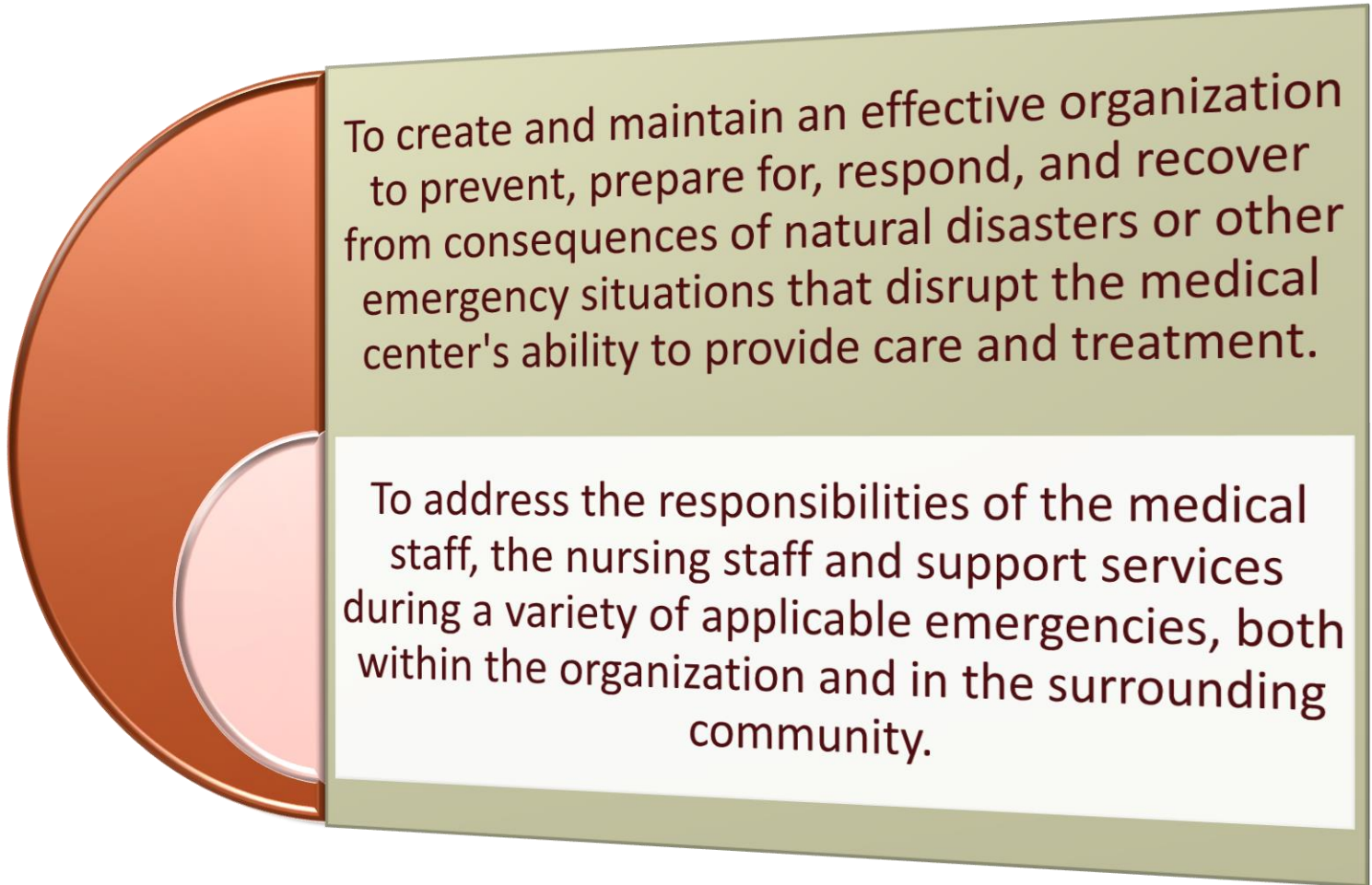


EMERGENCY OPERATIONS PREPAREDNESS TRAINING

EMERGENCY OPERATIONS PLAN

Let's start with an overview of the VHSO
Emergency Operations Plan, MCM XX-00-18

PURPOSE



GENERAL INSTRUCTIONS


It is the responsibility of each service chief to make sure each employee is trained, and training is assessed for effectiveness. The level and complexity of training will vary depending on the roles and responsibilities assigned to the employee.

See VHSO MCM XX-00-18 for detailed description.

