJURED

II TO BEH. SECOND SERIOUSLY INJURED

III TO FIRST AID STATION OR MINOR INJURIES



F. EVACUATION PLAN

1. OBJECTIVE

To evacuate any or all of the patients in any of the Institute's facilities in the event of gross facility destruction, e.g. by flood, fire, earthquake, act of war, nuclear accident.

2. COMMAND POST

The Command Post will:

- (A) Select an initial evacuation site if immediate evacuation is necessary, e.g., golf course, parking lot, other facility on the hospital campus.
- (B) Determine the degree of involvement required of personnel in each service and give notification through the telephone operator.
- (C) Contact the Hamilton County Emergency Services to arrange for assistance in the evacuation of patients and personnel.
- (D) Mobilize facility and other available vehicles for transportation of patients and personnel if necessary.
- (E) Ascertain the number of patients who are agitated and will need assistance.

3. LOCATIONS

Disturbed patients will be sent to Erlanger Medical Center with appropriate Institute staff. The number of patients transferred will depend upon available bed space at EMC.

Other patients, with appropriate Institute staff, will be evacuated to destinations coordinated through Hamilton County Emergency Services.

If time allows, as many patients as possible will be sent home on leave.

4. MEDICATION

All agitated patients will be sedated before transfer.
Other patients will be placed on "drug holiday."

In the case of patients with a medical condition requiring medication, the Director of Pharmacy Services will insure that appropriate medication is sent to each location with nursing personnel accompanying patients evacuated.



5. WARD RECORDS

Nursing personnel will insure that the following is sent with patients:

- Kardex
- Unit Charts
- Medication Sheets

6. CLOTHING

All patients, except patients sent to Erlanger Medical Center, will carry a blanket and wear day clothing.

7. FOOD

Food needs will be coordinated by the Hamilton County Emergency Services at the location assigned to the hospital.

8. CENSUS

Nursing Department and Medical Records Department will insure that records are maintained showing place to which each patient is evacuated, giving copy to the Command Post.

9. SOCIAL SERVICE

Will endeavor to contact families of patients evacuated.

10. RECORDS AND VALUABLE DOCUMENTS

All department heads will endeavor to secure safekeeping of all inpatient records, documents, and other valuables, and will have written plans providing for this.

11. CLINICAL COVERAGE

Medical Staff and Nursing Service will insure around-the clock coverage of all patients evacuated. In the case of disturbed patients sent to Erlanger Medical Center, Nursing Service will send personnel there as needed.

12. DRILLS

Drills will be held. The degree of patient involvement will be determined by the Chief Executive Officer. All actual evacuations or drills will be the subject of a report and evaluation made by the Disaster Committee and filed with the Chief Executive Officer.



VEHICLES AVAILABLE FOR DISASTER AND MASS EVACUATION

Dispatch Fleet at Maintenance Shop

- #1A License # S3-UA95
- #14A License # S3-UA 96
- '05 Dodge Caravan
- #16A License # S3-TS76
- '05 Dodge Stratus
- '06 Dodge Caravan
- #26A License # SI -VL64
- '06 Dodge Caravan

Security

- #5A License # S3 KT 18
- '94 GMS Safari

Sub-Acute

- #8 License # S3-LW 13
- '95 Ford Van/15 passenger
- #4 License # S3-RC03
- '01 Wheel Chair Van/Dodge

Patient Transportation

- #21A License # S3-KT52
- '94 Dodge Van/15 passenger/campus shuttle

Chief Executive Officer

- #2A License # S5-RX22
- Ford Explorer

Maintenance

- #6A License # S4-LY48
- '94 GMC PU ½ ton
- #18 License # S4-MY 20
- '00 Dodge PU
- #23 License # S5-PH88
- '99 GMC

Purchasing

- #25A License # S6-KC16
- '96 Ford Cargo Van

Dietary

- #19A License # S6-KC23
- '96 Ford Cargo Van



G. FACILITY COMMUNICATION SYSTEM

This section provides information about the Institute's Communication equipment and capabilities available during emergency operation.

Communications is a critical component during any emergency situation, and the communication need expands in proportion to the extent of the emergency.

The Hamilton County Emergency Operation Center is the principal facility from which all communications will be coordinated during a major emergency/disaster. The current communications equipment available through Hamilton County EOC includes Emergency Management, Emergency Medical Services, Law Enforcement, and Fire and Rescue.

Institute Communications

The Institute switchboard will be the main communication system for Moccasin Bend Mental Health Institute. The following responsibilities are part of the communications system procedure to be used during an emergency:

1. Personal telephone calls must not be placed from the Institute during an emergency/disaster system.
2. One messenger from the administrative staff will be assigned to the switchboard to assist in making direct contacts within the Institute when departments cannot be reached by telephone or radio.
3. When authorized by the Command Post, the switchboard operator will notify radio and television stations of disaster situations and ask them to announce through their facilities that Institute personnel are to report to the Institute immediately.
4. In addition to the switchboard, the Institute has --two-way radios available for communication during a disaster. The two-way radios are located in the following areas of the Institute:

Communications 1 - Handset Repeater
Security 14 - Radios
Maintenance Department 2 - Mobile Unit
Maintenance Department 1 - Repeater

The two - way radios are used to communicate:

- A. From the Command Post to the Triage area, First Aid Station, Maintenance, Manpower Pool, or Security.
- B. From building to building.



5. The Institute also has communication beepers and pagers available to communicate with employees. A list of beeper/pager numbers will be maintained at the switchboard.
6. The switchboard and PA system are powered by the emergency generation in cause of power failure.
7. In the event telephone service is interrupted because of downed lines, contact the Chattanooga Police Department by using our Mobile unit in Maintenance and request an officer with radio is dispatched to assist until communication can be restored.
 - A. Distribute cells phones to the following:
 - 1) Admissions
 - 2) Switchboard Operators
 - 3) Nursing Supervisor
 - B. Distribute 2-way radios to:
 - 1) Switchboard Operators
 - 2) Nursing Supervisor
 - 3) Nursing Units
 - 4) Admissions
 - 5) Human Resources
 - C. Request a 2-way radio from Maintenance is placed at the switchboard in order to communicate with Maintenance and Housekeeping Staff.



H. Evacuation Procedures

1. Authority

The hospital, its Units, and /or separate areas shall be evacuated, when, in the judgment of the staff member in the affected area, there exists, or is likely to exist, a clear danger to the health or safety of patients, staff, and/or visitors. Consideration should always be given to the condition of the patients and the possibility of harm, which may occur as a result of the evacuation. Patient charts and the medication kardex will be evacuated with the patients in the event of an immediate emergency. These items will accompany the patient in the event of relocation.

2. Types of Evacuations

a. Partial (Safe Area):

Patients, staff, and visitors will be moved to an area of the building where they will be safe, and from which they can be evacuated, if necessary.

b. Complete:

Patients, staff, and visitors are removed from the building by the most direct route to a safe location outside the building.

3. Accountability

- a. All patients, staff, and visitors must be accounted for as quickly as possible, after the evacuation is completed.
- b. Patients will be moved to a safe location as soon as possible, if it is determined that they will not be able to return to their Units.
- c. Working with social work services communication with patient's family members when patients are relocated to alternate facilities.
- d. In the event of a death resulting, during a disaster occurrence, the body (ies) will be tracked using the procedures identified in the MBMHI Policy "Patient Death"



VII. External Disaster Plan

A. Introduction

In the event of a local or statewide disaster, a coordinated response among authorities (city, county, state) is imperative. All efforts to protect life, limit injuries, and reduce property destruction must occur from coordinated, continuous activities that remain in effect through the disaster and the recovery process.

In order to accomplish the above, the State of Tennessee has assigned primary, secondary, and tertiary responsibilities in response to the threat or actual occurrence of a disaster.

1. Primary

Provide consultation to acute care hospitals and mental health centers in our area.

2. Secondary

- a. Emergency public information
- b. Emergency operation and disaster assistance center staffing
- c. Provide shelter
- d. Food service
- e. Shelter registration

3. Tertiary

- a. Emergency communication link
- b. Outpatient medical treatment
- c. Emergency transportation and evacuation
- d. Damage Assessment
- e. Radiological defense



B. Procedures

1. After notification that the External Disaster Plan is in operation, the following personnel will assemble in the Administrative Conference Center as soon as possible:
 - a. Chief Officer;
 - b. Assistant Superintendents;
 - c. Director of Safety;
 - d. Nursing Executives
 - e. Plant Maintenance Engineer; and
 - f. Program Directors and Department Heads.
2. Wherever possible, Moccasin Bend Mental Health Institute shall continue normal operations until directed otherwise by the Commissioner, the State Emergency Services Coordinator, or their Designees.
3. Once the Superintendent/Designee has been notified, (s)he will proceed in accordance with the Tennessee Department of Mental Health/Mental Retardation Emergency Operations Plan for man-made, natural, and nuclear disasters.
4. Consultation is available from the following:
 - a. Clinical Services;
 - b. Social Services;
 - c. Psychology; and/or
 - d. Pastoral Services.



