

Policies for Review for August 2021

Personnel

2.0.34 Employee Vaccination Policy: This is a new policy.

- **Protocol: COVID-19 Worker Protection Protocol**
 - **Attachment A**

Operational Policies

5.0.01 Emergency Preparedness Plan: Deleted verbiage in page 29 and changed to use rally points.

5.0.10 Internal Emergency Response: Deleted verbiage in Process #2 and changed to use rally points.

Patient Flow

12.0.01 Appointment Policy and Procedure

12.0.07 Patient Flow

Patient Grievance

14.0.03 Patient Concern Policy

Quality Management and Quality Assurance Policies

15.0.01 Abuse Policy: This policy was reviewed and felt no changes were needed at this time.

15.0.02 Unassigned number

15.0.03 AED Medical Standing Orders Use Policy: This policy was reviewed and felt no changes were needed at this time.

15.0.04 Unassigned number

15.0.05 Corporate Compliance Plan: This policy was reviewed and felt no changes were needed at this time.

15.0.06 Corporate Compliance Report: This report is performed annually and was last reported March 2021

15.0.07 Infant Child Safety and Security and Abduction Policy: Title updates to abduction response.

15.0.08 Policy for Review of Policies: This policy was reviewed and felt no changes were needed at this time.

15.0.09 QA Plan: This is reviewed and revised annually in December.

15.0.10 Rapid Response to Medical Emergencies: This policy was just reviewed and revised in May 2021. No changes needed at this time.

15.0.11 Unassigned number

15.0.12 Weapons Policy: This policy was reviewed and felt no changes were needed at this time.

Policies for Review for the month of September:

Clinical: 10.0.01 – 10.0.14

Continuing Professional Education

11.0.01

11.0.03

River Valley Health and Dental Center

Emergency Preparedness Plan

INTRODUCTION

The Emergency Preparedness Plan (EPP) provides a course of action to fully integrate the River Valley Health and Dental Center (RVH&DC) resources with the community resources in planning, preparing, responding, and recovering from an emergency event. An emergency event is defined as “any unplanned event that can cause deaths or significant injuries to staff, customers, or the public; or that can shut down a business, disrupt operations, or cause physical or environmental damage.” Emergency event includes a terrorist attack, bioterrorism event, natural disaster, fire, severe weather conditions, loss of utilities, equipment failures, chemical spills, bomb threats, and security risks or emergencies in the surrounding community.

PURPOSE

It is the intent of the Center to protect staff, patients and visitors from harm in the event of an emergency and to participate in the community emergency program to deal with an emergency event. The EPP anticipates a surge in need for health services with a need to minimize disruption of services for Center patients and seeks to assure the Center’s financial and organizational well-being.

The EPP is based on a thorough risk assessment of the local community served and other community resources. The risk assessment includes a Hazard Vulnerability Analysis that identifies potential emergencies and the direct and indirect effects of these emergencies may have on the center’s operations and demand for its services. The center uses risk assessment tools that meet the specific needs. Risks are analyzed based on the likelihood of occurrence, severity, and impact on services and resources. Risk may be sudden events such as a local explosion or ongoing as in the case of pandemic influenza. The risk assessment will be updated annually.

The center EPP:

- A. Addresses the four phases of emergency management:
 1. Mitigation: Mitigation activities lessen the severity and impact of a potential disaster or emergency might have on a center’s operations.
 2. Preparedness: Preparedness activities build capacity and identify resources that may be used should a disaster or emergency occur.
 3. Response: Response refers to the actual emergency and controls the negative effects of the emergency.
 4. Recovery: Recovery actions should begin almost concurrently with response activities and are directed at restoring essential services and resuming normal

operations. Recovery planning should be considered an essential aspect to sustaining the long-term viability of the Center.

- B. Identifies how, when, and by whom the EPP is activated, procedures for notifying staff, and the roles and responsibilities of personnel responding to the emergency.
- C. Addresses continuity of operations; staffing; surge patients; medical and non-medical supplies; pharmaceuticals; security; evacuation; decontamination; isolation; power supply; transportation; water/sanitation; communications and medical record security and access.

POLICY

River Valley Health and Dental Center will be prepared to respond to a natural or man-made disaster, suspected case of bioterrorism, or other emergency in a manner that protects the health and safety of its patients, visitors, and staff, and that is coordinated with a community-wide response to a large-scale disaster.

All employees will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Each supervisor at each level of the organization will ensure that employees are aware of their responsibilities.

1. MITIGATION

1.1 Introduction

RVH&DC will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect the organization's operations or the demand for its services. This will be followed by development of a strategy to strengthen the perceived areas of vulnerability within the organization.

During the mitigation phase, the RVH&DC Safety Committee and staff will identify internal and external hazards and take steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on the clinic. The areas of vulnerability that cannot be strengthened sufficiently are then addressed in emergency plans. Mitigation activities may occur both before and following a disaster.

1.2 Hazard Vulnerability Analysis

RVH&DC will conduct a hazard vulnerability analysis to identify hazards and the direct and indirect effect these hazards may have on the clinic. This will provide information needed by the clinic to minimize losses in a disaster. The analysis shall be conducted annually by the Safety Committee. The Center will assess the risks identified in its Hazard Vulnerability Assessment that could not be eliminated or satisfactorily mitigated through its hazard mitigation program and determine their likelihood of occurrence and the severity of their consequences. This assessment of remaining risks will help to define the emergency response role the clinic adopts for itself and the preparation required to meet that role

1.3 Insurance

The Chief Executive Officer (CEO) and the Chief Financial Officer (CFO) of RVH&DC will meet with insurance carriers to review all insurance policies and assess the facility's coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility. The CEO/CFO will assess clinic coverage for floods or earthquakes. If coverage is absent or inadequate, the clinic will evaluate if it is financially sound to acquire it. Clinics located in special flood hazard areas must have flood insurance to be eligible for disaster assistance.

1.4 Center Emergency Response Roles

RVH&DC may play a variety of roles in responding to disasters including providing emergency medical care, providing temporary shelter, and expanding primary care services to meet increased community needs created by damage to other health facilities. RVH&DC may also provide mental health services to disaster victims and serve as a conduit for information dissemination to affected communities. However, clinics are not equipped to respond definitively to all disasters. Clinic roles may be constrained by limited resources and technical capability and by the impact of the disaster on the clinic facility.

As a part of its mitigation program, RVH&DC will identify the response roles it will prepare to perform following a disaster. This decision will involve input from management and staff, the board of directors, and community and government emergency officials. Based on the findings of the risk assessment, RVH&DC will take the following steps to define the disaster response roles for which it should prepare:

- Assess the pre-disaster medical care environment and the role the clinic performs in providing health services.
- Assess clinic resources including availability of staff to respond and ability of the clinic to survive intact.
- Obtain community input.
- Obtain input from clinic staff especially managers, safety officer, and CEO.
- Present recommendations to its board of directors.

2. PREPAREDNESS

2.1 Introduction

Preparedness activities build organization capacity to manage the effects of emergencies should one occur. During this phase the RVH&DC Safety Committee will develop plans and operational capabilities to improve the effectiveness of the clinic's response to emergencies.

Specifically, the clinic will:

- Develop/update emergency plans and procedures, including the Emergency Preparedness Plan.
- Develop and update agreements with other community health care providers and with civil authorities.
- Train emergency response personnel.
- Conduct drills and exercises

2.2 Emergency Preparedness Plan

The RVH&DC Emergency Preparedness Plan is an “all-hazards” plan that will guide the Center's response to any type of a disaster or emergency.

2.3 Integration with Community Wide Response

To the extent possible, RVH&DC will ensure that its response is coordinated with the decisions and actions of the other health care and governmental agencies involved in the response. To ensure coordination, Center will:

- Determine which response roles are expected by officials and which are beyond the system's response needs or the clinic's response capabilities.
- Participate in planning, training, and exercises sponsored by medical and health agencies.
- Develop reporting and communications procedures to ensure integration with other agencies
- Define procedures for requesting and obtaining medical resources and for evacuating / transporting patients.
- During a response, report the status and resource needs of the clinic and obtain or aid in support of the community-wide response.

2.4 Coordination with Emergency Responders

During an area-wide disaster, fire, EMS, and law emergency services may not be able to respond to emergencies at the clinic. Clinic personnel will cooperate fully with EMS and law enforcement personnel when they respond to emergencies at the clinic. This may include providing information about the location of hazardous materials or following instructions to evacuate and close the clinic. The RVH&DC has identified a recommended location for an emergency responder command post for coordinating the response to an emergency at the clinic. The Reproductive Health area will be used as a command post area.

2.5 Coordination with Other Medical Facilities

RVH&DC recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to a disaster to augment its capacity to meet patient care needs. RVH&DC will review existing formal and informal arrangements with health facilities to explore expanding their provisions to cover disaster response conditions. The Center will also seek to establish agreements with relevant facilities where no agreement currently exists. RVH&DC views these agreements as reciprocal and will also explore opportunities to provide support to these facilities if conditions allow.

