



**Southern Iowa Mental Health Center
Safety & Disaster Preparedness Plan
Business Continuity Plan**

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Plan Preparation:

Prepared By: Leadership Team and Safety Committee; Southern Iowa Mental Health Center

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Organizational Information:

Organizational Name: Southern Iowa Mental Health Center (SIMHC)

Physical Addresses:

- 1527 Albia Road. Ottumwa, Iowa 52501 Phone: 641-682-8772
- 531 Church Street. Ottumwa, Iowa 52501 Phone: 641-683-6680

Either address can be accessed and used should one address suddenly become unavailable. In addition, staff can operate from their homes, should either or both of the physical addresses become unusable due to an emergency circumstance such as the ones described in this document.

Key Personnel/Primary Crisis Contacts:

Primary Emergency Contacts:

Christina Schark – Executive Director – 641-455-9138

Tracy Peden – Finance Director – 641-777-2165

Melia Mura – Director of Community Services – 641-799-8466

Dee Dee Chance – Director of Clinical Services – 641-799-6528

Kristi McDonough – Access Center Director – 641-226-4197

Emergency Contact Information- Contact 911 in an Emergency

Non-Emergency Police: 641-683-0661 **Non-Emergency Fire:** 641-683-0666

Insurance Coverage Information:

Insurance Agent: McCune & Reed Insurance/Brian McWilliams

Address: 119 North Washington Street

City, State, Zip Code: Ottumwa, Iowa 52501

Phone: 641-682-8027 **Fax:** 641-682-6824

E-mail: mcwilliams@mccuneandreed.com

Definitions:

POLICY

SIMHC will establish and maintain an Emergency Preparedness Program designed to manage the consequences of natural disasters or other emergencies that disrupt the organization's ability to provide services.

PURPOSE

To conduct business normally, it is important for SIMHC to have a strategy on preparation for emergencies. This plan must provide an organizational structure so that SIMHC can effectively prepare for both external and internal disasters that can negatively affect its environment of service.

External Disaster: 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 Disaster: An event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of staff and clients, such evacuation will be coordinated with emergency service personnel as necessary from the fire and police agencies.

STAFF AND STAFF FAMILY SUPPORT ACTIVITIES

This plan acknowledges that the staff of SIMHC is its greatest asset. If staff, or staff family members, are directly impacted by a community emergency or disaster, Center leadership will be sensitive to this fact and attempt to ameliorate. Support of impacted staff and families may include: referrals to disaster relief organizations and referrals for incident stress debriefing. The direct supervisor and/or the Leadership team will be available to discuss any staff or family needs based on staff family impact or community emergency or disaster.

Community Emergency Telephone Numbers:

SIMHC 24 Hour Emergency Crisis Line	844-430-8520
Wapello County Emergency Management	641-814-8333
Wapello County Public Health	641-682-5434
Ottumwa Police Non-Emergency	641-683-0661
Ottumwa Fire Non-Emergency	641-683-0666
Wapello County Sheriff	641-684-4350
MidAmerican Energy	888-427-5632
Alliant Energy	800-255-4268
Lisco	641-472-5400

Evacuation Routes:

Evacuation route maps have been posted in each location. The following information is marked on the evacuation maps:

1. Emergency Exits – Red arrows leading out of the building
2. Shelter for Emergency Weather – Yellow arrows leading to a safe shelter area

All personnel have received training and should know at least two emergency exits. All staff is responsible to keep in mind their location within their work building and always know the fastest exit.

Should an evacuation become unrealistic, all staff have internal address location signs within their office, for the purpose of being able to give precise directions regarding their location.

Communications:

SIMHC staff will utilize a variety of internal communication regarding an emergency. No one method of communication described below is guaranteed to be 100% effective for 100% of staff. Staff must commit to using any and all forms of communication available to them at the time to the emergency, in order to inform all people inside the building, in the most efficient manner possible.

1. **All Page** – Phone systems at SIMHC have the ability to all be activated at one time using an all-page system. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. Code words and phrases are developed in order to quickly alert staff of a situation. This is the first line of communication for imminent and dangerous situations. This system can be accessed by hitting the “paging” button on their phones and altering staff of the announcement. The “all page” feature will work with a phone is set to: DND (Do not disturb), but it will not come through if staff is on the phone talking with someone. In that instance other communication techniques will need to be relied upon.
2. **Credible** – The Electronic Medical Record has a feature that will send communication to all staff. This is activated by going to the agency home page and hitting the “Send Broadcast Message” button. This form of communication will only work for staff that is actively using Credible at the time the message is sent. If a user is not logged onto Credible at the time the message is sent, the message will pop up the next time the user logs into Credible, which could be some significant time later. Therefore; this should not be used in imminent danger situations, as there could be a delay in delivery and response. In these instances, other communication techniques will need to be relied upon.
3. **Email** – Staff shall email all staff for events/announcements. This form of communication is only available to staff that have their SIMHC work email readily available. There may be a delay in communication depending if the user is actively using their SIMHC email at the time the message is sent. This feature shall not be used in cases of imminent danger, rather for watches or announcements. This should not be used in imminent danger

situations, as there could be a delay in delivery and response. In these instances, other communication techniques will need to be relied upon.

4. **Panic Buttons** – When panic buttons are utilized a notification will be sent to local Law Enforcement notifying them of an emergency. When able, a call to 911 should follow the use of the panic button, to confirm the need for emergency personnel. The panic button alert will not tell Law Enforcement exactly where in the building the emergency is taking place. This form of communication is to be used when immediate help is needed, however staff should do their best to communicate to others in the building where the emergency is happening, for the purpose of directing Law Enforcement staff where to go when they arrive.
5. **911** – For extreme cases staff should dial 911 to request immediate Law Enforcement assistance. Staff is responsible for knowing their exact location in the buildings, in order to be able to give very clear directions regarding location. This can be used alone or in conjunction with the use of the Panic Button.
6. **Name Tags** – All staff shall wear their SIMHC issued name tags at all times. Name tags shall have the employee's name, job title and picture. The purpose of this tag is to clearly communicate who is SIMHC staff and who is not. On the back of all SIMHC nametags shall be a color-coded safety plan. This shall remain available at all times, for a quick reference to quickly see what color goes with which safety plan step.

Training Exercises and Drills:

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy. SIMHC staff shall review the full Emergency Preparedness Plan at minimum one time per year.

In addition, at minimum one time per year, staff should verify their emergency contact information, as well as all contact information in Credible. Staff should make updates and changes as needed.

Hazard: Fire

Decision Criteria for Executing Plan:

A fire is first visually confirmed by staff, patient or visitor. This can include a fire both inside and/or outside (near) the building. Or a fire is smelled by a staff, patient or visitor and then visually confirmed. This can include a fire both inside and/or outside (near) the building. Depending on the size of the fire, the smoke detectors/alarm may be the first notification received. If a fire is reported to staff, staff should do their best to visually confirm the first before proceeding with evacuation steps.

Specific Actions to be taken:

Depending on the size of the fire, staff should go to the nearest fire extinguisher to put out the fire. Should the fire be beyond the capabilities of an extinguisher staff should call 911 and do an All Page for “Dr. Red”. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. Staff is responsible for knowing the closest fire extinguisher to their work place. Staff is responsible for knowing at least two exists near their workplace that can be used in case of a fire. Those positions who have cash boxes should take the appropriate security measures.

At SIMHC fire extinguishers are located at the following locations:

1. The Promise Center
2. Hallway 2
3. Outside of the Community Room
4. One on either side of the Access Center (2 total)
5. Two in Hallway 8

Depending on the size of the fire, the smoke detectors/alarm may be the first notification received. In these instances, an alarm will sound and the page of “Dr. Red” can follow. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak.

Identified Key Staff:

Communication Responsibility: Staff that first notices the fire.

Oversight Responsibility: All Leadership Staff

Staffing Requirements/Responsibilities:

All staff should assist with making sure all patients in the building are escorted out. All staff shall knock on all closed doors on their way out of the building. All staff shall leave open as many office doors as possible on their way out. Both of these actions will assist with the full building notification and help ensure a full building evacuation. Follow the red arrows on the floor for the quickest path out of the building.

Identification & Maintenance of Supplies & Equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

Depending on the size of the fire, the smoke detectors/alarm may be the first notification feature. Should the first alarms begin to go off, support staff should immediately follow with an all page “Dr. Red”. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. This will notify all staff, patients and visitors in the building to leave.

Depending on the size of the fire, if the smoke detectors/alarm has not sensed the fire, the first staff that notices the fire and the need for evacuation, should conduct an all page “Dr. Red”. This will then prompt all staff to evacuate.

All SIMHC Staff involved with the situation shall immediately complete an Incident Report and turn into the SIMHC Executive Director upon resolution of the event.

Evacuation Protocol/Shelter-in-Place:

All staff should assist with making sure all patients in the building are escorted out. All staff shall knock on all closed doors on their way out of the building. This will assist with the full building notification. Follow the red arrows on the floor for the quickest path out of the building.

All staff shall leave all office doors open on their way out of the building. This will assist with the full building notification and evacuation.

Meeting Place:

1. Ottumwa Office Location: All staff, patients and visitors shall meet in the main parking lot on the south side of the building for a head count.
2. Access Center: All staff, patients and visitors shall meet in the main parking lot on the south side of the building for a head count.
3. Promise Center: All staff, patients and visitors shall meet in the parking lot of the Yes Way across the street from the Promise Center (534 Church Street) for a head count.

Facility re-entry Plan:

No staff is to re enter the building, under any circumstances, until the “all clear” is given by the Fire Department responding to the scene.

Training Exercises and Drills:

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy.

Hazard: Carbon Dioxide or Gas Leak

Decision Criteria for Executing Plan:

A gas or carbon dioxide leak is detected.

Specific Actions to be taken:

SIMHC is equipped with Carbon Dioxide detectors that will sound an alarm when the level of Carbon Dioxide goes above a healthy range. Natural Gas has a strong odor to it that would be noticeable to staff, patients and/or visitors. Upon immediate realization of these leaks, staff that notices the leaks should call the local utility department. All patients, staff and visitors shall be fully evacuated from the building prior to using any telephones. All phone calls shall be made outside of the building.

Identified Key Staff:

Communication Responsibility: Staff that first notices the leak.

Oversight Responsibility: All Leadership Staff

Staffing Requirements/Responsibilities:

All staff should assist with making sure all patients in the building are escorted out. All staff shall knock on all closed doors on their way out of the building. This will assist with the full building notification. All staff shall leave open as many office doors as possible on their way out. Both of these actions will assist with the full building notification and help ensure a full building evacuation. The full building is to be evacuated right away. Those positions who have cash boxes should take the appropriate security measures. Follow the red arrows on the floor for the quickest path out of the building.

No phone or any electronics of any kind shall be used inside the building once a leak has been identified. Any small spark of any kind can result in igniting the gas in their air.

Identification & Maintenance of Supplies & Equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

Upon notification of a leak, support staff should immediately follow with an call for “Dr. Green” verbally only. No phones or any type of electronics are to be used once a gas leak or a Carbon Dioxide leak is detected. Once staff hears the “Dr. Green” call, staff should immediately repeat this call up and down their hallway altering all in their hallway. Staff should also knock on the doors in their hallway repeating the call for “Dr. Green”. This will notify all staff, patients and visitors in the building to leave. Follow the red arrows on the floor for the quickest path out of the building.

All SIMHC Staff involved with the situation shall immediately complete an Incident Report and turn into the SIMHC Executive Director upon resolution of the event.

Evacuation Protocol/Shelter-in-Place:

All staff should assist with making sure all patients in the building are escorted out.

Meeting Place:

1. Ottumwa Office Location: All staff, patients and visitors shall meet in the main parking lot on the south side of the building for a head count.
2. Access Center: All staff, patients and visitors shall meet in the main parking lot on the south side of the building for a head count.
3. Promise Center: All staff, patients and visitors shall meet in the parking lot of the Yes Way across the street from the Promise Center (534 Church Street) for a head count.

Facility re-entry Plan:

No staff is to reenter the building, under any circumstances, until the “all clear” is given by the utility department responding to the scene.

Training Exercises and Drills:

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy.

Hazard: Tornado Watch

Decision Criteria for Executing Plan:

The National Weather Service has issued a Tornado Watch that covers a facility location.

Specific Actions to be taken:

During work hours when the Tornado Watch is issued, all staff are notified of the weather conditions using an all-staff email and an all-staff Credible message. During a Tornado Watch normal business is conducted. Staff is actively watching news & media outlets to indicate a change in weather conditions.

Depending on the risk of a storm developing, support staff and/or leadership staff may choose to print out schedules for at least one week. This decision can be made on a case-by-case basis, depending on the level of risk for severe weather.

Identified Key Staff:

Communication Responsibility: Front Desk Staff

Oversight Responsibility: All Leadership Staff

Staffing Requirements/Responsibilities:

No change in normal business activities.

Identification & Maintenance of Supplies & Equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

All staff email and all staff Credible message. This is done by front desk staff.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

Evacuation Protocol/Shelter-in-Place:

None

Facility re-entry Plan:

NA – No evacuation needed

Training Exercises and Drills:

NA – Training not necessary in this scenario.

Hazard: Tornado Warning

Decision Criteria for Executing Plan:

The National Weather Service has issued a Tornado Warning that covers a facility location.

Specific Actions to be Taken:

During work hours when the Tornado Warning is issued, all staff are notified of the weather conditions using an All – Page method on the center phone system. The code “Dr. Yellow” is announced via an All-Page message. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. The front desk staff shall give the “Dr Yellow” announcement.

Upon hearing an “Dr. Yellow” code, all staff present in the building, shall move themselves and their patients to a designated storm shelter area. As staff is walking to the storm designated area, staff shall knock on and open all closed doors. This is to increase communication among all present in the building. Staff, patients and visitors shall follow the yellow arrows on the floor. This leads to the closest emergency shelter area.

All staff and patients shall remain in the designated storm shelter area until the Tornado Warning is allowed to expire, or until staff hears an all-clear announcement from the weather radio. Staff shall be actively watching news & media outlets to indicate a change in weather conditions.

Identified Key Staff:

Communication Responsibility: Front Desk Staff

Staffing Requirements/Responsibilities:

All staff, patients and guests present shall proceed to the designated storm shelter area. All office doors are to be left open so that staff can ensure all staff are out of their offices. Those positions who have cash boxes should take the appropriate security measures. Should the building sustain damage from a tornado, Leadership will assist with structural damage assessments. Staff, patients and visitors shall follow the yellow arrows on the floor. This leads to the closest emergency shelter area.

Staff shall leave the front doors open, just in case any patients or visitors are running into the building at the last minute. Staff shall activate the “emergency message” on both the up front phones and the crisis unit phones.

Should the service interruption extend, and a decision to relocate is made by the Executive Director. This change of location would be communicated to patients and staff in multiple means: telephone, email, text and media coverage.

Identification & Maintenance of supplies & equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

The use of the code phrase “Dr. Yellow” is used to alert staff of this concern. Use of All – Page feature on Center phones. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

Evacuation Protocol/Shelter-in-Place:

Shelter-in-Place. Staff should not allow any patients, visitors or staff to exit the building during this time.

Facility re-entry Plan:

Not applicable. Staff should not allow any patients, visitors or staff to exit the building during this time.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy.

Hazard: Severe Thunderstorm Watch

Decision Criteria for Executing Plan:

The National Weather Service has issued a Severe Thunderstorm Watch that covers a facility location.

Specific Actions to be taken:

During work hours when the Severe Thunderstorm Watch is issued, all staff are notified of the weather conditions using an all-staff email and an all-staff Credible message. During a Severe Thunderstorm Watch normal business is conducted. Staff is actively watching news & media outlets to indicate a change in weather conditions.

Depending on the risk of a storm developing, support staff and/or leadership staff may choose to print our schedules for at least one week. This decision can be made on a case-by-case basis, depending on the level of risk for severe weather.

Identified Key Staff:

Communication Responsibility: Front Desk Staff

Oversight Responsibility: All Leadership Staff

Staffing Requirements/Responsibilities:

No change in normal business activities.

Identification & Maintenance of Supplies & Equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

All staff email and all staff Credible message.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

Evacuation Protocol/Shelter-in-Place:

None

Facility re-entry Plan:

NA – No evacuation needed

Training Exercises and Drills:

NA – Training not necessary in this scenario.

Hazard: Severe Thunderstorm Warning

Decision Criteria for Executing Plan:

The National Weather Service has issued a Severe Thunderstorm Warning that covers a facility location.

Specific Actions to be Taken:

When a severe thunderstorm warning has been issued, an all-staff email and all staff Credible message will be sent. During a severe thunderstorm warning normal business is conducted. Staff is actively watching news & media outlets to indicate a change in weather conditions.

Identified Key Staff:

Communication Responsibility: Front Desk Staff

Staffing Requirements/Responsibilities:

Staff shall remain weather aware and be prepared to respond should the severe thunderstorm warning progress into a tornado warning. Staff, patients and visitors should use extreme caution leaving or driving during this type of a warning. Staff, patients and visitors shall not be allowed to leave the facility during an active severe thunderstorm warning.

Identification & Maintenance of supplies & equipment:

Other than the standard First Aid kit, no supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

The front desk staff shall use the message system via Credible and send an all – staff email alerting all staff in the building of the warning.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

Evacuation Protocol/Shelter-in-Place:

Business as normal. Shelter in place. Staff should not allow any patients, visitors or staff to exit the building during this time.

Facility re-entry Plan:

Not applicable. Staff should not allow any patients, visitors or staff to exit the building during this time.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy.

Hazard: Blizzard Warning and/or Ice Storm Warning and/or Winter Storm Warning

Decision Criteria for Executing Plan:

The National Weather Service has called for a Blizzard Warning, consisting of; large amounts of new snow to blanket our area or additional snow impedes access to the facility. A blizzard is characterized as a snowstorm with strong winds and poor visibility. To qualify as a blizzard, there must be snow and winds have to blow in excess of 35 mph for three hours or more. To qualify; snow accumulations are expected to be at least 6” in 12 hours or at least 8” in 24 hours.

The National Weather Service has called for an Ice Storm warning. To qualify as an Ice Storm Warning at least ¼” of accumulated ice is expected to fall in one of the service areas.

The National Weather Service will issue a Winter Storm Warning when weather is calling for snow, ice, sleet and/or blowing snow or any combination of these events.

Specific Actions to be taken:

When one of these types of winter warnings has been issued, all staff email and all staff Credible message will be sent. During a winter warning normal business is conducted. Staff is actively watching news & media outlets to indicate a change in weather conditions.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

During work hours when the call for new or additional snowfall or ice amounts impacts operations, the Executive Director shall determine if facility will close. The Executive Director may declare an internal SIMHC “Snow Emergency”. Staff that is currently at the office must leave at that time and is paid for the regular work hours of the Snow Emergency without using PTO. The Executive Director will contact the local media and provide the necessary codes to indicate our closure. The Access Center at SIMHC shall remain open every day of the year. (*Reference: Policy #: 24.3 (4) p. Work Hours and Scheduling*). Snow Emergencies do not apply to the Access Center. Crisis Services remain open and available 24 hours a day, 365 days a year.

Depending on the risk of a storm developing, support staff and/or leadership staff may choose to print out schedules for at least one week. This decision can be made on a case-by-case basis, depending on the level of risk for severe weather.

Staffing Requirements/Responsibilities:

All staff present, shall exercise caution when driving to and from work. Should staff feel the drive to work is too risky, staff may use PTO for the day and not drive to the office. Should staff feel they need to leave their work day early they may utilize PTO for the remainder of the day. Only

a declared Snow Emergency negates the use of PTO for time off due to snow. Staff should make every reasonable attempt to come to work when they feel travel is safe enough to do so.

Identification & Maintenance of supplies & equipment:

Proper snow and ice removal equipment such as salt, shovels, and plow trucks will be kept on hand and stocked during the winter season. SIMHC vehicles shall remain stocked with ice scraper/brush, small shovel and are kept at a minimum of half a tank of gas. SIMHC staff contract for parking lot snow and ice removal. The effectiveness of this contract shall be reviewed annually and adjustments made if needed.

Communication Procedures before, during and after emergency:

Should the facility not open, local media will be alerted. Directors & Team Leads shall contact their direct reports to inform staff of a closure. Should the facility close early, local media will be alerted. Directors & Team Leads shall contact their direct reports to inform staff of an early closure.

When one of these types of warnings are issued, the front desk shall send an all-staff email and all staff Credible message. During a winter warning normal business is conducted. Staff is actively watching news & media outlets to indicate a change in weather conditions.

There are three Weather Radios within SIMHC departments. These shall be used to assist with communication in these instances. The location of the three weather radios is:

1. Ottumwa Front Desk
2. Access Center
3. Promise Center

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Not applicable.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

Not applicable.

In the event of a; Wind Chill Warning, Winter Storm Watch, Wind Chill Watch, Winter Weather Advisory and Wind Chill Advisory; Business as normal. No action needed.

Hazard: Epidemic

Decision Criteria for Executing Plan:

The World Health Organization (WHO), Centers for Disease Control (CDC), Department of Human Services (DHS) or other governing body has determined that an Epidemic exists or has the potential to exist.

Specific Actions to be taken:

The SIMHC Leadership Team shall be familiar with the issue and shall work to ensure that SIMHC staff are taking all necessary precautions.

Reference: Policy#: 24.3 (4) ak Employee Health and Sanitation Measures and 24.3 (5) h. Covid Response for more information.

Identified Key Staff:

Communication Responsibility: SIMHC Leadership

Staffing Requirements/Responsibilities:

Follow the mitigation recommendations as laid out by the government agency described above.

Identification & Maintenance of supplies & equipment:

Personal protective equipment to include gloves, masks, and gowns as may be recommended by the appropriate government entity.

Communication Procedures before, during and after emergency:

Staff will communicate as needed with patients of SIMHC.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Specialized cleaning/sanitizing of the facility may be necessary depending on the contagion.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

SIMHC will participate in exercises regarding pandemic and epidemic situations that may be conducted by the County Emergency Management department.

Hazard: Medical Emergency

Decision Criteria for Executing Plan:

Any patient, visitor or staff at SIMHC request medical attention from any SIMHC staff.

Specific Actions to be Taken:

Staff that first notices the medical emergency, shall first contact one of SIMHC's nursing staff to come and assess the situation. There are nurses present at: the Ottumwa office and the Access Center. At the Promise Center location, staff can call to the Ottumwa office and request the presence of a nurse at the Promise Center. The nurse will arrive and assess the situation. All SIMHC nurses (ARNPs, RNs and LPNs) shall be trained and current in BLS training. All SIMHC locations shall have an AED machine and all SIMHC nursing staff shall be trained on the operation of the AED machine.

Identified Key Staff:

Communication Responsibility: Any SIMHC staff, patient or visitor that becomes aware of a medical emergency.

Staffing Requirements/Responsibilities:

After nursing staff assess the situation, the nurse shall use simple first aid supplies to attend to the situation.

First Aid kits are located in:

1. The Ottumwa break room
2. The Ottumwa front desk
3. The Access Center
4. The Promise Center

AED Locations:

1. The Ottumwa break room
2. The Access Center
3. The Promise Center

If the situation requires the intervention of Emergency Medical Technicians (EMT's) the nursing staff shall request another SIMHC staff member dial 911 for additional assistance.

For the purpose of privacy and efficiency; no other staff shall respond during these situations. These situations are limited to nursing staff only. All SIMHC staff is asked to keep the area clean and free from obstacles and observers.

Should the need for hazardous material disposal come about, staff shall use the specifically marked "Hazardous Material" bags and should follow local guidelines for disposal. Nursing Staff shall follow all standard precautions for PPE and clean up, according to their applicable training.

Hazardous Materials Bags located in:

1. The Ottumwa procedure room – both rooms
2. The Access Center

Identification & Maintenance of supplies & equipment:

In addition to a basic standard First Aid kit, SIMHC nursing staff may utilize other medical equipment available to them. Some of these other items may include, but not limited to; stethoscope, blood pressure cuff, thermometer, etc. These things are kept in nursing offices, procedures rooms and in the Access Center.

Communication Procedures before, during and after emergency:

Not applicable during the event, unless 911 is needed.

All SIMHC Staff involved with the situation shall immediately complete an Incident Report and turn into the SIMHC Executive Director upon resolution of the event.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Not applicable.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

All SIMHC nurses (ARNPs, RNs and LPNs) shall be trained and current in BLS training. All SIMHC locations shall have an AED machine and all nursing staff shall be trained on the operation of the AED machine. All nursing staff shall remain current in the standard precautions and blood borne pathogens training.

Hazard: Hazardous Spill

Decision Criteria for Executing Plan:

SIMHC does not routinely stock or use any materials that would be classified as Hazardous. Any material meeting this definition, would likely be located within a mechanical room or janitor closet, of which visitors, patients and most staff do not have access to.

Any patient, visitor or staff at SIMHC notice a spill of any kind of chemical or other hazardous material.

Specific Actions to be Taken:

Staff that first notices the spill shall immediately take steps necessary to divert all people away from the area. One staff person shall monitor the spill area and another staff member shall location the MDSS for the chemical that has spilled. These MDSS sheets are either located with the Finance Director, in the area where the chemical is stored or available on line.

Identified Key Staff:

Communication Responsibility: Any SIMHC staff, patient or visitor that becomes aware of a spill.

Staffing Requirements/Responsibilities:

Once the area is secure and the MDSS sheet has been located, staff shall follow disposal and clean up guidelines as needed.

Identification & Maintenance of supplies & equipment:

Cleaning equipment is located within either the mechanical and/or janitorial rooms.

Communication Procedures before, during and after emergency:

Not applicable during the event, unless 911 is needed.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Not applicable.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

Not needed.

Hazard: Civil Disturbance

Decision Criteria for Executing Plan:

Given the nature of business at SIMHC, there are times when patients or visitors will become agitated or concerned about a care decision. All staff at SIMHC, at all times, should do all they are able to do to keep patients and visitors calm in all situations. Staff should do their best to assess the potential of an escalated situation and work to minimize disruptions, if possible.

However, when a disruptive situation is not able to be avoided; staff who are confronted with an elevated behavioral situation should assess the situation to determine the potential risk. SIMHC staff should be trained in basic crisis response and should do all they can to deescalate or redirect an agitated person.

If the Civil Disturbance is a large scale/community event, providers may be tasked with assisting community members through grief and trauma episodes. As the area leader in this field, it would be appropriate for our mental health staff to be called on in these instances.

Specific Actions to be taken:

Prior to any uncomfortable situation reaching a crisis point, staff may wish to alert the front desk. This is done by either; calling or emailing or instant messaging (Credible) the front desk staff stating staff needs the “Orange Folder”. Staff may choose to attach a time frame to the situation, for example say, “Can you please bring me the orange folder in 15 minutes?”

If the redirection or behavioral intervention does not resolve the disturbance, depending on location staff should request additional assistance.

Below are the escalated options for assistance:

Ottumwa Location/Access Center:

1. Crisis Response Staff from Access Center
2. Security Guard – overnights and weekends only
3. Internal Crisis Response Staff
4. Hit panic button for additional supports from Law Enforcement
5. Call 911 to be sure the panic button request was received and understood

Promise Center Location:

1. Call 911 to request additional supports from Law Enforcement

Identified Key Staff:

Communication Responsibility: Staff involved with escalated patient scenario

Staffing Requirements/Responsibilities:

The safety of the client, staff and others should be the primary consideration. Staff should always position themselves close to an exit and never put the patient between themselves and the exit

door. All office configurations should be arranged in such a way to accommodate this. Staff should not have to go through/around the patient to get to the exit in their office locations.

Staff should attempt to calm the person by redirecting them to a more appropriate behavior and/or using verbal intervention techniques as instructed. This may or may not include removing others from the scene and/or moving the escalated person to another location (for example; outside or out into a hallway).

Identification & Maintenance of supplies & equipment:

No supplies are identified as needed for this event.

Communication Procedures before, during and after emergency:

When the Internal Crisis Response Team is needed, staff should request them by hitting the “paging” button on the phones and requesting “Dr. Armstrong come to: (insert: a specific location)”. While waiting for “Dr. Armstrong” to arrive, or if the paging system for whatever can’t be used; staff should use their personal airhorns and/or knock on the side of their office walls. Any internal staff that hears an airhorn or a knock on the wall should be prepared to respond immediately and if unable to enter the office proceed with the steps above.

Staff requesting the assistance of local Law Enforcement staff shall dial 911 to request this, in addition to panic buttons (if available).

All staff are responsible for knowing their exact locations within building at all times. This allows for very clear directions to be given during a “Dr. Armstrong” page, as well as Law Enforcement staff when needed. The specific location of where Dr Armstrong is needed should be given in the all page announcement. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. Staff should always know their office number and all offices shall always be clearly labeled with names. All staff have an “address card” located within every office, as well as in the Group Rooms and the Procedure Rooms. These address cards give staff their exact location within the building. This information is to be used in all communication in emergency situations.

From time to time, an escalated situation may reach the critical point where a “lock down” scenario may be required. This is to be used when staff has reasons to believe that it is not safe for any other staff in the building to leave their office for any reason during this lock down period. This is prompted by staff hitting the “paging” button on the phones and requesting “Dr. Wedge”. This is done by hitting the “paging” button on the phone, then hitting “page” again and then speak. This will alert staff to wedge themselves (and any other patients/guests) in their offices, group rooms or procedure rooms, until the all clear is given. Access Center staff shall wedge themselves and all Access Center patients at the time, in the Lounge Area, using the same wedge materials until the all clear is given.

In addition, support staff and Access Center staff shall lock down the entrances and not allow additional people to enter the building during these times. The front desk staff shall lock down the waiting room and not allow any patients to enter or exit the waiting room during this time. The Access Center shall not allow any entrance through door five during this time. Both the front desk

staff and the Access Center staff shall make exceptions to this entrance restriction for law enforcement staff coming to respond.

A “Dr. Wedge” page shall be quickly followed by the use of the panic button and/or calling 911. “Dr. Wedge” is reserved for immediate high-risk scenarios where staff fears the danger of all people in the building at the time.

Staff shall remain wedged into their offices/rooms until the “Dr. Wedge All Clear” notification is given – either verbally and/or through the All Page system.

Reference: Policy #: 24.3 (5) g. Intervention Procedures

Designate critical staff:

Full SIMHC staff.

Rarely the work at SIMHC can turn into hostile situations. While some positions at SIMHC are at a higher risk than others, all SIMHC staff can potentially come across these situations and needs to be fully trained in how to respond. All SIMHC staff have access to the “paging” button on their phones and can be used when needed.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Not applicable.

Training of staff members:

Staff will be trained through the use of regular meeting communication

Training Exercises and Drills:

SIMHC will conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire emergency preparedness plan at least annually. Corrective actions will be presented to the Leadership Team on any deficiency identified for action/remedy.

Hazard: Electrical, Phone or Internet Failure

Decision Criteria for Executing Plan:

Electricity to the facility has been compromised and is not operational. The work location has no connective internet capabilities. The phone system is down and not operational.

Specific Actions to be taken:

Notify electrical, phone and/or internet company that covers the service area and report an internal failure. If needed contact internal IT contracted staff and report the failure.

Quick access phone numbers are as follows:

- Alliant Energy: 1-800-255-4268
- Lisco Phone/Internet: 1-800-553-6387
- Ryan/SIMHC IT Staff: Notify Christina first: 641-455-9138

Due to the unique nature of the Access Center there is a generator that will keep electricity going in that department. Direct patient care staff many chose to use the Access Center for continuing care until electric power is resumed. Support staff should also relocate to the Access Center temporarily, in order to regain access to materials needed to make contact with patients and reschedule as needed.

Designate critical staff:

All SIMHC staff.

Staffing Requirements/Responsibilities:

Staff shall conduct business as best they can. This would include the use of non-electrical forms of communication. Clinical staff may have to temporarily use pen and paper to take notes. Clinical staff would have the option to work from home via zoom until power at the office is restored. Nursing staff may have to temporarily use the phone (desk phone and/or work issued cell phone) for medication requests.

Staff should conduct other work business that does not require a computer. Tasks such as; filing, cleaning, sorting, reading, etc. that don't require electricity or internet can be performed during this time. Should work that cannot be done without the use of electricity and/or internet end, staff may utilize PTO and go home. Unplanned absences for this reason are not counted in respect to the attendance policy. Staff that have the type of work that can be done remotely can take their work to another location (home).

Identification & Maintenance of supplies & equipment:

Paper, note cards, pens, pencils, flashlights, work cell phones.

The Access Center has a power generator that will provide power until the power source is renewed. If the clinic location has injections that need to be immediately refrigerated, they should be transferred to the Access Center refrigerator.

Communication Procedures before, during and after emergency:

Directors & Team Leads will communicate as needed.

In the event of an internet outage, the phone system in Ottumwa would cease operation. In that instance, staff would contact the phone company and request all incoming call be routed to a work cell phone location on the Access Center. This is an area at high risk, given the 24-hour crisis response requirements of some SIMHC departments. Staff that does have an SIMHC issued cell phone shall switch all work business to that cell phone.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Not applicable.

Training of staff members:

Staff will be trained through the use of regular meeting communication

Training Exercises and Drills:

Not applicable.

Business Continuity Plan

Decision Criteria for Executing Plan:

Due to any of the above-described disasters it may be possible that the normal and customary business and operations of SIMHC is significantly disrupted. Within the most efficient and safe manner possible, staff shall continue business operations at SIMHC after a disaster. This may include operating business from a different section of the building and/or sending groups of staff or departments home to work remotely. All reasonable effort shall be taken to keep business operations in their current location.

Should normal and customary business cease to operate in any way, from anywhere in the building, the Business Continuity Plan shall be activated.

Specific Actions to be taken:

The Executive Director of SIMHC shall be the person to start and stop the Business Continuity Plan. The plan shall be executed as follows for a variety of different scenarios:

1. **Building Destruction:**

- a. Should the physical location of SIMHC become unusable all clinic staff shall move their work stations to their homes. Staff shall remotely use the EMR and file drives for documentation and service delivery. Staff shall be equipped with all items necessary in order to physically move their workstations when needed. This shall include, but not be limited to:
 - i. SIMHC issued laptop (as applicable)
 - ii. SIMHC issued hotspot device (as applicable)
 - iii. SIMHC issued iPad (as applicable)
 - iv. SIMHC issued phone (as applicable)
 - v. Cisco remote access capability
- b. Staff at the Access Center shall move all crisis business, as described above, to the Promise Center location.
- c. Staff at the Promise Center shall move all peer support business, as described above, to the main center location.

2. **Significant Data Breach:**

- a. Should staff become aware of a significant data breach, leadership shall immediately contact both internal IT staff and staff at Credible to report the breach. Staff shall work together to retrieve data in the quickest way possible. Staff shall upload new copies of drives as quickly as possible and remove all corrupted material.
- b. Should this data breach include Protected Health Information (PHI), as defined and protected by the Health Insurance Portability and Accountability Act (HIPPA), staff shall follow the Health and Human Services guidance for notification of a breach. <https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>

3. Loss of Drives and/or Servers:

- a. Internal drives store a large amount of data that is critical to the daily business operations of SIMHC. These drives are backed up daily and the back up tapes are removed off the main location every evening. Should the server room where these back up drives are stored become compromise, staff will replace with new servers as soon as possible. Once new servers are purchased and installed the most recent data back up drives will be loaded and business on the drives shall continue.
- b. All information within SIMHC's Electronic Medical Record system (Credible) is stored in several different off-site locations. The likelihood of all of these servers becoming unusable, at all the same time, is highly unlikely. Should that happen, Credible staff will notify SIMHC staff. SIMHC staff will continue to conduct business as best as possible, while documenting services in Word and storing on the F drive. Once Credible is back on line, that documentation will be moved from Word to Credible and deleted from the F drive.

Identified Key Staff:

Communication Responsibility: SIMHC Executive Director will communicate when the Business Continuity Plan has been activation and which section is applicable. The Executive Director will also be the one to state when the Business Continuity Plan has ended and business has returned to normal.

Staffing Requirements/Responsibilities:

Follow specific actions for business recovery as described above.

Identification & Maintenance of supplies & equipment:

As outlined above, work equipment for off-site operations is needed.

Communication Procedures before, during and after emergency:

Staff will communicate as needed with patients of SIMHC. In addition to patients, staff will communicate with payers as required:

1. Molina Healthcare of Iowa: Provider Services Department: 1-844-236-1464
2. Iowa Total Care: Provider Relations: 1-833-404-1061
3. Amerigroup: Medicaid Provider Services: 1-800-454-3730
4. Blue Cross Blue Shield: Provider Services: 1-800-362-2218
5. MHDS Region: Regional CEO: 319-524-1052

This notification will take place within two hours of the Business Continuity Plan being activated. Follow up notification will be made when the Business Continuity Plan is ended.

Evacuation Protocol/Shelter-in-Place:

Not applicable.

Facility re-entry Plan:

Staff will return to the building when the building is deemed to be safe for staff and patients. This declaration will vary depending on the type and cause of the building destruction. The Executive Director will have the final say when the building is safe for re – entry.

Training of staff members:

Staff will be trained through the use of regular meeting communication.

Training Exercises and Drills:

Not applicable.

Collaboration/Partnerships:

In extreme circumstances, SIMHC will collaborate with area hospitals and other mental health providers to ensure continuity of services. These collaborations will include:

Ottumwa Regional Health Center
River Hills Community Health Center
Wapello County Public Health

Review of Emergency Plan:

This plan will be reviewed internally by the SIMHC Safety Committee and then the SIMHC full leadership team on an as needed basis, but not less than two times per year.

SIMHC staff shall review the full Emergency Preparedness Plan at minimum one time per year. During this training time, at minimum one time per year, staff should also verify their emergency contact information, as well as all contact information in Credible.

Staff Training Schedule:

Which Emergency Was Practiced:	Date:	Outcome:	Changes Needed: