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INTRODUCTION
The Richmond State Hospital Emergency Operations Plan is designed to outline the basic infrastructure and operating procedures utilized to mitigate, prepare for, respond to, and recover from emergency situations that tax the routine operating capabilities of the Hospital. The Plan describes a comprehensive “all Hazards” approach to emergency management that can be adapted to respond to a variety of emergencies. The plan covers all areas of the hospital and its comprehensive implementation is the responsibility of all hospital personnel.

OBJECTIVES
The Emergency Operations Plan objectives are to:
1. Prevent or lessen the impact that an emergency may have on the institution and the community. (mitigation)
2. Identify resources essential to disaster response and recovery and facilitate their access and utilization. (preparedness)
3. Prepare staff to respond effectively to an emergency or disaster situation that affects the environment of care (response) and to test response mechanisms.
4. Plan processes for re-establishing operations after the incident. (recovery)

PLANNING ACTIVITIES
HAZARD VULNERABILITY ANALYSIS
Recognizing that certain emergency situations are more likely to occur or to have an adverse impact on the hospital and as a part of its mitigation, and preparedness activities, RSH conducts an annual Hazard Vulnerability Analysis, designed to:
• Identify emergency situations that could occur in this environment
• Assess their potential impact on the institution and the community
• Assess the hospital’s preparedness to respond to and recover from them.
If an emergency/disaster situation warrants, the Incident Command System (ICS) will be activated and a command center will be established to coordinate and sustain response efforts. RSH has developed appropriate specific emergency response plans based on priorities established as part of the HVA.
As appropriate, specific mitigation, preparation, response, and recovery procedures have been developed for those hazards that have been prioritized as areas of concern.
The hazard vulnerability analysis is reviewed, and revised as necessary, on an annual basis by the Emergency Management Committee.
The hazard vulnerability is shared with community partners and needs and vulnerabilities of the organization are identified.

EMERGENCY OPERATIONS PLAN
The Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies, both external and internal which could confront RSH. The Plan is designed to assure appropriate, effective responses to a wide variety of emergency situations that could affect the safety of patients, staff and visitors or the integrity of the environment of RHS. The plan describes a comprehensive “all hazards: command structure for coordinating the six critical areas:
communications, managing resources and assets, safety and security, staff responsibilities, utilities, and clinical activities. The overall response procedures will include single emergencies that can temporarily affect provision of care, along with multiple emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment and services for an extended length of time. This “all hazards” approach supports a general response capability that is flexible in order to address a range of emergencies of different duration, scale and cause. The plan’s response procedures are initiated in phases (see below) and address the prioritized emergencies, but are also adaptable to other emergencies that the organization may experience. The program is also designed to assure compliance with applicable codes and regulations.

EMERGENCY PHASES

Phase One—Upon notification of an incident with the facility it is deemed that the situation can most likely be managed with the staff already on duty. Staff remains on duty and reviews their procedures to be prepared to respond to the next level if the situation requires and upgrade.

Phase Two—Any event or series of events that creates an overload situation for normal routine management of the event/s may necessitate the initiation of the Incident Command System. Situation may require additional staff to be called to the hospital.

Phase Three—Significant issues occur and the need for extensive support is addressed. This major event may require mobilization of most aspects of the Incident Command System, including call back procedure and planning for staff relief over an extended period of time.

ACTIVATION OF THE PLAN

ALL HAZARDS RESPONSE PLAN

The hospital has adopted the Incident Command System (ICS) model. The command structure of this model is the same used by the community emergencies response agencies. The primary responsibility of the command structure is to coordinate management of the six (6) critical areas of, Communication, Resources and Assets, Safety and Security, Staff Responsibilities, Utilities Management and Patient and Clinical Support activities during an emergency. ICS is an emergency management system comprised of key positions, reflected on an organizational chart. Each position has a specific list of responsibilities and actions (job action sheets) to take in an emergency situation. The ICS plan is designed to be flexible and when additional help is needed can fit into escalation to the community, state, and/or National Incident Management systems. Only those positions, or functions, which are needed, should be activated. The ICS plan allows for the addition of needed positions, as well as the deactivating of positions at any time. The ICS may be fully activated for a large extended emergency, or only partially activated for smaller or more localized emergencies.
**Activation of the Incident Command system**

The Superintendent/designee or nurse supervisor is responsible for initiating the response phase of the ICS when the emergency cannot be effectively managed utilizing the procedures outlined Hospital Policy 1230.03.

When the Hospital Incident Command System is initiated the notification will be made by pager, cell phone, 2-way radio, intranet and/or telephone and overhead paging system in some areas. As there is not an overhead paging system in all areas, and there are multiple buildings, staff will be informed that the ICS is to be instituted by the above listed sources.