VIII. Earthquake Plan

A. Introduction:

An earthquake is a shaking or trembling of the crust of the earth caused by underground volcanic forces, or in the case of Tennessee, the breaking and shifting of rock beneath the surface. Earthquakes are very unpredictable and strike without warning. They may range in intensity from slight tremors to great shocks that may last a few seconds to as much as 5 minutes.

The movement of the ground in an earthquake can be expected to disrupt communications, light and power lines, and gas, sewer or water mains. The actual movement of the ground is rarely the direct cause of injury and death, instead casualties usually result from failing objects and debris due to damage to building and other structures.

B. Earthquake Safety Instruction

- During an Earthquake:
 - * If you are indoors:
 - Watch for failing plaster, bricks, light fixtures, bookcases, or furniture, which might slide or topple.
 - If you are in danger, move under a table, desk, or bed staying away from windows, mirrors, or chimneys.
 - Do not use candles, matches or other open flames and douse any fires that might occur during a tremor.
- After an Earthquake:
 - * Check for injuries, but do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
 - * Wear shoes at all times due to debris or broken glass.
 - * Check utility lines, wiring, and appliances for damage. If gas leaks exist, shut off the main gas valve. Do not use matches or lighters until it has been determined that there are no gas leaks. Shut off electrical power if there is damage to wiring.
 - * Do not turn light switches on and off. This creates sparks, which can ignite gas from broken lines.
 - * Clean up spilled medications, drugs and other potentially harmful materials immediately.



- * Do not eat or drink anything from open containers near shattered glass, as glass contamination may exist.
- * If Institute water service is off, emergency water may be obtained from hot water heaters, toilet tanks, melted ice cubes, and water packed in canned vegetables.
- * If water pipes are damaged, shut off the water supply at the main valve.
- * Check all buildings on campus for structural damage and if deemed necessary, evacuate all patients and employees until a competent authority declares the building safe to return.
- * Be prepared for additional earthquake shocks.



IX. The Recovery Phase

The Recovery Phase under the direction of the Chief Officer and hospital leadership begins when the Disaster or crisis has ended, and the immediate emergency has been addressed. The hospital recovery phase shall consist of:

- A. Informing the Governing Body of the current status of the physical facility and all patients under its care;
- B. Assessment of all patients to determine any physical or mental harm that may have resulted from the event;
- C. Make arrangements to discharge patients who can be appropriate served in a less restrictive environment;
- D. If appropriate, contact community agencies and inform each agency of our needs and request assistance as may be indicated;
- E. Inform the community agencies of assets we may have acquired to assist with the emergency situation and make appropriate arrangement for the return of assets;
- F. Support departments will assess their individual department to determine actions necessary to return to normal operation;
- G. Social Work shall assume primary responsibility for ensuring that families of patients are informed of their relative's condition and any changes that may occur in their status; and
- H. Staff who may have experienced negative effects as a result of the disaster will be offered appropriate counseling services within hospital resources or the Employee Assistance Program (EAP).



X HAZARD VULNERABILITY & RECOVERY

In the event an internal or external emergency challenges the facilities operations, the following are in place to allow for the continuation of services:

- A. Emergency generators are located in the Main & Winston Buildings.
 - 1. Main Building
 - a. Maintenance stores 1500 gallons of fuel, enough for one week.
 - b. The generator powers:
 - * the telephone system
 - * both boilers (heat, hot water)
 - * air handlers (heat)
 - * lighting - renovated units
 - * emergency lighting - older units
 - * elevator
 - 2. Winston Building
 - a. Maintenance stores 7000 gallons of fuel, enough for one month. A portion of this.
 - b. fuel can be relocated to the Main Building if needed.
 - c. The generator provides full power to the building.
- B. Dietary Services
 - 1. A three day emergency supply of food including nonperishable items are stockpiled.
 - 2. A one-week supply of bottled water is maintained.
 - 3. Hamilton County Emergency Management (622-7777) can be contacted for additional needs.
- C. Pharmacy
 - 1. The Pharmacy Director maintains a three-week supply of routine medications.



D. Computers

1. Nashville has secured servers for Avatar with backup tapes. Replacement hardware can be forwarded if needed.
2. Information Management Services can attempt to recover information on individual computers on a case-by-case basis if the facility loses power.
3. It is recommended that important data be stored on the "F" drive. Backup tapes are made nightly and stored at a secure site off campus.



XI. Radiological, Biological, and Chemical Isolation and Decontamination Plan

In the event of an incident involving radiological, biological, or chemical contaminants, the internal and external disaster procedures will be implemented. Additionally, the Chief Officer or her designee will contact the Tennessee Emergency Management Association (TEMA) and follow instructions provided.



XII. Bioterrorism Emergency Plan

Goal:

The goal for this plan is to see that all patients and staff receive medication/vaccine as indicated in the event of an area incident involving Bioterrorism. In order to see that staff comes to work, and do not need to provide for their families medication/vaccination at other locations, immediate family member will be provided medicine/vaccination on site along with the identified employee.

Reception of Supplies

- A. The Hospital Pharmacist is the Supply Manager. He is designated to pick up the Strategic National Stockpile (SNS) supplies from the appropriate location.
- B. Supplies will be stored in the locked pharmacy.
- C. Refrigerated supplies will be stored in the refrigerator in the pharmacy. If distributed to units, in the medication refrigerators on the units.
- D. Pharmacy will log out all dosages, similar to flu vaccines so that all dosages are accounted for.
- E. The Employee Health Nurse will produce a fact sheet for each resident, employee, or family member, which will include education, follow-up information, and authorization. (Similar to flu vaccine forms.)

Mass Medication/Vaccine Distribution Clinic

- A. The Distribution Clinic will be organized and directed by the Medical Director. The Employee Health Nurse or designee will act as the Nurse in Charge of the distribution clinic.
 - 1. Vaccine will be distributed to the units for patient use. Distribution will be bulk, based on numbers of patients in need. Dr.'s orders and authorizations for vaccines will be required at the unit level. In the event that a patient cannot give consent, and time limitations prevent contacting the guardian, consent for vaccination will be the responsibility of the hospital's Chief Officer.
 - 2. Staff for the Distribution Clinic will include nurses that are not normally assigned to units for patient care. The Nurse in Charge of the distribution clinic will establish a schedule to man the Distribution Clinic, and this may include up to 24 hours of coverage, and will maintain a list of employee



home telephone numbers to use in the event of an emergency.

3. The Medical Director will organize the clinic into stations that will address the process of distribution, and see that specific written education, follow-up, and consent information is available (see section C).
- B. The Distribution Clinic will be set up in the hospital gym. This area is selected so that family member need not be present in the front of the building and to provide separation from our patients. Security staff will be available at the back staff entrance to allow access and direct staff and family members. A table will be set up at the entrance to the gym. Staff and families will proceed through the gym as they address specific steps in the process. The initial area will be triage (C.1.). Staff and family members will be identified. The next area will include education, screening, and authorization (C.2, 3, 4). Multiple areas then will be set up for administration (C. 5). A final area will be set up to address follow-up and additional instruction. (C. 6.), Staff and families will then exit to the gym through the back entrance. Families will be directed to leave the facility through the back of the building.
- C. Steps in the distribution process will be as follows:
1. **TRIAGE** – Security will establish that each person presenting is either an employee or family member of an employee. Family members should be present with the employee.
 2. **EDUCATION** - The employee or family member will be directed to a screened administration area where the nurse will explain the agent involved and offer information regarding the medication/vaccine.
 3. **FORMS DISTRIBUTION** – Forms will be given to each person to be completed that will explain (provide information about) the vaccine/medication, and be completed for consent for treatment.
 4. **MEDICAL SCREENING** – Shall be done at the point of administration by a licensed nurse in the privacy-screened area(s).
 5. **MEDICINE/VACCINE DISTRIBUTION** – Administration shall be done by the licensed nurse.
 6. **EXIT INFORMATION REVIEW** – To be provided at the point of administration, and then reviewed at the check out desk outside the personnel office. Staff and family members will be directed back out of the area through the front of the building.



- D. Plans for vaccination/medications are estimated at 150 patients, 430 staff, and 2,000 family members for a total of 2,400 dosages. Plans include family members so that staff will be free for outside responsibilities and attend to the care of patients.
- E. Staff for the Distribution Clinic will include administrative nurses, Nurse Practitioners, Utilization Review Nurses, Clinical Nurse Specialist, Chief Nursing Officer, and Assistant Director of Nursing. These nurses are not normally assigned direct patient care for our patient on the hospital units.
- F. Security will provide direction and assistance for non-medical tasks, such as meeting family members as they arrive, connecting employees with their family members, and directing family members out of the area.
- G. A level I emergency will be called at the onset to return all patients to the units, and will be maintained until such time as the clinic has completed operation. The hospital will initiate an External Disaster plan (Plan C) as indicated by the type and scope of the situation that initiates this Bio-Terrorism Emergency Plan.