Examples of potential disaster related arrangements with nearby hospitals include:

- Referral/diversion of patients to nearby hospitals, especially patients that require a higher level of care than RVH&DC can provide.
- Acceptance of diverted patients from hospitals to increase their capacity to care for seriously ill and injured.

2.6 Acquiring Resources

RVH&DC will develop procedures for augmenting supplies, equipment and personnel from a variety of sources. Assistance may be coordinated through the following channels:

- Prior agreements with vendors for emergency re-supply.
- Stockpiles of medical supplies and pharmaceuticals anticipated to be required in an emergency response.
- From other clinics, hospitals, or health care providers.

2.7 Roles and Responsibilities

2.7.1 CEO

The RVH&DC CEO is responsible, directly or through delegation, for the development of the EPP and for directing the response to emergencies. Specific responsibilities include:

- Execute (oversee) the development and implementation of the disaster plan.
- Appoint a Safety Committee to coordinate the development and maintenance of the RVH&DC Emergency Preparedness Plan.
- Ensure the clinic's emergency preparedness program meets all government regulations.
- Evaluate the disaster program annually and update as needed including a description of how, when and who will perform the activity.
- Activate the clinic's emergency response.
- Direct the overall response to the disaster/emergency.
- Develop the criteria for and direct the evacuation of staff, patients and visitors when indicated.
- Ensure the clinic takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

2.7.2 Clinical Operations Manager

- Serve as a member of the Safety Committee.
- Determine the disaster response clinical staffing needs in cooperation with the Medical Director.
- Ensure a hazard vulnerability assessment is performed periodically.
- Provide for ongoing training for clinic staff.
- Assign staff emergency management duties and responsibilities.
- Ensure staff is trained to perform emergency roles.
- Ensure that drills and exercises are conducted semi-annually, and records are maintained.
- Activate the clinic's emergency response.
- Assign clinical staff to medical response roles (triage, treatment, decontamination, etc.).
- Perform other duties delegated by the CEO consistent with training and scope of practice.

2.8 Initial Communications and Notifications

2.8.1 Staff Call List

The Center will compile and maintain an internal contact list that will include the following information for all staff: name, position title, home phone, cell phone, and

preferred method of contact during off hours. The staff call list contains sensitive contact information and will be treated confidentially. The list of staff phone numbers will be kept offsite as well as onsite by key employees and at key locations. The phone list should be provided to the clinic's answering service.

2.8.2 External Notification

The clinic will compile and maintain an external contact list of phone numbers of emergency response agencies, key vendors, stakeholders, and resources.

2.8.3 Primary Communications Methods

The primary means of emergency communication is the local telephone system. If telephones fail, clinic staff will notify the telephone provider by any means available including telephones in another area of the clinic, cell phones, messenger, or e-mail. These methods of back-up communication will also be used to contact outside agencies, hospitals, and emergency services. RVH&DC's telephone system is connected directly to the IT server room which operates with a backup generator in the case of a power failure.

2.9 Continuity of Operations

2.9.1 Policy

It is the policy of RVH&DC to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the clinic will give priority to providing or ensuring patient access to health care.

2.9.2 Continuity of Operational Goals and Planning Elements

The Center will take the following actions to increase its ability to maintain or rapidly restore essential services following a disaster to ensure:

- a. Patient, visitor and personnel safety:
 - Develop, train on and practice a plan for responding to internal emergencies and evacuating clinic staff, patients, and visitors when the facility is threatened.
- b. Continuous performance or rapid restoration of the clinic's essential services during an emergency:
 - Develop plans to obtain needed medical supplies, equipment and personnel.
 - Identify a backup site or make provisions to transfer services to a nearby provider.
- c. Protection of medical records:

- To the extent possible, protect medical records from fire, damage, theft, and public exposure. If the clinic is evacuated, provide security to ensure privacy and safety of medical records.
- d. Protection of vital records, data and sensitive information:
- Ensure offsite back-up of financial and other data.
 - Store copies of critical legal and financial documents in an offsite location.
 - Protect financial records, passwords, credit cards, provider numbers, and other sensitive financial information.
 - Update plans for addressing interruption of computer processing capability.
 - Maintain a contact list of vendors who can supply replacement equipment.
- e. Protect information technology assets from theft, virus attacks, and unauthorized intrusion:
- Protect medical and business equipment
 - Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide list to the CFO and store a copy offsite.
 - Protect computer equipment against theft through use of security devices.
 - Use surge protectors to protect equipment against electrical spikes.
 - Secure equipment to floors and walls to prevent movement during earthquakes.
 - Place fire extinguishers near critical equipment, train staff in their use, and inspect per manufacturer's recommendations.
- f. Relocation of services:

RVH&DC will take the following steps, as feasible and appropriate, to prepare for an event that makes the primary clinic facility unusable:

- Identify a back-up facility for continuation of clinic health services, if possible.
 - Establish agreements with nearby health facilities to accept referrals of clinic patients.
 - Establish agreements with nearby health facilities to allow clinic staff to see clinic patients at these alternate facilities.
 - Identify a back-up site for continuation of clinic business functions and emergency management activities.
- g. Restoration of utilities:
- Maintain contact list of utility emergency numbers.
 - Ensure availability of phone and phone line that do not rely on functioning electricity service.

- Request priority status for maintenance and restoration of telephone service from local telephone service provider.

2.9.3 Generator

RVH&DC will obtain and install an emergency generator to ensure its ability to continue operations in the event of an emergency that creates power outages. RVH&DC will obtain assistance from local utilities or vendors.

Specific steps include:

- Inventory essential equipment and systems that will need continuous power.
- Determine the maximum length of time the clinic will operate on emergency power (i.e., is emergency power primarily for short term outages or for extended operations)
- Determine power output needs.
- Select fuel preference: propane or diesel.
- Determine location of nearest supplies of selected fuels that can be accessed in an emergency.
- Select, purchase and install generator.
- Perform recommended periodic maintenance.
- Run monthly generator start-up tests.

2.10 Clinic Patient Surge Preparedness

2.10.1 Surge capacity encompasses clinic resources required to deliver health care under situations which exceed normal capacity including potential available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and even the legal capacity to exceed authorized care capacity.

2.10.2 Normal clinic capacity could be exceeded during any type of emergency for reasons that include the following:

- Random spikes in numbers of presenting patients.
- Seasonal or other cyclical spikes (e.g., school required immunizations, flu epidemics, etc.).
- Convergence of ill or injured resulting from disasters.
- Psychogenic convergence that results from emergencies.
- A combination of any of the above.

Events that create patient surge may also reduce clinic resources through exhaustion of supplies and pharmaceuticals and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach the clinic or required to meet commitments at other health facilities.

2.10.3 Patient Flow and Site Planning

RVH&DC clinical staff will:

- Periodically review patient flow and identify areas on clinic grounds that can be converted to triage sites and patient isolation areas.
- Evaluate the appropriateness of the use of break rooms and other spaces for patient holding or treatment areas.
- Designate sites available for isolating victims of a chemical or bioterrorist attack. Sites should be selected in coordination with the facility manager based on patterns of airflow and ventilation, availability of adequate plumbing and waste disposal, and patient holding capacity. The Center is not equipped to care for chemical/bioterrorism victims. In cases of extreme need for space, the Center may decide to use the dental wing for isolation.
- Ensure triage and isolation areas are accessible to emergency vehicles and to patients.
- Triage and isolation sites should have controlled access.

2.10.4 RVH&DC will also take the following actions to increase surge capacity:

- Establish reciprocal referral agreements with nearby clinics and hospitals.
- Survey staff to develop estimates of the likely number of clinical and non-clinical staff able to respond during clinic operating hours and off hours for each day of the week. The estimates will consider distance, potential barriers and competing responsibilities (hospital practice, other clinics, etc.).
- Clinics may also be able to refer/divert patients to nearby clinics if RVH&DC is damaged or overwhelmed or obtain space and support from other health care providers.

2.11 Disaster Medical Resources

2.11.1 Personnel

RVH&DC will rely primarily on its existing staff for response to emergencies and will, therefore, take the following measures to estimate staff availability for emergency response:

- Identify clinical staff with conflicting practice commitments.
- Identify staff with distance and other barriers that limit their ability to report to the clinic.
- Identify staff who are likely to be able to respond rapidly to the clinic.

RVH&DC will also develop a roster of bi-lingual staff by language.

RVH&DC will take the following steps to facilitate response to clinic emergencies by its staff when their homes and families may be impacted:

- Promote staff home emergency preparedness.
- Identify childcare resources that are likely to remain open following a disaster.

2.11.2 Pharmaceuticals / Medical Supplies / Medical Equipment

RVH&DC will determine the level of medical supplies and pharmaceuticals it is prudent and possible to stockpile. All stored items will be rotated to the extent possible.

