

POLICY

COMMUNITY DISASTER PREP AND RESPONSE

7001

In the wake of the events of September 11, 2001, Bullhook Community Health Center, Inc., recognizes the need to be fully integrated into the community's emergency management and disaster response network. We have both the experience and capacity to be effective participants in a disaster response program and can play an important role in assisting local disaster and emergency responders in delivering critical emergency services.

Internal and external risks to which we may need to respond

- Natural disasters: tornados, blizzards, flooding
- Catastrophic accidents: train wreck, traffic accident, accidents at public events
- Hazardous materials: dangerous chemicals being transported by rail or truck
- Bioterrorism: biological agents such as smallpox or anthrax

Bullhook Community Health Center, Inc.'s capacity in a crisis

- Uncontaminated patients only – no decontamination facilities
- Ambulatory patients – no beds
- Maximum number of patients is situational depending on staff members available
 - Emergency Operating Center will be kept apprised of capacity during situation

Local emergency management agencies/authorities

- Havre City Police Department
- Hill County Sheriff
- Havre/Hill County Ambulance
- Hill County Health Department
- Hill County Public Works

Clinical preparedness and training

- Staff trained to HazMat Awareness Level
- Clinical training appropriate for routine and urgent medical care
- Not prepared to receive trauma or non-ambulatory patients
- All staff BLS trained
- NIMS (An Introduction of Incident Command System) training all staff
- Mental Health First Aid Training

Communications

- Landline telephone
- Email
- Internet
- Personal Cellular phones

Equipment and facilities

- Limited laboratory
- No inpatient capability
- One room equipped with oxygen
- Stabilization for minor fractures
- EKG capability
- Suturing capability

Supplies

- Supplies on hand to support above equipment and facilities
- Supplies on hand appropriate for routine outpatient clinic

RECEIPT AND HANDLING OF PATIENTS DURING LOCAL EMERGENCY

Notification of incoming patients

- Notification of incoming patients will be made by telephone from the Police/Fire/Ambulance Dispatcher. **BRING PATIENTS TO THE FRONT DOOR!**
- Staff member receiving telephone call will ask for the following information:
 - What is the incident?
 - Where is the incident?
 - Are hazardous materials involved?
 - If there are hazardous materials involved, have the patients been decontaminated? **WE CANNOT ACCEPT CONTAMINATED PATIENTS! THEY MUST BE DECONTAMINATED BEFORE ARRIVAL OR THEY MUST BE TAKEN SOMEWHERE ELSE! WE HAVE NO DECONTAMINATION CAPABILITY!**
 - How many patients are coming?
 - What ages?
 - What types of injuries?
 - How are they being transported?
 - What pre-clinic treatment are they receiving?
 - When are they arriving?

Response to Notification

- Dismiss current non-acute patients – nurses
- Notify Management Staff
- Establish security measures – Management Staff
- Call additional staff – Management Staff
- Arrange facility for mass casualty – All Staff
- Prepare emergency patient charts – Management Staff prepare and store ahead of time
- Prepare treatment rooms – Nurses

Security

- Ensure back door is locked
- Station security person at front door with instructions to lock door if required for crowd control

- Ensure all patients are decontaminated. **NO CONTAMINATED PATIENTS ALLOWED!**
- Log in and out every patient – this is crucial!
- No one comes in except emergency personnel, staff, patients, and one visitor per patient
- All visitors must stay in conference room and adjacent offices unless staff member requests their presence in the treatment area.
- Station two staff members at front desk
 - Telephone coverage
 - Direct all media inquiries to the Emergency Operations Center 395-4305
 - Inquiries from family members may be answered if time and situation allow
 - Patient coordination
 - Print appropriate triage forms to allow a copy to go with patient if transferred. Put forms on clipboards for triage nurse to use. When triage nurse passes in clipboard, get it to nursing station. Assist nurses by getting information, etc.

Patient flow


- Triage
 - Move triage kit to lobby
 - Nurse meets patients in waiting room and sorts by priority
 - Note priority on chart and pass through front desk to put in nursing station
- Treatment
 - Nursing personnel coordinate patient treatment through providers, labs, etc. according to triage level. **LEAVE TREATMENT ROOM DOORS OPEN TO MONITOR PATIENT STATUS AND MOVEMENT**
- Patient transfer
 - Patients needing higher level or extended care will be transferred to NMH
 - Nurse or front desk will:
 - Contact NMH for accepting provider
 - Contact Havre Police Department and inform them of the need for an ambulance transfer
 - Classify the patient as:
 - URGENT: Patient condition has deteriorated and immediate transfer for treatment is needed
 - NON-URGENT: Patient condition is stable, but further treatment will be required at NMH
 - Send copy of the triage form with the patient when transferred
 - Notify the security person at the front door that patient has left
- Patient tracking
 - Security person at front door will log in every patient and note time arrived
 - Triage nurse will initiate clinical chart
 - Top copy of chart will go with patient when transferred
 - Second copy of chart will be filed in BCHC patient record
 - Third copy of charts will be filed all together in an exercise file

- All patients will complete discharge paperwork with nurse and receive follow-up instructions prior to departure
- Security person at back door will log out every patient and note time departed
- **Resupply**
 - Emergency operating center will be notified of other resupply requirements
- **Communications**
 - Basic communication will be through the telephone
 - Front desk will answer all calls
 - ALL media inquiries will be directed to the Emergency Operating Center
 - Family inquiries will be answered only for patients who are at BCHC and only if time permits
 - One family member per patient will be allowed to come to the clinic and wait in the conference room
 - If telephone communication is lost, email or cell phone communication will be enabled to the extent possible

Closure of Clinic Involvement in situation

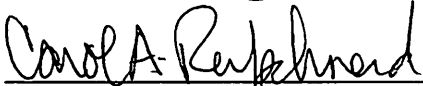
- Emergency Operating Center will notify BCHC when their involvement is no longer needed

Clinical personnel will be dismissed at that time



 CHIEF EXECUTIVE OFFICER

Date: 10-17-17



 CHAIR, BOARD OF DIRECTORS

Date: 10-9-17

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