Facility Security

- A. The Chief of Security or ranking designee officer will function as the Security Manager providing triage to employees and families. Security staff must know the details of setting up the Distribution Clinic, and how to obtain the necessary supplies, signs, tables, and privacy screens as well as where to man the rear entrance to the hospital, and the main entrance to the gym area. Personnel Office staff will assist Security as needed with non-clinical tasks.
- B. An alert requires that all staff on the units account for the location of all patients, patients return to their units, and staff will enter and exit only through the front of the building. The level I emergency plan requires that all other entrances are locked. For the purpose of this specific “Bio-Terrorism Emergency Plan,” Security staff will take charge of the rear entrance to allow staff and families seeking vaccination or medication access to the building. The back entrance is considered “discreet” in the event of an area wide emergency. To the extent possible, all other facility functions will continue and other visitors will be directed to the front of the building.
- C. Local community member’s are/will be informed that our facility does not have the capability to provide medication nor vaccination and would be referred to the Hamilton County Health Department.



Isolation

- A. If isolation is required then specific positive pressure isolation rooms are available within Moccasin Bend Mental Health Institute. If there should be a significant number of isolations needed at the same time, then patients may be sent to local medical facilities. A specific unit can be identified as unit for isolation. This area would only be used in an extreme emergency and as a final option. Air handler must be a consideration. Staffing, supplies, emergency systems would need to be obtained or verified prior to use. These units are located on units 5 & 6.
- B. Emergency respirators are kept in Infection Control office area, and Emergency Nursing Supply Area.

Education and Annual Training

- A. Staff identified as having direct functions will be in-serviced annually on this Bioterrorism Emergency Plan. This will include all nursing personal, nurses to man the Distribution Clinic, Security, and Personnel Staff.
- B. The hospital's Chief Officer will serve as our facility contact. Medical Director is in charge of vaccine/medication administration plan and flow of the Distribution clinic. The Employee Health Nurse will coordinate staffing plan for the Distribution Clinic.
- C. All staff will be in-serviced, and oriented to the plan at the time of their annual safety update.



XIII. Severe Weather Safety

A. Definitions

1. Severe Thunderstorm Watch

The possibility of:

- a. Heavy rains;
- b. Frequent lightning;
- c. Thunder; and/or
- d. Probability of hail.

2. Severe Thunderstorm Warning

- a. Severe thunderstorm has developed.
- b. May affect those areas in the weather bulletin.

3. Tornado Watch

Conditions Are **FAVORABLE** For Tornadoes to develop.

4. Tornado Warning

A tornado has been **detected** or **sighted** in the area under the warning.

5. Ice/Snowstorm

The possibility of:

- a. Falling rain which freezes on contact; and/or
- b. Blinding snow that accumulates in a short period.

During periods of severe weather, it is the policy of the Maintenance management personnel to closely monitor weather conditions and as the need arises, regardless of day or hour, to assemble adequate staff to perform the following:



a. TRANSPORTATION

- The facility operates two (2) four-wheel drive vehicles for the purpose of transporting essential staff during severe weather conditions.
- In the event of severe weather the facilities manager, or his designee, will automatically schedule drivers for staff transportation on a twenty-four hour basis until such time as roadways are cleared and passable to normal traffic.
- Staff members in need of transportation during severe weather are to call the main building switchboard operator leaving their name, address and telephone number. Priority will be given to direct-care staff members living the closest radius of the facility.

b. ROADS AND SIDEWALKS

- The Maintenance Department will scrape snow from roadways within the borders of the campus to the extent of their capability with existing equipment.
- Sidewalks will be scraped and chemically de-iced to minimize risk for pedestrian traffic at all buildings.
- The Chattanooga Public Works Department will be summoned to clear roadways leading to the facility boundaries.

6. Floods

General Information:

- a. Flood warnings are forecast of impending floods, and are usually distributed to the public by radio and television and through Hamilton County Emergency Services. Flash flood warnings are the most urgent type of flood warning issued, and are transmitted to the public over radio, television or other signals (sirens) established by Hamilton County Emergency Services to meet local area needs.
- b. The warning message tells the expected severity of flooding and when it might begin.
- c. The National Oceanic and Atmospheric Administration (NOAA), through its Weather Service River Forecast Centers and River District offices, issues flood forecasts and warning when there is sufficient rainfall to cause rivers to overflow their banks.



- d. Moccasin Bend Mental Health Institute property is located in "Zone C" and is not in the ten or one hundred plain. This is determined by the Flood Insurance Rate Map, National Flood Insurance Program, published by the Federal Emergency Management Agency on September 6, 1989. (See FEMA Flood Map located in this Section)
- e. Moccasin Bend Road, from Rowland Road, south of South Ferry Road, to the Moccasin Bend entrance is in "Zone B" and is included in the one hundred year flood plain. Using the FEMA Flood Map as a reference, river marker M463.0 to M461.0 paralleling Moccasin Bend Road can be used as a guide in determining flood area limits.
- f. Before the Flood:
 - * Pharmacy will prepare emergency supply of needed medication to be transported with patients and staff if the Institute is evacuated.
 - * First Aid Station will prepare emergency supply of basic first aid and medical supplies to be transported with patients and staff if the Institute is evacuated.
- g. When Flood warning received:
 - * Dietary will store drinking water in closed, clean containers; this is needed in case water service is interrupted.
 - * If Institute is advised to leave the property and evacuate to a safe area, the patients and employees will be moved to a safe area by all available vehicles from the motor pool and security. The management of the motor vehicles will be coordinated by the Facilities Manager/designee.
- h. During the Flood:
 - * All available employees will assist in the management of patients in the safe area designated by Emergency Management Services. When the flood waters subside and the patients and employees will be returned to the Institute from the safe area.
 - * Employees and patients will avoid areas subject to sudden flooding.
 - * Do not attempt to drive over a flooded road; you can be stranded and trapped.
 - * If a vehicle stalls, abandon it immediately and seek higher ground.



- i. After the Flood:
 - * Test drinking water for portability.
 - * Do not handle live electrical equipment in wet areas; electrical equipment should be checked and dried before returning to service.
 - * Use flashlights, not torches or lanterns, to examine buildings; flammables may be inside.
 - * Report broken utility lines to police, fire, or other appropriated authorities.
 - * Do not use fresh food that has come in contact with floodwater.
 - * Stay tuned to local radio or TV stations for advice and instructions on:
 - Where to go to obtain necessary medical care.
 - Where to go for emergency assistance such as housing, clothing, food, etc.

7. Utility Outages

- a. In the event of any essential utilities failure, quick action must be taken to insure continued comfort and safety to Moccasin Bend Mental Health Institute patients and employees.
- b. Electricity Failure:
 - * When an electrical power failure occurs the lighting, ventilation, P.A. system, emergency room equipment, fire alarms, elevators, and morgue are operated on emergency power generators.
 - * The emergency generators are started automatically by any power interruption. In the event of automatic switchgear failure, the generators will be manually started by Maintenance personnel.
 - * In any power failure the Electric Power Board will, be immediately consulted by telephone switchboard personnel to determine the cause and probable length of time the hospital will be without normal service.
- c. Gas Supply Failure:
 - * In the event of natural gas supply interruption the steam and hot water boilers are equipped to operate on #2 oil standby fuel. This fuel is stored in underground tanks at the Main, Winston, and



Smallwood Buildings. This will allow unlimited interruption of heat, hot water supply and steam generation for laundry and dietary operations.

- * All boiler operators are thoroughly trained to switch boilers from gas to oil standby at any given time.
- * If gas supply interruption occurs the Maintenance Department will be in contact with the Chattanooga Gas Company's representative.

d. Water Supply Failure:

- * If water supply failure occurs, the Tennessee American Water company will be immediately contacted to determine the source of the failure. A broken water main, etc. inside hospital boundaries will be the responsibility of the Maintenance Department to repair. Damages outside of hospital property are the liability of the Tennessee American Water Company.
- * If water supply damage is severe and the hospital is to be without normal supply for an extended amount of time, emergency water supply may be brought in by contacting Hamilton County Emergency Services as outlined in the Institute's Disaster Plan.

e. Elevator System Failure:

- * In the event of system failure on the Main or Winston Building elevators, the following action should be taken: contact the switchboard operator immediately.
- * If a person becomes trapped on a stalled elevator, facility Security personnel, Boiler personnel and Maintenance personnel are trained to open stalled elevator doors to release trapped persons.

f. Extended Utilities Failure:

- * In the event of an extended failure for any utility, the Hamilton County Office of Emergency Management is fully equipped and capable of lending assistance in all phases of utilities emergencies.. This office will be summoned at the discretion of Moccasin Bend Mental Health Institute administration.

g. Emergency Electrical Power

- * The purpose of the emergency generators in all of our buildings is to supply electrical power during an unscheduled outage such as storms, transformer failure, etc.



