

Emergency Action Program	Chapter 2
Policy #	EAP-001
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## EMERGENCY ACTION PLAN

### **Policy:**

The Orthopaedic & Fracture Clinic will establish and maintain an Emergency Action Plan designed to manage the consequences of natural disasters or other external or internal emergencies that disrupt OFC's ability to provide care.

The Orthopaedic & Fracture Clinic, P.A. has instituted policies and procedures to follow for specific emergency situations. All staff is to be involved with emergency preparedness and recognize safety needs and report unsafe concerns to those on the Safety Committee. Please see the following Emergency Action Plan policies and procedures included in this chapter.

### **Definitions:**

*External Emergency:* A civil catastrophe, either manmade or caused by an act of God. An external disaster may overwhelm normal facilities. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, military action, among other causes.

*Internal Emergency:*

An event inside The Orthopaedic & Fracture Clinic that threatens the safety of the physical structure or the well being of patients, visitors, and staff. Internal emergencies may also reduce the capacity of the clinic to function normally.

### **Safety Tips:**

- Be aware of your environment and any possible dangers.
- Take note of the nearest exits.

### **Procedure and Plans:**

1. In the event that total evacuation of The Orthopaedic & Fracture Clinic is necessary, the Safety Committee along with administration will assume the responsibility for the clinic to activate the Emergency Action Plan and or the evacuation.
2. Make calls first that best fit the situation, i.e. you may need to call 911 for the first call, maintenance, administration, etc.
3. Overhead page the emergency with the location (if known) three times. Overhead page "all clear" when emergency has resolved. Follow both of these for education drills also.
4. If an internal disaster disables OFC's essential utility services, the clinic protocol will determine whether a contracted service will be used so that reserve utility provisions such as emergency power can be provided. Emergency power will be limited to providing temporary lighting so staff can perform essential functions, such as securing the doors of the clinic, backing up computer data.
5. If a disaster or an emergency involves The Orthopaedic & Fracture Clinic or staff members, all less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full program ability. The Orthopaedic & Fracture Clinic's administration

department will determine whether these less-than-essential services are to be effected and, if so, when.

6. The Orthopaedic & Fracture Clinic's Safety Committee along with administration will direct staff members for necessary duties such as facilitation of patient movements and control of patient information.
7. Any external or internal emergency will be reported to the Safety Committee. The Safety Committee will evaluate each situation to discuss improvements needed or infection control measures to take or to watch for.

### **Evacuation Policy:**

In the event it is necessary to evacuate the clinic, the process will be carried out specific to the situation. The information should include which exits to use and not use and which part of the building to stay away from.

Upon the announcement for a center wide evacuation, staff will follow specific evacuation procedures. The evacuation procedure is applicable for fires as well as for any other type of emergency in which evacuation is deemed necessary. In the event of an actual emergency all medical procedures currently in progress will be terminated as soon as safely possible. General instructions will be given to all patients/visitors and staff not to leave the premises without instructions from administration or designated personnel. All personnel are to refer to the building exit signs for emergency evacuation unless instructed otherwise.

### **Evacuation Procedure:**

1. If evacuation is necessary, the switchboard or designated employee will **overhead page the applicable code and evacuation three times (example: Fire, Fire, Fire)**. There will be an overhead page "all clear" when emergency is resolved.
2. Ambulatory patients/visitors will be expected to remove themselves from the center with direction from staff. Patients/visitors requiring assistance should be evacuated through exits nearest the sidewalks via staff direction. The evacuation areas are located in the back of the building, PT, MRI, and front of the building near the road entrance of the parking lot. Once evacuation has occurred all staff, patients, and visitors are to meet at the Safe Zone. Patients, visitors, and staff should remain there until further direction is given by authorized personnel. Staff may be directed to bring patients to alternate location(s) if weather is not compatible for outside evacuation. This decision will generally be determined by proper authorities and or administration.
3. The administration department or designated persons are responsible for performing a final check on the facility to ensure that all patients and staff have been evacuated from the facility.
4. It is very important that staff be aware of the various people in their respective areas. If a stranger is noted in the area, find out who they are and what their business is in the area and instruct them we are in a state of evacuation. Inform administration of incident and call for assistance if situation warrants. Verify that all patients, visitors, and employees are accounted for.
5. If necessary the Maintenance Department will bring the SDS book. All department schedulers are responsible for bringing that day's patient schedule to Safe Zone.

**The Safe Zone is located between the MRI door and the Mankato Clinic. Patients/visitors/staff will remain there until further directed from authorities/administration.**

**Employee Emergency Preparedness Training**

All OFC personnel are made familiar with the disaster, fire, and emergency plans during their orientation process. Emergency Preparedness drills are performed throughout the year. Staff members will participate as necessary to fulfill the requirements for compliance. A discussion and written evaluation of the drill will be documented and reviewed with staff.

Records of the drills and employee response will be maintained for 3 years. Deficiencies discovered during drills will be discussed at the safety committee and department head meetings. Meeting minutes are made available for all employees unable to attend the meetings.

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## Fire Safety

### **Purpose:**

All employees will be aware of their responsibilities during a fire emergency. Employees will be aware of the locations of the fire extinguishers and how the fire alarm system functions.

### **Policy:**

In the event of a fire, The Orthopaedic & Fracture Clinic will provide a safe and orderly exit of the building while providing maximum safety for patients, visitors, and staff.

The building does not have fire alarm activation pulls. The alarm system will only activate once smoke is detected. 911 will be notified by Siemens once the fire alarm activates.

The Back Care Center and Physical Therapy Departments do not have alarm systems; they will be notified by the overhead paging system.

### **Procedure:**

#### Staff Observe/Encounter Fire (fire alarm has not activated):

1. Stop what you're doing and assess the fire. Obtain the help of your coworkers to begin evacuation of the patients and staff from the immediate area.
2. Direct an employee to activate the overhead paging system by dialing "8" *wait for the beep* than "0" announce **FIRE and the location of the fire three times**.
3. Direct an employee to call 911.
4. Begin to evacuate your respective areas of all patients, visitors, and staff using the closest exit (see evacuation map). Department supervisors (or ranking staff member) should be sure their area is clear of patients and staff upon their exit. Close all doors to your area (if possible) upon exit (including exam rooms), signaling that this area has been completely evacuated.
5. Once all the patients and staff have exited the building, a member of administration will double-check for any remaining personnel.
6. **DO NOT** re-enter the building until told to do so by the Fire Department or administration. Overhead page "**all clear**" when emergency is resolved.

#### Fire Alarm Activation:

1. Upon hearing the fire alarm, the switchboard board operator will announce "**Fire and location if known**" three times.
2. Stop what you're doing and begin to evacuate your respective areas of all patients, visitors, and staff using the closest exit (see evacuation map). Department supervisors (or ranking staff member) should be sure their area is clear of patients and staff upon their exit. Close all doors

to your area (if possible) upon exit (including exam rooms), signaling that this area has been completely evacuated.

3. Once all the patients and staff have exited the building, a member of administration will double-check for any remaining personnel.

4. **DO NOT** re-enter the building until told to do so by the Fire Department or administration. Overhead page “**all clear**” when emergency is resolved.

**In the event of a fire, REMEMBER the RACE acronym:**

**R = Rescue** or remove anyone from the immediate danger to a safe area.

**A = Alarm**

**C = Contain** the fire by closing all doors to isolate the area.

**E = Extinguish /Evacuate** the building.

**Extinguish** the fire, if the fire is small, by using a fire extinguisher. Use the **PASS** system for extinguishing the fire.

- P – Pull the pin
- A- Aim at the base of the fire
- S – Squeeze the handle
- S – Sweep agent at the base of the flames

**Evacuate** the building if unable to extinguish.

**Emergency Evacuation**

The Orthopaedic & Fracture Clinic will ensure necessary emergency escape routes according to OSHA guidelines.

- Exits will be properly marked with exit signs.
- Evacuation routes will be posted along the exit route indicating the direction of travel to the nearest exit.
- Fire alarms and the overhead paging system will be used to warn occupants of a fire if possible.
- An automatic sprinkler system, fire detection system, alarm system, and fire doors shall be maintained in continuous proper operating condition.

**Annual Fire Safety Drill**

All employees will review the fire evacuation policy and procedure annually. The Orthopaedic and Fracture Clinic, P.A. will conduct an annual fire safety drill to review the procedure. The Safety Committee will review the policy and procedure annually and make changes as needed.

**Monthly Fire Extinguisher Check**

The fire extinguishers will be checked monthly to verify they are properly charged, safety pin and seal are intact, and the nozzle is accessible and unobstructed. The monthly fire extinguisher check log will be located in the Maintenance Department.

### **Annual Fire Safety Equipment Check**

The sprinkler system and fire extinguisher are inspected annually. Annual inspection log will be located in the Maintenance Department.

1. The sprinkler heads will be inspected by Olympic Fire Protection Corporation.
2. The fire extinguishers are inspected by Mankato/Fairmont Fire & Safety.
3. The fire alarm activation system will be inspected by Siemens.
4. Fire doors (maintain unobstructed closing).

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### Severe/Inclement Weather Safety

The Orthopaedic & Fracture Clinic defines inclement weather as weather that has the potential to pose risk to life or property, to include but not limited to severe thunderstorms, tornado watches or warnings, ice storms, blizzards or temperature extremes. Closure of business will be considered when adverse weather conditions are being forecasted by the National Weather Service, local weather media, and or road closures by MN DOT. The following are procedures to be followed in an inclement weather situation.

#### **Definitions:**

**Inclement weather** is weather that poses danger to safety of patients, visitors, and employees of OFC.

- **Severe weather** includes severe thunderstorms, tornado watches and warnings, blizzard, ice storms.
- A **watch** is defined as conditions being favorable for weather condition.
- A **warning** is defined as a sighting of the type of weather condition in the immediate area.
- **“Safe Zone”** is an area within a facility that is AWAY from OUTSIDE windows and doors, and free from flying debris (please see map).

**Tornado Watch** – Conditions are favorable for severe weather or tornados to develop.

- 1) When a watch is issued for Blue Earth and/or Nicollet County by the National Weather Service the administration department will monitor radio and television stations for up to date weather information.
- 2) Departments will be notified when a Tornado Watch has been issued for the area.
- 3) Staff should prepare/plan for the movement of patients, visitors, and staff to the designated Safe Zone of the building.
- 4) Be prepared to gather flashlights, cell phones, pillows, and blankets to bring to the Safe Zone if necessary.

**Tornado Warning** – A tornado has been sighted in the area or has been indicated by radar. Take shelter immediately.

- 1) When a Tornado Warning is issued for Blue Earth and/or Nicollet County by the NWS, the administration department will notify the switchboard operator immediately.
  - The switchboard operator will announce three times **“Attention, The National Weather Service has issued a tornado warning for \_\_\_\_ County until \_\_\_\_ AM/PM please take shelter immediately.”**

- 2) Begin to evacuate your respective areas of all patients, visitor and staff to the “Safe Zone” of the building (see evacuation map). Department supervisors (or ranking staff members) should be sure their area is clear of patients and staff upon their exit.
- 3) Keep doors to areas with outside windows closed in all designated Safe Zone areas. Doors in non-designated areas should be left open.
- 4) Do not open any exterior windows or doors.
- 5) A member of the administration department will double-check for any remaining personnel.
- 6) Staff may return to their designated areas only after an “all clear” is announced by the switchboard operator (warning has expired per the National Weather Service).

**Blizzard** - When visibility is less than one quarter mile with sustained winds of 35 mph or greater.

- During OFC hours of operation when a blizzard advisory is issued by the NWS, that information will be communicated to administration to determine if further actions are necessary.
- OFC would strongly recommend against travel for patients, visitors and staff until conditions become more favorable for travel.
- Outside of OFC normal business hours, administration will monitor weather situations and communicate with staff if OFC will not be operating in the normal capacity.

**Ice Storm** - When freezing rain accumulates at least ¼ inch or more. Freezing rain is caused by water droplets that encounter freezing or sub-freezing temperature at the surface.

- During OFC hours of operation when conditions become favorable for an ice storm or the NWS issues an ice storm warning, the information will be communicated to administration to determine if further actions are necessary.
- OFC will strongly recommend against travel for patients, visitors, and staff until conditions becomes more favorable for travel.
- Outside of OFC normal business hours, administration will monitor weather situations and communicate with staff if OFC will not be operating in the normal capacity

**Other Inclement or Severe Weather:**

- During OFC hours of operation when other weather advisories are issued by the NWS or local weather media, that information will be communicated to administration to determine if further actions are necessary.
- Outside of OFC normal business hours, administration will monitor weather situations and communicate with if OFC will not be operating in the normal capacity.



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### **Workplace Violence: CODE GREEN**

It is the policy of The Orthopaedic & Fracture Clinic that each of our employees has the right to a workplace free from violence. For purposes of this policy, violence is defined as any act in which one person seeks to hurt or intimidate another through the use of physical contact or verbal harassment or manipulation. This includes actions of staff, supervisors, administration, patients, suppliers or any other person. The Orthopaedic & Fracture Clinic is committed to providing its employees, patients and visitors with a safe, non-violent workplace and atmosphere. Violent actions within the clinic property will not be tolerated or ignored. Any unlawful violent actions committed by employees, physicians, patients or visitors will be investigated and prosecuted as appropriate. OFC intends to use reasonable legal, managerial, administrative, and disciplinary procedures to secure the workplace from violence and to reasonably protect employees, physicians, patients, and visitors. We treat each other, our patients, our suppliers, and all others in this fashion and that we can expect the same treatment in return.

**Work violence may include, but is not limited to an act or behavior that:**

- is physically assaultive
- bullying
- verbal harassment
- sexual harassment
- a reasonable person would perceive as obsessively directed (e.g. intensely focused on a grudge, grievance, or romantic interest in another person) and reasonably likely to result in harm or threats of harm to persons or property
- consists of a communicated or reasonably perceived threat to harm another individual or in any way endanger the safety of an individual
- would be interpreted by a reasonable person as carrying potential for physical harm to the individual
- is a behavior or action that a reasonable person would perceive as menacing; involves carrying or displaying weapons, destroying property, or throwing objects in a manner reasonably perceived as threatening
- consists of a communicated or reasonably perceived threat to destroy property

## **Procedure**

1. If you have staff, patients, or visitors with uncontrolled behavior and need assistance activate the overhead paging system by dialing “8” *wait for the beep* than “0” announce **Code Green and the location of the disturbance three times**. Administration/Switchboard will overhead page “**all clear**” when emergency is resolved.
2. If the act or altercation constitutes an emergency, CALL 911. Notify management/administration for non-emergent situations. If possible, separate the parties involved in the violent altercation. If the parties cannot be separated, or if it would be too dangerous for an employee or manager to separate the parties, CALL 911.
3. All available staff will respond.
4. Administration is to be notified ASAP. Administration will coordinate a response to the incident.
5. In instances that involve emergency situations, or criminal activity, administration will refer the incident to the Police Department.
6. In instances where it is not appropriate to involve the police, administration will evaluate the situation and determine if an investigation is warranted. If investigation is warranted, administration will recommend action to be taken.
7. Remain calm; try to control the situation without force, and without putting yourself in danger.
8. Document the details of the violent act including date, time, location, witnesses, if weapons used, etc.
9. All supervisors/administration are responsible for assessing situations, making judgments on the appropriate response, and then responding to reports of or knowledge of violence and for initiating the investigation process.
10. Any report of violence will be evaluated immediately and confidentially. Appropriate action will be taken. Steps will be taken in order to protect the person from further violence. Appropriate disciplinary action will be taken if it is determined that an employee of the clinic has committed an act of violence.
11. We will provide information to all employees about services including those designed to help employees deal with any issues related to workplace or family violence.
12. Employees with questions or complaints about workplace behavior, which fall under this policy, may discuss them with administration. Administration will then investigate the concerns and will take appropriate action. This may include disciplinary action up to and including immediate termination for an employee who is a perpetrator of a violent act.

## **The Orthopaedic & Fracture Clinic has instituted a “No Firearms” policy. No guns are allowed on OFC property with the exception of the parking lots.**

- The possession or use of a firearm (including but not limited to handguns) or other weapons while on OFC premises is strictly prohibited.
- Signs will be posted at every entrance to the building stating that: **“The Orthopaedic & Fracture Clinic Bans Guns on the Premises.”**
- Should someone have a gun on the premises, staff will be educated to call administration. Administration will politely point out OFC’s policy and ask them to secure their gun in their vehicle.
- This prohibition applies to all employees and individuals, including those who have a valid permit to carry a firearm. If the individual does not comply, OFC will contact the Public Safety Department to assist with removing the individual from the premises and taking any

other action as necessary. Failure to comply will result in discipline, up to and including terminating employees for violating this policy.

**Exceptions:** The only exceptions to this policy are for on-duty police officers, security guards, and military personnel acting in the course and scope of their employment. OFC will not ask them to remove their gun.

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### Missing Person

The goal of these guidelines is to prevent the abduction of infants/children and/or the disappearance of any persons at The Orthopaedic & Fracture Clinic. The entire staff at OFC will participate in the periodic review of safety measures implemented to enhance security.

1. Notify supervisor and/or administration immediately with the goal being able to locate and reunite the abducted or suspected missing person with family as quick as possible.
2. The staff member suspecting the abduction or disappearance will conduct a brief search of the immediate vicinity. Example: patient room and nearby hallways.
3. If the staff member confirms the abduction or disappearance, they will activate the overhead paging system by dialing “8” *wait for the beep* than “0” announce **Missing Person and the location three times**. The staff member will also call 911 or delegate another staff to immediately call 911. Provide a description of events and persons involved.  
Administration/Switchboard will overhead page “**all clear**” when emergency is resolved.
4. Immediately, staff members will check to see that all other patients are accounted for and administration will depart to the location.
5. Move family of the missing person to a private room. Have a staff member stay with the family at all times.
6. All exits will be secured by at least one OFC employee. No persons shall exit/enter the building. Employees watching doors will monitor parking lot for persons in vehicles/vehicles leaving or entering the premises. Staff will attempt to get a description of vehicle, persons, and license plate number. The following exits will be secured by:
  - a. Front lobby door/MRI: Front Desk/MRI staff
  - b. Employee entrance PT side door: PT staff
  - c. Employee entrance back doors: Administration staff
  - d. Employee break door: Business staff
7. Staff must immediately conduct a search of the facility. Remember to search unlikely places.
8. Document events in detail.
9. Follow police department instructions upon their arrival.
10. Conduct a group debriefing session for staff if needed.

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### Hostage Crisis Plan

#### ***Employee, Patient or Visitor Taken Hostage:***

1. Do everything the captor says to do.
2. Speak **only** when spoken to.
3. Keep eye contact with the captor(s) but don't stare. **Don't** turn away from the captor unless ordered to do so. Captors are less likely to harm hostages at whom they are looking.
4. Try not to show your emotions. Captors play on emotional weaknesses.
5. Act relaxed. This may relax the captor(s).
6. Sit, if possible, to avoid appearing aggressive.
7. Tell the captor(s) your first name. This will make you a person, not an object. Try to learn the name(s) of the captor(s).
8. Try to become "friendly" to your captor(s). Psychologically, it is much harder for a captor to harm a hostage they know or like.
9. Get rid of personal effects – photos of your spouse, and keys – if possible.
10. Don't make suggestions to the captor(s). If your suggestions go wrong, the captor may think that you tried to create problems.
11. Be especially careful during the first five minutes. These are the most critical minutes because captors are as desperate and jumpy as hostages.
12. Be patient. Have faith in fellow workers and trained hostage negotiators.
13. Carefully weigh any chance to escape. Be sure escape is certain and won't endanger anyone else.

#### ***The First Person to Identify a Hostage Situation***

1. No employee should make a deal with the captor(s).
2. Secure the immediate area. If possible, evacuate all non-participants.
3. Secure the door, if appropriate, to isolate the incident.
4. Immediately report the hostage situation if able. Administration, in coordination with supervisors, will notify the Police Department and begin evacuation of the clinic.
5. Carefully observe the situation so you can report fully on the:
  - a. Number of Hostages.
  - b. Threats and demands of captor(s). Relate the exact words used by the captor(s).
  - c. Type and number of weapons believed to be in the possession of the captor(s).
  - d. Number, name and location of any patients and staff still in the area.
  - e. Precise area controlled by the captor(s).
  - f. Floor plan of the area.
  - g. Identity and description of the hostages and the captors. Provide photographs if possible of any participants.

- h. Location and extensions of all telephones in the area.
- 6. Take control of the scene until a more senior staff member arrives.
- 7. Make specific notes of any threats or demands. Use the words of the captor(s). Don't paraphrase.
- 8. Don't speak to media. The administrator or designee will handle all media communications in coordination with the Police Department.
- 9. Supplement and reinforce personnel on the scene as the situation dictates to prevent death and injury to the hostage(s).

***Negotiations:***

Trained hostage negotiators from the Police Department or other law enforcement agencies should handle all negotiations with the captors. If the first person must begin negotiations before the trained negotiators arrive, adhere to the following:

- 1. Use a staff member not an administrator or supervisor to conduct the negotiations. This will allow the use of delaying tactics such as, "I'll ask," or "I'll seek clarification."
- 2. Answer all demands with "I'll do my best."
- 3. Never answer a demand with "No."
- 5. Make every effort to resolve the situation peacefully. As a primary strategy, assaults do not work. Negotiation does. Be cautious. Time is on your side. More hostages die as a result of assaults than as a direct result of killing by captors.
- 6. If law enforcement officers do stage an assault, get on the floor quickly and stay down.

*If there is time the overhead paging system will be activated by dialing "8" wait for the beep than "0" announce **Hostage Situation and the location if known three times.***

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### **Terrorist/Bomb Threat: CODE BLACK**

*In the event that a bomb threat or terrorist threat is called in or a suspicious package is found, the following guidelines have been developed by The Orthopaedic & Fracture Clinic:*

- Stay calm. Attempt to prolong the conversation with the caller and listen for any indication of where the bomb may be located. Write down key points .

#### **Questions to Ask:**

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your name/address?

#### **Make note of:**

1. Exact wording of the threat.
  2. Sex of caller
  3. Approximate age of caller.
  4. Describe caller voice (calm, angry, deep, familiar, etc.)
  5. Time call came in.
  6. Background sound.
- Immediately motion for staff to notify a supervisor or administration.
  - Supervisor or administration will communicate threat information and call 911. With the assistance of the emergency personnel, evacuation will be determined. Notify MSC and Mankato Clinic administrators of threat and possible evacuation.
  - Alert staff to search their immediate areas for any suspicious item(s). Delegated staff will activate the overhead paging system by dialing “8” *wait for the beep* than “0” announce **Code Black and location of suspicious package/item if known three times**. Overhead page “**all clear**” when emergency is resolved.
  - If the threat is located, leave the room and close the door or section off the area to prevent others from entering. Do not panic. **DO NOT OPEN, TOUCH, or MOVE** the suspicious bomb or package. If possible, place distinctive, warning sign near the suspicious area. Do not leave the area yourself; designate someone to bring you a warning sign.

- List all people who were in the room or area when this suspicious package/letter was recognized. Give this to administration or authorities assigned to situation.
- When 911 personnel arrive, they will be directed to the suspected area, if known.
- If the decision is made to evacuate the building, follow the Emergency Evacuation Procedure.

***Identifying suspicious packages/letters:***

Excessive postage, handwritten or poorly typed addresses, incorrect titles, title-but no name, misspellings of common words, oily stains, discolorations or odor, no return address, excessive weight, lopsided or uneven envelope, protruding wires or aluminum foil, excessive security material such as masking tape, string, etc., visual distractions, ticking sound, shows a city or state in the postmark that does not match the return address, marked with restrictions such as: “Personal”, “Confidential”, or “Do not x-ray”, or powdery substance felt through or appearing on the package/envelope.

***In the event of an accidental exposure to biological/chemical substance:***

- **DO NOT attempt to clean up.**
- Leave the room and close the door, or section off the area to prevent others from entering.
- Wash your hands with soap and water to prevent spreading any powder to your face.
- Report the incident to Supervisor/Administration and they will contact the Hazmat authorities.
- Remove any heavily contaminated clothing as soon as possible and place in a plastic bag, or some other container that can be sealed. This clothing bag should be given to the emergency responders for proper handling.
- Shower with soap and water as soon as possible. **Do not use bleach or other disinfectant on your skin.**
- List all people who were in the room or area when this accidental exposure occurred and give to administration or authorities assigned to situation.
- Separate those involved from others to prevent contamination.

***In the event of room contamination by aerosolization:***

- Turn off all fans or ventilation units in the area.
- Leave the area immediately.
- Close the door, or section off the area to prevent others from entering.
- Report the incident to your supervisor/administration and they will contact the authorities.
- Shut down air handling system in the building, if possible.
- List all people who were in the room or area when the room contamination occurred and give to administration or authorities assigned to situation.
- Separate those involved from others to prevent contamination.



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## Active Shooter

An *Active Shooter* is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

According to The United States Department of Homeland Security the following protocol should be applied with an active shooter.

### 1. Evacuate (Run)

- Have an escape route and plan in mind. Evacuate away from gun shots.
- Leave belongings behind.
- Call 911 when it is safe to do so and inform them of:
  - Location of active shooter
  - Number of shooters
  - Physical description of shooter(s)
  - Number and type of weapons held by shooter(s)
  - Number of potential victims
- Keep hands visible to authorities.
- Evacuate in direction that law enforcement is coming from.
- If evacuation is not possible:

### 2. Hide Out (Hide)

- Hide in an area out of the shooter's view.
- Block an entry to your hiding place and lock the door(s).
- Silence your cell phone.
- If evacuation or hide out are not an option:

### 3. Take Action (Fight)

- As a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the shooter.
- Act with physical aggression and throw items at the active shooter.

### When Law Enforcement Arrives:

- Remain calm and follow instructions of law enforcement.
- Put down any items in your hands (bags, phone, jackets, etc.)
- Raise your hands and spread your fingers.
- Keep your hands visible at all times.
- Avoid quick pointing, screaming, or yelling.
- Do not stop to ask officers for help or direction when evacuating.

*If there is time the overhead paging system will be activated by dialing "8" wait for the beep than "0" announce Active Shooter and include location if known three times.*

**The Orthopaedic & Fracture Clinic has instituted a “No Firearms” policy. No guns are allowed on OFC property with the exception of the parking lots.**

- The possession or use of a firearm (including but not limited to handguns) or other weapons while on OFC premises is strictly prohibited.
- Signs will be posted at every entrance to the building stating that: **“The Orthopaedic & Fracture Clinic Bans Guns on the Premises.”**
- Should someone have a gun on the premises, staff will be educated to call Administration. Administration will politely point out OFC’s policy and ask them to secure their gun in their vehicle.
- This prohibition applies to all employees and individuals, including those who have a valid permit to carry a firearm. If the individual does not comply, OFC will contact the Public Safety Department to assist with removing the individual from the premises and taking any other action as necessary. Failure to comply will result in discipline, up to and including terminating employees for violating this policy.

**Exceptions:** The only exceptions to this policy are for on-duty police officers, security guards, and military personnel acting in the course and scope of their employment. OFC will not ask them to remove their gun.

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### **Utility Failure**

- Air Handling Unit – Schwickerts (507) 387-3101
- HVAC System – Schwickerts (507) 387-3101
- Boiler Failure – Schwickerts (507) 387-3101
- Fire Extinguishers – Mankato/Fairmont Fire & Safety (507) 625-2678
- Fire Sprinklers – Olympic Fire Protection Corporation (507) 455-1150
- Generator – Mankato Clinic (OFC has disconnect box)
- Humidification System (MRI I & II)
- Sewer Failure – Jetter Clean (507) 345-3199
- Natural Gas Failure – CenterPoint Energy (800) 296-9815

Report any of the above failures to supervisor/administration immediately. Utility provider and/or maintenance will be notified. All less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full program ability. The administration team or designee will determine whether these less-than-essential services are to be effected and, if so, when. The Orthopaedic & Fracture Clinic administration team or their designee will direct staff members for necessary duties.

### **Electrical Failure**

- Electric receptacles supported by the emergency generator during a power failure are indicated by orange outlets.
- The emergency generator will have preventive maintenance performed through a contract service. The power system will be checked “on load” by throwing the transfer switch. This is done monthly, at a minimum recorded and records maintained. The generator automatically tests on a weekly basis (Mankato Clinic).
- All administration staff will be instructed in the manual operation of the generator (disconnect box), so in the event the power system does not automatically start when there is a power failure, it can be started manually.
- The Power Company will be notified of the outage – Xcel Energy (800) 895-1999.
- Procedures in progress during a power failure should be completed as quickly as possible.

- Any occurrence involving the emergency power system will be reported to administration.
- Administration and maintenance personnel shall assess and determine continuation of services in progress.

### **Phone Line Failure**

- In the event of the phone lines being down, personal cell phones will be used to make any needed phone calls. Dictation lines are available through personal cell phones.
- Administration will notify Phone Company of situation.
- If only long distance calling is affected, administration will notify long distance carrier.
- MSC and Mankato Clinic will be notified of phone line failure and given cell phone numbers to use.
- Other phone arrangements will be made upon administration approval.

### **Computer Failure**

- Notify the IT director immediately.
- The clinic will use paper documentation and will transfer/scan information to computer at a later date when computer use resumes.
- The clinic will use the printed schedules (printed daily).
- OFC's information on the main frame computer is backed up daily.
- Notify caregivers/providers that diagnostic test results through the computer will not be available if needed.
- Paper and phone documentation will be used until computer access is regained.

### **Water Failure**

- There is no water backup system at the clinic.
- Notify supervisor/administration of issues, they will call maintenance and/or the water company to address the situation.
- If the situation is extensive the clinic may need to close for the remaining portion of the day until able to resume normal activity.
- If it is a water main break-shut off valve at primary point, elevate items that may be damaged by water.
- Hand sanitizer will be used exclusively during outage period.