When the Incident Command System is activated the procedure below will be followed:

The Executive Team/Nurse Supervisor & the Security Officer on duty when the emergency/disaster is confirmed will report to the command post. The Incident Commander will;

a. Instruct the operator to utilize the pager system (except in case of bomb threat) to indicate emergency/disaster – giving type and location of the emergency and location of the Triage area.

b. Instruct the operator to call 911 for community assistance- **the 911 agency will notify the emergency agency according to type of disaster.**

c. Instruct all available staff to report to the Staging Area – CTC Training Center (514) or alternate location.

2. The Public Incident Commander and the RSH Incident Commander will work together to manage the incident. The RSH Commander will “take command” of RSH. The Public Commander will “take command” of community support.

3. The RSH Incident Command position will be held by the Superintendent. In his absence or inability to perform the job duties of the Incident Commander, the Assistant Superintendent, Administration or Clinical Director will assume the role.

   If the emergency situation occurs on evenings, nights, weekend or holidays, the nurse supervisor and security officer will work together to fulfill the job duties of the Incident Commander, in order to manage the safety and security of the hospital until other hospital leaders arrive and take over the command position.

4. The incident commander/designee will provide for notifications to the Division of Mental Health and Addictions and other agencies. If so, hospital policy 910.01 will be followed.

5. The Incident Commander will appoint the leader of each section:

   **Logistics - Triage – Operation - Safety/Security - Financial - Public Information**

   These section leaders will manage and direct the operations specific to their section as necessary to control the emergency/disaster and as directed by the Incident Commander. Each section leader will be identified by wearing a designated colored vest, labeled with the specific section title.
**Color Coded Vests** - When the Incident Command System is implemented, staff will wear colored vests to denote position in the system;
- Red- incident commander, safety officer, PI liaison.
- Blue- triage,
- Yellow- logistics,
- Grey- operations,
- Green- financial,
- Orange- volunteers in addition volunteers will wear identification badges.

**Roles of Key Personnel and Department Functions:**

**AOD**
The Administrator on Duty will assume the role of the Incident Commander, report to the Command Post (Security Bldg. 202). The RSH Incident Commander will assign the duties of leadership according to the ICS Table of Organization and work with the Public Incident Commander.

**Leadership**
Members of Executive Team will report to the Command Post (see Incident Command table of organization attached) to manage the various aspects of the emergency/disaster as related to their department.

**Security**
The Security officer on duty will assess the disaster area, assist as necessary, and establish the Command Post (Security Bldg. #202), if advised to do so. If the Safety/Security Director is on duty, he will remain in the command post.

Security staff will be responsible for maintaining the safety/security of the entire campus including the emergency/disaster site. All gates to the campus will be secured if directed to do so by the Incident Commander.

Security may request additional staff from the staging area to ensure safety and security of the facility and to assure that only authorized personnel are in the disaster site area. All unauthorized personnel will be asked to leave the campus. Staff assigned to assist Security will direct emergency rescue vehicles, maintain traffic control, guard the gates and other activities as necessary.

**Volunteers**
Security officers will screen volunteers who come to the campus to help by asking if they are a health care professional or licensed independent practitioner. If the volunteer is one of the above, Security officer will give the volunteer a ‘Temporary Volunteer’ badge and direct them to
the Administration Building, Human Resources, for the verification process. Verification will be done by Human Resources staff. (See Hospital Policies 400.02 and 400.03)

After verification of the volunteer practitioner, the volunteer will have a sticker placed on their volunteer badge to indicate the person has been approved to assist in the disaster with a mentor.

The volunteer will be assigned by the section leader to work with a mentor who is of the same profession.

If the volunteer is not a Licensed Independent Practitioner or a Health care professional security will page the staging area requesting a “runner” to escort the volunteer to the staging area.

**Human Resources**

During an emergency/disaster event, at least one staff member from Human Resources will remain in Human Resource Offices to manage the verification process of Volunteer Health Care Professionals and Licensed Independent Practitioners. Other Human Resources staff, as appropriate, will report to the staging area to await assignment.

**Communications:**

The switchboard operators will provide and communicate information regarding the emergency/disaster situation through the use of the telephone network, pagers, two-way radios, cellular phones and runners (No pagers used in Bomb Threat situation). Off-duty staff will be called to the hospital as requested by the Incident Commander.

For notification of staff away from the facility, telephones, personal cell phones, and pagers will be used. For staff call back to the facility, when needed, there are phone numbers, for all staff, in Human Resources and at the switchboard. A call-back procedure will be implemented by available staff.