- * Although the generators do not fully electrify a building, they are designed to electrify essential areas of the hospital so that key clinical functions can be carried out and all buildings safety features are operable.
- * It is essential that all nursing personnel are familiarized with emergency power systems in order to be aware of the building features that are available during a power outage.
- * They are as follows:

Main Building:

- A. Boilers and heating system
- B. Elevator
- C. All emergency room equipment
- D. Exit lighting
- E. Nursing station lighting and receptacles
- F. Unit hallway lighting
- G. Air ventilation system
- H. Morgue
- I. P.A. system
- J. Telephone system for entire campus
- K. Fire alarm and smoke detection system

B. Procedures

1. When Any Weather Alert is Issued:

- a. All outside activities shall be canceled; and
- b. All individuals shall be returned to inside the building.

2. When Tornado Warning Is Issued:

- a. All individuals shall be moved to a designated safe area (unit hallways).
- b. Doors, windows, drapes, and curtains will be closed for protection from flying glass and debris.
- c. Employees shall remain in safe areas when not performing individual care duties.
- d. Patients shall be seated on the floor with backs against interior walls.



- e. Blankets, coats, etc., should be used as appropriate to cover heads, arms, and legs to reduce injury from flying glass and debris.
- f. Safe areas will not be left until the Switchboard Operator announces the end of the warning.
- g. An “ALL CLEAR” notification will be made by the switchboard to end any weather alert.

3. Ice/Snowstorm:

- a. Groundskeeper, with the assistance of Security, will salt the drive and sidewalks; and
- b. Administration will determine which staff needs to be transported during a snowstorm to the facility. Security and Support Services will be assigned to transport these staff.



XIV. Emergency Food Services

A. Introduction

MBMHI will be prepared to feed the patients in the event an internal or external crisis arises that prevent the feeding of patients as normally scheduled. Some situations might be: no electricity, no trays delivered, or severe weather. The fully prepared food for the regular menu will be provided from the central preparation site. Regular food service will be provided through the use of the emergency generators.

B. Policy

1. There shall be a minimum of two (2) days supply of fully prepared food available from the preparation site.
2. Non-perishable, ready-to-serve food for five (5) day will be kept on hand at the MBMHI kitchen.
3. This shall be implemented by the Menu that follows (See Attachment 1).
4. There shall be disposable supplies in the event that the contractor cannot provide trays as scheduled.
5. An inventory shall be maintained at MBMHI whereby food preparation could be implemented as needed (See Attachment 2).
6. There shall be provisions made for food and water in the event the supplies available are contaminated.
7. TEMA shall be immediately contacted to provide water and food for patients until uncontaminated supplies are available.



EMERGENCY MENU

ATTACHMENT 1

A supply of food for one day will be kept on hand in the Dietary Department to provide the following menu in the event the normal trays cannot be used: (example – power failure due to windstorm).

BREAKFAST

Canned Fruit or Juice (1/2 cup)
Dry Cereal with Instant Dry Milk
Sugar
Bread/Margarine/Jelly
(Fresh Milk, if available)

LUNCH

2 Cheese Slices
Apple or Orange
(Applesauce for Geriatrics)
V-8 Vegetable Juice (1/2 cup)
Pork and Beans
Crackers/Bread
Fruit Punch
(Fresh Milk, if available)

SUPPER

Chicken Salad (2 Sandwiches)
Potato Chips
Peaches/Cookies
Bread
Instant Tea
Sugar
(Fresh Milk, if available)

This is three (3) meals for one day for each patient.



**Supply of Food Needed for One Day
for Emergency Menu**

BREAKFAST

- 2 cs. - Canned Fruit (6 - #10 cns/cs)
- 4 cs. - Dry Cereal (72/cs)
- 20 lf. - Bread
- 2 cn. - Jelly (#10 cns)
- 10 lb. - Dry Milk (5 lb.= 25 qt.)
- 9 lb. - Butter or Margarine
- 2 cs. - Sugar Packets

LUNCH

- 2 cs. - Sliced Cheese (4 - 120sl/cs)
- 2 cs. - Apples or Oranges (113/cs)
- 1 cs. - Applesauce (6 - #10 cns/cs)
- 2 cs. - V-8 Vegetable Juice
- 2 cs. - Pork and Beans
- 2 cs. - Crackers (300/cs)
- 10 lf. - Bread
- 1 cs. - Beverage Base

SUPPER

- 2 cs. - Tuna
- 1/2 cs. - Pickle Relish
- 1/2 cs. - Mayonnaise (2 gal)
- 3 cs. - Potato Chips
- 2 cs. - Canned Peaches (6 - #10 cn/cs)
- 2 cs. - Cookies (300/cs)
- 40 lf. - Bread
- 1 cs. - Sugar Packets
- 1 cs. - Instant Tea

This is three (3) meals for one day for each patient.



In addition to this plan, see policies in the Administrative Manual.

Utilities Management Plan.
Fire Arms Policy
Media Policy
Inclement Weather Policy
Parking Lot and Emergency Operation Policy
Emergency Preparedness
Holiday Decorations Policy
Patient Death Policy
Hazardous Material / Chemical Control



Moccasin Bend Mental Health Institute

XV. Pandemic Influenza

Continuity of Operations Plan



I. Policy

It is the policy of MBMHI (Moccasin Bend Mental Health Institute) to have in place a comprehensive program to ensure continuity of essential MBMHI functions under all circumstances. The Pandemic Influenza COOP (Continuity of Operations Plan) was developed in order to address issues related to pandemic flu concerns.

II. Plans and Procedures

The CEO will be designated as MBMHI Pandemic Coordinator. The Assistant Superintendent for Administrative Services will serve as the Alternate Pandemic Coordinator. MBMHI will establish a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on MBMHI and to assist with developing strategies to manage the effects of a pandemic outbreak.

MBMHI PRT is composed of the following members:

- Chief Executive Officer
- Assistant Superintendent of Administrative Services
- Assistant Superintendent of Program Services
- Assistant Superintendent of Quality Management
- Chief Nurse Executive
- Clinical Director

III. Sustaining Operations

Sustaining operations will be performed until normal business activity can be reconstituted: this may take longer than 30 days. The principal focus in making this determination will be the minimization of the effects of a pandemic on staff, patients, and operations. MBMHI will emphasize and implement procedures such as social distancing techniques, infection control, and personal hygiene, cross training, and telework to sustain operations.

IV. Risk Communications

MBMHI will implement a Risk Communications Plan for communicating with both internal and external stakeholders (refer to MBMHI Emergency Disaster Plan – Red Kardex for supervisors). Supervisors will activate voicemail for employees to contact for directions and updates. A change from one Federal Government Response Phase to another automatically triggers certain readiness measures.

In a pandemic influenza, MBMHI pandemic COOP planning and response actions will be appropriately linked to the Federal Government Response Stages.



V. Response Phase

The secretary of Homeland Security, in coordination with Department of Health and Human Services, The White House Homeland Security Council, and other Federal partners as required, will set the Federal Government Response Stages as a pandemic evolves.

MBMHI may also utilize its own internal customized phases to supplement the Federal Government Response Phases in order to achieve a higher state of readiness. The MBMHI Pandemic Coordinator will need to implement the corresponding actions associated with each change in Federal Government Response Phase and then communicate that action to his/her organization.

VI. Essential Functions

MBMHI will identify essential functions and services needed to sustain agency mission and operations for several months. For pandemic planning purposes, essential services and functions are likely to be broader than the traditional COOP essential functions.

As part of MBMHI plan, Table 1 is a prioritized list of the essential functions needed to maintain daily operation.

In order to minimize the effects of a pandemic on staff and operations and continue essential functions and services, MBMHI will emphasize and implement procedures such as social distancing techniques, infections control, and personal hygiene, cross training and telework.

VII. Identification of Essential Positions and Skills

MBMHI will identify positions, skills, and personnel needed to continue essential functions and services. Back-up personnel will also be identified (See Table 2). All personnel needed to perform those essential functions will also receive COOP and specific pandemic influenza training.

The Commissioner for Mental Health will identify back-up personnel in different geographical locations.

VIII. Alternative Work Arrangements

MBMHI will develop an alternative work arrangement policy to allow essential functions and services to be conducted through the use of such work arrangements (e.g., home, staggered work hours, flextime, etc.).