The RVH&DC will identify primary and secondary sources of essential medical supplies and pharmaceuticals and develop estimates of the expected time required for resupply in a disaster environment.

It is not anticipated that healthcare facilities will be directly involved with the distribution of National Pharmaceutical Stockpile assets. However, Center leadership should be informed of local level plans and what role, if any, they might be expected to play in the distribution of assets to the community.

2.11.3 Personal Protective Equipment (PPE)

RVH&DC will take measures to protect its staff from exposure to infectious agents and hazardous materials. Center health care workers will have access to and be trained on the use of personal protective equipment.

Protective equipment is in the medical supply room and exam rooms and will be accessed by medical staff when a patient with a suspected infectious disease presents.

2.12 Public Information and Risk Communication

2.12.1 The Incident Manager will appoint a Public Information Officer (**PIO**) to coordinate the release of clinic information internally and externally to media and community.

The following information will be gathered:

- The nature and status of the emergency.
- Appropriate actions for protection, seeking health care services, and obtaining needed information.
- The status of the clinic and its ability to deliver services.

2.13 Training, Exercises, and Plan Maintenance

2.13.1 Employee Orientation

All employees will learn the following information from their new employee orientation or subsequent safety training. This checklist will also be used to design facility-wide drills to test clinic emergency response capabilities. Employee essential knowledge and skills include:

- The location and operation of fire extinguishers.
- The location of fire alarm stations and how to shut off fire alarms.
- How to page a fire.
- How to dial 911 in the event of a fire.
- How to assist patients and staff in the evacuation of the premises.
- Location and use of oxygen (licensed staff).
- Location and use of medical emergency equipment (medical staff and staff trained on AED).
- How emergency codes are called in the clinic and appropriate initial actions.
- Actions to be taken during fire and other emergency drills.
- All employees must attend annual training and updates on emergency preparedness, including elements of this plan.

2.13.2 Clinician Bioterrorism Training

All physician and nursing staff will receive documented training on procedures to treat and respond to patients infected with a bioterrorism agent. Training will include:

- Recognition of potential epidemic or bioterrorism events.
- Information about most likely agents, including possible behavioral responses of patients.
- Infection control practices.
- Use of Personal Protective Equipment.
- Reporting requirements.
- Patient management.
- Behavioral responses of patients to biological and chemical agents.

General staff training will include:

- Roles and responsibilities in a bioterrorism event.
- Information and skills required to perform their assigned duties during the event.
- Awareness of the backup communications systems used in a bioterrorism event.
- The location of and how to obtain supplies, including Personal Protective Equipment (PPE) during a bioterrorism event.

- Clinicians and other staff will receive periodic updates as new information becomes available.

2.13.3 Drills and Exercises

RVH&DC will rehearse this disaster plan at least twice a year. All drills shall include an after-action debriefing and report evaluating the drill or exercise. CMS requires that the plan must be executed twice a year, either in response to an actual emergency or in planned drills.

Exercises should include one or more of the following response issues in their scenarios:

- Clinic evacuation
- Bioterrorism
- Mental Health response
- Coordination with government emergency responders
- Continuity of operations
- Expanding clinic surge capacity

RVH&DC will participate in community drills that assess communication, coordination, and the effectiveness of the clinic's and the community's command structures.

2.13.3.1 Evaluation

The effectiveness of the administration of this plan will be evaluated following plan activation during actual emergencies or exercises. Staff knowledge and responsibilities will be critiqued by the Safety Committee and reported to the CEO.

Based on the after-action evaluation, the Safety Committee will develop a Corrective Action Plan that includes recommendations for:

- Additional training and exercises.
- Changes in disaster policies and procedures.
- Plan updates and revisions.
- Acquisition of additional resources.
- Enhanced coordination with response agencies.

2.14 Plan Development and Maintenance

- 2.14.1 The Safety Committee is responsible for coordinating the development and implementation of a comprehensive emergency preparedness program and this plan. The Safety Committee will review and update this plan at least annually. The plan

will also be reviewed following its activation in response to any emergency, following exercises and other tests, as new threats arise, or as changes in clinic and government policies and procedures require.

2.14.2 As the RVH&DC environment undergoes any changes including remodeling, construction, installation of new equipment, and changes in key personnel, the Safety Committee will review and update the RVH&DC EPP to ensure:

- Evacuation routes are reviewed and updated.
- Emergency response duties are assigned to new personnel, if needed.
- The locations of key supplies, hazardous materials, etc. are updated.
- Vendors, repair services and other key information for newly installed equipment are incorporated into the plan.

3. RESPONSE

3.1 Introduction

During this phase, RVH&DC will mobilize the resources and take actions required to manage its response to disasters.

3.2 Response Priorities

RVH&DC has established the following disaster response priorities:

- Ensure life safety —~~protect of life~~ ensure life safety and provide care for injured patients, staff, and visitors.
- Contain hazards to facilitate the protection of life.
- Protect critical infrastructure, facilities, vital records and other data.
- Resume the delivery of patient care.
- Support the overall community response.
- Restore essential services/utilities.
- Provide crisis public information.

3.3 Alert, Warning, and Notification

Upon notification of an alert, the RVH&DC CEO or designee will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

3.4 Response Activation and Initial Actions

This plan may be activated in response to events occurring within the clinic or external to it. Any employee or staff member who observes an incident or condition which could result in an emergency condition should report it immediately to his/her supervisor. Fires, serious injuries, threats of violence, and other serious emergencies should be reported to fire or police by calling 9-1-1. All staff should initiate emergency response actions consistent with the emergency response procedures outlined in the EPP.

3.5 Emergency Management Organization

RVH&DC will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources. The RVH&DC will use the Incident Command System (ICS) to manage its response to disasters. ICS is a standardized management system used by government agencies and hospitals in

emergencies. Under ICS, the clinic's overall response is directed by an Incident Manager. The CEO may serve in that role or may appoint another senior clinic manager or clinician to the position.

The Incident Manager oversees the command/management function (command at the field level and management at all other levels), is the function that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding clinic staff and organizational units. The management staff supporting the Incident Manager consists of a public information officer, safety officer, and security officer. Liaison officers, who are responsible for coordination with other agencies, and legal counsel may also be added to the management staff. (Management staff is sometimes referred to as the Management or Command Section).

ICS employs four functional sections (operations, planning, logistics, and finance) in its organizational structure. Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section.

Operations Section — Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and mental health services are managed through the Operations Section.

Planning and Intelligence Section — Collects, evaluates and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; performs advanced planning; and documents the status of the clinic and its response to the disaster.

Logistics Section — Provides facilities, services, personnel, equipment and materials to support response operations. The Logistics Section also manages volunteers and the receipt of donations.

Finance and Administration Section — Tracks personnel and other resource costs associated with response and recovery and provides administrative support to response operations.

3.5.1 The ICS has the following characteristics:

A. Organization Flexibility - Modular Organization:

The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident. Only those functional elements that are required to meet current objectives will be activated. A single individual may perform multiple functional elements, e.g., safety and security or finance and logistics.

B. Management of Personnel - Hierarchy of Command and Span-of-Control:

Each activated function will have a person in charge of it, but a supervisor may oversee more than one functional element. Every individual will have a supervisor, except the Incident Manager.

C. Action Plans

Action Plans provide response personnel with knowledge of the objectives to be achieved and the steps required for their achievement. They also provide a basis for measuring achievement of objectives and overall response performance. Action plans are developed for a specified operational period which may range from a few hours to 24 hours. The operational period is determined by first establishing a set of priority actions that need to be performed. A reasonable time frame is then established for accomplishing those actions. The action plans need not be complex but should be sufficiently detailed to guide the implementation of the priority actions.

3.5.2 Staff Assignments

The RVH&DC organizational chart is concurrent with the response management organization structure. Position duties will be filled only as needed to meet the needs of the response. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the five primary functions of the Incident Command System (ICS) will be made or delegated by the Incident Manager.

ICS positions should be assigned to the most qualified available and trained staff. Under emergency conditions, however, it may not always be possible to appoint the most appropriate staff. In that case the Incident Manager will be required to use best judgment in making position appointments and specifying the range of duties and authority those positions can exercise.

Following are examples of potential position assignments of clinic staff to ICS position:

- Incident Manager – CEO, Medical Director, Clinical Operations Manager
- Operations Section Chief – Medical Director, Clinical Operations Manager
- Planning / Intelligence Section Chief – CEO, CFO
- Logistics Section Chief – CFO, Human Resources manager
- Finance / Administration Section Chief – CEO, CFO

3.5.3 Emergency Operations Center (EOC) Operations

The Emergency Operations Center will be in the dental wing of the Center. In the event this site is obstructed or inoperable, a new location will be chosen by the Incident Manager based on environmental conditions. If the primary EOC site is not usable, the EOC will be set up at the Center conference room.