**Triage:**

Casualties identified at the scene of the disaster will be removed to the designated Triage area, CTC GYM, (Bldg. #514), AIT GYM, (Bldg. # 417), or other area as determined by the IC or Triage Leader.

Physicians will be assigned to the Triage area by the Triage Leader.

All available Nurses and Physicians will report to Personnel Staging area to be assigned to Triage. After being assigned to Triage, Nurses and Physicians will sign out with name, triage area assigned and time leaving. Assigned nurses are designated to set up the Triage area, obtaining supplies from
nearby storage rooms, organizing the area and preparing for casualties. All Emergency Carts (within the Triage building) and AED units will be brought to the Triage area. Additional supplies are available from other units, the Security vehicle, medical equipment storage room and warehouse.

Sorting and disposition of casualties is made on a preliminary basis for (1) immediate (2) minor (3) delayed (4) deceased (temporary morgue established by Incident Commander on campus or removal to an outside morgue).

Recorders will complete the “Triage Recorder Form” which documents all patient care, and disposition.

Triage tags (available in the Triage storage room) must be completed and attached to each casualty.

Volunteer practitioners, LIP’s and Health Care Professionals will be assigned, by the Triage Leader, to a mentor of the same profession. The volunteer will wear a Volunteer name badge with a sticker verifying that they may assist in the disaster.

**Pharmacy:**
The Pharmacy staff has the responsibility of providing pharmaceuticals as required to the Triage area or disaster site as requested by the AOD/IC or Triage Manager. Additional pharmaceutical products are available in the After Hours cabinet and in each emergency cart. All available pharmacy staff will report to the personnel staging area to await assignment.

**Transportation:**
Transportation will be the responsibility of the grounds crew/motor pool staff that will provide vehicles to the disaster site, triage area, and other areas as directed by the IC or Logistics Manager.

**Utilities:**
Maintenance personnel will be responsible for isolating/correcting safety issues in the emergency/disaster areas. They will respond to the orders given by the Logistics Manager, or IC. Blueprints of the campus buildings are available at Security – Command Post, (Bldg. #202), in the Maintenance Department and on the network.

Maintenance will provide blueprint/building information to outside agencies as requested and isolate & secure utilities on campus as needed.

**Supplies:**
Warehouse staff will provide supplies such as blankets, flashlights, wheelchairs, personal protective equipment and other items to the triage or emergency/disaster areas as directed by the Operations Manager/IC. Linens and blankets are available in Laundry.
The Incident Command Post, Logistics Section/Purchasing Department will be informed, as supplies are used, to initiate ordering procedures. A list of vendors is maintained on-line, in the Purchasing Department and at the command post.

Other available Warehouse staff will report to the personnel staging area.

**Dietary:**

Food Service will provide nourishment & water as required. The primary location is the Food Service Center with backup locations being AIT (417) Kitchen and RTC Kitchen. The contractor will have a 14 supply of food in stock at all times.

There is a plan for modification of meal offerings if necessary. All available food service staff will report to Personnel staging area to await assignment.

Food/water will be provided to triage & disaster site, as requested by Operations Manager or IC.

**Employees**

All available staff will report to the STAGING area for assignments as directed by the RSH Incident Commander. The Operations Manager will assign staff as directed by the IC. When staff leave the staging area, they are to sign out with name, area assigned, time leaving and time returning, if applicable.

**Staging Area Location:** CTC Training Center, Building #514. **If this area is involved in the disaster, Patient Canteen – Main Auditorium, Building # 502. will be used as staging area.**

**Staging Areas**

The Personnel Staging Area is the gathering place where all available employees report and await instruction from the IC or section leaders. The staging area will be located in the CTC Training Center, Building #514. Staff in the Staging area will maintain logs of staff assignments. The alternate location will be **Patient Canteen – Main Auditorium, Building # 502.**

Vehicle staging areas will be located at the RTC West parking lot and/or The Safety village parking lot.

**Records**

A recorder may be appointed in any of the areas for keeping necessary records. These assignments will be made by the IC, or Managers of Operations. All office support staff will report to the personnel staging area to await assignment.

**Psychology & Pastoral Care**

Provisions for trauma counseling for patients and/or staff will be the responsibility of the Psychology Department, as determined by the Triage manager, or IC. Trauma counseling for victims, families and staff will be conducted at a place
designated by the Triage Leader or the Incident Commander. All psychology staff will report to staging area to await assignment.

**Financial**

The IC will determine the need to appoint a financial manager to coordinate and maintain records regarding the cost of the disaster. These records may be needed for reimbursement, reporting to FSSA, etc. All financial support staff, including Purchasing, Business office will report to staging area to await assignment.