IX. Essential Contract and Support Services and Other Interdependencies

- A. Contractual Staff** – MBMHI will initiate pre-solicited, signed, and standing agreements with contractors and other third parties to ensure fulfillment of mission requirements. (Refer to Material Management for Contractual Listings)

- B. Other Interdependencies** – MBMHI will identify the contractors, suppliers, shippers, resources and other businesses that it interacts with on a daily basis. MBMHI will develop relationships with more than one supplier should a primary contractor be unable to provide required service. (Refer to Material Management for Contractual Listings)

X. Delegations of Authority

The MBMHI Delegations of Authority can be found in Table 1 of the MBMHI COOP Plan.

A. Three Deep Responsibility

MBMHI will plan for delegations of authority that are at least three deep per responsibility to take into account the expected rate of absenteeism to help ensure continuity of operations over an extended period. (See Table 1)

B. Geographic Dispersion

Dispersion of delegation will be determined by the Commissioner of the Department of Mental Health Developmental Disabilities.

XI. Orders of Succession

Since an influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, MBMHI, as a department with geographically dispersed assets and personnel, should consider dispersing the order of succession.

The Orders of Succession for MBMHI will be determined by the Commissioner of the Department of Mental Health Developmental Disabilities.



XII. Alternate Operating Facilities

The traditional use of alternate operating facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining essential functions and services will largely rely on social distancing and dispersion of workforce including telework, preventive health practices, and other efforts to reduce the chance of infection. A separate incident concurrent to a pandemic outbreak could necessitate the use of an alternate operating facility for the MBMHI PRT members. If the PRT (Pandemic Resource Team) members must be brought together in one location, increased use of PPE (personal protective equipment) and other infection control measures must be implemented.

a. Facilities Support

MBMHI will consider the need for reliable logistical support, services, and infrastructure systems at facilities that remain open for greater than 30 days, to include alternate operating facilities in the event of an incident concurrent with a pandemic influenza outbreak. This support includes:

- Prioritization /determination of accessible facilities/buildings (as alternative to relocating to remote facility)
- Necessary support staff
- Social distancing techniques
- Medical screening of employees
- Health/medical units
- Sanitation
- Essential Services
- Food and water

b. Restriction of Movement

MBMHI Components will consider the impact of restriction of movement (Federal, State, Local, and Tribal) on open/accessible facilities and operating plans.



XIII. Interoperable Communications

a. Telework Plan

MBMHI will develop a telework plan, which identifies personnel performing essential functions who anticipate a need to telework, a description of their responsibilities while teleworking, the infrastructure needed to support this work and how technological assistance will be provided to them.

b. Communications to Stakeholders

MBMHI will develop a Communications Plan and mechanisms to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours (refer to Risk Communications).

XIV. Vital Records and Databases

a. Identification, Protection and Availability

MBMHI will identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months (refer to Data Center Procedures).

b. Access from Remote Locations

MBMHI will determine whether systems, databases, and files can be accessed electronically from a remote location and establish reliable access and security protocols for them (refer to Data Center Procedures).

c. Periodic Maintenance

MBMHI will identify and plan for maintenance of those vital systems and databases that require periodic maintenance and other direct physical intervention by employees (refer to Data Center Procedures).

XV. Human Capital

MBMHI will review this information and develop, update, exercise, and be able to implement comprehensive Human Capital plans to protect its workforce. Options to be considered include, but are not limited to, 120-day assignment, increase use of agency contract and emergency hire status. Telework is an integral part of plans and procedures to maintain essential functions and services in an influenza pandemic.



XVI. Tabletop, Functional and Full-Scale Exercises

MBMHI will participate in community pandemic exercise (tabletop, functional, or full-scale) to examine the impacts of pandemic influenza on agency functions, to familiarize agency personnel with their responsibilities, and to validate the effectiveness of pandemic influenza COOP planning by senior leadership.

Annual pandemic exercises will include an analysis of workforce reduction and the impact of alternative work arrangement policies.

XVII. Devolution of Control and Direction

MBMHI will take into account how an organization will conduct essential functions if pandemic influenza renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions may be necessary to ensure continuation of these essential functions and services. Devolution will be directed by the Commissioner of the Department of Mental Health Developmental Disabilities.

Devolution Guidance

MBMHI will develop guidance for those organization elements receiving the devolution of control and direction, including:

- Essential functions and services:
- Rotating operations geographically as applicable:
- Supporting tasks;
- Points of Contacts; and,
- Resources and phone numbers

XVIII. Reconstitution

a. Replacement of Employees

MBMHI will develop plans for replacement of employees unable to return to work and prioritize hiring efforts, including emergency use of contractor services.



b. Facility/Building Habitability

MBMHI will develop plans and procedures, in conjunction with public health authorities, to ensure the facilities/buildings are safe for employees to return to normal operations (refer to Emergency Preparedness Manual).

XIX. Conclusion

Maintaining essential functions and services in the event of pandemic influenza requires additional considerations beyond traditional COOP planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an organization's alternate operating facility, an influenza pandemic will not directly affect the physical infrastructure of an organization. However, a pandemic threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, COOP plans should be modified or supplemented to achieve a pandemic influenza capability. Plans for maintaining essential functions and services in a pandemic influenza must emphasize and implement procedures such as social distancing techniques, infection control, and personal hygiene, cross training, and telework. Protecting the health and safety of employees must be the focus of planning in order to ensure the continuity of essential functions.



Moccasin Bend Mental Health Institute

XVI. Continuity of Operations Plan (COOP)



POLICY:

Should services at MBMHI be disrupted for a protracted period of time due to a disaster such as pandemic flu, the Continuity Of Operations Plan will be implemented when it has been determined that operations at the facility may resume. The Chief Officer and his/her designee in conjunction with Central Office staff/departments in Nashville will implement this plan.

DEFINITION:

The Continuity of Operations Plan is a planned response to an all-hazards event that results in a loss of use of facility space and/or utilities and/or access to essential vendors, and/or a significant reduction in the number of personnel available to perform critical functions over a protracted period of time.

BACKGROUND:

The term Continuity of Operations Plan first evolved in the mid-1980s from a national security mission to ensure the survivability and sustainability of the United States against all-hazards threats from enemy nation states. As national threats of nuclear attack diminished and the threat environment changed and expanded to "no notice" emergencies, including localized acts of nature, accidents, technological emergencies, and military or terrorist attack-related incidents, the content and response capabilities documented in the Continuity of Operations Plan increased as well. The Continuity of Operations Plan details protocols for, if, and when a problem threatens serious disruption to agency operations over a protracted period of time.

Flu viruses have caused pandemics throughout history, and it is natural to expect that another pandemic influenza virus will emerge at some point. A highly pathogenic pandemic influenza has the potential to cause widespread disability, and great economic loss. The widespread effects will prevent most mutual aid, and communities will be less able to rely on receiving relief from external sources.

Further, the effects are expected to be protracted, with several waves of infections over a several month period. As efforts to contain the outbreak are implemented, schools will likely to be closed, and certain types of businesses may cease to function or be greatly curtailed. This scenario highlights the importance of planning and effective preparation.



This plan anticipates a 40% loss of staff capability for a 30-60 day period.

PROCEDURES:

1. Moccasin Bend Mental Health Institute (MBMHI) must maintain the capacity to perform the critical functions in Table 1 and Table 2 below. Therefore, in the event this Continuity of Operations Plan is activated, MBMHI staff will be re-deployed according to Table 1 and Table 2.

These functions must occur to enable MBMHI to continue to provide: 1) direct services to persons committed to state psychiatric facilities, 2) necessary support to personnel, and 3) state and local all-hazard response as detailed in this all-hazards plan.

2. Depending on the geographical scope of the pandemic or other incident affecting workforce availability and/or mobility, critical functions may be carried out by staff from other mental health institutes within the Department of Mental Health and Developmental Disabilities.
3. Depending on the nature of the event including preventive measures available, inoculation capability, and length of debility and lethality risk, staff rotation among positions may be necessary to accomplish critical functions.
4. If the Continuity of Operations Plan is activated and the disaster event results in the disruption of services and evacuation, the Disruption of Services and Evacuation Plans will be followed.
5. Activation of the plan - The Chief Officer or designee is responsible for activating the Continuity of Operations Plan and activating the Emergency Operations Center.
6. Moccasin Bend Continuity of Operations Plan activity will be coordinated with the Emergency Resumption Group in the Department of Mental Health and Developmental Disabilities Central Office with the Continuity of Operations Plan activated by the Regional Mental Health Institutes.
7. The Continuity of Operations Plan will be deactivated by the Chief Officer or designee.

The amount, duration, and intensity of security needed will be determined by the number of persons working, hours worked, status of routine building and parking lot security, type of event and type/level of community response to ever⁺



WORKFORCE DECREASE DURING A PANDEMIC EVENT

General Workforce Interruption

- The majority of critical functions can be completed by phone, fax, and computer access to necessary software programs from any location.
- Responsibilities can be completed by any of multiple DMHDD staff with consultation from primary duty staff.