The **EOC** will be activated by the CEO or most senior staff available under the following circumstances:

- The RVH&DC will be inoperable for more than 24 hours during its normal work week.
- Coordination is required with local medical responders over an extended period.
- RVH&DC requires augmentations of medical supplies, pharmaceuticals or personnel.
- RVH&DC needs to coordinate movement of patients to other facilities through the Operational Area EOC.
- Damage to the clinic or clinic operations is sufficient to require clinic management to set priorities for restoring clinic services and manage the full restoration of clinic services over an extended period.
- Potential evacuation of the clinic.
- Locally declared disaster with potential for illness or injury in clinic service area.

3.5.4 The EOC will be deactivated by the Incident Manager when the threat subsides, the response phase ends, and recovery activities can be performed at normal work stations.

3.5.5 Medical Care

It is the policy of RVH&DC that:

- The confidentiality of patient information remains important even during emergency conditions. Clinic staff will take feasible and appropriate steps to ensure confidential information is protected.
- Due to legal liabilities, staff will never transport patients in private vehicles under any circumstance. In a widespread emergency, the Operational Area will determine how and where to transport victims through already established channels selected by the county.
- Patients will be permitted to leave with family or friends **ONLY** after they have signed a release form with designated clinic staff.
- Children will be allowed to leave only with parents, family members or other adults who accompanied them to the clinic and who provide confirming identification (e.g., driver's license or other government identification). If no appropriate adult is available, clinic staff will provide a safe supervised site for children away from adults and attempt to contact

each child's family. If contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

3.5.6 Medical Management

To the extent possible, patients injured during an internal disaster will be given first aid by the clinic staff. If the circumstances do not permit treating patients at the clinic, they will be referred to the local emergency room. If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 911 will be called and the patient will be sent by ambulance to the nearest emergency room. If 911 services are not available, a request for medical transport will be conveyed to the Incident Commander.

Visitors or volunteers who require medical evaluation or minor treatment will be treated and referred to their physician or sent to the hospital. Employees who need medical evaluation or minor treatment will be treated and referred to their physician or sent to the hospital.

As directed by the Medical Director or designee, clinic staff will take the following actions:

- a. **Triage/First Aid:** The clinic Medical Director or Clinical Operations Manager will establish a site for triage and first aid under the direction of a physician or registered nurse. Triage decisions will be based on the patient condition, clinic status, availability of staff and supplies, and the availability of community resources. The most likely location may be either the patient or the staff parking lot. A Registered Nurse or physician will be assigned to triage.
- b. **Assessing and administering medical attention:** A physician or nurse will assess victims for the need for medical treatment. The medical care team will provide medical services within the clinic's capabilities and resources.

3.5.7 Increase Surge Capacity

The CEO or designee of the clinic will activate the clinic's procedures for increasing surge capacity when (1) civil authorities declare a bioterrorist emergency or other disaster that affects the community or (2) clinic utilization or anticipated utilization substantially exceeds clinic day-to-day capacity with or without the occurrence of a disaster. RVH&DC will take the following actions to increase clinic surge capacity:

- Establish a communication link at the County EOC
- Periodically report clinic status, numbers of ill/injured, types of presenting conditions and resource needs and other information requested by the Incident Commander
- Reduce patient demand by postponing / rescheduling non-essential visits. Cancel and reschedule non-essential appointments.

- Report status to facilities with which clinic has patient referral reciprocity or to which patients may be referred. Inform them of types of conditions that presenting patients have.
- Refer patients to alternative facilities. Patients with symptoms that indicate exposure to infectious, nerve, or other toxic agents will be referred to the following facilities:
 1. UPMCS
 2. Jersey Shore Hospital
 3. Lock Haven Hospital

3.5.8 Triage Procedures

- a. The RVH&DC will establish a triage area in the lobby of the clinic that is clearly delineated, secured and with controlled access and exit.
- b. If bioterrorism is suspected, all staff in the triage area will wear Personal Protective Equipment (PPE).
- c. All patients entering the triage area will be tagged and registered.
- d. Triage converging patients to immediate and delayed treatment categories.
- e. In response to suspected or verified bioterrorist attack, isolate infected patients from other patients, especially if suspected agent is human-to-human contagious or is unknown. Use standard infection control standards at a minimum.
- f. Arrange for transport of patients requiring higher levels of care as rapidly as possible.
- g. Direct uninjured yet anxious patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.
- h. Provide written instructions for non-contagious patients seen and discharged.

3.6 Acquiring Response Resources

The Logistics Section should carefully monitor medical supplies and pharmaceuticals and request augmentation of resources from UPMCS at the earliest sign that stocks may become depleted. The clinic will maximize use of available hospitals, other clinics and other external resource suppliers as is feasible.

3.6.1 EOC Request Process

In the response to a disaster, clinic staff may require additional personnel, supplies, or equipment or an executive decision concerning the acquisition or disposition of a resource, or the expenditure of funds. Requests for assistance will be transmitted from the various areas of the clinic via existing lines of communications to the EOC. The EOC will acknowledge the receipt of the request and, immediately address the need from current resources or incorporate the request into planning and priority setting processes.

Vendors: As information develops about current and future resource needs, clinics should consider contacting vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs. RVH&DC recognizes that in a major disaster, medical supply vendors may face competing demands that exceed their capacity. In that case, request for assistance will be submitted to the UPMCS, who will set resource allocation priorities.

3.7 Communications

3.7.1 The Incident Manager will appoint a Communications Officer who will work under the Logistics Section and will use the clinic's communications resources to communicate with:

- Emergency response agencies.
- Outside relief agencies.
- Other clinics.

3.7.2 Communication Procedures

All external communications will be authorized by the Incident Manager or designee unless emergency conditions require immediate communications.

All outgoing and incoming messages will be recorded on message forms

All incoming messages will be shared with the EOC Planning Section.

3.8 Public Information/Crisis Communications

3.8.1 During a disaster response, all public information activities must be coordinated with the Incident Commander.

3.8.2 The RVH&DC may perform the following information/crisis communication tasks

- Conducting interviews with print and broadcast news media.
- Coordinating the dissemination of information to clinic staff, community members, patients and other stakeholders.
- Managing visits by VIPs.

3.8.3 Media Relations

In an emergency, the Public Information Officer is designated as the media contact and will receive approval from the Incident Manager or CEO prior to any interviews or media releases.

Most media inquiries regarding a disaster will be managed by the County. Media requests and responses regarding a disaster should be coordinated through the Operational Area Public Information Officer in the County EOC. It is critical that information disseminated by the clinic be consistent with information disseminated through the Operational Area.

3.8.4 Community Relations

The PIO will coordinate clinic release of information to the community on the status of staff, family and friends. Briefings will be held at a safe location away from the designated assembly area to prevent further interruptions with evacuation and treatment efforts.

The PIO will participate in media interviews and develop communications strategies to keep patients and community members informed of the situation at the clinic, its operating status, and alternatives for receiving services.

The PIO should establish relationships with community media, especially outlets that are preferred by communities served by the clinic including non-English language broadcast media, where appropriate.

In coordination with the Incident Commander, the PIO can provide information to the community that includes recommended actions, protective measures, and locations of various services and resources.

3.8.5 Communication with Staff

The PIO will coordinate the delivery of information to staff through flyers, meetings, and conference calls. Information provided can include clinic status, impact of the disaster on the community, status of the overall response, and clinic management decisions.

The PIO will also be alert for the spread of rumors among staff and will apply rumor control procedures to curtail the spread of false information.

3.9 Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The Incident Manager will appoint a Security Officer who will be responsible for ensuring the following security measures are implemented:

Security will be provided initially by personnel under the direction of the Incident Commander. Existing security may be augmented by contract security personnel, law enforcement, clinic staff or, if necessary, by volunteers.

Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations.

Supervisors will ensure that all clinic staff wears their ID badges always. Security will issue temporary badges if needed.

The Security Officer will ensure that the clinic site is and remains secured following an evacuation.

3.10 Mental Health Response

The Mental Health Coordinator will report to the Medical Care Leader (Medical Director or Clinical Operations Manager) position in the Operations Section of the clinic's emergency organization. When directed by the Incident Manager to activate the clinic mental health response, the Mental Health Coordinator will:

- a. Assess the immediate and potential mental health needs of clinic patients and staff, considering:
 - The presence of casualties.
 - Magnitude and type of disaster.
 - Use or threat of weapons of mass destruction.
 - Level of uncertainty and rumors.
 - Employee anxiety levels.
 - Level of effectiveness of EOC operations.
 - Convergence of community members.
 - Patient levels of stress and anxiety.
 - Presence of children.
 - Cultural manifestations.
- b. Request the EOC to notify the Operational Area of the mental health response.
- c. Determine need to: recall mental health staff to the clinic, request the response of contract mental health clinicians, or request mental health assistance from other clinics. Establish communications and alert contract and other mental health providers who may need to support clinic's mental health response. Coordinate with other mental health service responders.
- d. Establish site for mental health team operations.
- e. Conduct ongoing monitoring of the mental health status of employees and patients.
- f. Establish procedures to refer employees or patients to required mental health services beyond the scope that can be delivered by the mental health team.
- g. Document all mental health encounters with staff and patients. Include information required for follow-up on referrals. Maintain records of events, personnel time and resource expenditures.
- h. Coordinate any issuance of mental health information with the Incident Manager or PIO.