**Community Relations**

The IC will determine the need for appointing a Public Information Officer to manage the news media, communicate with affiliated government agencies and other required sources and to perform other community relations functions.

**Disaster Debriefing**

Following each real or planned emergency/disaster, drill or event, a debriefing meeting will be held to review actions, goals met and to develop an action plan for problems identified during the event. This will be documented utilizing a format that summarizes actions, evaluates goals expected and met, and identifies areas for improvement. This evaluation process, conducted by members of the Emergency Management Committee, will be recorded and reported to Quality Council and the Executive Team.

**National Incident Management System**

If the National Incident Management System is implemented, for large disaster situations, the ICS Table of Organization increases but maintains the levels of command as shown on of this Emergency Operations Plan.

In the event that multiple agencies would respond to a disaster at RSH, the Incident Commander would determine a staging area for the outside agencies responding, i.e. ambulance, fire, police, utility, etc. This staging area would be under the command of the Operations leader. The Chiefs of the multiple agencies responding would be set up at the RSH Command Post.

**Response/Recovery Phase**

The Incident commander is responsible for initiating the recovery phase of the EOP, and terminating the response phase, when the nature and scope of the emergency has ended, or has been reduced to the point where it can be effectively managed within the scope of normal operations. The Superintendent (or designee) shall determine when the recovery phase of the EOP is to be terminated.

**Emergency Drills**

At least twice a year, the Emergency Management Committee will conduct an emergency operations drill, based on the high risk events identified on the Hazard Vulnerability
Analysis. The Planning and documentation of the event will be completed by the Emergency Management Committee. On site inspectors will be assigned to observe and document identified problems and areas for improvement. Debriefing and documentation of each real or planned event will be conducted following the drill or real event. Corrective actions will be included in the written report of each event. All debriefing reports will be reviewed and signed by the staff involved. A final report of the drill/event will be summarized for Quality Council and the Executive Team.
EMERGENCY MANAGEMENT COMMITTEE

The Emergency Management Committee meets regularly and consists of clinical and non-clinical representatives from key departments and units of the facility. The Co-Chairs:

- establish the committee agenda;
- facilitate the committee’s work to comply with requirements;
- provide for training of committee members and all staff when required;
- appoint sub committees or task groups to accomplish identified projects or to plan training and exercises;
- maintain minutes of all meetings and provide information for all staff as necessary.

To ensure overall readiness and support, the chairpersons of the Emergency Management Committee regularly communicates with the Environment of Care coordinator who coordinates the work of the Environment of Care Committee, Life Safety Committee and Emergency Management Committee. The Emergency Management Committee co-chairs report committee activity, obstacles encountered, and assistance needed.

Information is also reported to Quality Council on a regular basis. The Superintendent receives regular reports of the current status of the Emergency Management Program through the Quality Council and Executive Team.

COMMUNITY INVOLVEMENT

Richmond State Hospital has an established relationship with the community planning groups. The community is aware of the needs and vulnerabilities of the hospital. The capabilities of the community in assisting in meeting the needs of the hospital have been identified, as well as the hospital’s assistance to the community if appropriate/required.

Richmond State Hospital will work with the Wayne County Health Department and the Wayne County Emergency Management Agency to assist in community disasters or receive assistance in event of a disaster at our facility.

The Wayne County Comprehensive Emergency Management Plan does not require RSH to receive casualties or patients. It does ask for our assistance with pharmacy staff and/or support staff to assist in management of the National Pharmaceutical Stockpile.

Vaccine and other medication that RSH would receive from the National Stockpile will be stored in the Pharmacy.

In event of a disaster situation in other Indiana locations, Richmond State Hospital would be available to assist with patients or staff relocation from other State Operated Facilities. This might include office space or housing and care for the patients. RSH can accommodate approximately 50 additional patients from other State Operated Facilities. Additional beds are available. Housing could be arranged in either gym area or on patient units, depending on current vacancies.

If RSH would need to transfer our patients to another State Operated Facility, Wayne County FEMA would arrange for school bus transport.
In event of a major disaster on our campus, a VEHICLE STAGING AREA will be designated for additional fire, police, and ambulance response teams. Vehicle staging areas will be based on the location of the disaster and access into the facility. Probably in the RTC west parking lot and/or the Safety Village parking lot, as determined by the Incident Commander.

Richmond State Hospital, during a community disaster situation, can provide the following services based on providing for the hospital’s inpatient requirements first.

1. Medical supplies and pharmaceuticals would be limited to bandages, oral and topical medications, based on type of patients this hospital serves and the inventory on hand. A limited amount of medical oxygen in also available.