Pandemic

- Depending on the geographical scope of the pandemic or other incident affecting workforce availability and/or mobility, critical functions may be carried out by staff from other offices and divisions within DMHDD.
- Depending on the nature of the pandemic; e.g., preventive measures available, inoculation capability, length of debility, lethality risk, etc., staff rotation may be necessary to accomplish critical functions.

CONCEPT OF OPERATIONS.

The TDMHSAS Central Office has approximately 160 employees and office space on five floors in two state office buildings located in downtown Nashville: the Andrew Johnson Tower, 710 James Robertson Parkway, Floors 10, 11 and 12; and the Cordell Hull Building, 425 Fifth Avenue North, Floors 3 and 5.

- A. If an all-hazards event results in the loss of inhabitability of either building and/or workspace mentioned above, the unaffected building will be designated as the secondary operations site. If both are unable to be occupied, the tertiary site will be determined by the State General Services Office.
 1. If the event occurs during standard work hours (7:00 AM to 6:00 PM), employees will be advised of moving instructions or dismissal from work responsibilities by the Commissioner or their immediate supervisor.
 2. If the event occurs outside of standard work hours, a public service announcement will be made via the media, and phone calls will be made to all impacted staff with instructions for reporting to work.
- B. If an all-hazards, event results in a significant reduction in or risk to the workforce, TDMHSAS Central Office employees will be requested to remain at home until called in to work by their Commissioner or immediate supervisor.



- C. Activation of the Plan. The Commissioner of MHDD or designee is responsible for activating the COOP. Consultation may be sought from the Governor's office, building management, general services, and/or the TN Emergency Management Agency. In the event of activation of the COOP, the Commissioner will convene the Emergency Resumption Group (ERG), which is comprised of the following individuals or their designees:
1. Commissioner and Deputy Commissioner of the Department.
 2. Executive Director, Policy and Legislation
 3. Executive Director, Administrative Services
 4. Director of Public Information and Education
 5. Office of Licensure
 6. Office of Hospital Services
 7. Director of General Services, if warranted
 8. Director of Office of Human Resources, if warranted
 9. DMHDD Emergency Services Coordinator, if warranted

The ERG may convene by conferment

Initial duties of the ERG include:

1. Assure adequate office space and equipment necessary for resumption of essential job functions.
2. Identify primary staff to establish/continue on-site operations for essential functions.
3. Identify two (2) alternate staff for each on-site position to continue operations in the event of absence of primary staff.
4. Identify staff able to contribute to essential departmental responsibilities from off-site location(s).
5. Prioritize staff assignment based on degree of event impact on individuals, families, and/or environment.

RECONSTITUTION.

The Commissioner of MHDD will decide when to reconstitute and move back into the original facility based upon an informed decision or based upon guidance from Building Management and/or General Services. An after action review will be held after all work-related elements have returned to normal to discuss problem areas and issue corrective actions and revisions to the COOP.



COOP PLANNING RESPONSIBILITIES.

Key Program Staff:

The following Key Program Staff positions are responsible for identifying the extent of routine and essential tasks to be continued during the COOP activation period under their supervision. Priority for space and staffing is to the principal responsibilities documented under Section 1.1 Essential Functions. Non-primary on and off-site staff will support non-essential routine responsibilities as delegated to the extent of staff availability

Table 4. Key Staff and Emergency Resumption Group Members

Key Program Staff	Principal Responsibilities	ERG Member	Duties
Commissioner Deputy Commissioner	COOP Activation	Yes	Administrative oversight
Executive director Policy and Legislation	Oversee provision of court-ordered forensic responsibilities	Yes	Determine workforce requirements for maintaining critical functions
Executive Director Administrative Services	Oversees contract administration and fiscal services	Yes	Oversee grantee claims and invoice processing
Director Office of Public Information	Public and staff education, information and collaboration with other agency status.	Yes	Coordinates media and public announcements regarding agency activities and capacity status.
Director Office of Licensure	Ensure licensee compliance with recommended health measures and regulations	Yes	Monitors health risks of mental health consumers in licensed group facilities.
Director office of Hospital Services	Oversight and coordination of COOP activation of RMHIs	Yes	Monitors RMHI COOP implementation and advises DMHDD Executive Staff.
Director, DMHDD General Services	Maintenance of facility operations.	Yes	Assure appropriate alternate location and needed equipment/services.
Director, Office of Human Resources	Oversight of personnel Issues.	Yes, if workforce interruption	Manage leave issues, flexible scheduling, etc.
Emergency Service Coordinator(s)	Disaster event planning and response	Yes, if warranted by event	Oversee emergency behavioral health response to event.



LOGISTICS.

In the event of DMHDD staff relocation, each individual staff will be responsible for transporting information necessary to maintain their particular responsibility. Information resources, forms, etc., may be on paper or electronic media, depending on supplies available at the alternate location.

COMMUNICATIONS.

- A. The Commissioner and Deputy Commissioner of MHDD are responsible for alerting Core staff of activation of the COOP. Communication with each person is confirmed.
- B. The same capability to communicate with other agencies, organizations, and customers will exist in the alternate location as exists in the primary location.
- C. Access to data and systems is the same as the primary location.
- D. COOP requirements can be supported from the alternate location within allowable timeframes as stated in Table 2.

TESTING, TRAINING, EXERCISES, AND COOP UPDATE

An exercise in activation of the COOP through communication by phone, fax, or email will be conducted at least once per year to ensure the availability communications. The COOP will be integrated into Core staff expectations and reviewed annually. Any activation of the COOP will be following by and comprehensive review and elements updated and/or revised as needed.

ANNEXES:

- A - Individual COOP for Memphis Mental Health Institute
- B - Individual COOP for Western Mental Health Institute
- C - Individual COOP for Middle Tennessee Mental Health Institute
- D - Individual COOP for Moccasin Bend Mental Health Institute



MBMHI Information Technology Disaster Recovery Plan

A tornado, building fire, water damage or other disaster that hinders access to systems, hardware, telecommunications, personnel, or recovery documentation can cause business disruption. One of the responsibilities of the Moccasin Bend Mental Health IT Department is to establish appropriate processes and procedures to ensure that the infrastructure, systems and applications can be recovered should the need arise.

Disaster Recovery Planning, like Information Systems Planning, is a continual process that requires monitoring as well as periodic testing in order to identify weaknesses and establish improved procedures. IT Disaster Recovery, for the purposes of Information Systems Planning, is defined as “establishing and implementing the processes and procedures that will enable the organization's ability to recover IT services.”

Policy

- Disaster recovery planning and the capability for implementing a recovery are required, encompassing all critical data processing applications and their peripheral support activities.

Goal of IT Disaster Recovery Planning:

- Be fully prepared to recover any application / system within a defined business recovery period.

Objectives for IT Disaster Recovery Planning (MBMHI)

1. The Departments “Avatar”, Behavioral Health Information is contained on a server maintained in Nashville. Our only duty will be to re-connect our computers to the LAN/WAN and setup the internet connection.
2. Information Management Services will attempt to recover information on individual computers on a case by case basis if the facility loses power.
3. All staff are recommended to store important data "F" network drive, that is on our OIR Novell Server. Backup tapes are made nightly and stored off campus for security.
4. OIR will be responsible for procurement if needed and restoration of the Novell server and its applications and data. Local ISM staff will work to restore individual desktop PC's and applications, with the Admissions area being the most critical. If replacement equipment is needed it will be procured by ISM staff.



5. The servers are secured in our server room which is locked. Only ISM Staff have access. Power and security will have to be restored to this room before replacement servers can be installed if needed.
6. To ensure system availability during short duration power outages, all of our servers and hub closets are connected to standby power modules. The Department of Finance and Administration requires Server maintenance periods once per month. This is done on the 3rd Wednesday of each month, and at this time our Sever Administrator will also test the standby power modules by removing system power to ensure that the units do keep the server and hubs operational, per the capabilities and specifications of the standby modules.

Systems Backup and Platform Inventory

The Systems Backup and Platform Inventory spreadsheet is to identify the appropriate classification for each of the Department of Mental Health/Developmental Disabilities' application systems. Applications are classified according to the business impact of the application to the Department of Mental Health/Developmental Disabilities using the following classifications: 1-fatal, 2-critical, 3-manageable, or 4-marginal. The classifications are defined as follows:

1. **Fatal** : The Department of Mental Health/Developmental Disabilities will be unable to complete required legal obligations or business functions if the application fails to operate. Many people would be affected, either inside and/or outside of the Department of Mental Health/Developmental Disabilities. Potential liability exists. The timeframe for recovery is 5 minutes.
2. **Critical**: application will continue to operate partially; some calculations will produce incorrect results. Workarounds are short-term and highly invasive until the problem is resolved. The timeframe for recovery is 8 hours.
3. **Manageable**: application will continue to operate partially and/or some calculations will produce incorrect results. However, workarounds are less invasive and could be sustained for a longer period of time. The timeframe for recovery is 48 hours
4. **Marginal**: minor inconvenience, annoyance, or irritation. Business will continue to function. The timeframe for recovery is 72 hours.