CBOCs



DEFINITIONS



Internal disasters are within the medical center complex or on the medical center grounds. These cause or threaten to cause injury or damage to the healthcare facility, its patients, and staff. Examples: fires, utility failures, chemical spills.

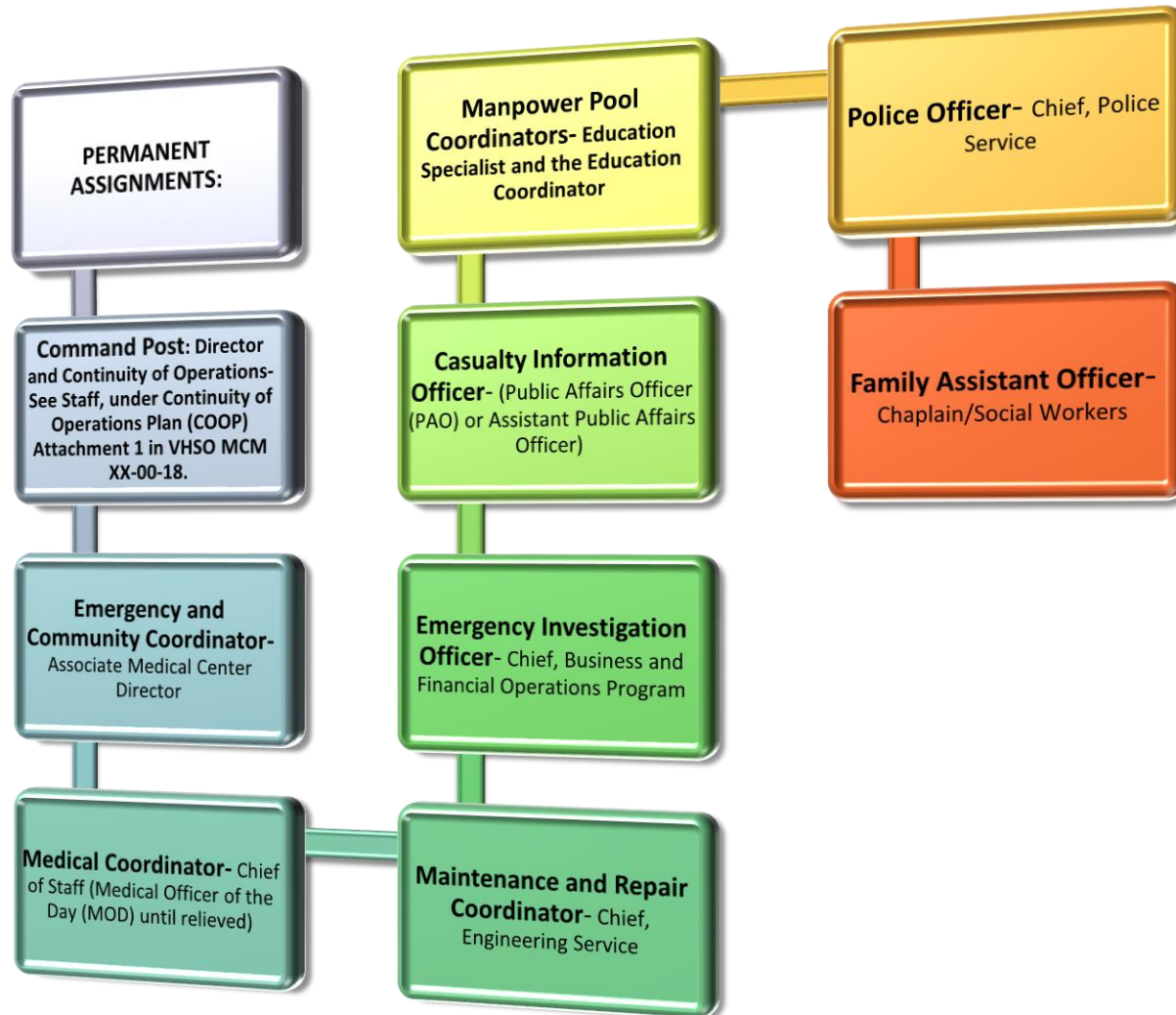
External disaster requires the healthcare facility to admit and treat many casualties, but don't damage the facility itself or threaten personnel. These usually occur in the community. Examples: tornadoes, hurricanes, floods, multi-vehicle accidents, earthquakes.