2. Services provided include: Central kitchen as needed, power plant, laundry, cold storage, warehouse, the hospital’s own water system as backup to the City of Richmond’s water system, emergency generators, nursing and physician care. (If our own patient load allows.) All this is based on a 7 day a week, 24 hour a day operation. The hospital will also provide maintenance staff assistance with appropriate crafts represented as well as tools and equipment.

3. Staff: A member of the hospital’s staff would be appointed by the IC to be the liaison with the Community based Command Post, during community disaster situations. This individual would be assigned to the Wayne County Emergency Management Agency and would communicate to the hospital as appropriate concerning the community’s need.

**COMMUNICATION (Internal)**

When the Incident Command System is initiated, the Incident Commander will notify the RSH operator to alert the Staff of the initiation by pager, telephone, 2-way radios etc. Staff may also be notified by alternate means including intranet, and/or radio.

If established communication channels are unavailable, the Command Center will establish a 2-way radio relay or runner/courier system.

**EMERGENCY TELEPHONE COMMUNICATIONS PROCEDURE**

The switchboard operator confirms the emergency situation and initiates the emergency telephone network. (Phone Tree)

The switchboard calls the following areas to initiate the network:

1. Notify all Security Officers
2. Page all gang and other individuals assigned radios and pagers
3. Begins Phone Tree

**Emergency Phones:**

Emergency phones are available and can be used if the regular phone system is disrupted due to an emergency situation. “Emergency Phone” stickers are on the receiver of the phone.
## Location of Emergency Phones

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<th>Extension</th>
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<th>Key Accessible</th>
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<td>3801</td>
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<td>Yes</td>
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<td>Food Service</td>
<td>Supv. office</td>
<td>4933</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>HIS</td>
<td>Copy Room</td>
<td>4289</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Timekeeping (CTC)</td>
<td>135</td>
<td>4100</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Powerhouse</td>
<td>Office</td>
<td>4811</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>RTC</td>
<td>Kitchen</td>
<td>4935</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Staff Development</td>
<td>Copy Room 34F</td>
<td>4313</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
TWO-WAY RADIO PROCEDURE
Two-way radios are used for a backup system to the phone and pager system. The two-way radios are located on each patient unit/house and are to be taken along with the emergency flashlight, card file, and the emergency first aid kit for all fire and weather drills and actual emergencies for communication. Stickers on each 2-way radio indicate correct channel for that radio. Be sure to turn on your radio and use correct channel as indicated.

The two-way radios are checked weekly by the Preventive Maintenance Department. All radios are checked for proper operation and recorded on the check sheet. Any problems identified in the weekly check are corrected, and the radio is returned to assigned location. Location and operation of two-way radios will be periodically checked during fire drills.

Two-way radios are located in all patient living areas, nursing timekeeper’s office, nursing administration, all maintenance shops and offices including maintenance shops in patient occupied buildings, food service center, grounds, switchboard, security and other areas throughout the campus.

COMMUNICATION (External)
All appropriate external authorities will be notified when the Incident Command System is initiated.

Communication outside the facility will utilize
- Alpha-numeric or digital pagers
- Email, if the infrastructure is working
- Two-way radios
- An 800 MHz radio which allows communication with state and local police and fire stations (located in the Primary Security Vehicle)
- Couriers

MANAGEMENT OF RESOURCES AND ASSETS
Inventory of Assets and Resources
The organization maintains an inventory of assets and resources, on-site that could be used in the event of an emergency. The inventory includes, but is not necessarily limited to, the following:
- Personal protective equipment
- Water
- Food
- Linen
- Fuel
- Medical supplies
- Pharmaceutical supplies
- Transportation Vehicles
The inventory is evaluated by the Emergency Management Committee and Executive Team on, at least, an annual basis. During an emergency, the organization will monitor the quantities of assets and resources by using the inventory as a planning tool. During the emergency, a process has been put into place, under the Logistics Chief, to monitor the quantities of assets and resources. This information will be communicated through the Command System within the facility. The inventory will be updated as often as necessary for the duration of the emergency and the updated inventory communicated to the ICS and within the facility. The Command Center will determine if continued operations are viable. Options can include curtailing operations or relocating patients to a serviceable facility. The plan contains processes to assist in providing the availability of resources for the continuation of patient care during and emergency.

**EVACUATION OF AREAS, BUILDINGS, AND THE FACILITY**

Evacuation will be to the nearest safe area as determined by the Incident Commander &/or Safety/Security Officer. In all disasters except Fire/smoke. Fire/smoke evacuation procedures are up to the determination of staff at the time. **DO NOT USE ELEVATORS DURING EVACUATION.**

**“Take Shelter on Unit”**
Unit staff will stay with the patients as they ‘take shelter’ in hallways on the unit. All patients will be accounted for, and will remain in the shelter area until the ‘all clear’ is heard.