Current Status of Department:

A thorough Security Assessment of the current condition of the department will be performed to improve any existing emergency plans and disaster prevention measures. This would include inventory and documentation for the following:



- . personal practices
- . backup planning
- . database security
- . applications control
- . personal computers

Backup/Recovery Plan:

The Moccasin Bend Plan is to provide a backup/recovery plan in case of disaster. The MBMHI servers are backup up to Tape by the OIR Lan Administrator. Our servers are housed in our OIR Data Center and backed up daily. The daily backups are used to create weekly backups, which are stored off-site. These backups will be used to restore the department's applications/data.

Testing Program:

A testing process is developed. This includes testing of all in-house applications and those shared by the department. All backups are in place and recovery procedures written for each application. These are attached as an exhibit at the end of this document. The testing process will be executed on an annual basis or more often as needed.

Assumptions for IT Disaster Recovery

For this planning effort, there are some basic assumptions to use when considering the Department of mental Health/Developmental Disabilities IT scope of responsibilities:

- Physical facilities (office space, furniture, power, etc.) will be available.
- Telecommunications will be available.
- Data Center services will be available with mainframe, Novell, and shared UNIX servers restored per OIR responsibilities.
- OIR will procure servers for the shared Windows, Novell, VM, and Unix environment and restore them.
- The Department of Mental Health/Developmental Disabilities is responsible for procuring Windows NT Servers (BHIS) and SQL/WEB servers for in-house applications.
- The Department of Mental Health/Developmental Disabilities is responsible for procuring workstations, via the requisition process.

The MH Application Disaster Recovery Worksheet, MH Disaster Recovery Procedures, and MH Disaster Recovery Contact Log are provided in Exhibits A – C. All Department of Mental Health/Developmental Disabilities applications are identified on this spreadsheet. Also provided in the exhibits are written instructions for recovering/installing applications. OIR will have some shared responsibilities for certain processes that are components of disaster recovery such as data restores for application systems running on Data Center servers, Novell servers, BHIS servers,



Avatar servers, and local BHIS servers. OIR Data Networking staff will be available to assist the Department of Mental Health/Developmental Disabilities in completing information on application systems that reside on the host, Data Center shared or co-located servers, consolidated LAN servers or UNIX servers. An OIR Disaster Recovery Consultant will coordinate this assistance. Please refer to Attachment C for a complete Contact Log.

Attachments:

Attachment A – MH Application Disaster Recovery Worksheet

Attachment B - MH Disaster Recovery Procedures

Attachment C - MH Disaster Recovery Contact Log





Pandemic Influenza

Moccasin Bend Mental Health Institute in collaboration with the Chattanooga-Hamilton County Health Department proposes the following in the event of a pandemic flu outbreak.

1. The health department will send an alert of H5N1 (Avian Influenza) or any other pandemic flu to the:
 - a. Safety Officer
 - b. Employee Health Nurse
 - c. Chairperson of Disaster Committee.
2. Encourage and track vaccination for employees.
3. Promote policies for preventing influenza spread at the workplace (e.g. respiratory hygiene, cough etiquette, prompt isolation for people with influenza systems).
4. Provide sufficient and accessible supplies (e.g. antiseptic hand washes, tissues) in patient care areas.
5. Modify the frequency and type of face-to-face contact (e.g. handshaking, postponing in-services/meetings) among employees and between employees and patients.
6. Implement flexible work sites (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).
7. Disciplinary action for time and attendance will be suspended upon approval of the Chief Executive Officer.

Flu vs. Colds: A Guide to Symptoms	
Flu	Cold
Sudden Onset	Slow onset
High Fever	No (or mild) fever
Dry cough	Severe or hacking cough
Sore Throat	No sore throat
Decreased appetite	No change in appetite
Chills	No chills



Key Personnel Responsibilities

The following list designates the responsibilities of certain departments and assignments of specific duties needed to implement and accomplish the task in the event of a disaster.

Overall Command

In Charge: Chief Officer

Alternate: Assistant Superintendent for Program Services

Location: Command Post
- Information Desk – Lobby of Main Building
- First Alternate Location – Chief Officer’s Office
- Second Alternate Location – Gym Coordinator’s Office

Duties:

- A. Will have overall command responsibility
- B. Will appraise the emergency situation
- C. Will activate appropriate Emergency Plan
- D. Order notification of all needed medical personnel
- E. Responsible for overall professional care of the patients.

Medical Director

In Charge: Clinical Director

Alternate: Vice President of Medical Staff

Location: Command Post and/or scene of disaster

Duties:

- A. Coordinate all clinical services
- B. Designate treatment areas according to the need, if different from those outlined in this plan.



Evaluation Coordinator/Disaster Consultant

In Charge: Safety Officer

Alternate: Maintenance Employee designated by Facilities Manager

Location: Command Post
and/or scene of disaster

Duties:

- A. Advise the Chief Officer on implementation of the Disaster Plan
 - B. To coordinate evacuation of personnel and patients from damaged areas to a safe area.
 - C. Be available to consult with other departments on their responsibilities as outlines in the Disaster Plan.
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Disaster/Casualty Information Coordinator

In Charge: Volunteer Coordinator

Alternate: Hospital Attorney
Assisted by 2-Social Workers

Location: Front Lobby – Security Office (extension 3353)

Duties:

- A. Receive information regarding emergency treatment of casualties.
 - B. Release such information to responsible relatives of such casualties.
 - C. Release information regarding the disaster to the news media.
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Triage Coordinator

In Charge: Program Nursing Coordinator – Acute Care

Alternate: Nurse designated by Nurse Executive

Location:

Duties:

- A. Assess patient's condition quickly and assign them to priority category in treatment zone.
 - B. By way of 2-way radio communicate need for extra help, supplies, stretchers, etc. (will be assisted by security office assigned to Triage)
 - C. Assure that medical personnel have been assigned to care for those patients in the treatment zone.
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First Aid Room Coordinator

In Charge: Employee Health Nurse

Alternate: Nurse designated by Nurse Executive

Location: First Aid Room – Acute Care Program (extension 3342)

Duties:

- A. Coordinate the First Aid Room during any emergency or disaster situation at the facility.
 - B. Coordinate procurement of supplies as needed in the disaster.
 - C. Maintain needed medical communication with Command Post.
 - D. Maintain needed medical communication to referral hospital (EMC).
 - E. Assist/support the physician assigned to First Aid.
-
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Dietary Services

In Charge: Facilities Manager

Alternate: Dietary Staff designated by Manager

Location: Dietary Office (extension 3362)

Duties:

- A. To maintain adequate food and water service in all buildings in conjunction with the Facilities Manager.
 - B. In case of power failure to contact the Emergency Operations Center of Hamilton County Emergency Services for generator (423) 209-6905.
 - C. In case of water failure or water shortage, contact the Emergency Operations Center of Hamilton County Emergency Services (423) 209-6905.
 - D. Maintain reserve supply at all times of paper products and non-perishable foods.
 - E. To have personnel trained in stretcher bearing.
-
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Environmental Services

In Charge: Executive Housekeeper

Alternate: Designated Environmental Services Staff

Location: Assemble at First Aid Station

Duties:

- A. To arrange removal of minor debris not requiring the use of heavy machinery.
 - B. To have personnel trained in stretcher bearing and to take stretchers and wheel chairs to the Triage Area.
 - C. Issue blankets and other linen supplies.
 - D. Responsible for setting up additional beds in designed area.
 - E. Assist in setting up gymnasium as a temporary shelter in case additional sleeping areas is needed.
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Maintenance Department

In Charge: Facilities Manager

Alternate: Assistant Engineer designated by Director

Location: Facilities Manager's Office (extension 3370)

Duties:

- A. To provide emergency repairs, rescue work, traffic control, transportation, and removal of large debris requiring mechanical equipment.
- B. Eliminate hazards to patients and personnel caused by damaged utility services.
- C. Effect as early as possible the resumption of damaged utility services.
- D. Advise the Command Post of any major damage and of corrective action taken.
- E. Insure that all doors between the Triage Area and the First Aid are wedged open to allow easy passage of stretchers and wheel chairs.
- F. Have all Maintenance personnel not involved in specific assignments report to Manpower Pool.
- G. Assist Environmental Services in setting extra beds up in designated areas if needed.
- H. If electric power is out, the emergency generator is designed to switch on automatically.
- I. If natural gas is out, operate boilers by switching to oil.