Natural Occurring Events. Drought/Dust storms, earthquakes, fire responses, floods, thunderstorm/lighting storms, tornadoes, tsunamis, volcanic eruptions and winter storms (including snow or ice). These are also considered external.

Human Related Events. Bomb threats, civil disturbances, cyber attacks, hostage/barricade situations, terrorist events, utility outages, transportation accidents, and violence in the workplace.

Hazardous Materials Events. Biologic events, chemical events, explosions, radiation events, and hazardous chemical spills.

COMMAND CENTER



COMMUNICATION

Telephone operator (7:00 a.m.-8:00 p.m.- AOD 8:00 p.m.-7:00 a.m.) will maintain notification list for key officials and will notify in priority order.

Key personnel only will make outside telephone calls.

Open telephone lines are a must in an emergency situation.

Two-way radios, satellite phones, and cell phones are available.

During an emergency/disaster one ham operator from Washington County will be available to each healthcare facility (including VHSO, Fayetteville) with their radio equipment.

Only necessary information will be communicated over the radios during the disaster.

In the event of telephone outage, the Command Center will communicate by ham radio with local law enforcement agencies.

Code Changes to Plain Speak Emergency Alerts

Site Actions Browse Page Welsch, Jenifer B. (FAV) ▾

Emergency Management All Sites ▾

Recently Modified
 Emergency Reference
 Home
 How To Use This Library

Libraries
 Continuity of Operations
 Emergency Management Committee
 Emergency Operations Plan
 Exercises and Events
 Hazard Vulnerability Assessments
 Hospital Incident Management Team
 Live Process User Information
 Service Level Plans

Lists
 Calendar
 LINKS TO EXTERNAL EMERGENCY MANGEMENT INFORMATION

All Site Content

Emergency Reference

911

If you have an emergency, **always call 9-1-1**

Emergency Codes are Changing!

OLD COLOR CODE	New category	Additional Information examples
BLUE – Medical Emergency	THERE IS NO CHANGE	Location
Alert (Fire) Weather Event	Facility Alert	Fire Alarm Location Avoid area Type of warning Take Shelter
Black – Bomb Green – Missing patient Red - Violent Situation Silver – Active Shooter Yellow - Hostage	Security Alert	Location Appearance/Description Immediate Assistance Avoid Area
Situation Resolved	Facility Alert	Warning ended Hostage situation over Missing patient found

Fire Emergency Response - RACE

Rescue

Alarm

Contain

Extinguish

[Learn more about responding to a fire emergency.](#)

Extinguishing a Fire - PASS

Pull the pin

Aim at base of fire

Squeeze the handle

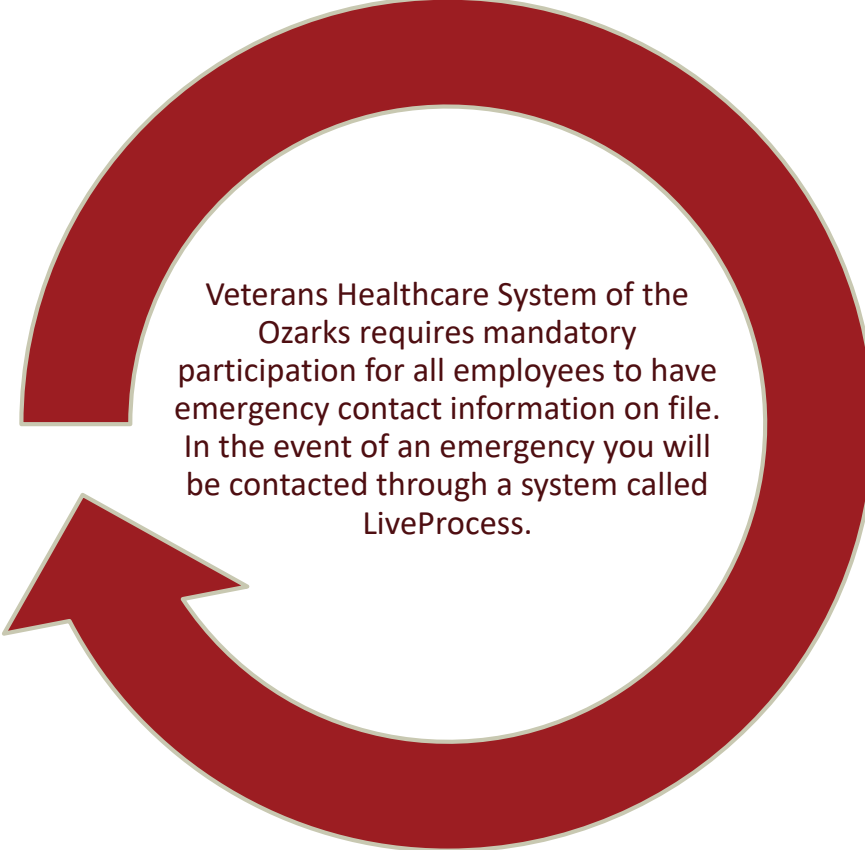
Sweep at base of flame

[Learn more about using a fire extenguisher.](#)