**“Evacuation to another site on campus”**
Unit staff will assemble the medical record, medication, and personal belongings for transfer off unit. Evacuation sites may include (but are not limited to): Hospitality houses on grounds, gymnasiums at RTC, 417, & Main Auditorium, unoccupied buildings. Additional beds will be obtained from storage area & linens from the Laundry. Assistance & transportation will be provided from other work areas (such as Motor Pool for vehicle transport) in order to safely relocate the patients, and make a safe & secure transfer of medications and the medical records.

**“Evacuation of the Facility”**
In the event of a major disaster in which the facility can no longer provide safe care and/or housing for the patients, the Division of Mental Health and Addiction will be notified. **The decision to evacuate shall be made by the Incident Commander in collaboration with the senior positions of the Command Center team. In addition, appropriate communication and collaboration with the local Emergency Operations shall occur.**

**Transporting of Patients to an Alternative Care Site**
The Planning Section Chief will be responsible for coordinating the transfer and transporting of patients to alternative care sites should buildings or the entire facility need to be evacuated. In the event that the patients would be transferred to another State Operated Facility, the following would be implemented:
Transport of patients: Wayne Co. EMA will assist by providing Wayne Co. School Buses RSH staff will be assigned to accompany patients to new facility. HIS will assist with the transfer of patient information to other State Operated Facility. Patient families will be notified of the transfer by the Treatment Team members; such as Patient Care Coordinator, Nurse, Social Worker, and/or other team members as needed.

**Patient Tracking**
Each patient unit has the capability of printing an accurate list of patients assigned to that unit. If the unit or the facility is evacuated, staff on the unit will print copies of the list retain a copy and provide additional copies as instructed. If computer lists are not available the kardex will be utilized.

**Employee Evacuation:**
Staff will go to the nearest shelter area or report to the staging area as required.

**Holding Areas:**
Areas available for immediate, temporary shelter in case of fire/smoke or bomb threat might be the Auditorium (502), AIT Gym (417) and CTC gym. (514). During good weather, evacuation may also include the Grove (with facilities for shelter, restrooms, and phone).

**Emergency Shelters**
The Emergency Management Committee has designated the following areas as emergency shelters for use in the event of a tornado or high winds. In general, shelter areas are on inner hallways on the first floor of the building away from windows. We are advised to stand and face the wall pending impact of tornado or high winds.
# Emergency Shelter Locations

<table>
<thead>
<tr>
<th>Unit or Work Site (Building # in parenthesis)</th>
<th>Shelter Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>All units and houses</td>
<td>RTC - inner hallway – away from windows and doors</td>
</tr>
<tr>
<td></td>
<td>417 – first floor – inner hallway, away from doors and windows</td>
</tr>
<tr>
<td></td>
<td>417-second floor – evacuate to first floor unit below</td>
</tr>
<tr>
<td></td>
<td>Houses – inner hallway (see posted shelter signs)</td>
</tr>
<tr>
<td>Administration Bldg (300)</td>
<td>Administration Bldg first floor hallway by stairs</td>
</tr>
<tr>
<td>Community Relations, Quality Mgmt (302)</td>
<td>Tunnel under the first floor of building</td>
</tr>
<tr>
<td>Warehouse(304), Maintenance (306), Laundry (303), Industrial Bldg(507), IT (323), Motor Pool (307)</td>
<td>Warehouse Basement (M-F 7:30-3:30) After hours, take shelter in Powerhouse</td>
</tr>
<tr>
<td>Staff Development (416)</td>
<td>Center Hallway</td>
</tr>
<tr>
<td>RTC Core (511), Food Services (324), HIS (409)</td>
<td>First floor inner hallway, away from windows and doors</td>
</tr>
<tr>
<td>Powerhouse (308)</td>
<td>Powerhouse Basement</td>
</tr>
<tr>
<td>Auditorium Canteen (502), Business Office (203)</td>
<td>Auditorium basement, inner room</td>
</tr>
<tr>
<td>AIT Offices(417), Carriage House (323), AIT Food Service, Offices in back hall</td>
<td>417 Middle corridor/hallway</td>
</tr>
<tr>
<td>Housekeeping (415), Outside agencies (415)</td>
<td>First floor inner hallway, away from windows and doors</td>
</tr>
<tr>
<td>Birth to Five (418)</td>
<td>End of hallways, away from windows and doors</td>
</tr>
<tr>
<td>Chapel (501)</td>
<td>Chapel restrooms</td>
</tr>
<tr>
<td>CTC Training Center (514)</td>
<td>Office, Kitchen &amp; storage area</td>
</tr>
<tr>
<td>Timekeeper’s Office</td>
<td>Bathrooms adjacent to Training center</td>
</tr>
<tr>
<td>Crafts, Living Skills, Gym, Social Area</td>
<td>Education rooms 1,2,3,4</td>
</tr>
<tr>
<td>CTC Clinic Area</td>
<td>Clinic Room #122</td>
</tr>
<tr>
<td>CTC Pharmacy, Central Supply</td>
<td>Inner hallway and conference room</td>
</tr>
</tbody>
</table>
SAFETY AND SECURITY

During an emergency situation, the Safety/Security Officer, working with the Incident Commander, will implement contingency plans to secure the facility, areas within the facility and manage vehicular and pedestrian traffic, based on the needs of the specific situation.

Staff who report to the personnel pool may be used to augment the security forces, if the situation warrants. When appropriate, local, state law enforcement will assist if possible.

STAFF

Each area Department Head/Patient Care Coordinator is responsible for ensuring that each employee in their area is aware of the Emergency Operations Plan and their role.

When emergency plans are implemented, a number of methods are used to notify affected staff. Primary within the hospital are telephones, pagers, 2-way radios, and the intranet to alert staff. For notifying staff away from the facility, telephones, personal cell phones, and pagers are used. For calling staff back to the facility when needed, telephone trees may be implemented.

The Incident Command System is used to assure that each implementation of the emergency plan includes staff as needed to effectively activate the plan. The system is based on the use of checklists and an organization chart to assure that each task is considered, and that staff is made available to complete those tasks. The organization chart assists the incident commander in allocating the available staff, to look ahead and determine when more staff should be called in, as well as when staff on duty should be relieved to provide rest and breaks. Reference list of key individuals who are available – list in ICS.

On an annual basis, a list will be created of those staff members from all departments who are able and are not able to work extra or extended shifts during emergencies. This list will be made from a questionnaire sent to employees to fill out and turn into the Emergency Management committee. In the questionnaire, the employees will list any possible circumstances that would keep them from being able to work extended hours or shifts during an emergency such as the need to care for dependents or pets, possible medical issues, etc. Every effort will be made by supervising staff, the ICS, and the Executive team to ensure that the hospital’s staffing needs are met while still allowing the ability for all staff members to attend to the needs of their personal lives.

During emergencies, when the hospital initiates the Incident Command System, staff assignments supersede normal roles and responsibilities. Senior staff, as available, is assigned responsibilities using the Incident Command System to ensure that key tasks are staffed at all times. Those identified as members of the Incident Command Staff receive appropriate training for their roles, along with subsequent drills to ensure proficiency. Other staff, who may be asked to perform tasks other than those normally performed, receive training in advance or just-in-time training at the time of the activity.
When the Incident Command System is established the ICS organizational chart and Job Action sheets are used to assure critical task positions are filled first, and as other staff members become available, they are assigned to the most critical jobs remaining.

**Disaster Privileges** (See hospital policies 400.02 and 400.03)

Security officers will screen volunteers who come to the campus to help by asking if they are a health care professional or licensed independent practitioner. If the volunteer is one of the above, Security officer will give the volunteer a ‘Temporary Volunteer’ badge and direct them to the Administration Building, Human Resources, for the verification process. Verification will be done by Human Resources staff.

After verification of the volunteer practitioner, the volunteer will have a sticker placed on their volunteer badge to indicate the person has been approved to assist in the disaster with a mentor.

The volunteer will be assigned by the section leader to work with a mentor who is of the same profession.

If the volunteer is not a Licensed Independent Practitioner or a health care professional, security will page the staging area requesting a “runner” to escort the volunteer to the staging area.

**PATIENTS**

Different emergency situations or types of disasters require different patient management strategies. The Operations Chief will work with the Medical Director and the Clinical Director to tailor the patient management strategies to the particular emergency situation at hand.

**Triage of Patients**

During an emergency, victims of an internal disaster will be triaged to determine their necessary level of care. Patients whose clinical needs fall outside of the scope of services or ability of the organization to care for them should be promptly identified and transferred to a healthcare facility equipped to provide appropriate care.

**Patient Hygiene and Sanitation Needs**

The operations section chief will be responsible for assuring that patient and staff hygiene and sanitation needs are met for the duration of the emergency.

**UTILITIES**

During an emergency, the organization will identify alternate means for providing essential utility systems. These utility systems will be identified as well as alternate means for providing services. The organization will assess the requirements needed to support these systems such as fuel, water, and supplies for a period of time identified in the Inventory of Assets. This information will assist the hospital in identification of capabilities and establishes response procedures for when the hospital cannot maintain adequate utilities.

Alternate means of providing essential building utility needs include:

- **Water**: two separate feeds from the city and (2) 5000 gallon water tanks on grounds to supply the Powerhouse for 24 hours.
• **Electricity**: source-Richmond Power and Light; 2 substations on campus - looped to meet any location on campus

• **Ventilation**: no alternative other than opening windows

• **Fuel**: primary source natural gas. In addition: a) Two 20,000 gal. oil tanks; one 550 gal Diesel fuel; two portable 100 gal Diesel fuel tanks; and a 10,000 gal unleaded gas fuel tank on a portable cart are available during emergencies.

• **Generators**: Supply emergency power in the event of a power outage. These are located and cover all patient living units at RTC, CTC, 416, 417, IT, Hope House and Powerhouse.

• **Medical Gas**: NA

Different types of emergencies can have the same detrimental impact on an organization’s utility system. RSH has identified alternative means of providing for essential utilities.

**EVALUATION**

**EVALUATION OF PLAN**

Richmond State Hospital conducts exercises to assess the Plan’s appropriateness, adequacy, and effectiveness. As an emergency response exercise RSH activates the Emergency Operations Plan twice a year. The exercises incorporate likely disaster scenarios that will allow RSH to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients. If the plan is activated in response to an actual disaster, that will count toward the twice yearly requirement. During these exercises and/or actual responses, there will be designated individuals assigned to monitor and document all aspects of the exercise for deficiencies and/or opportunities for improvement. The deficiencies and opportunities for improvement will be communicated to the Emergency Management Committee who will responsible for implementation of modifications/interim measures. Subsequent exercises will reflect modification and/or interim measures.

**EVALUATION OF HAZARD VULNERABILITY ANALYSIS**

RSH also reviews, evaluates, revises their planning activities and the plan, such as the HVA updates, changes within the organization, changes in the community, or other factors that would impact on organization’s effectiveness. This review is conducted annually and documented.

RSH is not a community designated disaster receiving station however some exercises include simulated patients and also escalating scenarios.

**DEFINITIONS**

**Emergency Operations Plan** – A written document describing the process that would be implemented to manage the consequences of emergencies, including natural and human-made disasters, which could disrupt the organization’s ability to provide care, treatment, and services.
Emergency - An emergency is an unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment or care itself, or that results in a sudden, significantly changed or increased demand for the organization’s services. Emergencies can be either human-made or natural or a combination of both, and they exist on a continuum of severity.

Disaster - A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization’s capabilities and requires outside assistance to sustain patient care, safety, or security functions.

Hazard Vulnerability Analysis - The identification of potential emergencies and the direct and indirect effects these emergencies may have on the hospital’s operations and the demand for its services.

Mitigation - activities designed to reduce the risk of and potential damage due to an emergency (i.e. the installation of stand by or redundant equipment, training).

Preparedness - activities undertaken to organize and mobilize essential resources (i.e. plan writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies).

Response - activities the hospital undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (i.e., control, warnings, evacuation).

Recovery - activities that the hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term the focus is on returning all hospital operations back to normal or an improved state of affairs.

Incident Command System - (ICS) The combinations of personnel, procedures, communication, equipment and facilities, operating within a common organizational structure, designed to aid in incident management activities.

National Incident Management System - (NIMS) A system used in the United States to coordinate emergency preparedness and incident management among various federal, state and local agencies.

AOD - Administrative Officer on duty.

OD - Doctor on duty.

PIC - Public service emergency personnel (fire, police) will assume the role of the Public Incident Commander and be responsible for the community response to the emergency/disaster. The public incident commander will work with the RSH Incident Commander to address the emergency situation.

Staging - The Personnel Staging Area is the gathering place where all available employees report and await instructions from the RSH Incident Commander or the section leader of the Operations Section. The staging area location is the CTC Training Center, Building #514. The alternate location is Patient Canteen in the auditorium; Building #502. The vehicle staging area is The RTC West Parking Lot and/or Safety Village parking lot.
**Color Coded Vests** - When the Incident Command System is implemented, staff will wear colored vests to denote position in the system.

- Red - incident commander, safety officer, PI liaison.
- Blue - triage
- Yellow - logistics
- Grey - operations
- Green - financial
- Orange - volunteers in addition volunteers will wear identification badges.

**Disaster Privileges**

*Licensed Independent Practitioners* - Privileges granted to licensed independent practitioners when the Emergency Operations Plan is implemented.

*Health Care Professional* - required to have a license, certification, or registration (not licensed independent practitioners)-assignments of responsibilities during disaster when the Emergency Operations Plan is implemented.