Manpower Pool

In Charge: Patient Education Coordinator
(Issued two-way radio for communication)

Alternate: Activity Therapist designed by Patient Education Coordinator

Location:

The following will report to Recreation Hall in the Main Building for assignment

1. Fiscal Services
2. Accounting Office
3. EDP
4. Secretaries from all buildings (not already assigned to specific duties)
5. Maintenance personnel not assigned
6. Library Personnel

Duties:

Be available to assist in areas where additional Manpower may be needed. Manpower requests will originate from Command Post.

Medical Records

In Charge: Medical Records Administrator (extension 3379)

Alternate: Supervisor in Medical Records (extension 3380)

Location:

Duties:

In case it becomes necessary, the Medical Records Administrator will designate a records removal group for the removal of clinical records from damaged buildings.



Nursing Services

In Charge: Nurse Executive

Alternate: Nursing Services Shift Supervisor

Location: Nursing Administration (extension 3340)

Duties:

- A. Assign nursing staff to prearranged designed areas.
- B. Nursing Service will notify patients of disaster and will endeavor to relieve any apprehension the patients may have.
- C. Off duty nursing personnel will report directly to nursing office and receive their assignments from the Nurse Executive/or designee.
- D. Nursing staff will render first aid medical assistance as directed by the Nurse Executive and the Medical Director.
- E. Assigned staff that uses two-way radios will pick them up from the Security Guard.
- F. Assigned nurses will pick up disaster supplies located in First Aid Station.
- G. Insure the three (3) stretchers are in the hallway by First Aid Room.
- H. The nursing service will operate in as normal manner as possible.
- I. Nursing services will see that each program will have basic disaster supplies.



Psychology Department

In Charge: Supervisor of Psychology

Alternate: Supervisor designee

Location:

Duties:

- A. Will assign one psychologist to report to Triage Coordinator to assist as needed.
 - B. Will assign one psychologist to report to First Aid Room Coordinator to assist as needed.
-



Security Department

In Charge: Security Guard on duty

Alternate:

Location:

Duties:

- A. Maintain order and traffic control on hospital grounds.
- B. Control access to the hospital, allowing the entry of hospital staff, the news media, law enforcement agencies, the fire department, rescue squad units, ambulances, and civil defense.
- C. Do not permit visitors to enter the hospital.
- D. Guard property to prevent damage and loss.
- E. Direct ambulances to the Triage area.
- F. Restrict news media personnel to the front lobby.
- G. Ask Chattanooga Police Department to control traffic at point of connection of Moccasin Bend Road and only allow the following to enter: Moccasin Bend Mental Health Institute personnel with identification and personnel from Emergency Services, Fire Department, Police Department, Rescue Squad, Ambulances, and News Media.
- H. All employees are issued photo identification cards. This I.D. will be inspected by Security Guards at the entrances before admission is allowed.



Social Services Department

In Charge: Director of Social Service Department

Alternate: Social Worker designated by the Director

Location:

Duties:

- A. Will assign at least three (3) Social Service Workers to the Triage Area with one to keep list of casualties showing where they are sent. Will utilize the number from the Disaster Tag to show where casualties were sent.
 - B. Will assign one (1) Social Service Worker to the First Aid Room to complete identification data on Emergency Treatment Record.
 - C. Notify families when patients are transferred to a medical center, relocated to an alternate care site or deceased.
 - D. In an emergency needed information for the continuity of care and safety of patients will be communicated to third parties (Reference CSM policy #6.7).
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Supply Division

In Charge: Material Management Supervisor

Alternate: Purchasing Employee designated by Supervisor

Location: Purchasing Department (extension 3366)

Duties:

- A. To provide necessary supplies as needed.
 - B. To communicate with essential services to ensure adequate supply of necessary materials.
 - C. If needed, obtain additional stretchers, cots, and blankets from Emergency Operations Center of Hamilton County Emergency Services (423) 209-6905.
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Staff / Family Needs

In the event that staff is not able to leave the campus or report to their workstations during an event, special consideration will be made. They will be provided with meals, the ban on cell phones/beepers will be lifted so that staff can communicate with family during a break, and staff will be permitted to make arrangements for child/elder care.



License Independent Practitioner (LIP) Assignment Disaster Plan/Fire Emergency

Following is the breakdown of the LIP assignment for the Disaster Manual:

COMMAND POST

Clinical Director and Vice President of the Medical Staff

TRIAGE AREA

Medicine Clinic Physicians

FIRST AID STATION

Inpatient Psychiatrists

Pharmacists

SITE OF DISASTER

Nurse Practitioners

MANPOWER POOL

Pharmacy Techs

TABLE 1 – CRITICAL FUNCTIONS FOR DIRECT PATIENT CARE

CRITICAL AREAS	CRITICAL FUNCTIONS	Minimal # of staff r (required for 24-hour period using 12-hour shifts) Moccasin Bend 150 Beds
I Nursing A. Licensed Nurses	<ul style="list-style-type: none"> • Initial admission nursing assessments • Provide acute physical/psychiatric care according to priority needs 	<p style="text-align: center;">2</p> <hr/> <p style="text-align: center;">A ratio of 1-Nurse for every 30 patients</p>
B. Technical Function	<ul style="list-style-type: none"> • VS by competent staff when ordered • Assist with ADLs (hygiene, nutrition, etc. • Assist with housekeeping and laundry needs • Maintain safe environment • Coordinate patient’s daily routine under the nurses’ supervision. <p>* Available, non-nursing staff could train and utilized in a modified form to assist in meeting basic patient needs.</p>	<p style="text-align: center;">24</p> <hr/> <p style="text-align: center;">A ratio of 2-technicians for every 30 patients</p>
C. Staffing Functions	<ul style="list-style-type: none"> • Assist with coordinating house-wide staffing needs – (not limited to Nursing) <p>* All non-critical facility staff will report to a central location for appropriate assignment (i.e., adjunctive therapy, psychology, non-clinical areas such as human resources, IS, fiscal, etc.)</p>	<p style="text-align: center;">2</p> <hr/> <p style="text-align: center;">1 Staff every 12 hours</p>
II. Medical Staff	<ul style="list-style-type: none"> • Process admissions and discharges, including patients appropriate for home leave • Triage, house-wide, for physical and psychiatric emergencies • Round on new admissions with 24 hours or further evaluation and H&P • Attempt to round weekly on other patients • Implement critical formulary guidelines • Enlist support of any available nurses not needed at the unit level to assist with triage <p>* Highest ranking medical staff member on site would evaluate and assign duties to other medical staff as deemed appropriate.</p>	<p style="text-align: center;">4</p> <hr/> <p style="text-align: center;">2 Staff every 12 hours – 1 of the 2 must be a physician</p>



**Table 2 – Critical Functions
Administrative and Ancillary Support Services
Minimum Staff**

Admin/Ancillary Svcs	Critical Function	Coverage	Moccasin Bend
Administrator	<ul style="list-style-type: none"> • Coordinate Services 	1 shift M-F	1
Accounting	<ul style="list-style-type: none"> • Payroll • Accounts Payable 	1 shift M-F 1 shift M-F	1 1
Dietary	<ul style="list-style-type: none"> • Provide food/snacks to patients & staff 	12 hour shift 7 days/week	8
Human Resources	<ul style="list-style-type: none"> • Timekeeping • General Information 	1 shift M-F 1 shift M-F	3 1
Information Systems	<ul style="list-style-type: none"> • Maintain PC Systems/ Network 	1 shift M-F (on-call)	1
Procurement	<ul style="list-style-type: none"> • Purchasing • Supply Delivery 	1 shift M-F 1 shift M-F	2 1
Maintenance	<ul style="list-style-type: none"> • Emergency Repairs • Boiler Room • HVAC 	1 shift M-F (on-call) 1 shift M-F (on-call) 1 shift M-F (on-call)	5 0 1
Environmental Services	<ul style="list-style-type: none"> • Cleaning and sanitizing patient areas • Providing Clean Linens 	12 hour shift 7 days/week 12 hour shift 7 days/week	7 1
Security	<ul style="list-style-type: none"> • Secure facility 	24 hour coverage 2-12 hr/shifts	3
Patient Transport	N/A		
Staff Development	N/A		
Medical Records	<ul style="list-style-type: none"> • Clerical – w/cont'd admits & discharges • Without Cont'd admits and discharges 	1 shift M-F N/A	1
Utilization Mgt	<ul style="list-style-type: none"> • Clerical – w/cont'd admits & discharges • Without Cont'd admits and discharge 	1 shift M-F N/A	1
Admissions	<ul style="list-style-type: none"> • Clerical – w/cont'd admits & discharges • Without Cont'd admits and discharge 	1 shift M-F N/A	1
Switchboard	<ul style="list-style-type: none"> • Telephone communications 	24 hr/7 days/12 hour shifts	1