Utility Outage, or Disruption

During normal hours, call extension 65466
 After hours, call extension 65014

LIVE PROCESS



Veterans Healthcare System of the Ozarks requires mandatory participation for all employees to have emergency contact information on file. In the event of an emergency you will be contacted through a system called LiveProcess.

- You will receive an email to your va.gov email address to update your contact information. Click on link and go to site.
- Once in the LiveProcess site you will arrive at a “Personal Info” screen. Complete all portions of this screen. If you have multiple cell phones you would like to be used for contact, you can add those by clicking the “ADD” button.
- After your Personal Info screen is complete, click on the “Volunteer Info” tab and complete the Volunteer Info screen.
- After your Volunteer Info screen is complete, click on the “Service/Section” info tab and complete the Service/Section info screen.
- After your “Service/Section” screen is complete, click on the “IMT Assignment” tab and complete IMT Assignment info screen.
- **SAVE.** Once information has been completed for all 4 tabs, you must click “SAVE”. If you do not click save, the system will continue to notify you that you have a delinquent update.

RADIOACTIVE, CHEMICAL, AND BIOLOGICAL ISOLATION

A properly trained and equipped county radiological protection organization has the capability to initially assess a radiological threat and to provide medical center officials with guidance and recommendations on how to best protect the affected population until more knowledgeable and technically proficient assistance can be obtained.

First responders: County Radiological Protection organization (Washington County Hazmat team (Call Springdale Fire Department). Second responders- State Radiological Response Team.

In the event of a nuclear attack, the County Radiological Protection Organization will be the primary response organization and will take actions as necessary.

For chemical spills such as mercury, cytotoxic drugs, and formaldehyde, the facility staff will clean up if a small spill. The facility Safety Officer will be notified and provide guidance if an outside source is required for cleanup.

In the event of a real or suspected biological terrorist event, Medical Center Memorandum (MCM) 00-72 "Bioterrorism Readiness Plan" will be followed.

The extent of activation of the emergency plan for Bioterrorism will be determined by the Command Post.

ACTIVE SHOOTER

How to respond when an Active Shooter is in your vicinity:

- Quickly determine the most reasonable way to protect your own life.
- Remember that patients and visitors will likely follow the lead of employees and managers during an active shooter situation.
- Lock the door and silence your cell phone and/or pager. Remain quiet.

Evacuate. If there is an accessible escape path, attempt to evacuate the premises.

Evacuate regardless of whether others agree to follow. Leave your belongings behind and help others escape, if possible. Call 911 when you are safe.

Information to provide law enforcement or 911 dispatchers:

- Location of the active shooter
- Number of shooters, if more than one.
- Physical description of shooter(s).
- Number of potential victim's at the location.

ACTIVE SHOOTER CONTINUED

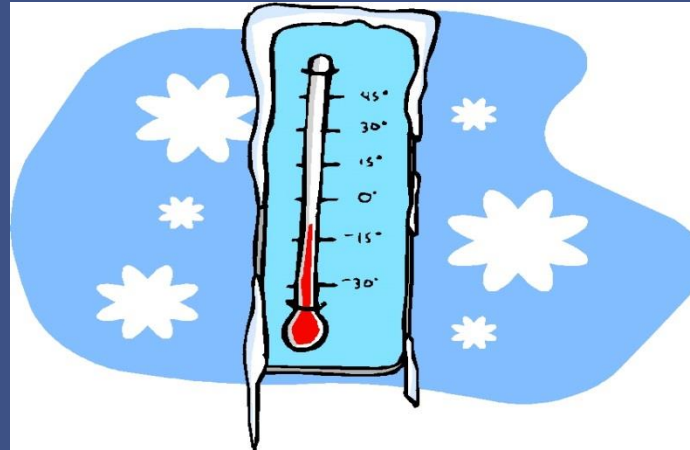
Evade. If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Be out of the active shooter's view behind something that can provide protection if shots are fired in your direction. Call 911 when you are safe. If you cannot speak, leave the line open and allow the dispatcher to listen.

Engage. Act against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by acting aggressive, throwing items, improvising weapons or yelling.

How to react when law enforcement arrives:

- Remain calm and follow officers' instructions.
- Put down any items in your hands (i.e., bags, jackets).
- Immediately raise hands and spread your fingers. Always keep hands visible.
- Avoid making quick movements toward officers such as holding on to them for safety.
- Avoid pointing, screaming and/or yelling.
- Do not stop to ask officers for help or direction when evacuating.
- Proceed in the direction from which officers are entering the premises.

INCLEMENT WEATHER



VHSO's policy is to mitigate the negative effects of a major winter storm event through deployment of preparedness resources, planned response, and planned recovery actions.

INCLEMENT WEATHER RESPONSIBILITIES

Medical Center Director/Quadrad:

Public and employee informational messages posted to VHSO internet page, public media, and employees.

Managing the event as Incident Command.

Final decisions regarding delayed opening or closure of operations.

Service Chiefs:

Establishing minimum staffing levels for all areas of responsibility.

Associate Chief of Staff:

Monitoring CBOC appointments and patient volumes.

Providing Incident Command with information regarding CBOC operations.

Incident Command:

Provides recommendation for response or closure of operations as needed to the Agency Executive/Medical Center Director.

Monitor weather situation to determine sheltering availability to VHSO staff.

All Employees:

Preparing yourself and family for inclement weather to ensure you can report to work in accordance with your work schedule.

Maintaining up-to-date contact information in LiveProcess to facilitate inclement weather response plans.

SHELTERING PLAN

The sheltering plan outlines the process and responsibilities associated with a major winter storm and sheltering of staff during a storm.

The assigned Sheltering Coordinator will be the primary point of contact for all Service Chiefs once sheltering needs are known. When sheltering is initiated by Incident Command the following information will be provided for each employee requiring sheltering during an event. **For CBOC's the information will be provided by the CBOC clinic manager.**

- Service
- Last Name
- First Name
- Area Housed
- Date
- Needed Sheltering Time

Shelter will be housed in the areas identified and approved by Incident Command. Supplies (comfort packs with linen, soap, toothbrush, pillow, food, etc) will be provided.



P&LMS DISASTER PLAN

Now, let's drill down to laboratory specific information.

GUIDELINES

A disaster that affects P&LMS directly would create severe problems for continued operations. The following guidelines should be followed.

- Chief, P&LMS and the Laboratory Manager will assess the damage and determine what is still operational, what is salvageable, and what staff are available to operate available equipment.
- A decision will be made by the Chief, P&LMS what services can still be done on station and what will have to be sent to a reference laboratory.
- Arrangements will be made with neighboring hospital laboratories to provide the missing services.
- Chief, P&LMS will make arrangement with Engineering and Environmental Management Services to move the equipment and necessary supplies (when appropriate) to another location to provide necessary utilities for continued operations.
- Chief, P&LMS or designee will make arrangement with Engineering, Safety, Emergency, and Operations Management (SE&OM), manufacturers and vendors to provide repair services and supplies (as appropriate).

RESPONSIBILITIES

The Chief P&LMS is responsible for:

Maintaining a current Service level EOP Annex that is reviewed annually and is in compliance with the Facility Emergency Operations Plan (EOP).

Ensure all staff maintain current call back information in the facility mass notification system.

Encourage all staff to have a Family Emergency Plan.

Ensure completion of the Emergency Management mandatory training on TMS for all Service Staff.

All staff are responsible for:

Maintaining normal operating procedures to the best of their ability. Where unable to perform normal duties due to shut down or incident related conditions, **staff may be assigned to other areas by Incident Command.**

Notifying the supervisor and/or VA Police of any disturbance or emergency (i.e. fire, bomb threat, external disaster, etc.) that may affect the facility.

Be familiar with the facility EOP and the P&LMS EOP annex.

Be familiar with basic fire, Hazardous Materials (HAZMAT) and other emergency responses.

ASSIGNMENTS

In the event of an extreme emergency, laboratory personnel are assigned to the following posts and/or manpower pools:

Chief of P&LMS and Laboratory Manager will remain in the laboratory area to supervise activities. Telephone communications will be established with blood suppliers, which will be advised of the needs.

Technologists and technicians will report to the laboratory to prepare blood for use and to perform the necessary tests on specimens received.

Phlebotomists will report to Casualty Hold Area (Emergency Department) prepared to draw blood and transport specimens to the laboratory.

Histopathology technician will report to the morgue to supervise receiving bodies, keeping records. Personal effects will remain with the bodies.

Clerical staff will take their posts at the telephone and relay incoming calls and messages.

TORNADO MANAGEMENT PLAN

In the event of a tornado warning:

Turn off all electrical equipment in your area.

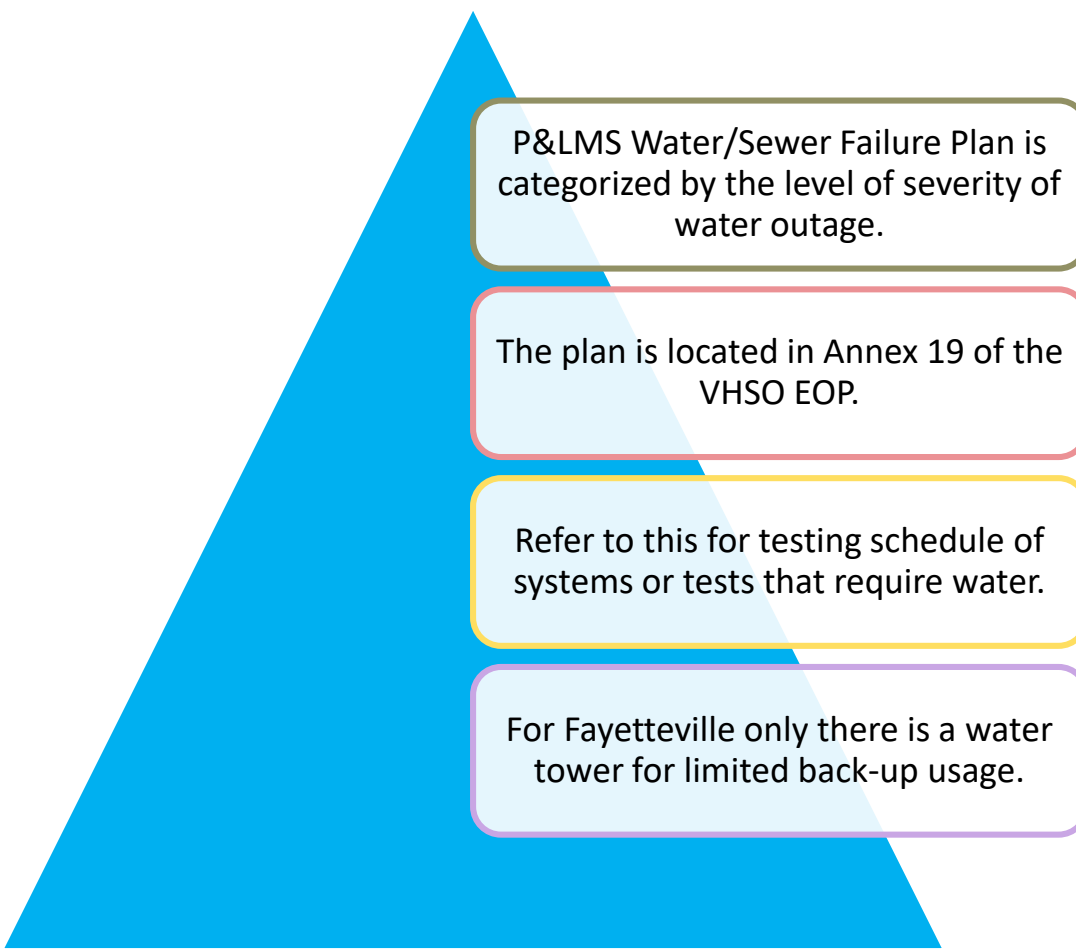
Close all windows in your area.

Remove or secure loose items near windows. (Such items could cause serious injury if they become airborne during a tornado.)

Move to inside corridors when possible (including patients in waiting area).

Move away from windows.

WATER OUTAGES



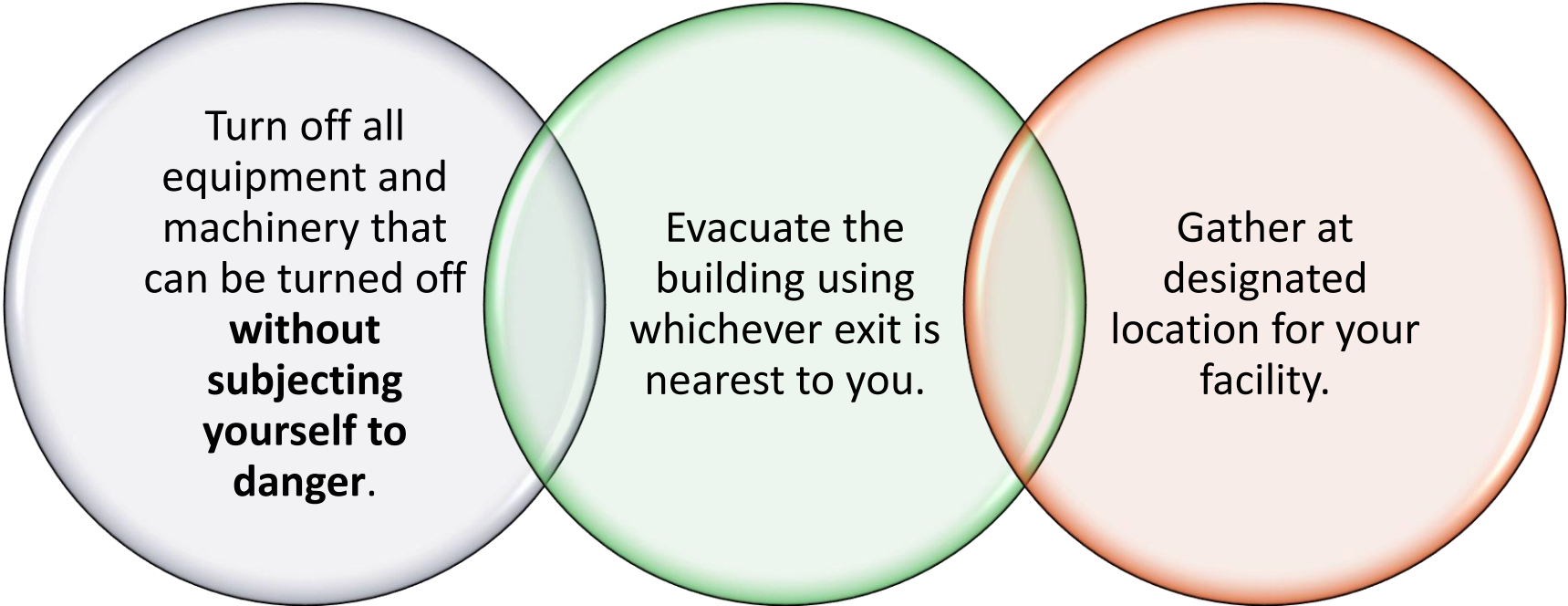
P&LMS Water/Sewer Failure Plan is categorized by the level of severity of water outage.

The plan is located in Annex 19 of the VHSO EOP.

Refer to this for testing schedule of systems or tests that require water.

For Fayetteville only there is a water tower for limited back-up usage.

INTERNAL EMERGENCIES (WITHIN P&LMS)



Turn off all equipment and machinery that can be turned off **without subjecting yourself to danger.**

Evacuate the building using whichever exit is nearest to you.

Gather at designated location for your facility.

EVACUATION PLAN

- Horizontal Evacuation- Moving from the area of the fire to another area on the same floor. This is usually sufficient for a small fire.
- Vertical Evacuation- Moving from the area of the fire to another area on a lower floor through the nearest stairwell.
- Immediate Evacuation- This is for small fires only. All personnel not directly fighting the fire must immediately leave the room.
- Outside Evacuation- All non-firefighting personnel to the outside of the building.

Evacuation- The process of leaving the area of a fire or other emergency in a rapid orderly manner: There are four types of evacuation. They are:



- The chair assist- Use a chair with wheels. If on the second floor push the person to a stairway, wait until the stairs have cleared and then give physical assistance down the stairs.
 - Along with another person, assist the person down the stairs.
 - Assist by carrying, draping arms over shoulder or sitting on each step going down.
- The assisted walk- Along with another person, drape the arms of the person being helped around the shoulders of the two helpers. Help the person walk to safety.
- The swing carry- You and a co-worker carry the disabled person to safety by forming a cradle with both your arms around the shoulders of the two people doing the carry.
- The blanket drag- Place the disabled person on a blanket and drag them to safety.
 - Improvise if no blanket is available by making something that you could drag a person on-e.g. lab coats tied together.
- The two-man carry- The front person takes the legs under the knees. The back person reaches under the disabled person's arm's. The disabled person is then carried in a "sitting" position.
- The fireman's carry- Place the disabled person across the shoulders. Grab their arm in one hand and the leg in the other.

How to assist a disabled individual during an evacuation:



DESIGNATED RENDEZVOUS LOCATIONS

Fayetteville: Tree at Credit
Union

Branson: Mansion Theatre
Parking Lot

Gene Taylor: Fountain behind
building next to employee lot

Joplin: Circle drive in front of
Clinic

Jay: VA sign in front of Clinic

Ozark: Flagpole in front of
Clinic

ALERT CODES AND NUMBERS

To report an emergency
at the Fayetteville VHSO
call 911.

Code Adam: Missing or Abducted Children [MCM 001-13](#)

Code Alert: Smoke or fire has been identified [MCM 00-17](#)

Code Black: Bomb Threat [MCM 00-18](#)

Code Blue: Code blue or medical emergency [MCM 11-17](#)

Code Green: Wandering, eloped, or missing patient [MCM 00-49](#)

Code Red: Violent or disruptive behavior

Code Silver: Active Shooter

Code Yellow: Hostage situation [MCM 001-16](#)

GENE TAYLOR CODES:

Code Grey: Violent or potentially violent situation with a visitor
or staff member [MCM 00-55](#)

Code White: Aggressive behavior in patients only



EMERGENCY RESOURCES

Do you know where to look?

EMERGENCY REFERENCE

The screenshot shows the homepage of the Veterans Health Care System of the Ozarks. At the top, there is a navigation bar with links for "Veterans Health Care System of the Ozarks", "Employee Directory", "On-call Schedules", "Room Calendars", "Morning Report", "VA Intranet", and "VISN 16". A search bar is located on the right side of the navigation bar.

On the left side, there is a sidebar menu with the following items: "Memoranda and Policy", "Services", "SharePoint Sites", "Forms", "Standing Calendar", and "Recent".

The main content area features a large "REPORT Employee Reporting" button. Below it, there is a section titled "I want to report" with a list of reporting options:

- Report a Patient Safety Concern
- Report a Privacy Breach
- Report a Compliance and Business Integrity Concern
- Ask the Director
- Report Disruptive Behavior
- Report an Ethics Concern
- Report an Accident or Injury
- Request Help from the Employee Assistance Program
- Report Impairment or other Concerns Not Covered Elsewhere (Bullying, Abuse, etc.)

Below the reporting options, there are several resource tiles: "Clinical Resources", "Employee Resources", "Patient Safety", "VHSO Jobs", "Patient Health Education", and "New Employees".

At the bottom of the main content area, there is a dark blue banner with the text "VA MISSION Act of 2018" and "Your Care is Our Mission".

On the right side, there is a vertical column of service tiles. A red arrow points to the "Emergency Reference" tile, which includes a red telephone icon. Other tiles in the column include "Missing Patient Procedures", "Suicidal Caller Checklist", "VA leaf", "USAJOBS", "CONCUR TRAVEL", "myPay", "TMS", "TSP", "MSDS", "BMS", "eOPF", "vistaWeb Read Only", and "Computer Telephone Help Desk".

Click on the shortcut to Emergency Reference information

FIND YOUR PLAN

Click on the Service Level Plans for more information.

- COVID 19
- COVID 19 Library
- Libraries
 - CBOC Emergency Operations Plan
 - Continuity of Operations
 - Emergency Management Committee
 - Emergency Operations Plan
 - Exercises and Events
 - Hazard Vulnerability Assessments
 - Hospital Incident Management Team
 - Live Process User Information
 - Service Level Plans
- Lists
 - Calendar
 - LINKS TO EXTERNAL EMERGENCY MANAGEMENT INFORMATION
- Recent

Emergency Reference

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Situation	Category	Additional Information examples
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Bomb Missing patient Violent Situation Active Shooter Hostage	Security Alert	Location Appearance/Description Immediate Assistance Avoid Area
Situation Resolved	Facility Alert	Warning ended Hostage situation over

Fire Emergency Response - RACE

Rescue

Alarm

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Learn more about responding to a fire emergency.

Extinguishing a Fire - PASS

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Squeeze the handle

Sweep at base of flame

Learn more about using a fire extinguisher.

Utility Outage, or Disruption

During normal hours, call extension 65466

After hours, call extension 65014

QUICK REFERENCE

Locate and learn your quick reference:

