Whiting Forensic Hospital

Middletown, CT

Emergency Operations Plan

Governing Body Approval:	6/13/18
Revised:	

TABLE OF CONTENTS

Section	Page No.
INTRODUCTION	**3-4**
Communications	**5**
Responsibilities	**6**
EOC Team	**7**
Leadership/Community/Vendor Telephone Numbers	**8-12**
Definitions	**13**
PROGRAM MANAGEMENT (EC.4.11)	
Hazard Vulnerability Analysis	**14-24**
Mitigation, Preparedness, Response & Recovery	**25**
Inventory & Monitoring of Assets and Resources	**26-31**
INITIATION ACTIVITIES (EC.4.12)	**32**
Plan Initiation	**32**
Incident Phases	**32**
Emergency Operations Center	**33**
Hospital Incident Command System (HICS)	**34-36**
Staff Response	**37**
Departmental Response	**37**
EMERGENCY COMMUNICATION AND NOTIFICATIONS (EC.4.13)	**38**
Internal & Staff Notification Levels	**38**
Communication with Patients & Family	**39**
Backup Communications	**40**
Communication with Purveyors	**40**
Communication with Other Healthcare Organizations	**40**
RESOURCE & ASSET MANAGEMENT (EC.4.14)	**41**
Obtaining And Replenishing Medical & Non-Medical Supplies	**41**
Managing Staff Support Activities	**41**
Managing Staff Family Support Activities	**42**
Sharing of Resources	**43**
Evacuation Activities	**44**
Patient Reception Activities	**44-46**

SECURITY & SAFETY OPERATIONS (EC.4.15) **47**
Security including Local Support **47**
Managing Hazardous Wastes: Biological, Radiological & Chemical **47**
Access & Egress Control (Facility Lockdown) **47**
Traffic Control **47**

MANAGING STAFF ROLES & RESPONSIBILITIES (EC.4.16) **48**
Staffing Critical Areas: Responsibilities and Identification **48**
Critical Staff Assignments **49**

MANAGING UTILITIES (EC.4.17) **50**
Alternative Utilities

MANAGING PATIENT CLINICAL & SUPPORT ACTIVITIES (EC.4.18) **51**
Clinical Activities **51**
Special Patient Populations **51**
Mental Health Services **52**
Mortuary Services **52**

Patient Tracking: Internal & External **52**
Personal Hygiene and Sanitation Requirements **52**

RECOVERY PROCEDURES **53**

"ALL CLEAR" to Recovery Activities Initiation **53**
Demobilization: Command Center, Staff, & Resources **53-54**
Department Heads Responsibilities **54**
Evaluation of Events & Exercises (After Action Report) **54**

REFERENCES **55**
<<Include list of your references used for Emergency Management>>

56-75

EMERGENCY RESPONSE PLANS
(See Index Page 52)

Introduction

The Emergency Operations Plan is prepared, reviewed, tested and modified by the Hospital's Management of Environment of Care Committee (MEC). The MEC Committee is chaired by the hospital's Chief of Fiscal Services. The Emergency Operations plan is reviewed and approved annually by the Governing Body. The membership of the Governing Body includes senior medical and administrative staff. This is a living document, actual practices and response procedures may be adjusted in response to evolving guidance and situations.

The plan is tested twice annually. At least one of the tests includes an exercise involving the reception of patients. In addition at least one of the tests involves participation by community response partners. Appendices such as telephone trees are modified on a quarterly basis as needed.

Drill designs are developed in cooperation with senior leadership and Connecticut Valley Hospital. CVH provides most of the utility related support for WFH, and a significant number of other administrative support functions as described in the various service MOUs.

The membership of the MEC Committee includes:

- Chief of Fiscal Services
- Service Medical Director
- Agency Police Lieutenant
- Infection Prevention Coordinator
- Nursing Services Representative
- Plant Facilities Representative/ Safety Officer
- Liaison from CISM Team
- Fiscal/Supply Services Representative
- Food Service Representative
- Performance Improvement Representative

General staff training for Emergency Operations Plan is provided at the time of orientation and on an annual basis as part of the LMS Environment of Care annual training and EC rounds. The Emergency Operations Plan is reviewed annually by the Safety Officer. The resulting report and recommendations are presented to the MEC and Governing Body.

The purpose of the Emergency Operations Plan is to establish emergency procedures for the care and protection of patients and staff of Whiting Forensic Hospital (WFH) prior to, during and following a disaster situation with a focus on sustainability. WFH is a tenant hospital on the grounds of Connecticut Valley Hospital (CVH), and normally depends on CVH for the provision of a number of sustainment and support activities (i.e. Power, Water, Food, Steam, and Road Maintenance & Clearing) as described more fully in an existing MOU. WFH is therefore dependent on CVH to provide continuity for these services in an emergency situation.

Whiting Forensic Hospital has provided access to NIMS training to key personnel and hospital leadership to ensure interoperability with other potential response agencies in an emergency situation.

WFH has developed and maintains a Continuity of Operations Plan (COOP).

Emergency Operations Management

The Chief of Fiscal Services is responsible for the implementation of emergency management across the six critical areas (Communications, Resources and Assets, Safety and Security, Staff Responsibilities, Utilities, and Patient Clinical and support activities). This role provides overall support to the hospital's preparedness efforts, including ensuring the development of needed procedures, monitoring of MOU services, ensuring proper liaison coordination with CVH, coordinating production/revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and ensuring the completion of After Action Reports (AARs). The Chief of Fiscal Services also appoints individuals to represent the hospital at various preparedness meetings at the local, regional, and state levels. In preparation for the role of Emergency Operations Manager, the Chief of Fiscal Services has received formal and informal training, education, and has experience in emergency management, incident command, and hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

The Management of Environment of Care Committee (MEC)

The MEC is responsible for overall disaster response planning. Involving local agencies such as police, fire/emergency medical services, emergency management, and public health in committee deliberations that potentially impact their service areas help to clarify roles and responsibilities and encourage networking. These relationships foster improved priority setting, information-sharing, and joint decision-making in the event of a real incident. The MEC committee meets monthly and consists of clinical and non-clinical representatives from key departments and functioning units of the facility. The MEC Committee is chaired by the Chief of Fiscal Services.

For any local emergencies, Middlesex Hospital is the primary casualty treatment center in the Greater Middletown area.

Communications

In the event of an activation of the Emergency Operations Plan, WFH, as a tenant hospital, will depend on our landlord organization, CVH, to provide and support critical communication functions. This includes the use of the Everbridge message system to provide notification to senior leadership, Divisional /Departmental managers, and line staff of a disaster situation.

Hospital leadership will communicate information and/or instructions to staff by various means of communication including Everbridge announcements, overhead announcements, facsimile, e-mail distributions, and automated announcements of the voicemail system.

Communication to external authorities will be accomplished by telephone, cell phones, faxes and radio base stations.

The CVH TCO will notify the Middletown Office of Emergency Management {(860) 638-3270} of all WFH EOC activations. All communication systems will be tested whenever Emergency Management operations are initiated to ensure proper function.

The hospital is part of DMHAS, a State agency with a designated Public Information Officer that holds the responsibility of communicating information related to disaster response to the community and media.

The Emergency Operations Plan (EOP) describes a comprehensive "all hazards" command structure for coordinating the six critical areas: (communications, resources and assets, safety and security, staffing, utilities, and clinical activities). The overall response procedures will address both single emergencies that can temporarily affect demand for services, and multiple concurrent and/or sequential events that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time. The Emergency Operations Plan is reviewed and updated at least annually. Various components of these plans are tested during biannual disaster drills and through participation in drills with the surrounding community.

Responsibilities

During an emergency, the Hospital Incident Command System (HICS) will be in place. The key staff have been trained in NIMS and identified through the HICS system.

Incident Commander- Hal Smith, Alternative Betsy Nicholson or Dr. Wasser if Ms. Nicholson not available

Responsible for the activation of the Emergency Operations Center (EOC) (including notification of the DMHAS OOC Staff & PIO), the development and implementation of any required Incident Action Plan, and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Command Staff/ Safety Officer-Chief of Fiscal Services, Alternative Robbie Kaczmarek

Responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.

Public Information Officer-D. Lejardi

Responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

Liaison Officer(s)- Jason Szczesniak, Alternative Bernard Szreders

Responsible for coordinating the exchange of information with representatives from cooperating and assisting agencies or organizations.

General Staff : Operations Chief- COO

Responsible for oversight of tactical incident operations and implementation of the Incident Action Plan. The Operations Section will include subordinate Clinical Service Sustainment and Tactical Mitigation Branches and other subordinate Divisions, and/or Groups as necessary to address the scope of the incident.

Planning Chief- TBD by incident

Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. The Planning Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

Logistics Chief- TBD by incident

Responsible for providing facilities, services, and material support, including communication assets, for the incident.

Finance & Administration Chief- Chief of Fiscal Services

Responsible for all administrative and financial considerations surrounding an incident.

CISM Team

1. Respond to identified Staging Center
2. Deployed to Disaster Triage site as needed.

3. Provides Stress Management Services.

EMERGENCY COMMUNICATION AND NOTIFICATIONS

Emergency Operations Team Roster – Whiting Forensic Hospital & CVH MOU Contact Staff

Position	Primary	*Alternate*	*Assembly Point*
Incident Commander-CEO	*Hal Smith*	*COO*	*Norko Conference Room*
Safety Officer	*Chief of Fiscal Services*	*Robbie Kaczmarek*	*Norko Conference Room*
Public Information Officer	*D. Lejardi*	*N/A*	*DMHAS OOC (860) 418-6967*
Liaison Officer	*Jason Szczesniak*	*Bernard Szreders*	*Cotter Emergency Operations*
Operations Chief	*COO*	*Jan Bergin*	*Norko Conference Room*
Clinical Service Sustainment Branch	*Dr. Wasser*	*N/A*	*Norko Conference Room*
Tactical Mitigation Branch	*TBD by Incident*	*TBD by Incident*	*Norko Conference Room*
Planning Chief	*TBD by Incident*	*TBD by Incident*	*Norko Conference Room*
Logistics Chief	*TBD by Incident*	*TBD by Incident*	*Norko Conference Room*
Finance & Administration Chief	*Chief of Fiscal Services*	*N/A*	*Norko Conference Room*
Pharmacy Supervisor	*F. DeMatteo*	*Dr. Wasser*	*Pharmacy*
Medical Director, Ambulatory Services	*Dr. Wasser*	*Alicerene Gumb*	*Norko Conference Room*
Director, Food Services	*T. Zaprzalka*	*N/A*	*Page Hall*
Human Resources Director	*C. Thompson*	*P. Guire*	*Human Resources*
Department of Safety Services	*Chief C. Bozzi*		*Disaster Site*
Police – Whiting	*Lt. Perez*	*Sgt. Vinci*	*WFI Control Center*
Critical Incident Stress Management	*A. Markland*	*T. Starbird*	*Incident Staging Area*

Disaster Group Everbridge (860) 275-8790

Staff Telephone Numbers (Including CVH MOU Contacts)

DEPARTMENT	*TELEPHONE #*	*Cell Phone/Pager #*
Chief Executive Officer	*Hal Smith*	*860-214-0961*
Chief Operating Officer	*Betsy Nicholson*	*860-510-2329*
Chief Medical Officer	*Dr. Wasser*	*860-706-4399*
Chief of Fiscal Services	*TBD*	
Director, Performance Improvement	*Christine Bouey*	*860-301-6825*
Nurse Executive	*Jan Bergin*	*860-316-7386*
Fire Services *South Fire District*	*911*	
Health Information Management	*Christine Bouey*	*860-301-6825*
Housekeeping	*Building Sup 1*	
Human Resources Director *C. Thompson*	*(860) 262-5867*	*(860) 680-5919*
Maintenance – Plant Operations	*Jason Szczesniak*	
Pharmacy Supervisor *F. DeMatteo*	*(860) 262-6130*	*(860) 204-3699*
Police Department – Whiting Division *Lt. Orasco*	*(860) 262-5337*	*(860) 262-5000*
Critical Incident Stress Management *A. Markland*	*(860) 262-5588*	*(860) 961-2757*
Department of Safety Services *C. Bozzi*	*(860) 262-5381*	
Director, Food Services *T. Zaprzalka*	*(860) 262-5740*	*(860) 241-5795*
Telecommunications Operator	*(860) 262-5000*	*(860) 275-8750*

Whiting Forensic Hospital

OPERATIONS GROUP

Name & Building	Office Number	Car/Cell Phone Number	Home Number	Administrative Support Name/Phone/Fax Number
Hal Smith		860-214-0961	N/A	Denise Goldstein x5441
Betsy Nicholson	6750	860-510-2329	N/A	Denise Goldstein x5441
Jan Bergin	6168	860-316-7386	N/A	N/A
Chief of Fiscal Services	TBD	TBD	N/A	TBD
Dr. Wasser	5493	860-706-4399	N/A	Pam MacDuff x6450
Christine Bouey	5486	860-301-6825	N/A	N/A
Whiting Program Manager	TBD	TBD	N/A	N/A
Kathy Ferrero	5592	860-575-0032	N/A	N/A
Robbie Kaczmarek	5459	860-985-8000	N/A	N/A
Jason Szczesniak	5720	860-874-2722	N/A	Nancy Morse x5719

Community Phone Numbers

Community	*Routine Number*	*Emergency Number*
Mayor (Middletown)	*(860) 344-3401*	*(860) 347-2541*
Fire (South District)	*(860) 347-2541*	*(860) 347-2541*
Public Works	*(860) 344-3407*	*(860) 347-2541*
Water Department	*(860) 343-8085*	*(860) 347-2541*
Middlesex Hospital	*(860) 344-6597 J. Hite*	
City Emergency Management	*(860) 344-3405*	
Center for Disease Control	*1-800-232-4636*	
DMHAS		
Communication	*(860) 418-6949*	
Director, Community and Hospital Services	*(860) 418-6855*	
Chief, Engineering Services	*(860) 262-5301*	*(860) 262-5555*
Chief, Agency Police	*(860) 262-5380*	*(860) 262-5555*
Department Spokesperson	*(860) 418-6899*	*(860) 490-3951*
Middlesex Hospital Incident Command		*(860) 344-6000*
State – 24 Hour Numbers		
Office Emergency Management	*(860) 529-6893*	
Homeland Security		*1-800-842-0200*
Department, Public Safety		*1-800-842-0200*
Department, Environmental Protection	*(860) 424-2333*	*(860) 424-3333*
Department, Public Health	*(860) 509-8000*	*(860) 509-8000*

DEFINITIONS

1. Internal Emergency

   An Internal Emergency involves an incident within the hospital boundaries that disrupts normal hospital operations (i.e. bomb threats, utility failures, hostage situations, and fire).

2. External Emergency

   An External Emergency involves an incident beyond the immediate boundaries of the hospital. Such an incident can result in a significant impact on the operations of the hospital (i.e. snowstorms, utility outages, and tornadoes). An External Emergency would also be called in response to the sudden arrival of a large number of patients diverted from sister agencies/facilities.

3. Mass Casualty Emergency

   Whiting Forensic Hospital is a Behavioral health psychiatric and addictions services hospital and does not possess an emergency room. Middlesex Hospital is the primary medical hospital in the greater Middletown area. In the event of a mass casualty situation WFH would establish a triage and basic treatment/stabilization point, but would require support from external agencies to exceed this level of treatment capability.

PROGRAM MANAGEMENT (EC.4.11)

HAZARD VULNERABILITY ANALYSIS

Whiting Forensic Hospital has identified the potential hazards, threats, and adverse events and assessed the potential impact on the care, treatment, and service sustainment during an emergency. The assessment is a Hazard Vulnerability Analysis (HVA) which is designed to assist in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts. The community's and region's HVA assessments are also an aid in the assessment for the organization. A list of priority concerns was developed from the HVA and is evaluated annually. The HVA includes the impact on our ability to provide services, the likelihood of the assessed events occurring, and the consequences of those events. Form I is the WFH HVA assessment tool.

The Hospital Safety Director and Environment of Care Committee develop appropriate specific emergency response plans based on priorities established by the Hazard Vulnerability Analysis. Each Emergency Response Plan addresses the four phases of emergency management activities:

MITIGATION - Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of standby or redundant equipment, training).

PREPAREDNESS - Activities designed to organize and mobilize essential resources (i.e., pre-planning, employee education, drill activities with outside agencies, acquisition and maintenance of critical supplies).

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

RECOVERY - Activities the hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term actions focus on returning all hospital operations back to pre-event or an improved status.

COMMUNITY INVOLVEMENT

Whiting Forensic Hospital has established a relationship with community response agencies. In conjunction with these agencies, priorities have been set among the potential emergencies identified in the hazard vulnerability analysis. The needs and vulnerabilities for Whiting Forensic Hospital have been communicated to our potential community response partners. The capabilities that the community can contribute to aid in meeting the needs of the facility have been identified. The facility and community interact through:

- Local emergency management meetings
- Regional hospital council meetings
- State meetings

PROGRAM MANAGEMENT (EC.4.11)

WHITING FORENSIC HOSPITAL
HAZARD VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Disruption of services*	*Preplanning*	*Time, effectiveness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0%–100%*
Hurricane	2	3	3	3	1	1	1	**44%**
Tornado	1	2	3	2	3	2	2	**26%**
Severe thunderstorm	3	1	1	1	1	1	1	**33%**
Snow fall	3	1	1	2	1	1	2	**44%**
Blizzard	2	2	2	2	1	1	2	**37%**
Ice storm	2	1	2	2	1	1	1	**30%**
Earthquake	1	1	2	2	3	2	2	**22%**
Tidal wave	0	0	0	0	0	0	0	**0%**
Temperature extremes	2	2	1	2	1	1	1	**30%**
Drought	1	1	1	1	2	1	2	**15%**
Flood, external	1	1	1	1	1	1	1	**11%**
Wild fire	1	1	1	1	1	1	1	**11%**
Landslide	0	0	0	0	0	0	0	**0%**
Dam inundation	1	1	2	1	1	1	2	**15%**
Volcano	0	0	0	0	0	0	0	**0%**
Epidemic	1	2	1	3	1	1	3	**20%**
AVERAGE SCORE	**1.31**	**1.19**	**1.31**	**1.44**	**1.13**	**0.94**	**1.31**	**18%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.18	**0.44**	**0.41**

WHITING FORENSIC HOSPITAL

HAZARD VULNERABILITY ASSESSMENT TOOL

TECHNOLOGY-RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Disruption of services*	*Preplanning*	*Time, effectiveness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0%–100%*
Electrical failure	2	1	1	1	1	1	2	**26%**
Generator failure	2	1	1	2	1	1	2	**30%**
Elevator failure	2	1	1	2	1	2	2	**33%**
Fuel shortage	1	1	1	2	2	1	2	**17%**
Natural gas failure	2	1	1	2	2	1	2	**33%**
Water failure	1	1	1	3	1	1	1	**15%**
Sewer failure	1	1	1	3	2	2	2	**20%**
Steam failure	2	1	2	2	1	1	2	**33%**
Fire alarm failure	1	2	1	1	1	1	2	**15%**
Communications failure	1	1	1	3	1	1	1	**15%**
Medical gas failure	0	0	0	0	0	0	0	**0%**
Medical vacuum failure	0	0	0	0	0	0	0	**0%**
HVAC failure	1	1	1	2	1	1	2	**15%**
Information systems failure	2	1	1	2	1	1	2	**30%**
Fire, internal	1	2	3	2	1	2	1	**20%**
Flood, internal	1	1	2	2	1	1	2	**17%**
Hazmat exposure, internal	1	2	2	2	1	2	1	**19%**
Supply shortage	2	2	1	2	1	1	1	**30%**
Structural damage	1	1	3	2	1	1	1	**17%**
AVERAGE SCORE	**1.26**	**1.11**	**1.26**	**1.84**	**1.05**	**1.11**	**1.47**	**18%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.18	**0.42**	**0.44**

WHITING FORENSIC HOSPITAL

HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Disruption of services*	*Preplanning*	*Time, effectiveness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0%–100%*
Mass casualty incident (trauma)	2	2	1	2	2	1	1	**33%**
Mass casualty incident (medical/infectious)	1	1	1	2	1	1	1	**13%**
Terrorism, biological	1	2	1	3	2	1	2	**20%**
VIP situation	2	1	1	1	1	1	1	**22%**
Infant abduction	0	0	0	0	0	0	0	**0%**
Hostage situation	2	2	1	3	2	2	1	**41%**
Civil disturbance	1	2	1	2	2	2	1	**19%**
Labor action	2	1	1	2	2	2	2	**37%**
Active Shooter	2	3	1	3	2	2	1	**44%**
Bomb threat	1	1	1	1	1	2	1	**13%**
AVERAGE	**1.40**	**1.50**	**0.90**	**1.90**	**1.50**	**1.40**	**1.10**	**24%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.24	**0.47**	**0.51**

WHITING FORENSIC HOSPITAL

HAZARD VULNERABILITY ASSESSMENT TOOL

EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Disruption of services*	*Preplanning*	*Time, effectiveness, resouces*	*Community/Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= Low 2 = Moderate 3 = High*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 = N/A 1= High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass casualty HazMat incident *(From historic events at your hospital with >= 5 victims)*	1	2	1	3	2	2	1	**20%**
Small casualty HazMat incident *(From historic events at your MC with < 5 victims)*	1	2	1	3	2	2	1	**20%**
Chemical exposure, external	0	0	0	0	0	0	0	**0%**
Small to medium sized internal spill	2	1	1	1	1	1	1	**22%**
Large internal spill	1	1	2	2	2	2	1	**19%**
Terrorism, chemical	1	2	1	3	2	2	1	**20%**
Radiologic exposure, internal	1	1	1	2	2	2	1	**17%**
Radiologic exposure, external	0	0	0	0	0	0	0	**0%**
Terrorism, radiologic	1	2	1	3	3	2	1	**22%**
AVERAGE	**0.89**	**1.22**	**0.89**	**1.89**	**1.56**	**1.44**	**0.78**	**13%**

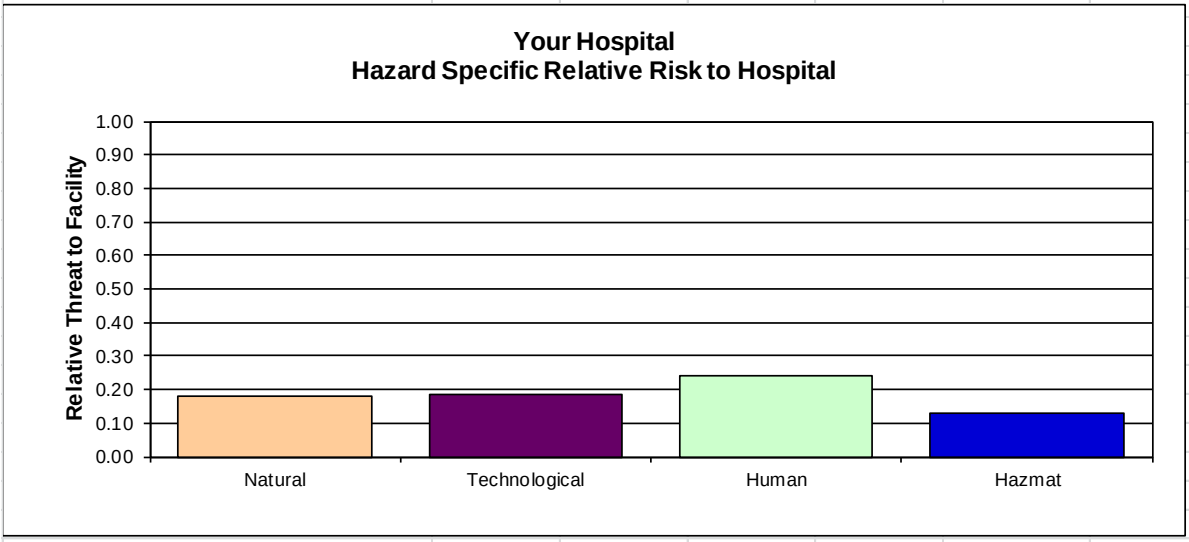
**Threat increases with percentage.*

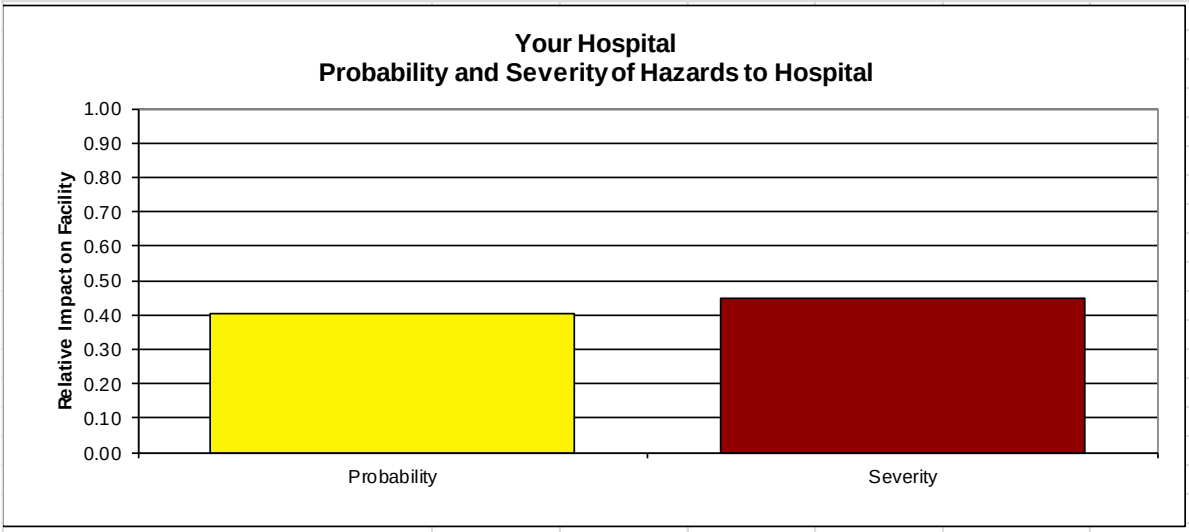
RISK = PROBABILITY * SEVERITY		
0.13	**0.30**	**0.43**

WHITING FORENSIC HOSPITAL

SUMMARY OF HOSPITAL HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for facility
Probability	0.44	0.42	0.47	0.30	0.41
Severity	0.41	0.44	0.51	0.43	0.45
Hazard-specific relative risk:	0.18	0.18	0.24	0.13	0.18





PROGRAM MANAGEMENT (EC.4.11)

Mitigation, Preparedness, Response, Recovery

Mitigation – The hospital Environment of Care Committee reviews semi-annual drills and actual events to identify areas within the hospital that would be enhanced by redundant systems or revised procedures. Periodic meetings are held with CVH and DMHAS engineering services to assess and improve utility system reliability and emergency procedures. The Emergency Operations Plan identifies emergency resources for use during disasters, and is modified as resources and procedures change. Identified vulnerabilities are communicated to community and state response partners who can provide necessary resources.

Preparedness – The hospital conducts semi-annual disaster and monthly emergency medical response drills to prepare staff for actual emergency situations. The feedback received during the drills, or actual events, is used to identify equipment needs, and enhance procedures and staff preparedness. The hospital has an Emergency Operations Plan and Emergency Medical Response Manual available on the shared T: drive.

Response – Hospital staff may be required to respond to any emergency situation. Staff training is based on their role in an emergency event. A variety of notification systems are available to alert staff including, Everbridge, pagers, building public address systems, phones, and E-mail. The hospital telecommunications operators maintain a list of all emergency phone numbers for key personnel. The Divisions maintain phone numbers of their direct care staff. The Environment of Care Committee monitors response times for all emergency situations and takes corrective actions as necessary.

Recovery – In the aftermath of any emergency certain activities are required to bring the hospital back to normal operation. Each Department is responsible for establishing recovery steps that are pertinent to their departmental function. Replenishment of fuel, food, linens, and personnel are examples of resources to be "recovered". The hospital also utilizes a CISM Team to assist staff when an event has had a traumatic impact on personnel witnessing or participating in the Medical Emergency or Disaster response.

PROGRAM MANAGEMENT (EC.4.11)

INVENTORY & MONITORING OF ASSETS & RESOURCES

Resources and Assets

The following resources are available to support the Whiting Forensic Hospital through our MOU agreement with Connecticut Valley Hospital (CVH)

Water

CVH possesses 6 reservoirs totaling approximately 220 million gallons raw water, a water treatment plant and one 800,000 gallon potable water storage tank. Water supply and usage is monitored through a computerized monitoring system located in the CVH Cotter Building.

Fuel

Power plant

Fuel tanks

1) 36,000 gallons of diesel

Usage monitored through sticking measurements

CVH Fueling Station

Fuel tanks

1) 8,000 gallon gasoline
2) 4,000 gallon diesel

Usage monitored through electronic system – Refill point is 50%

Water treatment plant-
One 3,000 gallon diesel tank

Usage monitored through tank level fuel gauge

Resources and Assets

Standby Generators

Thirteen standby generators

Power plant

1) 1200 kw diesel generator
2) Dutcher Hall 150 kw diesel generator
3) Whiting Forensic 300 kw diesel generator
4) Water Treatment Plant 150 kw diesel generator
5) Page Hall Pharmacy 80 kw diesel generator

Fuel usage monitored by CVH electricians during electrical failure.

PROGRAM MANAGEMENT (EC.4.11)

Resources and Assets

Passenger Vehicles

1 12 Passenger (Caged) Van

In addition CVH has the following vehicles available to assist in facility evacuation:

11 Compact Cars
12 Minivans
8 Full-size Vans
2 Wheelchair Vans

CVH has the following support vehicles to respond to various types of emergencies:

Facility Support Vehicles

18 Cargo Vans
11 Pickup Trucks
4 Dump Truck/Plow
7 Tractors/Loaders
2 Bobcats
1 Manlift
1 18' Box Truck
1 22' Reefer Truck

PROGRAM MANAGEMENT (EC.4.11)

Supplies and Personal Protective Equipment

FOOD- CVH, our MOU contracted food supplier maintains a standard three week supply of refrigerated foods and non-perishable canned and dry foods. The supply includes numerous food items which can be prepared with minimum kitchen level support in the event of utility failure.

The supply is monitored through a running inventory system maintained by the CVH Food Service Department.

The food supply vendor operates under a State Contract, and food deliveries occur approximately every 3 days to maintain adequate stock. A sample Inventory is contained in Appendix I

MEDICAL SUPPLIES – All units are supplied on a weekly basis from the CVH central warehouse per a MOU, and unit staff maintains a medical supply inventory. A two week stock of medical supplies is maintained at the CVH central warehouse.

PERSONAL PROTECTIVE EQUIPMENT – CVH maintains the pandemic supplies for the DMHAS system in their warehouse. The inventory is rotated and maintained by the facility supply staff. They have sufficient resources to sustain operations for over 96 hours.

CLOTHING – Clothing is covered under our general supply MOU with CVH. A 2 week stock of clothing is maintained in the CVH central warehouse. In addition all patient units have laundry capability.

MEDICATION – Medications are covered by our in-house Pharmacy. They maintain a ten day supply of medications. The supply is monitored through computerized inventory system maintained by the WFH Pharmacy.

PROGRAM MANAGEMENT (EC.4.11)

WFH Base Staffing Levels

The Base Staffing Levels represents the minimal requirements to maintain clinical operations over a 96 hour emergency period. It is not adjusted for Special Observation requirements, which fluctuate on a daily basis.

LOCATION	1st Shift	2nd Shift	3rd Shift
Whiting Forensic			
Dutcher Hall			
HOSPITAL TOTAL			

PROGRAM MANAGEMENT (EC.4.11)

EMERGENCY MANAGEMENT GRID

INVENTORY & MONITORING OF ASSETS & RESOURCES

Whiting Forensic Hospital has identified the critical assets/resources and functions that need to be tracked to monitor the facility's operational status. The identified assets/resources are tracked on a dashboard grid throughout the emergency include:

- Power
- HVAC
- Water
- Fuel
- Food
- Staffing
- Communication Assets
- Medical Supplies (including Linen and PPE)

During the emergency, a process has been put into place under the Logistics Chief that will monitor the quantities of assets and resources. This information will be communicated through the HICS within the facility and to those within the community who need to know.

INITIATION ACTIVITIES (EC.4.12)

PLAN INITIATION

To facilitate the orderly initiation of the response to an emergency, the following steps of the Emergency Operations Plan will be initiated.

1. Information received by Whiting Forensic Hospital concerning an external emergency facing the community or an internal emergency involving the function of the Hospital will be passed directly to hospital leadership via the disaster group Everbridge notification.

2. The designated Incident Commander and/or Safety Officer will determine the need to activate the EOC. All previously identified EOC staff will be notified of the activation as soon as possible.

3. When notified of a potential disaster the Division Director, Assistant Division Director, and Nursing Leadership will:

    - Evaluate the issues such as location of incident (internal, external), the scope of the incident and weather conditions (seasonal and current)
    - Discuss the operational impact on clinical operations.
    - Will evaluate the information concerning this emergency and assist in the development and implementation of response plans.

Incident Phases

1. Phase I – when notified of an incident the IC or Safety Officer will determine:
- If the Emergency Operations Center (EOC) needs to be established and what staff/departments should be notified.
- If the situation can most likely be managed with the staff already on duty.
- If staff should remain on duty and be prepared to respond (per department specific procedures) to an upgraded incident.

2. Phase II –The incident will require some Emergency Response and affected areas may need additional support. The EOC staff will determine:
- That the incident requires full activation of the EOC
- If the situation requires additional staff to be called into the hospital.
- If all staff will remain on duty and follow their appropriate departmental procedures.

3. Phase III –The incident will have a significant impact and require extensive support to manage.
- The EOC will establish communication with community and DMHAS response assets.
- This major event will require mobilization of additional assets, including department callbacks and planning for staff relief over an extended period of time.

4. The plan may be called All Clear for the disaster situation while the recovery efforts continue until the hospital is back to normal operations.

INITIATION ACTIVITIES (EC.4.12)

EMERGENCY OPERATIONS CENTER

1. The EOC will be set up immediately in the Whiting Conference Room for Phase II and III situations, and may be set up at the discretion of the Incident Commander for a Phase I incident. If the Whiting EOC is not available, an alternate site will be identified by the Incident Commander, and the location communicated to the necessary parties.

2. The EOC will be established by the designated EOC Incident Commander. The Everbridge system will alert hospital leadership to the EOC.

3. The designated staff report to the Emergency Operations Center. See attached EOC staffing list. The Everbridge notification is sent via Shew Hall Telecommunications.

4. Incident Commander will organize and direct the EOC and give overall direction for hospital operations and, if needed, authorize evacuation.

5. The Safety Officer will assist and ensure that the emergency management plan is implemented and identify any hazards and unsafe conditions.

6. Public Information Officer (PIO) will provide information to the news media. The PIO will also oversee the Media Center.

7. Administrative support will provide phone and documentation support along with receiving various information/tracking lists and messages.

8. The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions as indicated by the Incident Commander. They will identify a designated work space, and ensure adequate communication with this location and their supporting staff.

9. The Incident Commander, or Liaison Officer, initiates communication with local emergency response groups as needed.

10. The proper Incident Command Structure identification apparel is issued to the Command Center Staff and Section Chiefs.

11. The DMHAS Agency Police Lt. (or ranking officer) deploys DMHAS Police to the appropriate pre-determined locations in preparation for securing the facility (lock-down), if necessary.

12. The proper identification is worn by the DMHAS Agency Police to distinguish them from local law enforcement officials.

13. The Public Information Officer communicates to local Media needed information concerning the emergency, including instruction for walk-in victims and route for emergency vehicles and services.

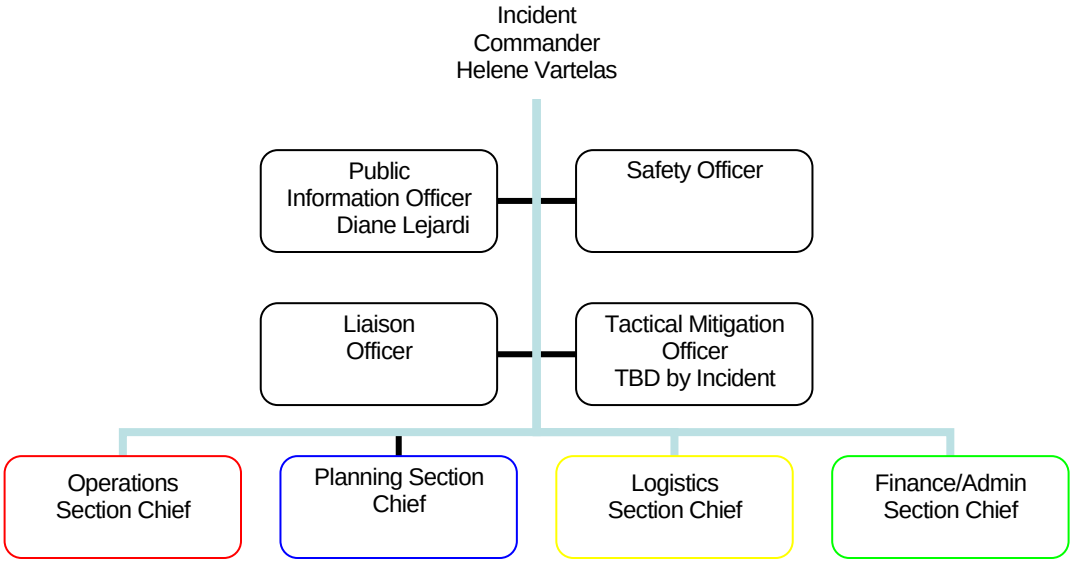
14. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated.

INITIATION ACTIVITIES (EC.4.12)

HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

The hospital has implemented the Hospital Incident Command Structure (HICS) developed by the Emergency Medical Services Authority (EMSA) of California.

HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals in improving their emergency management planning, response, and recovery capabilities for unplanned and planned events. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. The new HICS has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting (NIMS Element 2).



INITIATION ACTIVITIES (EC.4.12)

HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

Title	Name
Agency Head	Hal Smith
Successor #1	Betsy Nicholson
Successor #2	Dr. Wasser
Incident Commander	Hal Smith
Deputy	Dr. Wasser
Operations Section Chief	COO
Clinical Serv. Sustainment Deputy	TBD
Tactical Mitigation Deputy	TBD by nature of incident
Logistics Section Chief	TBD by nature of incident
Chief of Financial Services	TBD
Human Resources Officer	Cheryl Thompson
Deputy	Julianne Wheeler
Legal Counsel	Noelle Miano (DMHAS)
Public Information Officer	Diana Lejardi (DMHAS)
EOC Liaison Officer	Jason
Safety Officer	Chief Fiscal Services- TBD
Deputy	Jason Szczesniak
Security Officer	Lt. Perez

INITIATION ACTIVITIES (EC.4.12)

HOSPITAL INCIDENT COMMAND SYSTEM (HICS)

Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.

Planning Section

The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident Commander and the other General Staff positions.

Logistics Section

The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Command. For the hospital to respond effectively to the demands associated with a disaster, support requirements will be coordinated by the Logistics Section. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the CVH EOC or DMHAS. Each resource request from an area in the hospital should be reported to the Logistics Section using pre-identified ordering procedures outlined in the EOP. When requesting resources from outside sources, it will be important that the hospital specify exactly what its need is and not try to identify how that need can be met: that will be done at the DMHAS EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone).

Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/ Administration Section coordinate's personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Workers' Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).

INITIATION ACTIVITIES (EC.4.12)

STAFF RESPONSE

1. All Staff on duty report to their departments and **STAND-BY** (i. e., being ready, willing and able to perform assigned duties) for further instruction.

2. Staff away from their department or duty station, who cannot report physically to the department, communicate with the department and identify their current location and status of activity.

3. Patient care activities being conducted away from the department, such as radiology, surgery, etc., continue until a point of completion is reached.

4. The patient and Staff return to the appropriate area as soon as possible or receive instructions to secure the patient in an ancillary location if necessary.

5. The Staff notify their Department Heads of the location of the patient and Staff member.

6. Staff continues their designated patient care activities in preparation for response to the directions provided by the Command Center.

7. All Staff requesting to go off duty must obtain the approval of their Department Heads. The Department Heads may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by the Department Heads.

DEPARTMENTAL RESPONSE

1. Each Department Head, for both clinical and non-clinical operations, assesses the status of their Staff to maintain normal operation.

2. Each Department Head, or designee, identifies available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.

3. The Department Head **STAND-BY** with information on status of department.

4. The Department Head provide information to the Command Center staff or Incident Command Section Leader when requested.

5. When the departments receive the notification of the specific emergency, the Department Heads initiate the appropriate departmental response plan for the emergency.

6. The Department Heads report any problems or concerns to the appropriate Section Leader or the Command Center staff.

7. No department should reduce its hours of operation without prior approval from the Chief Operating Officer.

EMERGENCY COMMUNICATION & NOTIFICATIONS (EC.4.13)

ONGOING COMMUNICATION WITH STAFF

During the event, the staff and department heads receive instructions and information from the Section Chiefs or Command Staff. This information could come be relayed via a meeting, a written form sent by Everbridge, email, fax, overhead announcement or by a runner. Additional meetings are set up as necessary to disseminate information throughout the emergency until the "All Clear."

INTERNAL COMMUNICATION & STAFF NOTIFICATION LEVELS

During an emergency:

1. The Incident Commander notifies the Connecticut Valley Hospital telecommunications Operator to alert the Staff through the Everbridge (reverse 911) system.

2. The Staff are also notified through alternate announcements including Intra-net messages and personal communication devices (e. g., pagers, walkie-talkies, and cellular telephones) as well as Call Lists and overhead paging conducted by Telecommunications.

3. Alternate communication to staff may include notification through the Public Information Officer by radio or television, dependent on the procedures.

4. Communications systems may include the following:

    a. Internal telephone system: Internal communications are limited to disaster-related issues once emergency has been initiated. **THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION**.
    b. Radios: Communications Unit Leader determines the location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
    c. Pagers, email, public address system, inter-departmental radios, inter-hospital radio network, fax, cellular telephones, runners, overhead announcements and automatic telephone messaging capability.

EMERGENCY COMMUNICATION & NOTIFICATIONS (EC.4.13)

NOTIFICATION AND COMMUNICATION WITH EXTERNAL AUTHORITIES

COMMUNICATION WITH PATIENTS AND FAMILY

1. In the event of the activation of the Emergency Operation Plan at Whiting Forensic Hospital for an event with potential patient impact, a Family Support Center is established. The Family Support Center is responsible for the coordination of information to family members of patients and will be staffed by the manager who oversees Social Work (who serves as the Patient Tracking Manager); the Supervisor of Social Work for each hospital building and two designated Social Workers from each building.

   In the event of an emergency, the Patient Tracking Manager, who is on the emergency page list, assembles the needed staff based on the scope of the concern.

   The Patient Tracking Manager is in telephone contact with the Emergency Operation Center in Whiting to receive information on the relocation of patients and other pertinent information as well as to report on the progress of family notification. There is a WITS Critical Patient Information Report listing of all patients' emergency contacts by building and unit. This report contains each patient's identified emergency family contact or conservator. The Family Support Center will contact all affected patients' emergency contact within 24 hours

2. The availability of medical, logistic and mental health and day care for the families of staff members should be ensured. Mass prophylaxis / vaccination / immunization of family members should be coordinated, if required.

EMERGENCY COMMUNICATION & NOTIFICATIONS (EC.4.13)

BACKUP COMMUNICATIONS

Whiting Forensic Hospital maintains a current listing of backup communication systems or devices. The communication devices or systems are tested on a quarterly basis and are utilized in drill exercises.

The following primary or secondary communication systems or devices are in place:

1. Alpha-numeric or digital pagers.
2. Reverse 911
3. Email (if infrastructure is working).
4. The overhead address or paging system.
5. Inter-departmental radios or inter-hospital radio networks. (Instruction card attached for those that do not use the equipment often).
6. Fax machines (if infrastructure is working).
7. Ham radios (internal or external operators).
8. Cellular telephones (subject to early failure in natural or large-scale disaster).
9. Runners (This would be a last resort when all other communication fails).

COMMUNICATION WITH PURVEYORS

See previously provided list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an emergency event. The list is maintained and updated annually. Where appropriate, Memoranda of Understandings (MOUs) have been developed to help facilitate services during the time of an event.

COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS

The Healthcare organizations that are located within the geographical area to the facility have a working relationship with Connecticut Valley Hospital before an event occurs.

The key information we will share with the other healthcare organizations is:

- Command structures & other command centers information
- Names & roles of command center structure
- Resources & assets to be potentially shared
- Process for the dissemination of patient & deceased individual names for tracking purposes

Communication with sister facilities is coordinated through our EOC Command structure through phone lines, fax, cell phones and e-mails. This should ensure some interoperability with other organizations (NIMS Element 16).

The patient information that may be shared with the other healthcare organizations, local or state health departments, or other law enforcement authorities on the whereabouts on patients during an emergency includes the patient's name and location. The information shared about the patients is in accordance with applicable laws and regulations.

RESOURCE AND ASSET MANAGEMENT (EC.4.14)

OBTAINING & REPLENISHING MEDICAL & NON-MEDICAL SUPPLIES

WFH has established the amounts, locations, and processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies as part of our MOU with CVH, (including personal protective equipment). The process covers all stages of the emergency response, from mitigation to recovery. Medical supplies include anything used in the care of patients. Non-medical supplies include food, linen, water, fuel, and transportation vehicles.

The amounts and locations of current supplies provide WFH with independent sustainability **exceeding 96 hours**.

MANAGING STAFF SUPPORT ACTIVITIES

During activations of the EOP, various modifications and accommodations are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

1. Where travel is difficult or impossible because of weather conditions, the hospital supplies appropriate vehicles to assist them in getting to and from the hospital within a five mile radius.
2. Where necessary because of conditions, the hospital accommodates staff that need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.
3. The Logistics Chief with the Service Branch Staff Food and Water Leader handles the needs of staff during the emergency. The Logistics Chief is authorized to modify the normal use of hospital space, such as gymnasiums, and/or to work with local hotels and motels to provide accommodations for staff. Meal service for staff is authorized where approved by the Logistics Chief.
4. The hospital is prepared for incident stress debriefings. These areas will be staffed by hospital staff, staff from community mental health services, clergy, and others trained in incident stress debriefing.
5. Communication to staff family members is arranged through the Human Resources Department.
6. The hospital does not employ volunteers to assist with staffing during Emergency Operations. In the event of a staff shortage equivalent trained staff from other DMHAS facilities would be brought in as necessary to maintain required staffing levels.

RESOURCE AND ASSET MANAGEMENT (EC.4.14)

MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff's families to assist staff availability for providing their services. These include:

1. Family accommodations may be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These are normally arranged prior to families arriving at the hospital.
2. The staff that needs accommodation(s) for their dependent(s), such as a child or adult, gives this information to their recall caller. The caller notifies the operations Chief Leader that accommodations need to be established. A daycare center may be established. The staff member needs to bring the following items:

Staff member needs the following items:

- ID badge/name tag
- Prescriptions
- Change of clothes (for everyone)

The Staff dependent adult/child needs the following items:

- All prescriptions in their original containers
- Immunization Records (under 4 yrs.) if available
- Emergency contact other than parent
- Diapers, if applicable
- Baby food & bottles
- Child's/Adult's favorite item

3. Staff that needs accommodation(s) for their pets must give this information to their caller. The caller arranges accommodation through a local kennel, veterinarian, or shelter and notifies the staff member of the locations. The staff member needs to bring the following items for the animal to their vet or boarder:

- ID tag
- Shot records
- Favorite bedding, toy, etc.
- Food & any prescriptions

RESOURCE AND ASSET MANAGEMENT (EC.4.14)

SHARING OF RESOURCES

The process of sharing resources with other healthcare organizations during a regional event goes through the DMHAS EOC and/or the State Department of Homeland Security. The resources expended are tracked by the Logistics Chief. The Community EOC in charge of the event is responsible for delivery of the needed resources.

INVOLVEMENT OF THE COMMUNITY

A multi-agency coordination system (MAC) has been put into place by the City of Middletown and involves Middlesex Hospital, Middlesex College, Connecticut Valley Hospital, Wesleyan College, City of Middletown Department of Public Health, Chamber of Commerce, Fire Department, and Emergency Management. A MAC is a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordinating and supporting incident management activities. The primary function of the MAC is to:

- Support incident management policies & priorities
- Facilitate logistics support & resource tracking
- Provide information regarding resource allocation decisions to incident management personnel in concert with incident management priorities
- Coordinate incident-related information
- Coordinate interagency & intergovernmental issues regarding incident management policies, priorities, & strategies.

The following potential emergency needs and areas of priority have been identified:

- Decontamination of patients, personnel and/or equipment
- Equipment & supplies
- Security
- Ancillary services

Staff designated by the facility Incident Commander will attend the meetings with and maintain those relationships established with the other healthcare organizations. (NIMS Element 3)

RESOURCE AND ASSET MANAGEMENT (EC.4.14)

EVACUATION ACTIVITIES *(See ERP: Evacuation and Alternate Care Site)*

1. An evacuation of the hospital for a situation which renders the facility no longer capable of providing the necessary patient care is directed by the Incident Commander. The evacuation is handled in cooperation with other State Agencies (i.e. DOC, Homeland Security, and the Department of Safety Services).

2. The local Police or Fire and/or the local EOC are notified as soon as the potential for evacuation is considered and kept updated on an ongoing basis in order to begin the process for identification of the availability of vehicles to relocate the patients.

PATIENT RECEPTION ACTIVITIES

1. Dutcher Hall is a designated reception center for River Valley Services patients in the event that their treatment facility is incapacitated by a disaster event. They will be responsible for transporting the patients to Dutcher Hall, and should have the patients accompanied by as many of their regular treating staff as is feasible. Staff should ensure that the following items accompany the patient.
    a. Current medical records
    b. 3 day supply of clothing (if possible)
    c. Specialized medical equipment & supplies.
    d. Medication, particularly drugs not on WFH formulary

2. The EOC will determine the housing location(s) for the evacuated patients and staff, (see table below) and coordinate the necessary support logistics, including but not limited to:
    a. Sleeping Cots
    b. Medications
    c. Basic Medical Equipment
    d. Food, Fluids, Dietary Supplements
    e. Staffing Support

3. The following departments should identify staff to assist in the reception of patients:
    a. Psychiatry-Conduct patient assessment and complete necessary documentation
    b. Nursing-Conduct patient assessment and provide necessary treatment. Assist with orientation of patients to new surroundings. Document all relevant activities in the patient record.
    c. Social Work-Conduct patient assessment and assist with notification of families and/or significant others (i.e. conservators). Document all relevant activities and information in patient record.
    d. Ambulatory Care Services-conduct patient assessment and provide necessary treatment. Document all relevant activities and information in patient record.
    e. Other Clinical Services (i.e. Psychology, PT, RT, OT, Pharmacy, and Nutrition Services) should be prepared to assist in response to needs identified through the assessment process.

f. Health Information Management-provide all necessary forms and support organization and securing of medical records.
g. IT

4. If it is determined that the disaster event will require housing the evacuated patients and treating staff longer than 96 hours, the EOC will evaluate the need to clear unit space to support extended care.

5. When it is determined to be safe to return patient's to the original or alternative care location WFH will coordinate the transfer process with the receiving agency. The receiving agency will be responsible for arranging transportation assets. All clinical and administrative information from their WFH stay, personal belongings, specialized equipment and supplies, and medication not on the receiving facility's formulary will be transported with the patients.

RESOURCE AND ASSET MANAGEMENT (EC.4.14)

Patient Care Area Housing	Bed/Cot capacity	Total # of Beds/Cots available	Total # of Beds/Cots Needed*
Whiting 5	12	0	12
Whiting Gym	100	14	86
Dutcher Treatment Mall	40	17	23
Total	**152**	**31**	**121**

PATIENT CARE AREA HOUSING CAN BE EMPLOYED TO SUPPORT STAFF.

*Square footage based on Red Cross emergency guidelines - 40 sq.ft./person

SECURITY AND SAFETY OPERATIONS (EC.4.15)

SECURITY INCLUDING LOCAL SUPPORT

When the community is overwhelmed and local support is unavailable, Whiting Forensic Hospital notifies the State Office of Homeland Security for security and safety support.

MANAGING HAZARDOUS WASTE

Whiting Forensic Hospital is not a medical hospital and therefore possesses a minimal amount of radiologic, surgical, and biological waste.

ACCESS & EGRESS CONTROL

WFH is on a relatively open campus during normal operations. Certain emergency situations require us to "lock down" all or part of the facility for the safety of staff and patients. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. *(See Security Management Plan and Lockdown Procedure)*

TRAFFIC CONTROL

Based on the characteristics of the event, the Incident Commander initiates the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility. The DMHAS Agency Police personnel assist the movement of patients and staff inside the facility. If advisable, the police department also assists in the movement of vehicles, both emergency and commercial, on the grounds, and monitor hospital entry roadways.

Upon receiving the alert, the Campus Police are prepared to institute traffic control measures at the site of the Hospital disaster and establish traffic control to permit only entry of authorized vehicles and personnel (including patients) to the triage area. The Campus Police Lieutenant is responsible for traffic operations as per the security management plan.

Police officers are expected to render medical aid until properly relieved by a person of equal certification or higher.

MANAGING EOC STAFF ROLES AND RESPONSIBILITIES (EC.4.16)

STAFFING CRITICAL AREAS:

RESPONSIBILITIES & IDENTIFICATION

Whiting Forensic Hospital assures that critical staff functions are performed for rapid, effective implementation of any emergency response. In addition, it is the policy of the WFH to assure adequate staff is available to perform these critical functions at any time of the day or night. Appropriate training in HICS and NIMS is provided for identified staff.

When the Incident Command System (ICS) is established, the WFH ICS Organization Chart and Job Action Sheets are used to assure critical task positions are filled first, and as other staff members become available, they are assigned to the most critical jobs remaining. *See BCP and COOPS Plan.*

The Incident Command Staff is responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff is drawn from the appropriate departments or, if none are available, from the labor pool.

As staff is called, they replace personnel at tasks they are better qualified to perform. If questions arise, the ICS Section Leaders determines who will perform the task. The tasks are evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

MANAGING EOC STAFF ROLES AND RESPONSIBILITIES (EC.4.16)

CRITICAL STAFF ASSIGNMENTS

Critical Function Areas	Staff Assigned by Work Shift	Key Tasks	Identification
Communication **Resource & Assets** **Safety & Security** **Staff Responsibilities** **Utilities Management** **Patient Clinical & Support Activities** **Licensed Independent Practitioners (LIP's)**			**<<Badge>>** **<<Hat>>** **<<Vest>>**

MANAGING UTILITIES (EC.4.17)

ALTERNATIVE UTILITIES

During an emergency, the organization employs alternate means for providing essential utility systems as identified in the utility management plan. The organization assesses the requirements needed to support these systems such as fuel, water, and supplies for a period of time identified in the Inventory of Assets. Utility emergencies are handled in cooperation with Connecticut Valley Hospital who manages the buildings where our services are located.

The alternative utility systems and supply networks for the Middletown campus include, but are not limited to the following:

1. Emergency Power supply system-the facility possesses redundant generation through stand-by generators. In the event of a loss of CL&P power the campus can sustain all critical operations. During peak summer demand the use of A/C may require load shedding and alternate switching of chillers.

2. Water supply for equipment, consumption, & sanitary usage-our landlord hospital is an independent water utility and maintains an adequate water supply via their Water Treatment Plant, which is supported by six reservoirs. They also have the ability to link to the City of Middletown water supply.

3. Fuel supply for operations and transportation-CVH possesses its own fuel station with a 8,000 gallon gasoline tank and 4,000 gallon diesel tank. The power plant has a 20,000 gallon fuel tank, and can also run on natural gas.

4. Ventilation systems

5. Other essential utilities

MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES (EC.4.18)

CLINICAL ACTIVITIES

Whiting Forensic Hospital makes every effort possible to maintain normal delivery of clinical services throughout an emergency situation. The Chief of Professional Services and Nurse Executive both sit on the Incident Command Team. One of their primary duties on the team is the continuous assessment of the impact of the emergency situation on clinical operations. When the emergency requires the closure of a treatment provision area and/or transfer of patients they determine the following:

1. Alternative treatment provision site
2. The impact on staffing requirements
3. Resources required for continuing clinical operations

The plan developed to address the impacted area is communicated to the appropriate clinical leadership for implementation.

SPECIAL PATIENT POPULATIONS

Whiting Forensic Hospital may serve some groups of patients who have special needs in an emergency situation. They are as follows:

1. Dialysis Patients-are primarily served by CVH, which has an agreement through the medical provider to use Mid-State Medical Center as a back-up site for the provision of dialysis services.
2. Impaired Mobility Patients-The evacuation of these clients may require special equipment and additional staff resources. If the movement requires transit between buildings external resources may be required to facilitate transport. In addition to the above issues the proposed receiving site should be assessed for its ability to support this population, with logistical support provided as needed to obtain special equipment.

MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES (EC.4.18)

MENTAL HEALTH SERVICES

Whiting Forensic Hospital is a major State Psychiatric Hospital and provides the above services as part of normal operations and during emergencies/disasters.

MORTUARY SERVICES

In the event of an emergency involving patient death(s), the organization contacts the local medical examiner for the appropriate clearance and procedures. If the normal process for handling deceased remains is overwhelmed by the emergency, a refrigerated trailer is requested for securing bodies. The Medical Examiner's office is notified when the refrigerated trailer is full or the disaster has been cleared.

PATIENT TRACKING: INTERNAL AND EXTERNAL

Nursing leadership is responsible for the tracking of patients moved during an emergency. Unit staff evacuates with all necessary census information and maintain responsibility for their assigned patients. If the immediacy of the disaster situation allows, staff should attempt to take the patient kardex and medical records with them to the evacuation site. In the event of relocation the incident command center activates the Family Support Center to facilitate the notification of patient families and conservators.

Departments that receive additional patients have patient trackers assigned to track the patients entering and leaving the areas. That information is given to the Patient Tracking Manager who will track all the patients within the facility during disaster.

Patient trackers are also used in the event of an evacuation.

In the event of a regional emergency, all necessary information is relayed to the designated tracking agency or office.

PERSONAL HYGIENE AND SANITATION REQUIREMENTS

The alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs. Family can also be used to clean the patient during emergencies. The alternative means to sanitation, if toilets are inoperable, bags in toilet, or commodes. Bed linen changes can be limited to patients who have gross soiling from draining wounds, catheters, etc. Environmental Services use of water is curtailed to the extent of one change of water per day for mopping except in isolation areas.

RECOVERY PROCEDURES

"ALL CLEAR" TO RECOVERY INITIATION ACTIVITIES

To return to normal operations from an emergency, the Whiting Forensic Hospital undertakes the following:

1. When deemed appropriate, the Incident Commander initiates the recovery phase by announcing an "**All Clear"** to the situation.

2. The Incident Commander notifies the Telecommunications Operator to alert the staff of the end of the emergency by announcing an "**All Clear"** by normal code announcement methods.

3. The staff are also notified through alternate announcements including Intranet messages, personal communication devices (pagers, walkie-talkies, or cellular telephones), and an overhead paging system.

4. Call List notification procedures are initiated for off-duty Staff concerning the need to report to the department or to remain at their current locations.

5. The Incident Commander notifies community Emergency Management Services of the "All Clear" action.

DEMOBILIZATION: COMMAND CENTER, STAFF, AND RESOURCES

1. Upon announcement of the **All Clear**, all information concerning the emergency is recorded and properly filed for later reference.

2. Section Leaders and Command Center staff contact Unit leaders to receive information and critiques concerning the response to the emergency.

3. All expenses and overtime information is provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, is documented through photographs or descriptive writings.

4. All communication equipment, data processing systems, and other equipment used during the emergency is evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.

5. All ICS identification apparel are repackaged or replaced for the next emergency.

6. The physical surrounding of the Command Center is cleaned and furniture repositioned for normal operations.

7. The Command Center staff and appropriate designees conduct the evaluation of the emergency and the response.

8. The Public Relations Officer communicates to local Media needed information concerning the "**All Clear"** to local media.

9. An evaluation and critique of the response to the emergency is completed and filed with the Safety Officer.

10. The Safety Officer or his designee reviews the critiques and provides a summary.

11. This summary is presented to the Environment of Care® (EC) Committee at the next monthly meeting. A sample critique form is provided in the manual appendix.

DEPARTMENT HEADS RESPONSIBILITIES

1. Evaluate and critique the departments' response to an emergency

2. Review and update Departmental Emergency Response Plans based on critique

3. Restock supplies used during emergency

4. Repair and service equipment used during emergency

5. Update appropriate clinical and environmental records

EVALUATION OF EVENTS & EXERCISES *("AFTER ACTION REPORT")*

Within 48 hours of an **"All Clear"** of an event or exercise, an after actions debriefing for those involved in the incident command structure occurs. The template for the after actions report and critique is located in the Emergency Management Plan.

REFERENCES

- http://www.emsa.ca.gov/hics/hics.asp
- http://www.emsa.ca.gov/hics/hics%20guidebook%20and%20glossary.pdf

EMERGENCY RESPONSE PLANS

Event	Tab or Location
Fire	**Pg 57**
Utility Failure- Water supply	**Pg 58**
Utility Failure- Electrical	**Pg 59**
Utility Failure- Steam heat	**Pg 60**
Utility Failure- Phone	**Pg 61**
Utility Failure - Access control	**Pg 62**
Utility Failure- Data	**Pg 63**
Tornado	**Pg 64**
Hurricane	**Pg 65**
Flood	**Pg 66**
Blizzard	**Pg 67**
Drought	**Pg 68**
Nuclear	**Pg 69**
Chemical spill	**Pg 70**
Bomb Threat	**Pg 71-72**
Bio-terrorist	**Pg 73**
Extreme/Prolonged Temp. Conditions	**Pg 74**
Pandemic	**Pg 75**

EMERGENCY RESPONSE PLAN

Fire

Prevention- the hospital conducts periodic and monthly inspections of patient care buildings for fire prevention. Fire alarm systems, fire sprinkler systems, fire extinguishers, fire suppression systems and standpipes are tested and maintained per Life Safety code 2000. All smoke barriers are inspected and maintained for penetration integrity. The Joint Commission required Statement of Conditions is an ongoing process and the SOC is updated at least annually.

Mitigation- In the event of an actual fire, staff and patients are provided drills and training on proper evacuation procedures. Smoke barriers mitigate the spread of smoke to protect evacuating staff, patients and visitors. In the event of an actual fire, staff is trained to evacuate patients, visitors and staff to an alternate smoke compartment.

Preparedness- All patient care and administrative and support staff receive fire in-service training as a component of new employee orientation, quarterly fire drills, and annual refresher training requirements. South Fire District Fire Department is responsible for the suppression of an actual fire.

Response- Activation of the Emergency Operations Center. In the event of an actual fire, South Fire District responds to the incident and if necessary through radio communication contacts additional resources.

Recovery- Should an actual fire damage a unit and prevent immediate re-occupancy, alternate care sites within the campus have been identified to be used as temporary units. These alternate sites include: Whiting gymnasium, Dutcher Treatment Mall.

EMERGENCY RESPONSE PLAN

Water Supply Failure

Prevention- Our landlord organization, Connecticut Valley Hospital is by definition a water utility. It possesses five active reservoirs yielding approximately 220 million gallons and a water treatment plant. The hospital maintains the production and distribution systems though a proactive preventive maintenance process. The distribution is a gravity fed system. No pumps are required to distribute water to the campus.

Mitigation- In the event of a water system failure CVH will determine location of pipe rupture and isolate it by controlling the water valves around the break. The hospital possesses a water distribution system with designed redundancy to supply water to various buildings through alternate piping routes. If necessary CVH can tie into the water supply of the City of Middletown through hydrant to hydrant connections. WFH also has access to a supply of bottled water.

Preparedness- CVH possesses excavation equipment and a supply of essential piping, and repair parts. The hospital possesses a plumbing/steam fitting crew that are capable of performing extensive repairs and pipe replacement. CVH also maintains equipment to tap into the water supply of the City of Middletown. The hospital also maintains and updates current mapping of utility systems including valves and piping systems.

Response- Activation of the Emergency Operations Center. In the event of a water system failure such as a pipe rupture or treatment plant failure the hospital will contact the CVH maintenance department to respond to the incident.

Recovery- At the conclusion of a pipe distribution repair CVH staff will flush and disinfect water distribution lines per regulations of the Department of Public Health. The supply of bottled water will also be replenished.

EMERGENCY RESPONSE PLAN

Electrical Failure

Prevention- Our landlord organization, Connecticut Valley Hospital maintains and tests utility systems through a proactive preventive maintenance process. The process includes performing periodic infra-red analysis of primary transformers, connections and electrical panel inspections. In addition the hospital conducts annual load bank testing of emergency generators that support critical functions or patient buildings.

Mitigation- Electrical failure via loss of incoming utility electrical power is mitigated through the automatic load transfer to the patient care building standby generators. Additionally the power plant possesses the ability to generate approximately 1200 kilowatts through a diesel generator.

Preparedness- CVH owns, maintains and tests multiple standby generators. Each patient care building is serviced by its own standby generator. CVH also possesses redundancy to generate power into the facility electrical grid utilizing a diesel generator located at the power plant.

Response- Activation of the Emergency Operations Center. Standby electrical power generation is automatic. If necessary the CVH power plant has the capability to generate additional electrical power as described above. The CVH maintenance department will be contacted to report in the event of a power outage.

Recovery- At the conclusion of the utility failure all standby generator tanks are replenished with appropriate fuel.

EMERGENCY RESPONSE PLAN

Steam Heat Failure

Prevention- Our landlord organization, Connecticut Valley Hospital, utilizes a preventive maintenance program to maintain heating and ventilation systems within the power plant where steam is produced, building heating systems and distribution systems. These systems are inspected and maintained as a proactive approach to reduce failures

Mitigation- In the event of a steam system rupture CVH maintenance staff will mobilize to determine the location of the failure and begin necessary repairs. In the event of a pipe rupture, steam can be provided from alternate piping and through valves and pressure reducing stations. Additionally CVH possesses a central supply warehouse where additional blankets and clothing can be obtained and distributed to ensure patient comfort.

Preparedness- **CVH** possesses a plumbing/steam fitting maintenance crew and power plant stationary Engineer staff that maintains a supply of vital parts, components, equipment and repair materials. The hospital possesses three steam boilers, but only one is usually needed to provide appropriate amounts of steam.

Response- Activation of the Emergency Operations Center. Whiting Forensic Hospital will notify CVH maintenance staff in the event of a steam failure.

Recovery- At the conclusion of a steam pipe rupture or boiler failure, all heating systems will be assessed for proper function. The heating system is controlled and monitored in part by an automated logic system and can be used to reset automated logic control functions.

EMERGENCY RESPONSE PLAN

Telephone System Failure

Prevention- The hospital possesses its own telephone switch system. The system is proactively serviced by a contracted vendor to prevent system failure.

Mitigation- In the event of a telephone system failure the hospital units are assigned a cell phone. The Telecommunications Dispatch Center in Shew Hall maintains additional cell phones. If necessary hand held radios located in the EOC would be issued to hospital units.

Preparedness- The hospital maintains a stock supply of essential replacement components and parts.

Response- Activation of the Emergency Operations Center. In the event of a telephone system failure on-call telephone administrator, Evelyn Dudley- office phone (860) 262-5840, cell (860) 550-5039, and the contracted vendor (Rick Hyder (1-800- 654-0715), will be notified of phone failure via e-mail, fax, and overhead announcements.

Recovery- Staff will be notified the system has been restored via the above methods.

EMERGENCY RESPONSE PLAN

Access Control Failure

Prevention- the hospital possesses access control systems in all patient care buildings. The hospital possesses a service contract with Stanley HSM to proactively maintain the system to prevent failures.

Mitigation - In the event of a system failure each unit possesses override keys to enable to staff to egress/ingress entry and exit doors. The override keys are located at each nurse's station.

Preparedness- Connecticut Valley Hospital, our landlord organization, maintains a stock supply of repair parts and components.

Response – Activation of the Emergency Operations Center In the event of a system failure the service contractor Stanley HSM will be contacted to report and commence repairs. Contact Kathryn Connelly-pager- 275-8808, phone-262-5080, cell- 860-638-7649. Evelyn Cortes- pager 275-8769, phone-262-5082

Recovery- Staff will be notified access control system has been restored via e-mail, fax, overhead announcements.

EMERGENCY RESPONSE PLAN

Data System Failure

Prevention- Our landlord organization, Connecticut Valley Hospital possesses the central servers of the entire Department of Mental Health and Addiction services. The system is maintained, tested and monitored by staff technicians to prevent system failure.

Mitigation- In the event of a system failure back up data discs are maintained at an off-site location.

Preparedness- Frequent back-up of data, spare components

Response- On call staff will be contacted to report to commence repairs. Contact Kathryn Connelly- pager- 275-8808, phone-(860) 262-5080, cell- (860) 638-7649. Evelyn Cortes- pager 275-8769, phone-262-5082

Recovery- Staff will be notified of system restoration via e-mail, overhead announcements, automated phone messaging and fax

EMERGENCY RESPONSE PLAN

Tornado

Mitigation- The hospital possesses security screens on unit windows to mitigate against the threat of flying debris. Staff will notified of an impending tornado via overhead announcements to evacuate to either the center of units away from doors and windows or to building basements.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with natural disaster emergency procedures during environmental rounds.

Response- Activation of the Emergency Operations Center.

Recovery- Our landlord organization, Connecticut Valley Hospital, will mobilize all available Plant Operations staff to report to the facility to commence repairs and restoration of systems.

EMERGENCY RESPONSE PLAN

Hurricane

Mitigation- The hospital possesses security screens on unit windows to mitigate against the threat of flying debris. Staff will be notified of an impending hurricane via overhead announcements to evacuate to either the center of units away from doors and windows.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with natural disaster emergency procedures during environmental rounds.

Response- Activation of the Emergency Operations Center.

Recovery- Our landlord organization, Connecticut Valley Hospital, will mobilize all available Plant Operations staff to report to the facility to commence repairs and restoration of systems.

EMERGENCY RESPONSE PLAN

Flood

Mitigation- The hospital campus is geographically located on a topographic high. The approximate elevation above sea level is 190 feet. In the event of a catastrophic regional flood the campus itself would remain primarily unaffected by floodwaters.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with natural disaster emergency procedures during environmental rounds.

Response- Our landlord organization, Connecticut Valley Hospital, will contact all available Plant Operations staff to report to the facility.

Recovery- Our landlord organization, Connecticut Valley Hospital, will employ all available Plant Operations staff to clear drains in electrical vault rooms, install potable pumps to affected basements, maintain storm drains and free them of debris.

EMERGENCY RESPONSE PLAN

Blizzard

Mitigation- Our landlord organization, Connecticut Valley Hospital, possesses its own snow removal equipment including plows, sanders, snow blowers, backhoes and specialized heavy equipment to remove snow.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with natural disaster emergency procedures during environmental rounds.

Response- Activation of the Emergency Operations Center. All available CVH Plant Operations and snow removal staff will be contacted to report to the facility. The hospital supplies transportation to staff that resides within five miles of the hospital to maintain appropriate staffing levels. The hospital also possesses an inventory of cots and mattresses.

Recovery- Snow removal of access roads, egress walkways, loading docks, ambulance entries and parking lots.

EMERGENCY RESPONSE PLAN

Drought

Mitigation- In the event of a sustained drought our landlord organization, Connecticut Valley Hospital, possesses the capability of recharging its primary reservoirs through underground piping systems, reservoir #6 pumping station and/or overland flow. CVH also possesses the capability of interconnecting with the water supply of the City of Middletown through hydrant to hydrant connections.

Preparedness- CVH is by definition water utility and possesses its own water treatment plant and six active reservoirs totaling approximately 220 million gallons of raw water.

Response- CVH Plant operations staff will recharge primary reservoirs from reservoir 6 to reservoir 5 to the primary reservoirs.

Recovery- Recharge of reservoirs by natural events such as springs and rainfall.

EMERGENCY RESPONSE PLAN

Nuclear Event

Mitigation – In the event of a nuclear release the hospital will be in contact with the DEMHS to acquire and follow instructions.

Preparedness - Staff are provided disaster training at new employee orientation.

Response- the response is contingent on the levels of release. Staff and patients may be instructed to remain in place, evacuate to basements or tunnels or evacuate the campus. If a full or partial evacuation is required see Business Continuity Plan (BCP) and Continuation of Operations Plan (COOP)

A full evacuation of the facility will require the use of external agency resources. In such an instance the hospital leadership would work through the DMHAS Office of the Commissioner and the State of Connecticut DEMHS.

Recovery- The CT State DEEP Emergency response Division will advise if the area is safe to return to normal operations.

EMERGENCY RESPONSE PLAN

Chemical Spill

Mitigation- Contingent on the type and severity of the spill South District Fire Department will be alerted to respond to the scene. If the spill is a localized spill they will determine a hot zone perimeter and advise to shut down hospital ventilation systems if located within the hot zone or order a partial facility evacuation. Patients/staff will be relocated to alternate sites on campus utilizing facility assets such as buses and vans.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with disaster emergency procedures during environmental rounds.

Response- The Connecticut Department of Environmental Protection Emergency response Division will be notified to respond to the scene. **DEEP Emergency response number (860) 424-3338, 1-866- DEP-Spil or 860-982-7089.** If a full or partial evacuation is required see Business Continuity Plan (BCP) and Continuation of Operations Plan (COOP).

A full evacuation of the facility will require the use of external agency resources. In such an instance the hospital leadership would work through the DMHAS Office of the Commissioner and the State of Connecticut DEMHS.

Recovery- The CT State DEEP Emergency response Division will advise if the area is safe to return to normal operations.

EMERGENCY RESPONSE PLAN

Bomb Threat

Preparedness The hospital has a 24 hour telecommunications dispatch center, and has trained these staff on how to respond bomb threat calls. Additionally the following is supplied and posted in hospital units.

Response

General Information for employees:

All Whiting Forensic Hospital employees receiving telephone Bomb Threats shall implement the following procedures.

1- Remain calm
2- Allow the caller to speak his/her mind.
3- Keep the caller talking by requesting the following information:
   a- The time the bomb is scheduled to explode.
   b- The location of the bomb.
   c- The reasons the bomb was planted.
   d- The type of materials used to make the bomb.
4- Inform the caller that innocent people may be injured, if the bomb explodes. Express a desire to save lives.
5- Listen closely to the callers voice and note the following
   a- Sex of caller
   b- Voice quality
   c- Voice accents
   d- Background noises which may give a clue to where the call is being made from
6- Immediately after the caller hangs up, dial the Whiting Forensic Hospital Emergency number 999 or 262-2333, and tell the dispatcher your name, your location, and the exact words used by the caller. Stay on the line until the dispatcher instructs you to hang up. Be prepared to give
7- Notify the building supervisor of the situation and the action taken.
8- Talk to no one other than your immediate supervisor and those people specified.

Dispatch Procedure:

1- Gather all important information possible. If you are in contact with the person making the threat, you may use the State Police Bomb Threat Card for assistance.
2- Request for Police OIC to contact CVH Control for assignment. (DO NOT MENTION BOMB THREAT OR LOCATION OF BOMB OVER THE AIR)
3- Attempt to make all communications via hard lines. This is a preventive measure in the event that the bomb has a radio-sensitive trigger.
4- Notifications to other parties other than Fire and Police will be determined by the Incident Commander.
5- Evacuations will be determined by the Incident Commander. In the event that the bomb was detonated before arrival of the Incident Commander (or 1st arriving unit in this case), standard evacuation procedures are to be followed by the respective locations' procedures.

EMERGENCY RESPONSE PLAN

Bio-Terrorist Threat

Mitigation- Contingent on the type and severity of the suspect item (i.e. anthrax,) the South District Fire Department will be alerted to respond to the scene. If the item is discovered the Fire Department will determine a hot zone perimeter and advise to shut down hospital ventilation systems if located within the hot zone or order a partial facility evacuation.

Preparedness- Staff is provided disaster training at new employee orientation. Additionally staff is familiarized with disaster emergency procedures during environmental rounds.

Response- The Connecticut Department of Energy and Environmental Protection Emergency Response Division will be notified to respond to the scene. **DEEP Emergency response number (860) 424-3338, 1-866- DEP-Spil (1-866-337-7745) or 860-982-7089.** If a full or partial evacuation is required see Business Continuity Plan (BCP) and Continuation of Operations Plan (COOP). A full evacuation of the facility will require the use of external agency resources. In such an instance the hospital leadership would work through the DMHAS Office of the Commissioner and the State of Connecticut DEMHS.

Recovery- The CT State DEEP Emergency response Division will advise if the area is safe to return to normal operations.

EMERGENCY RESPONSE PLAN

Extreme or Prolonged Temperature Conditions

Mitigation- Contingent on the type and severity of the emergency, staff will implement measures to ensure the safety of all hospital staff and patients. These actions may include:

1. Enhanced client monitoring, particularly the elderly and those "at risk" to develop physical problems due to either extreme heat or cold conditions.
2. The Emergency Operations Center will oversee the development of specific guidelines for treatment of clients for the relevant temperature situation and determine critical temperature levels based on the need of the population in the building. The following are examples of potential measures that may be implemented:

   Heat:
   - Open windows on the shady side of the building
   - Provide fans with protective grills
   - Provide cool liquids and snacks
   - Encourage extra fluid intake
   - Encourage lightweight and light colored clothing
   - Provide cool cloth compresses as needed

   Cold:
   - Provide extra blankets
   - Encourage extra layers of clothing and jackets
   - Provide warm liquids (Hot cocoa, coffee, tea)
   - Provide warm snacks (soup, chili)
   - Close off unused areas to prevent drafts

3. The Emergency Operations Center will oversee the development of a plan to protect employees during extreme temperatures. The hospital recognizes the index of 105 degrees Fahrenheit heat index or higher and 20 degrees or lower Fahrenheit wind chill as temperatures that employees will not be required to work outside for any extended period of time except during an emergency situation.

EMERGENCY RESPONSE PLAN

Pandemic

Prevention- The hospital routinely monitors communications from a variety of sources (i.e. American Hospital Association, Connecticut Hospital Association, DPH, CDC, and TJC) to increase our awareness of potential threats. WFH conducts an ongoing assessment of risk for our staff and patient population and implements additional protective measures (i.e. targeted screening, laboratory testing, and immunization) as needed. Our employee health insurance plans encourage regular medical examinations and immunization for identified disease threats. In addition employees are educated on the need to stay home when sick to prevent the unnecessary transmission of disease.

Mitigation- The hospital conducts yearly training of all clinical staff in Infection Prevention. WFH routinely employs universal precautions, and monitors hand hygiene compliance. Whenever a higher level threat of infection is detected additional protective measures are implemented as necessary. These may include the use of PPE, specialized medical equipment, and additional staff education. Staff is also instructed on a yearly basis on how to properly handle the cleanup of infectious waste spills.

Preparedness- In addition to the annual training program the hospital creates plans and trains staff on their response roles to address identified pandemic threats. These plans are often tested through participation in statewide drills. The DMHAS maintains a pandemic supply set at the CVH warehouse which increases our ability to properly equip staff to respond to a pandemic situation.

Response- The response process begins with the implementation of recommended (CDC/DPH) screening/testing. Whenever a pandemic illness is detected the hospital will activate its' Emergency Operations Center (EOC) to coordinate response activities. We will then verify the location and extent of the illness and initiate actions to isolate/treat it in accordance with available guidance. If the definitive care process requires transfer to an acute medical facility the EOC will coordinate the patient movement.

Recovery- At the conclusion of a pandemic emergency WFH will replenish supplies and return to normal operations.