- i. Provide reports on the mental health status of clinic employees and patients.
- j. Report mental health team actions and resource needs to the clinic EOC.
- k. Activate procedures to receive and integrate incoming mental health assistance.
- l. Initiate recovery activities.

3.10.1 Response to psychological aspects of emergencies including bioterrorism events.

The following are some steps that can be taken by clinicians and licensed mental health personnel to mitigate and respond to the psychological impact of the disaster:

- a. Communicate clear, concise information about the infection, how it is transmitted, what treatment and preventive options are currently available, when prophylactic antibiotics, antitoxin serum or vaccines will be available, and how prophylaxis or vaccination will be distributed.
- b. Provide counseling to the worried well and victims' family members.
- c. Give important tips to parents and caregivers such as:
 - It is normal to experience anxiety and fear during a disaster.
 - Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
 - Watch for unusual behavior that may suggest your child is having difficulty dealing with disturbing events.
 - Limit television viewing of terrorist events or other disasters and dispel any misconceptions or misinformation.
 - Talk about the event with your child.

3.11 Volunteer/ Donation Management

In a widespread emergency, physicians and nurses may seek to volunteer at the clinic. The Logistics Section will establish a Volunteer and Donations Reception Center. The center's location will be set-up in a safe location based on existing disaster conditions away from the clinic treatment center.

All volunteers who arrive at the clinic will be sent to the Center for verification of identity and credentials. This center will provide for organization of the intake process.

The Center will also coordinate the receipt of donations. The Logistics Section Chief will delegate the appropriate staff on site to handle this task:

- All donations will be documented and accounted for by the CFO or delegated staff.

- The Medical Director and Clinical Operations Manager will supervise distribution and disposal of donated medical supplies, equipment and pharmaceuticals.
- All donations will be documented and acknowledged by the CFO or designated staff prior to being handed over to the Medical Care Director of Clinical Operations Manager for disbursement.

3.12 Response to Internal Emergencies

3.12.1 An Internal Emergency is an event that causes or threatens to cause physical damage and injury to the clinic, personnel or patients. Examples are fire, explosion, hazardous materials releases, violence or bomb threat. External events may also create internal disasters.

The following procedures provide guidance for initial actions for internal emergencies:

a. If the event is a fire within the clinic, institute **RACE**:

R = Remove patients and others from fire or smoke areas.

A = Alarm Pull nearest fire alarm and **Call 9-1-1**. Announcement of the exact location will be made over the intercom system by announcing “code red” followed by the location

C = Contain the smoke/fire by closing all doors to rooms and corridors.

E = Extinguish the fire if it is safe to do so.

Evacuate the facility if the fire cannot be extinguished.

Fire Drills and Fire Safety Training shall be scheduled on a periodic basis and held in conjunction with the new employee on boarding sessions, to ensure that all employees are kept abreast of changes in the fire safety plan and are familiar with the first-aid fire prevention/fighting responsibilities.

- b. If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 911.
- c. Notification of on-duty employees of an emergency event will be made by telling them of the situation or calling for help, as appropriate. During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the clinic, it is important to communicate with staff as soon as possible.

- d. If the event requires outside assistance and the telephones are not working, a person may be sent to the nearest working telephone, fire station or police department for assistance.

3.12.2 Damage Assessment

RVH&DC will assess damage caused by the disaster to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire or utility failure. The facility may require three levels of evaluation.

Level 1: A rapid evaluation to determine if the building is safe to occupy.

Level 2: A detailed evaluation that will address structural damage and utilities.

Level 3: A structural/geological assessment.

Depending on the event and the level of damage, fire or law services may conduct a Level 1 or 2 assessment. If damage is major, a consulting engineering evaluation and/or an inspection by the licensing agency may be required before the clinic can reopen for operations.

Following each level of evaluation, inspectors will classify and post each building as: 1) Apparently OK for Occupancy; 2) Questionable: Limited Entry; 3) Unsafe for any Occupancy. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

3.12.3 Hazardous Materials Management

RVH&DC will maintain a list of all hazardous materials and their MSDSs, locations, and procedures for safe handling, containing and neutralizing them. This list should be kept with the clinic's Policies and Procedures or other central and accessible location. The list should also be kept in an offsite location.

All materials will have their contents clearly marked on the outside of their containers. The location of the storage areas will be indicated on the facility floor plan.

In the event of a hazardous material release inside the clinic, clinic staff should:

- Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment and can safely and completely respond.
- Immediately report all spills or leaks to the Safety Officer or designee.
- Isolate area of spill and deny entry to building or area. Initiate fire or hazmat cleanup notifications, as appropriate.
- Obtain further instructions from the clinic CEO or designee or refer to management guidance maintained at RVH&DC.

3.12.4 Evacuation Procedures

The clinic may be evacuated due to a fire or other occurrence, threat, or order of the clinic CEO or designee. Refer to RVH&DC Facility Evacuation Plan for complete information.

3.12.4.1 RVH&DC will ensure the following instructions are communicated to staff:

- All available staff members and other able-bodied persons should do everything possible to assist personnel at the location of the fire or emergency in the removal of patients.
- Close all doors and windows.
- Turn off all unnecessary electrical equipment but leave the lights on.
- Evacuate the area/building and congregate at the predetermined site. Evacuation routes are posted throughout the clinic.
- Patients, staff, and visitors should not be readmitted to the clinic until cleared to do so by fire, police, other emergency responders, or upon permission by the Incident Manager.

3.12.4.2 Procedures for evacuation of patients:

- a. Patients will be evacuated per the following priority order:
 - Persons in imminent danger.
 - Wheelchair patients.
 - Walking patients.
- b. Staff should escort ambulatory patients to the nearest exit and direct them to the congregation point. Wheelchairs will be utilized to relocate wheelchair-bound patients to a safe place.
- c. During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.
- d. If safety permits, all rooms will be thoroughly searched upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.
- e. Lists of patients evacuated will be prepared by the Clinical Operations Manager or designee and compared to the patient sign-in log. This list, including the names and disposition of patients, will be sent to the Medical Director, Clinical Operations Manager, Incident Manager and CEO.
- f. The Clinical Operations Manager or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the clinic CEO and the Incident Manager.
- g. When patients are removed from the clinic, staff will remain with them until they can safely leave or have been transported to appropriate facility

for their continued care and safety. If patients evacuated from the clinic are unable to return home without assistance, the relatives of patients evacuated from the clinic will be notified of the patient's location and general condition by the clinic staff as soon as possible.

3.12.4.3 Evacuation Information

In case a partial or full facility evacuation is required refer to general clinic evacuation procedures. The following information should be used to facilitate the evacuation:

Patients are to be moved horizontally away from the danger area. They are to be escorted by staff out of the building depending on location. ~~Staff will escort patients/visitors to the corner of the parking lot at Hepburn Street and Little League Blvd. Two rally points are available for evacuation. Staff will guide patients and visitors to the assigned rally points:~~

Medical and front office should report to the corner of the parking lot at Hepburn Street and Little League Boulevard. The Front Office Manager shall complete role call.

Dental, Express Care, and administration should report to the corner of the parking lot at Hepburn Street and Edwin Street. The Express Care MOA shall complete roll call.

Three exits are available from the Center:

1. Main Door (Center's Main Entrance) -Patients in the waiting room and registration area will use the main entrance.
2. Dental Patients are escorted through the Dental Center and exit the back door of Dental Center into the parking lot.
3. Medical Patients are escorted through the SCH&DC medical side and exit side door of the medical side facing Little League Blvd.

Floor plan and map of exits with the building, location of emergency equipment including fire extinguishers, phones, fire route out of the building, and first aid supplies.

3.12.4.4 Decision on Clinic Operational Status

Following the occurrence of an internal or external disaster or the receipt of a credible warning the CEO will decide the operating status for the RVH&DC. The decision will be based on the results of the damage assessment, the nature and severity of the disaster and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the clinic, return to the facility, and/or re-open the facility for partial or full operation depends on an assessment of the following:

- Extent of facility damage / operational status.
- Status of utilities (e.g. water, sewer lines, gas and electricity).
- Presence and status of hazardous materials.
- Condition of equipment and other resources.
- Environmental hazards near the clinic.

3.12.4.5 Extended Clinic Closure

If the RVH&DC experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Manager, in consultation with CEO, may suspend clinic operations until conditions change. If that decision is made, the clinic staff will:

- a. If possible, ensure clinic site is secure.
- b. Notify staff of clinic status and require that they remain available for return to work unless permission is provided.
- c. Notify the nearest hospital(s) and clinic(s) of the change in clinic operating status and intent to refer patients to alternate sources of care.
- d. Place a sign on the clinic in appropriate languages that explains the circumstances, indicates when the clinic intends to reopen (if known), and location of nearest source of medical services.
- e. If the environment is safe, station staff at clinic entrance to answer patient questions and make referrals.
- f. Implement business recovery operations.

3.12.4.6 RVH&DC Response to Disaster Alert, Warning, or Notification

Disasters can occur both with and without warning. Upon receipt of an alert from a credible source the RVH&DC CEO or designee will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

Depending upon the nature of the warning and the potential impact of the emergency on RVH&DC, the CEO and Medical Director may decide to evacuate the facility; suspend or curtail clinic operations; take actions to protect equipment, supplies and records; move equipment and supplies to secondary sites; backup and secure computer files; or other measures he/she may find appropriate to reduce clinic, staff and patient risk.

The RVH&DC CEO will consider the following options, depending on the nature, severity and immediacy of the expected emergency:

- a. Close and secure the clinic until after the disaster has occurred. Ensure patients and visitors can return home safely.

- Review plans and procedures. Update contact information.
 - Check inventory of supplies and pharmaceuticals. Augment as needed.
 - Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.
 - Notify the Operational Area, community members, and staff.
 - Cancel scheduled appointments.
 - If time permits, encourage staff to return to their homes.
 - If staff remains in the clinic, take shelter as appropriate for the expected disaster.
 - Ensure staff is informed of call-back procedures and actions they should take if communications are not available.
 - Take protective action appropriate for the emergency.
- b. Allow clinic to remain fully or partially operational.
- Review plans and procedures. Update contact information.
 - Check inventory of supplies and pharmaceuticals. Augment as needed.
 - Reduce clinic operations to essential services.
 - Cancel non-essential appointments.
 - Ensure safety of patients and staff.

3.12.4.7 Determining RVH&DC Response Role

If RVH&DC remains fully or partially operational following a disaster, the CEO, Medical Director, and other members of the management team will define the response role the clinic will play. The appropriate response role for RVH&DC will depend on the following factors:

- The impact of the disaster on RVH&DC.
- The level of personnel and other resources available for response.
- The pre-event medical care and other service capacity of RVH&DC.
- The medical care environment of the community both before and after a disaster occurs as assessed by county officials (e.g., medical care demands may be reduced if the 9-1-1 system and nearby hospitals are operational and not overwhelmed).

- The needs and response actions of residents of the community served by RVH&DC (e.g., convergence to the clinic following disasters).
- The priorities established by the RVH&DC CEO and Board of Directors (e.g., to remain open if possible, following a disaster).
- The degree of planning and preparedness of RVH&DC and its staff.

3.13 Response to External Emergencies

An External Disaster is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials releases or terrorist events. An external disaster may directly impact the clinic facility and its ability to operate.

3.13.1 Local vs. Widespread Emergencies

Local emergencies are disasters with effects limited to a relatively small area. In local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients from the disaster area.

In widespread emergencies, nearby medical resources are likely to be impacted and therefore less likely to be able to aid the clinic. Hospitals may also have a higher response priority than clinics for resupply and other response assistance.

3.13.2 Weapons of Mass Destruction (WMD)

Preparations for an event involving weapons of mass destruction - chemical, biological, nuclear, radiological, or explosives (CBNRE) should be based on existing programs for handling hazardous materials.

If staff suspects an event involving CBRNE weapons has occurred, they should:

- Remain calm and isolate the victims to prevent further contamination within the facility.
- Contact the Medical Director, Clinical Operations Manager, or other appropriate clinician.
- Secure personal protective equipment and wait for instructions.
- Comfort the victims.
- Contact appropriate authorities.

3.13.3 Bioterrorism Response

3.13.3.1 Reporting

RVH&DC will report diseases resulting from bioterrorist agents, like other communicable and infectious diseases, to the PA Health Department Epidemiologist at 717-787-3350.

3.13.3.2 Response

RVH&DC response to a bioterrorism incident may be initiated by the CEO or Medical Director due to:

- The request of local civil authorities.
- Government official notification of an outbreak within or near the clinic's community.
- Presentation of a patient with a suspected exposure to a bioterrorist agent. In case of presentation by a patient with suspected exposure to a bioterrorist agent, RVH&DC will follow current CDC response guidelines.

3.13.3.3 Potential indicators of a bioterrorism attack are:

- Groups of people becoming ill around the same time.
- Sudden increase of illness in previously healthy individuals.
- Sudden increase in the following non-specific illnesses:
 - Pneumonia, flu-like illness, or fever with atypical features.
 - Bleeding disorders.
 - Unexplained rashes, and mucosal or skin irritation, particularly in adults.
 - Neuromuscular illness, like muscle weakness and paralysis.
 - Diarrhea.
- Simultaneous disease outbreaks in human and animal or bird populations.
- Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

3.13.3.4 Infection Control Practices for Patient Management

RVH&DC will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses.

For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.

In general, the transport and movement of patients with bioterrorism-related infections, as with patients with any epidemiologically important infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within healthcare facilities.

- RVH&DC has in place adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment, and ensures that these procedures are being followed.
- Facility-approved germicidal cleaning agents are available in-patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.
- Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.
- RVH&DC has policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.
- Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.
- Contaminated waste is sorted and discarded in accordance with federal, state and local regulations.
- Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.
- If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the clinic's capability, call 911. Local government, fire departments and hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.

3.13.4.5 Patient Placement

In small-scale events, routine clinic patient placement and infection control practices should be followed. However, when the number of patients presenting to a healthcare facility is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include cohorting patients who present with similar syndromes, i.e., grouping affected patients into a designated section of a clinic or emergency department, or a designated ward or floor of a facility, or even setting up a response center at a separate building.

3.13.4.6 Evidence Collection

RVH&DC will establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving weapons of mass destruction, a variety of responders, ranging from health care providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

- The health care provider's first duty is to the patient; however, interoperability with other response agencies is strongly encouraged.
- The performance of evidence collection while providing required patient decontamination, triage and treatment should be reasonable for the situation.
- Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance. It is imperative that individual healthcare providers work with the local law enforcement agencies and prosecutors in the development and customization of these policies.

Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:

- RVH&DC has a supply of plastic bags, marking pens, and ties to secure the bags.
- Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, date of collection and site of collection.
- An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the clinic and a copy given to the patient.
- The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency, the facility will document who received them, where they were taken, and how they will be returned to the owner.

3.13.4.7 Mass Prophylaxis

RVH&DC encourages its clinicians to participate in a mass prophylaxis program, if the disruption to clinic operations would not negatively affect the health of the community the clinic serves.

Health care providers from clinics throughout the county could be called to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, Lycoming County would establish mass prophylaxis sites throughout the county. These sites would be large facilities

such as school gymnasiums or warehouses that can accommodate large groups of people. These sites would require many healthcare providers to administer medications. Since the county does not employ enough practitioners to staff the sites, they will look to the private sector, including clinics, to adequately staff mass prophylaxis sites.

4. Recovery

4.1 Introduction

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete.

This phase includes activities taken to assess, manage and coordinate the recovery from an event as the situation returns to normal. These activities include:

- a. Deactivation of emergency response. The RVH&DC CEO or designee will call for deactivation of the emergency when the clinic can return to normal or near normal services, procedures, and staffing. Post-event assessment of the emergency response will be conducted to determine the need for improvements.
- b. Establishment of an employee support system. Human resources will coordinate referrals to employee assistance programs as needed.
- c. Accounting for disaster-related expenses. The CFO will account for disaster related expenses. Documentation will include: direct operating cost; costs from increased use; all damage or destroyed equipment; replacement of capital equipment; and construction related expenses.
- d. Return to normal clinic operations as rapidly as possible.

4.2 Documentation

To continue providing the same efficient service as was provided prior to the incident, RVH&DC will immediately begin gathering complete documentation including photographs. Depending on the event, it may be necessary to expedite resumption of health care services to address unmet community medical needs.

4.3 Inventory Loss and Damage

RVH&DC will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory. One copy will be filed with the CFO and another copy in a secure offsite location.

4.4 Lost Revenue through Disruption of Services

The CFO will work with the Finance Section to document all expenses incurred from the disaster. An audit trail will be developed to assist with qualifying for any Federal reimbursement or assistance available for costs and losses incurred by the clinic because of the disaster.

4.5 Cost/Loss Recovery Sources

Depending on the conditions and the scale of the incident, RVH&DC will seek financial recovery resources in accordance with the following:

4.5.1 The eligibility of clinics for federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain (largely untested) circumstances.

4.5.2 Public Assistance (FEMA/OES) - After a disaster occurs and the President has issued a Federal Disaster Declaration, assistance is available to applicants through FEMA and the OES. The Small Business Administration (SBA) provides physical disaster loans to businesses for repairing or replacing disaster damages to property owned by the business. Businesses and Non-profit organizations of any size are eligible. Federal Grant - Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.

4.5.3 A private non-profit facility is eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility's):

- pre-disaster design
- pre-disaster function
- pre-disaster capacity

4.5.4 Insurance Carriers

RVH&DC will file claims with its insurance companies for damage to the clinic. The clinic will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

4.6 Psychological Needs of Staff and Patients

Mental health needs of patients and staff are likely to continue during the recovery phase. The Mental Health Coordinator will continue to monitor for and respond to the mental health needs of clinic staff and patients.

4.7 Restoration of Services

RVH&DC will take the following steps to restore services as rapidly as possible:

- If necessary, repair clinic facility or relocate services to a new or temporary facility.
- Replace or repair damaged medical equipment.
- Expedite structural and licensing inspections required to re-open.
- Facilitate the return of medical care and other clinic staff to work.
- Replenish expended supplies and pharmaceuticals.
- Decontaminate equipment and facilities.
- Attend to the psychological needs of staff and community.
- Follow-up on rescheduled appointments.

4.8 After-Action Report

RVH&DC will conduct after-action debriefings with staff and participate in consortium and Operational Area after-action debriefings. The clinic will also produce an after-action report describing its activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training and improved coordination.

4.9 Staff Support

The clinic recognizes that clinic staff and their families are impacted by community-wide disasters. The clinic will assist staff in their recovery efforts to the extent possible.

Signatures:

Kimberly Wetherhold ~~John Boll, Jr. D.O.~~, Board Chair Date: _____
James Yoxtheimer, President & CEO

REVIEWED: 05/08/2020

REVISED: 05/18/2020

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Internal Emergency Response

Policy Category: Operational 5.0.10
Policy Owner: Clinical Operations Manager
Origination Date: 12/14/2017
First Date Approved by Board of Directors: 12/18/2017

Purpose:

In the event of an emergency, SCH&DC shall respond and assist in meeting patient care needs while protecting the health and safety of all.

Policy:

This policy shall outline the processes and responsibilities of SCH&DC personnel during an internal emergency.

Process:

In the event of any **non-medical** emergency or internal disaster, patient care shall be maintained utilizing the following procedures:

1. Notify the CEO or designee at the first sign of any incident that represents a potential threat to the health or safety of anyone at the Center.
2. If the situation requires evacuation, the following shall be implemented:
Patients are to be moved horizontally away from the danger area. They are to be escorted by staff out of the building depending on location. ~~Staff will escort patients/visitors to the corner of the parking lot at Hepburn Street and Little League Blvd.~~ Two rally points are available for evacuation. Staff will guide patients and visitors to the assigned rally points:

Medical and front office should report to the corner of the parking lot at Hepburn Street and Little League Boulevard. The OA Team Lead shall complete the roll call.

Dental, Express Care, and administration should report to the corner of the parking lot at Hepburn Street and Edwin Street. The Express Care MOA shall complete the roll call.

Three exits are available from the Center:

1. 471 Main Door (Center's Main Entrance) -Patients in the waiting room and registration area will use the main entrance.
2. 471 Dental Patients are escorted through the Dental Center and exit the back door of Dental Center into the parking lot.
3. 471 Medical Patients are escorted through the SCH&DC medical side and exit side door of the medical side facing Little League Blvd.
4. 431 Express Care Patients will use the front or rear door.
5. 431 Administrative Offices will use front or rear door.

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

3. If management determines that the need exists for additional staff to cope with any emergency, staff will be notified, utilizing the disaster call list, to report to the Center.
4. When necessary to implement emergency or disaster operations under this policy, routine patients will be rescheduled and patients requiring immediate care may be transferred to other emergency medical facilities.

Fire

What To Do When Discovering A Fire ("RACE")

REMOVE anyone in immediate danger, if safe to do so. When removing anyone from a fire scene, remember to move them horizontally away from the fire and, if necessary, beyond a set of corridor doors.

ALARM, use pull station and dial 911. You will need to give the 911 operator your name, the address, location of the fire and type of fire if known. Every fire must be reported, regardless of the type or extent. Announcement of the exact location will be made over the intercom system by announcing "code red" followed by the location. Dial *460 from any phone to make an overhead page.

CONFINE fire and smoke by closing all doors and windows, turning off all fans/air conditioners/air moving equipment, placing wet linens at the base of the doors and turning off oxygen valves to the affected area only when necessary. Be sure to consider that all patients requiring oxygen (and served by this oxygen supply valve) are supplied with portable oxygen tanks, if necessary.

EXTINGUISH by using the closest proper extinguisher, as directed, on the fire. To extinguish, small fires in wastebaskets, etc. a blanket, sheet, or coat may be used to cause a smothering effect.

Fire Drills and Emergency Preparedness Training shall be scheduled on a periodic basis and with the new employee on boarding sessions, to ensure that all employees are kept abreast of changes in the fire safety plan and are familiar with the first-aid fire prevention/fighting responsibilities. Please see the complete Emergency Preparedness Plan for Additional Important Information.

REVIEWED: 05/01/19, 01/15/2020, 05/08/2020, 05/10/2021

REVISED: 05/20/19, 01/27/2020, 05/18/2020, 05/24/2021

Signatures:

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Kimberly Wetherhold, Board Chair

_____ Date:
James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Medical Appointment Policy and Procedures

Policy Category: 12.0.01 Patient Flow
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) has created this policy to ensure that our patients are able to schedule appointments with their primary provider in a timely and efficient manner in order to maximize access and continuity of care for both routine and urgent needs. All attempts are made to satisfy patient requests to improve access. SCH&DC reserves the right to change or amend this policy at any time, ~~as may be deemed necessary.~~

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It is the policy of SCH&DC to accommodate same-day appointments for both urgent and routine needs. The goal of SCH&DC is to turn no patient away. It is the policy of SCH&DC to provide care to all individuals, regardless of ability to pay. ~~SCH&DC staff will manage patient requests in a confidential, efficient, and courteous manner.~~

Procedure:

- A. Patients are scheduled with their Primary Care Provider (PCP) or regular clinician~~personal clinician:~~
1. New patients will be encouraged to choose their ~~personal~~ primary care provider within SCH&DC according to the "Selecting a Primary Care Provider" policy.
 2. New patient appointments are scheduled within 30 days of the request.
 3. Patient's ~~primary care provider~~ PCP will be documented in the electronic medical record.
 4. At each visit, staff will verify primary care provider and offer an appointment with the ~~PCP~~~~ir personal provider~~, if available.
 - 4.5. ~~Patients are registered according to SCH&DC policies with due regard for the protection of the patient's privacy and in accordance with SCH&DC policies on Patient Confidentiality. Refer to "Patient Registration Process" for details.~~
 6. Patients will be scheduled with another provider only when an urgent need arises that requires the patient to be seen prior to their ~~PCP's providers~~ next available appointment.
 - 5.7. ~~Scheduling data is reported monthly to monitor access. Data includes evaluation of no-show rates, new patient appointments, and visits with PCP to ensure meeting of practice standards and identify opportunities for improving access to care.~~
 6. ~~Data is reviewed every month to monitor frequency in which patients are scheduled with their chosen primary care provider. The practice goal is that 70% of the time patients will be seen by their PCP personal provider. Scheduling data is tracked and reported monthly to monitor access. Data includes no-show rates and new patient appointment availability. New patient appointment availability will be monitored quarterly. Data is evaluated to monitor meeting of practice standards and identify opportunities for improving access to care.~~

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~~7.8.~~ Blocked out/unavailable appointment slots may not be overwritten without permission from the Office Manager or Clinical Operations Manager.

~~8.~~ Appointments will be scheduled from 8:00 AM to 6:45 PM, Monday through Thursday, and 8:00 AM to 4:45 PM on Friday and 8:00 AM to 11:45 AM on Saturday.

B. Siblings

1. Multiple siblings are scheduled by office assistants. Multiple siblings are scheduled with their PCP primary care provider.

C. Same-Day Appointments:

1. SCH&DC provides urgent care, walk-in access for patients with same-day needs. Patients with urgent or routine complaints will be offered an appointment with their PCP or may be seen in Express Care. a visit with the Walk-in provider scheduled for that day. Patients may will be scheduled for same-day appointments every day during clinic hours.
2. If patients call requesting same-day appointment, staff will inquire regarding the chief complaint. If the complaint can be treated by Express Care, the walk-in provider according to guidelines, staff will schedule an appointment with walk-in provider ~~direct patient to Express Care.~~ If a patient has a complex medical condition or complaint, staff will transfer the call to the Team Nurse Flow Manager. Nursing will assist the patient following "Nurse Triage" policy.
3. If patient prefers to be seen by their PCP primary care provider, staff will schedule patient with the next available appointment with their PCP primary care provider.

REVIEWED: 04/08/2016; 03/30/2017, 07/23/2019, 07/08/2020, 07/01/2021

REVISED: 08/26/2019, 07/27/2020

Signatures:

Kimberly Wetehold ~~John Bell, Jr., D.O.~~, Board Chair Date: James Yoxtheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Patient Flow

Policy Category: 12.0.07 Patient Flow
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Purpose:

To outline the steps taken to ensure efficient patient flow throughout the office during each encounter.

Policy:

Medical Patient Flow

Upon arrival, all patients will be greeted in a professional manner by the Office Assistant or Hub Attendant and be checked in by the self-service kiosk or a member of the team. Patient demographic, financial information, and other data will be verified in the patient's electronic medical record and any necessary signed consents will be obtained or updated.

After the patient is checked in, the Nurse/Medical Assistant (MA) escorts the patient to an exam room and prepares the patient for the visit. Please refer to Rooming Process for details. ~~obtains vital signs, reason for visit, and information pertaining to any changes in health history including care received elsewhere in the last three months.~~

After the visit is completed, the patient will be escorted to the check-out desk. The Office Assistant at check-out will schedule return appointments, referrals, and any tests the provider ordered for the patient. Visit summary and appropriate documents (patient education, lab slips, etc.) will be given to the patient before they leave.

For self-pay patients, the Office Assistant will calculate the charges, make any necessary adjustments for prompt pay, and advise the patient as to the status of their account. After fees are collected, the patient is given a receipt. If the patient is unable to pay, they are given financial counseling.

Dental Patient Flow

Upon arrival, all patients will be greeted in a professional manner by the Office Assistant or Hub Attendant and be checked in by the self-service kiosk or a member of the team. Patient demographic, financial information, and other data will be verified in the patient's electronic medical record and any necessary signed consents will be obtained or updated.

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

~~Upon entering the waiting area all patients are greeted in a professional manner by the Office Assistant who will electronically verify demographic data, financial information, obtain any necessary signatures, and check-in the patient.~~

Dental Assistant or Hygienist will seat the patient, review medical history and medications, take x-rays as necessary, and inform the Dentist that the patient is ready. Return appointment is scheduled at check-out by the Office Assistant. Referral forms are completed by the Dental Assistant/Hygienist and given to the Office Assistant for processing.

After the provider is done with the procedure, the patient will be escorted to the check-out desk. The Office Assistant at the check-out desk will review the encounter form, schedule appointment if needed, and complete referrals as needed.

For self-pay patients, the Office Assistant will calculate the charges, make any necessary adjustments for prompt pay, and advise the patient as to the status of their account. After fees are collected, the patient is given a receipt. If the patient is unable to pay, they are given financial counseling.

REVIEWED: 01/10/2014, 04/08/2016, 05/11/2017, 12/14/2017, 07/01/2018, 07/23/2018, 08/01/2019, 07/08/2020, 07/01/2021

REVISED: 03/17/2014, 05/22/2017, 12/18/2017, 07/23/2018, 08/26/2019

Signatures:

Kimberly Wetherhold ~~John Boll, Jr. D.O.~~, Board Chair Date: _____
James Yoxheimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Patient ~~Concern~~~~complaint~~ Policy

Policy Category: _____ 14.0.03 Patient Grievance
Policy Owner(s): _____ Compliance Officer
Origination Date: _____ 08/27/2012
First Date Approved by Board of Directors: _____ 08/27/2012

Purpose/Scope: This policy establishes guidelines and procedures for dealing with patient ~~complaints~~~~concerns~~.

Policy Statement: It is our policy to seek feedback from our patients to identify and act on opportunities for improvement. We support and encourage such feedback to stimulate performance improvement and improve patient satisfaction. We will not discriminate or retaliate against any patient for ~~filing a concern~~~~ing out a complaint~~ and will assist anyone in ~~the process of filing a written complaint~~ so that the matter can be investigated and acted upon appropriately.

Policy/Procedure:

1. Patients who have ~~complaints, concerns, or suggestions~~ are encouraged to share these with staff, ~~and a~~ complaint concern form will be made available ~~to our patients or to~~ anyone who wishes to file a ~~report~~~~complaint~~ because they are dissatisfied ~~with services provided or with a health center interaction.~~
2. If a patient requests assistance or expresses an interest in filing a ~~report~~~~complaint~~, staff will first seek to resolve the concern immediately, but upon request, will also assist them in writing the ~~report~~~~complaint~~.
3. If staff is unable to resolve the concern, the matter should be referred to ~~the staff member's~~ their ~~supervision~~ for potential resolution of the concern.
- ~~3.4.~~ If the concern is regarding a supervisor, a concern form must be completed.
5. In the event of a serious ~~concern, complaint,~~ the matter should be forwarded to Medical or Dental management, as appropriate, for action.
- ~~4.6.~~ If, in the judgment of the appropriate manager, a satisfactory result cannot be obtained or if the ~~patient~~~~complainant~~ should request further assistance from executive staff, the concern should be escalated as appropriate to the Chief Executive Officer (CEO) or his/her designee.
- ~~5.7.~~ The CEO or his/her designee, shall review all of the facts and circumstances regarding the escalated ~~concern~~~~complaint/grievance~~ and, contact the filing party ~~patient~~~~complainant~~, as appropriate, to ~~determine them~~~~make a determination as to the~~ appropriate corrective action or outcome, ~~that should be achieved.~~ The CEO is the final ~~arbiter~~~~arbitrator~~ of the ~~concern~~~~complaint/grievance,~~ and his/her decision is final.
- ~~6.8.~~ In any event, all findings and outcomes of any ~~concern~~~~complaints~~, ~~including to include~~ corrective measures, should be reported to the QA/QI Committee. In all cases, efforts should

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be made to ensure that the filing party ~~patient~~ is not discriminated or retaliated against for expressing ~~a concern~~ or filing a ~~report~~ ~~complaint~~.

~~7.9.~~ The QA/QI Committee and/or the CEO will report to the Board of Directors any trends or recurring issues that arise from patient ~~concern~~ ~~se~~ ~~complaints~~, along with its recommendations ~~for~~ ~~as~~ ~~to~~ corrective actions or changes in process that may be deemed necessary to address such issues.

REVIEWED: 04/08/2016, 07/06/2018, 11/01/2018, 07/09/2020, 07/06/2021

REVISED: 07/23/2018, 11/26/2018

Signatures:

_____ Date:
Kimberly Wetherhold ~~John Bell, Jr. D.O.~~, Board Chair James Yoxthimer, President & CEO

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Infant Child Safety and Security and Abduction Response Plan

Policy Category: 15.0.07 Quality Management
Policy Owner: Clinical Operations Manager
Origination Date: 08/27/2012
First Date Approved by Board of Directors: 08/27/2012

Policy:

The safety of infants and children and the prevention of infant/child abductions are the responsibility of each employee.

Purpose:

To protect infants and children in Susquehanna Community Health & Dental Clinic, Inc. (SCH&DC) from access and/or removal by unauthorized persons.

To activate an immediate, organized response plan in the event of an abduction.

It is understood that infants and children are the responsibility of the parent/guardian.

Process:

Abduction Prevention

1. Staff and caregiver identify the patient verbally.
2. In the event that an infant/child accompanies an ill parent who needs to be admitted, Social Services will be contacted to place the child in temporary guardianship, if necessary (if no other family/friends are available to assist the parent).
3. The patient is discharged to the parent, guardian or responsible adult that accompanied the child.
4. Staff education regarding child safety and security takes place upon hire and is reviewed annually.

Abduction Response

To be initiated immediately if an infant or child cannot be found in the Department.

1. SCH&DC will announce “code pink” over the phone intercom system.
2. ~~The nursing s~~Staff members “lock down” the building, preventing any unauthorized person from entering and also preventing anyone from leaving the unit.
 - South Nurse Station—covers entrance to Medical area
 - North Nurse Station—covers back door (receiving area)
 - Registration—covers main entrance to the Center.
3. Dental Staff responsibilities:
 - Dental checkout staff will cover main entrance to dental area
 - Dental hygienist will cover exit at rear of the dental center and common hall to check out area
4. Reproductive Health Staff responsibilities:

SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

- Cover the back near the Conference Room
5. Information Technology Staff responsibilities:
 - Cover the break room door
 6. The nursing staff (or designee) supports the parent/guardian at all times.
 7. The nursing staff members search the entire building and maintain calm communication to patients and visitors. If the child cannot be found the Clinical Operations Manager-Charge Nurse or designee will notify the police by calling 911.
 8. The Clinical Operations Manager or designee briefs other staff members in the unit.
 9. All nursing staff members remain on duty until questioned by authorities and released.
 10. The Assistant Clinical Manager Charge Nurse will complete an incident report form.
 11. Debriefing sessions will be available for all involved staff members as needed.

Should staff become aware of a custody situation that may escalate to an abduction, the police will be notified utilizing 911.

Signatures:

Kimberly Wetherhold John Bell, Jr. D.O., Board Chair Date: _____
James Yoxheimer, President & CEO

REVIEWED: 04/08/2016, 12/06/2017, 08/01/2018, 02/14/2019, 08/03/2020, 07/27/2021

REVISED: 12/18/2017, 08/27/2018, 02/25/2019