



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Emergency Response Plan
(ERP)**

for

**PSYCHIATRIC HEALTH FACILITY
315 Camino del Remedio
Santa Barbara, CA 93110
(805) 681-5244**

Revised: May 2019

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I. Introduction

The following Emergency Response Plan (hereafter “ERP”) is provided to ensure the safety and wellbeing of the clients, staff and visitors to the Santa Barbara County Department of Behavioral Wellness Psychiatric Health Facility (hereafter “PHF”). The PHF is an acute inpatient mental health facility serving a small patient population (capacity is 16 patients) with various degrees of impairment to independent function relevant to their symptoms of mental illness. Because PHF patients experience very high-acuity disorders, it is expected that an emergency or disaster situation would be severely disruptive and destabilizing to many patients.

With sensitivity to patients’ individual impairments, all emergency responses will incorporate the protection of privacy, dignity, and physical safety. Response objectives will be directed at containment of the emergency, treatment of physical injuries and emotional trauma, and other areas requiring immediate action in order to restore treatment and continuity of unit operations.

For the purposes of this plan, an “emergency” refers to a facility-level hazard situation that causes adverse physical, social, psychological, economic or political effects that challenges the facility’s ability to respond rapidly and effectively to an interruption in normal facility functioning. This may result from a natural, manmade, or war-caused disaster which results in extreme peril to life, property, and resources. An emergency situation may also involve hazard conditions that are beyond the control of the resources of the affected area and require combined forces of mutual aid.

The information included in this ERP is intended as a response to the ~~2017~~ 2019 All Hazards Assessment (Attachment A). The procedures included in this ERP address specific responses to various hazards which threaten the safety and wellbeing of patients, staff, and the surrounding community.

This ERP has been updated to ensure compliance with the Centers of Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (42 CFR 482.15), emergency preparedness and response health care industry standards set forth by the California Hospital Association, and all other applicable federal, state and local laws. In compliance with CMS regulations, this ERP will be reviewed and updated annually by the PHF Governing Board.

The Emergency Response Plan will be:

- distributed to each new employee at the site
- reviewed at team meetings ~~once every six months~~ with staff twice a year
- updated annually or when a new hazard is identified
- made available to all staff (accessible in a hard copy kept onsite)

II. Responsibility

Key Personnel

The following designated personnel at the PHF are responsible for identifying the type of emergency and for taking charge of the appropriate procedures. The most recent contact names and numbers can be found in the PHF Grab and Go Binder.

PHF Program Manager
Director of Nursing
PHF Nurse Supervisor (Interim)
PHF Safety Officer
BWELL Chief Strategy Officer
County Safety Officer
Facilities Manager
RN Team Supervisors Leader

The RN Team Supervisor Leader currently on duty becomes the “Incident Commander” at the time of an emergency; they assume leadership of the situation, and may assign other roles as outlined in the Emergency Patient, Staff, and Visitor Tracking policy (Attachment D).

Emergency Staffing

See the Emergency Staffing policy (Attachment E) for details on staffing procedures when the PHF requires a heightened level of staffing due to an emergency. Primarily, the PHF will draw on Behavioral Wellness personnel for staffing solutions. Secondly, the PHF will activate support from emergency services and disaster workers, using the following guidance to determine the order in which additional resources may be drawn from outside sources:

1. Departmental resources
2. Law Enforcement
3. Emergency Medical Services
4. County Office of Emergency Management
5. State resources
6. Federal resources in a manner prescribed by the National Incident Management System (NIMS)

The PHF will take guidance for cooperating with local, State, and Federal officials from the National Incident Management System (NIMS), a set of guidelines produced by The Federal Emergency Management Agency (FEMA). Communication with these and other authorities will be noted on a situation’s Unusual Occurrence Incident Report (see the Unusual Occurrence Incident Report policy, Attachment J).

III. Emergency Services Contacts

Emergency Service	Name	Emergency Telephone	Business Telephone
Fire Department	S.B Fire Dept.	9-911	(805) 681-5500
Police Department	S.B. Police	9-911	(805) 897-2300
Sheriff's Department: Jail	Watch Shift Commander:	9-911	(805) 681-4244
EMS/Ambulance	AMR	9-911	(888) 650-2663
Hospital	Cottage Goleta Valley Cottage		(805) 682-7111 (805) 967-3411
Facility/Maintenance	Facilities Manager	(805) 252-2411	
I.T. BWELL Information Technology	Help Line Support Services	(805) 681-4006	(805) 681-4006
Alarm Company	Bay Alarm Co.	(805) 658-6317	(805) 658-0555
Hazardous Materials Cleanup		9-911	
General Services after hours Emergency Number General Services ICT after hours Emergency Number	On call Network & Communications Support	(805) 896-2916 (805) 692-1710	
Office of Emergency Management (OEM)	Duty Officer	(805) 696-1194	??

IV. Locations of Facility Sites and Emergency Equipment

Type	Location(s)	Instructions (e.g. Shut-off Codes, Keys)
Water/sprinkler system shut-off valve	Camino del Remedio-behind CSU - Fenced area	Call After Hours Maintenance, (805) 896-2916
Gas shut-off valve	Inaccessible to staff (Below & behind the CSU)	Call After Hours Maintenance, (805) 896-2916 **To be done by General Services
Fire alarm panel	PHF Lobby	Enter: 1234 CMD/enter
Circuit breaker panel	Patient Property Room, Hallway, Building 3, right of elevators	Look for label of affected area of unit
Disaster supplies/kit	Nurse's Station Emergency Binder	Look for directions in relevant section: fire, earthquake, etc.
First aid kit	Medication room	

Automated External Defibrillators (AEDs)	Nursing Station in dedicated cabinet	Trained personnel should begin CPR/First Aid as indicated. Secure AED. Follow instructions from device.
Fire extinguishers	Extinguishers mounted to wall every 30 feet	Call 9-911. Secure extinguisher. Use extinguisher to suppress flames, if safe. Concurrently evacuate patients and staff
Fire hydrant	1.5 inch fire hose cabinets located through unit	If extinguisher insufficient, pull hose from hangers in cabinet, charge line with valve. Point hose at base of fire, direct "fan" of water at fire.

V. Instructions for Alarm Systems

Whistles and electronic alarms require an immediate and thorough response from all staff on duty. Patient safety, calming, and crowd control take priority over all other activities in the event of an emergency. All personnel on duty must respond to all alarms.

Overhead Paging System

1. From any phone on the PHF, dial "0#2 0#102".
2. Announce the location and type of emergency utilizing BWELL's Universal Codes. (Code cards are carried in ID Badge pouch and are required at all times while on duty.)

Electronic Alarm System

Only staff have access. Staff must push button alarms, which are located in staff offices throughout unit in the following locations:

1. Kitchen/Dining Room. Remote control device on cabinet by serving area.
2. Nurse Supervisor (front lobby)
3. ~~Director of Nursing Office (front lobby)~~ Wellness Conference Room
4. Laundry Room
5. Veranda/~~Social Worker Office~~ Staff Office #1
6. Staff Office #2 Perry's Office Social Workers Office
7. Recreation Therapy Room
8. Hearing Room
9. Staff Office #3 Doctors' Office

Whistles

Each staff member is provided a personal whistle which is mandated to be carried at all times. Employees are trained and encouraged to blow their whistle, activate a push button alarm, and/or call loudly for help whenever the employee feels the need for immediate assistance.

VI. Uniform Emergency Alert Codes

In collaboration with the Public Health Department, a *Uniform Emergency Alert Codes* system was established to assist with quick, efficient communication of critical incidents. All Behavioral Wellness staff, including contractors, volunteers and interns, must complete the Emergency Alert Code training through the Relias training portal, and be aware of each code's response procedure.

Emergency Alert Color Codes		
BLUE: Critical Medical Need	YELLOW: Bomb Threat	RED: Fire or Smoke Seen
PURPLE: Child Abduction	GRAY: Combative Person	
SILVER: Person w/ Weapon, Hostage, or Active Shooter	ALERT: Disaster, Internal or External	ORANGE: Hazardous Spill of unknown chemicals

VII. Evacuation Considerations

The PHF's policy is to support the safe evacuation of patients, on-duty staff, visitors, and any other person's onsite during an emergency. See the Emergency Facility Evacuation policy (Attachment B) for details on evacuation procedures, including hazard identification and criteria for the decision to evacuate; triaging of patients for priority evacuation; and precautionary measures to decrease risk to patients during an evacuation.

For handling of medical documents during an evacuation, see the Emergency Medical Documentation Management policy (Attachment H). For procedures related to tracking of persons during an evacuation, see the Emergency Patient, Staff, and Visitor Tracking policy (Attachment D). For handling of patient transfers to other facilities, see the Emergency Transfer Agreements with Other Facilities policy (Attachment G).

Two types of evacuation are possible:

- a "standard" evacuation, in which staff have time to coordinate an evacuation, including gathering of supplies, equipment, and medical records, and triaging evacuation based on a patient's acuity and risk level
- an "immediate" evacuation, in which an immediate and potentially life-threatening danger forces an immediate evacuation of the PHF, with no time for usual documentation and tracking procedures.

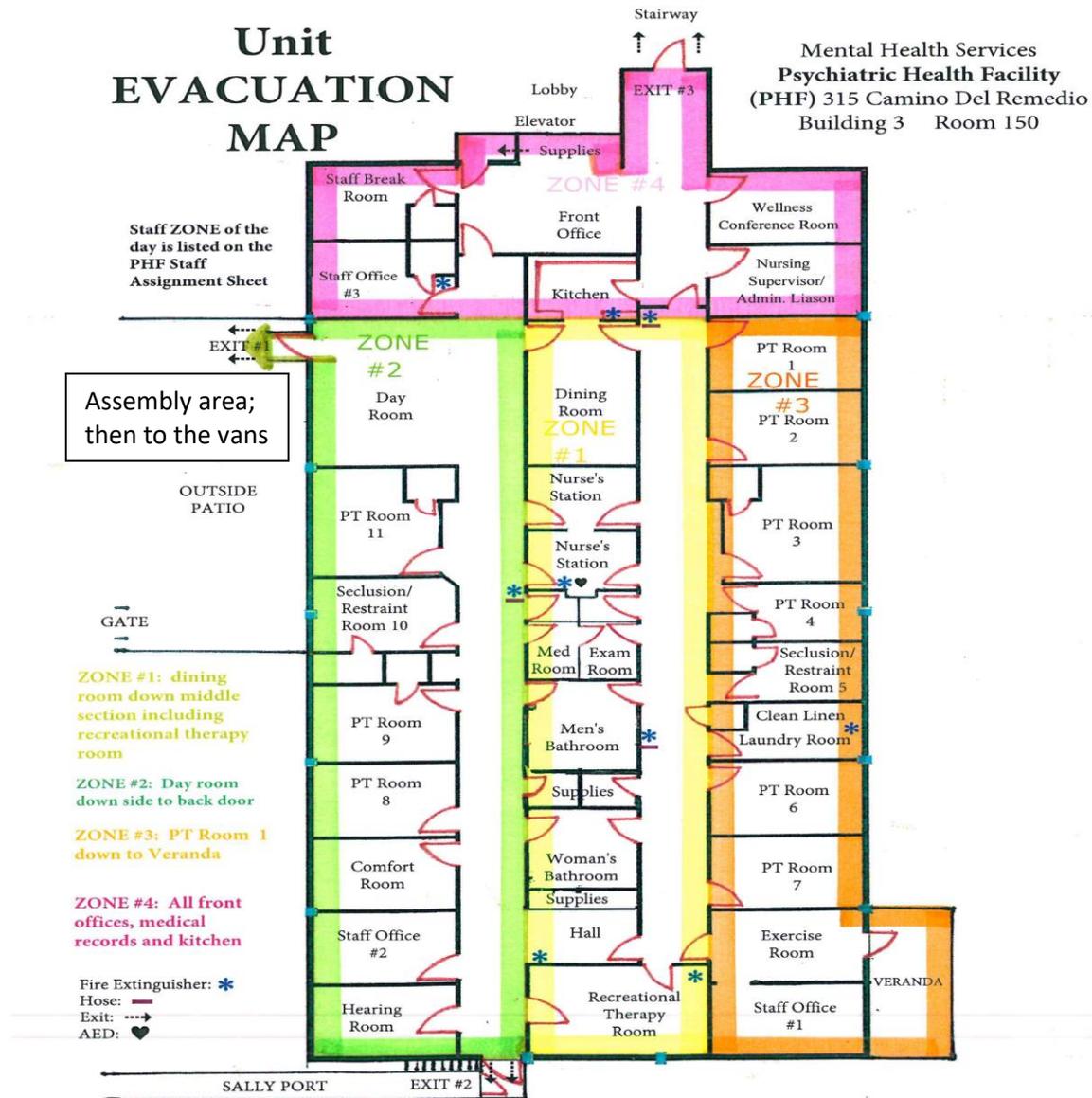
In addition, note the following advice and tools for safety:

Safety Drills

Drills are conducted ~~monthly~~ **quarterly** by each of four nursing teams. In these drills, the RN Team Supervisor **Leader** on duty assumes Incident Command, as they would in a real emergency. The RN Team Supervisor **Leader** accounts for all staff and clients and completes a ~~fire~~ **safety** drill report, which is to be sent to the PHF Safety Representative for review and filing.

Evacuation Map

Evacuation maps are posted near exits throughout the unit.



VIII. Identified Hazards

Each hazard discussed in this ERP was identified by the 2017 2019 All Hazards Assessment (Attachment A) as a potential threat to the PHF. When addressing any of the following hazards, reference the Emergency Facility Evacuation policy (Attachment B) for evacuation procedures or the Shelter in Place during Emergency policy (Attachment I) for evacuation or shelter procedures.

After any emergency, when it is safe and reasonable to do so, the PHF RN Supervisor on duty will arrange for a debriefing with all involved staff. The PHF RN Supervisor on duty or their designee must contact the current Administrator On-Call and submit an Unusual Occurrence Incident Report (see Attachment J).

In addition, consider the following ~~advice~~ guidelines for each specific hazard.

Fire

1. General considerations:
 - a) Call 9-911 to report any and all fires. Report the location plus magnitude and status of fire.
2. In the event of a moderate or large fire, keep in mind the following ~~advice~~:
 - a) Do not panic or create panic.
 - b) Sweep and assist those in immediate need on the way out, do not back track.
 - c) Manually activate the fire alarm if it is not already activated.
 - d) Close doors, but do not lock them. On all rooms cleared, place red masking tape across the door.
 - e) Never use elevators for evacuation in the event of fire, unless directed by Police or Fire Department.
 - f) If caught in heavy smoke, direct all persons to drop to the floor, take short breaths, breathe through their noses, and then crawl to escape.
3. Small Fire, i.e., wastebasket
 - a) Do not take risks - your personal safety comes first.
 - b) Use fire extinguisher to extinguish fire.
4. If trapped by flame or heat:
 - a) Close doors separating you from the source of the heat or flame.
 - b) Remember, both smoke and heat rise, so air near the floor will be cleaner and cooler. Crouch down or crawl to exits.
 - c) Before opening a door, feel it with your hand. If it is hot, do not open it. Seek out another route.
 - d) Break windows for ventilation if necessary.

Earthquake

1. **DROP/COVER/HOLD ON!**
 - a) Everyone on the unit should take cover under a table, their desk, or another sturdy structure to avoid possible falling objects.
 - b) Keep away from file cabinets, glass windows, and heavy objects that could fall.
 - c) If in an unprotected area, get into fetal position with your hands over your head and protect your neck.
2. RN Team Supervisor **Leader** is the "Incident Commander" who will determine and announce if work area is to be evacuated.
3. After the earthquake, be mindful of the following earthquake-specific hazards:
 - a) Stay away from damaged areas.
 - b) Be aware of falling objects or structural damage to building.
 - c) Inspect your office for damages and report damages in your space to the RN Team Supervisor **Leader**.
 - d) Advise local utilities **facilities/General Services** of power outages or potential gas leaks. See the "Emergency Services Contacts" section in this ERP.

Flood

In the event of severe weather, or if flash flood warnings are in effect in the area, travel may be affected and flood hazards are possible.

1. In the event of severe weather or local flash flood warnings, the Facilities Manager or Safety Representative will consult with the Director or designee about the early release of **staff non-essential personnel**.
2. Clients and personnel scheduled to travel to the PHF will be notified **not to come to the site of the operational plan**.
3. If there are leaks in the buildings, no clients should be allowed into the area of the leakage.
4. Any buckets or basins should be emptied immediately. Wet carpets should be peeled back or removed and any standing water mopped up to avoid the breeding of mildew or bacteria.
 - a) Notify the Facilities Manager, Site Safety Representative, and **Clinical** Director or designee of any leakage.
5. In the event that the facility is unusable due to flood, the PHF Manager **Leadership** will begin arrangements to transfer all patients to alternate facilities (see the Emergency Transfer Agreements with Other Facilities policy, Attachment G, for further information).
 - a) **Evacuation protocol will be enacted at the discretion of the RN Team Leader, Incident Commander, and Leadership**
 - b) In the event the site becomes flooded, the Facilities Manager or maintenance official will unplug all appliances and turn off all electrical power.

- c) In the event the site becomes flooded, only the Facilities Manager or official maintenance persons will enter the building to salvage equipment or files. The building will not be reopened until Facilities and/or emergency personnel have determined that it is habitable.

Threat Involving a Weapon

1. Remove yourself from area of danger if possible.
2. Call 9-911, giving clear description of the situation and location of the threat. When law enforcement personnel arrive to the scene when weapon is involved, they assume incident command.
3. Attempt to keep others from the area of danger.

Bomb Threat

1. The staff who interacts with the person making threat should try to obtain as much information as possible from the caller, including:
 - a) Expected time of explosion
 - b) Location of bomb
 - c) Size and type of bomb
 - d) Reason bomb was placed
2. A second staff member must immediately call the Police Department at 9-911.
3. If a bomb or suspicious device is found, **DO NOT TOUCH OR DISTURB THE DEVICE.**
4. Immediately follow evacuation procedures. Evacuate away from the building.
5. Law enforcement personnel will decide what resources should be sent to assist.
6. A building search will be made by the emergency personnel. They may ask the PHF Manager or person in charge to accompany them during the search, as office PHF staff will be more familiar with the facility layout.
7. PHF staff must to prevent re-entry into building until emergency personnel have cleared the area and declared it to be safe.

Also note that mail bombs have been employed against individuals and organizations for purposes of revenge, extortion, and terrorism. Consider the following tips to identify mail bombs:

1. Mail bombs have been contained in letters, books, and parcels of varying sizes, shapes and colors.
 - a) Letters may feel rigid and appear uneven or lopsided, or bulkier than normal.
 - b) Oil stains may be present on the wrapper.
 - c) Excessive amounts of postage stamps may be used.
 - d) The sender may be unknown.
 - e) No return address may be given.
 - f) The address may be prepared to ensure anonymity of sender (i.e., homemade labels, cut and paste lettering).

- g) The package may have a restricted endorsement such as "Personal" or "Private."
- h) The addressee normally does not receive personal mail at the office.
- i) The name and title of addressee may not be accurate.
- j) The mailing may emit a peculiar odor.
- k) The mailing may appear to be disassembled or re-glued.
- l) The handwriting may appear distorted or foreign.
- m) Protruding wires, tinfoil, or string may be present.
- n) Pressure or resistance may be noted when removing the contents.

If a mail bomb is suspected, follow steps 2 – 7 above to alert law enforcement and evacuate the immediate area.

Terrorism

The following applies to incidents involving shooting or hostage taking.

1. **RUN.** Escape from scene if possible. Call 9-911 at your earliest opportunity.
 - a) Take as many others with you as possible. If someone refuses to escape with you, leave them. Failure to escape when possible increases number of victims.
 - b) Keep your hands up and open. Display to responding Law Enforcement personnel that you are not the shooter.
 - c) Take direction from Law Enforcement personnel as to where to run to.
2. **HIDE.** Barricade yourself and others in safe area.
 - a) For inward-opening doors, use furniture and equipment to block entry.
 - b) Secure outward opening doors with belts, physical strength, or anything which will prevent door from being pulled open.
 - c) Try to stay away from doors as much as possible to prevent injury if shots are fired at door.
 - d) Turn lights off.
 - e) Silence cell phones. Stay silent.
3. **FIGHT.** If an intruder breaches your area and you cannot run, **FIGHT TO SURVIVE!**
 - a) Yell, throw anything you can at the shooter, and do anything you can to disrupt the shooter's concentration. Get others to follow your lead.
 - b) Attempt to disarm, distract, disable, and contain the shooter.
 - c) Engage violently to stop the shooter from killing or injuring more victims.
 - d) If you are able to disarm the shooter, **DO NOT CARRY THE WEAPON IN YOUR HANDS.** Law Enforcement personnel may mistake you for the shooter. Put the weapon in a trash can or other receptacle to make it clear that you are not the shooter.

Physical Threat to Staff

1. When a threat is made, there are four primary considerations:
 - a) Does the mental condition of the individual making the threat warrant considering the threat to be serious?
 - b) Can the intended victim(s) be warned?
 - c) Are there others, in addition to the intended victim(s), who are directly or indirectly endangered by the threat?
 - d) What steps can be taken to safeguard the welfare of potential victims, the ~~consumer~~ **patient**, and/or the individual making the threat?
2. Assess the individual making the threat:
 - a) To determine the seriousness of the threat, staff who are familiar with the individual making the threat should be involved whenever possible.
 - b) The RN Team ~~Supervisor~~ **Leader** will be responsible for assessment of the individual and direction of staff on site, as with all immediate emergencies. If a weapon is involved, or if serious injury has been done, staff should call 9-911.
 - c) In all communication with the individual making the threat, staff will make every possible attempt to defuse the threat.
 - d) When the assessment of the individual making the threat is complete, to the extent possible under the circumstances, the staff conducting the assessment will communicate all relevant information to the program supervisor or designee.
 - e) The staff conducting the assessment will complete a written Unusual Occurrence Incident Report (Attachment J), which will be forwarded to the **PHF Leadership** ~~program supervisor~~.
 - f) The ~~program supervisor~~ **PHF Leadership** will contact the Behavioral Wellness Medical Director, Quality Care Manager, and Assistant Director by telephone as soon as possible.
3. The ~~program supervisor~~ **PHF Leadership** is responsible for determining and implementing appropriate security precautions in order to minimize the risk of harm to staff, **patients** ~~consumers~~, and the public.
 - a) The ~~program supervisor~~ **PHF Leadership** should also determine and implement appropriate steps to minimize potential psychological and emotional harm to ~~consumers~~ **patients**, staff, potential victims, and others who may be affected by the threat or actual violence.

Physical Violence

1. In the event of physical assault, the goal of any act of self-defense will be to ~~restrain~~ **de-escalate the individual** ~~the assaulting individual~~ while avoiding physical harm to the individual and injury to the self. Staff shall implement non-violent physical intervention techniques taught in the Crisis Prevention Institute's Non-violent Physical Crisis Intervention course.
2. Staff should escape the scene until sufficient numbers of trained personnel are assembled to physically or mechanically restrain the assaultive individual.

3. Tactics taught in Restraint/Seclusion training will be employed to safely control the patient in the least restrictive manner possible to effect safety for all.
4. Documentation after the event will be consistent with the PHF's policy "Seclusion and Restraint".
~~Restraint/Seclusion Training.~~
5. In the event that the physical violence exceeds the containment potential of staff, staff will call 9-911 immediately to obtain assistance from law enforcement and, if potentially required, emergency medical responders.

Physical Threats to Others

Assess the situation quickly but thoroughly:

1. Is the scene physically safe to enter or be near?
2. Is anyone in immediate proximity injured?
3. Is the perpetrator speaking? Coherent? Hallucinating?
4. Is the perpetrator responsive to dialogue?
5. Does the perpetrator have significant requests/demands?
6. Deescalate/decelerate if possible.
7. Call 9-911 if you have exhausted resources.

Threats to Self (Client)

Any patient who has made a suicide attempt or presents an imminent threat of self-injurious/suicidal behavior will immediately be engaged by staff in the least restrictive manner possible which protects the patient.

If an individual verbalizes, or otherwise demonstrates that they are an imminent threat to themselves, the person identifying the self-destructive threat will maintain visual contact with patient while notifying the RN Team Leader to request formal assessment of risk. A whistle will be used if immediate assistance is required to keep the patient safe. A psychiatrist will provide direction and Doctor's Orders declaring level of observation required to ensure patient safety.

Verbal Abuse to Staff

1. Remain calm.
2. Assess the situation in terms of demand from the client and degree of dangerousness.
3. Attempt to deescalate/decelerate the situation using CPI techniques and clinical expertise.
4. Request additional staff if needed.
5. Request law enforcement assistance if needed.

IX. Miscellaneous Hazards

VIP (Very Important Person)

A VIP might enter the facility as a patient or the visitor of a patient. In concert with VIP's request or direction:

1. Protect the VIP from the media. Do not respond to questions from the press, as answers might compromise HIPAA. ; refer media requests to the Department's Public Information Officer.
2. Refer media requests to the Department's Public Information Officer (PIO). The PIO will oversee media response, notification and messaging as appropriate to ensure patient and visitor privacy.
3. Provide for privacy. ~~Enable the individual to conduct their business without the encumbrance of celebrity.~~ Enable the individual to participate in treatment, without regard to their celebrity status, and receive care in the same manner as any other patient admitted to the PHF.
4. (~~Refer to department Policy #10.009-Restricted access to Consumer Information for additional info.specify reference~~) Policy #10.009-Restricted access to Consumer Information

Civil Disturbance

1. Summon law enforcement if the building is threatened or compromised.
2. Maintain perimeter security by keeping doors locked.
3. Ensure safe staff ingress/egress using escorts.
4. Calm and reassure patients, visitors, and staff.

Labor Action

If normal PHF staffing methods are disrupted by a labor action, reference the Emergency Staffing policy (Attachment E).

1. Deny access to disruptive/antagonistic County personnel.
2. Call 9-911 as required to protect integrity of building or to report damage or breach of building.
3. Remove patients from visual/auditory access to disruptive personnel.

Forensic Admission:

Persons admitted under Penal Code 1370 (hereafter "1370 patients") will be cared for under the same policies and rules as non-penal code inpatient admissions; they are subject to the same PHF rules of therapeutic engagement, visiting, contraband, and Patient Rights Advocate services.

1. No Sheriff Department's custodial staff are required; however, PHF staff may request law enforcement presence on a case-by-case basis.
2. PHF staff shall **Designated Behavioral Wellness staff may** escort the patient to Court and medical appointments.
3. Patients committed under P.C. 1370 are released or transferred exclusively by Superior Court order.
4. Physical or mechanical restraints of 1370 patients are no different than for civil commitment patients.

Persons admitted under Penal Code 4011.6 (hereafter "4011.6 admissions") remain under the custodial care of the Sheriff.

1. Deputized custodial personnel are required to be in attendance of all 4011.6 patients.

2. Custodial staff are to transport 4011.6 patients whenever they are off the unit.
3. 4011.6 patients are obligated to follow PHF rules of therapeutic engagement, visiting, contraband, and Patient Rights Advocates.
4. Physical control and containment of 4011.6 patients is the responsibility of custodial personnel.

Hostage Situation

1. Internal Hostage Taken:
 - a) CALL 9-911. Identify the situation as an “internal” hostage situation.
 - b) Attempt third party engagement to deescalate the perpetrator. Encourage perpetrator to come out and talk.
 - c) Do not permit perpetrator to exit with hostage. The hostage is at greater risk once escape has occurred; the hostage becomes a liability to perpetrator once outside security.
2. External Hostage Taken:
 - a) Maintain visual contact with perpetrator and victim for as long as possible.
 - b) Secure license plate number of perpetrator’s vehicle.
 - c) CALL 9-911. Identify the situation as an “external” hostage situation.
 - d) Take and write description of perpetrator, including sex, age, height, weight, clothing, and facial hair.
 - e) Describe victim, including sex, age, height, weight, clothing, and facial hair.

Drought Shelter in Place

See the Emergency Subsistence Management policy (Attachment F) for information on water supplies and restricted use/rationing of water. If water supply is operational, but running out:

1. Restrict shower use to 5 minutes per person per day.
2. Encourage judicious use of toilet flushing.

Electrical Supply Failure

For information on the PHF's generator, and on critical systems which remain functioning during a power outage, see the Emergency Subsistence Management policy (Attachment F).

1. In the case of a power outage, emergency flood lights will activate immediately.
2. The back-up generator will automatically start within 15 seconds. Red outlets are powered by the generator and found throughout the unit.
3. Fire detection systems and most plumbing will remain functioning.
4. If it is daytime, move patients to naturally lighted areas.
5. Notify General Services’ maintenance personnel.

Water Supply Failure

1. If announced as a pre-planned outage, take direction from Facilities Manager and/or General Services.
2. If unplanned, contact emergency maintenance personnel: (805) 896-2916.
3. Distribute portable water provision to patients as needed, and as outlined in the Emergency Subsistence Management policy (Attachment F).
4. Prevent patients from drinking potentially contaminated water.

Sewer Failure

1. Evacuate patients and staff from contaminated areas of the unit.
2. Dam/divert drainage of sewage overflow away from areas of patient access.
3. Notify Emergency Maintenance: (805) 896-2916.
4. See the Emergency Subsistence Management policy (Attachment F) for alternate sewage disposal procedures.

Fire Alarm Failure

1. Notify Team Lead and Facilities Manager immediately of any sudden failure.
2. The PHF Manager will contact the Facilities Manager and, if necessary, the fire alarm contractor to make repairs.
3. Staff will begin 30 minute rounds of all areas of unit to watch for fire until the system is repaired.

X. General Precautions

Security Responses

The ~~supervisor of the program~~ **RN Team Leader/PHF Leader** is responsible for determining and implementing appropriate security precautions in order to minimize the risk of harm to staff, ~~consumers~~ **patients**, and the public. Depending on the specific situation, security precautions may include, but are not limited to, such steps as:

1. Locking all outside doors and stationing a staff member at one or more entrance to screen individuals who wish to enter the building.
2. Locking inside doors.
4. Contacting law enforcement for advice and assistance, providing law enforcement with all available information regarding the individual making the threat, the threats received, and information regarding potential victims.
5. Clearing and closing the building if necessary.
6. Maintaining close communication with staff in the program as well as Behavioral Wellness Administration.

7. The ~~supervisor of the program~~ **PHF Leadership** should also determine and implement appropriate steps to minimize potential psychological and emotional harm to **consumers**, **patients**, staff, potential victims, and others who may be affected by the threat or actual violence.

Personal and Office Safety

1. Furnish/arrange office with safety in mind.
 - a) Avoid having objects on desk that can be used to harm personnel, e.g., heavy objects, sharp objects, etc.
 - b) Place desk and chair to allow for easy exit for staff as well as for the client.
 - c) Leave office doors open when unsure of client's potential for violence or see client in a visible interviewing space with other staff nearby and aware of the situation.

XI. General Safety (Employee's Responsibilities)

1. Stay alert.
2. Walk, do not run.
3. Horseplay, roughhousing, or practical jokes are **not acceptable**.
4. Report all accidents, no matter how small, to the RN Team Leader.
5. Report all hazardous conditions to the RN Team Leader, including, but not limited to:
 - a) Spills on floors and/or carpets
 - b) Torn or loose carpeting or linoleum
 - c) Broken or loose handrails, doorknobs, guardrails, drawer handles, light fixtures, switch plates, or fixtures of any kind
 - d) Leaky faucets, valves or pipes
 - e) Inoperable or malfunctioning equipment of any kind
 - f) Obstructions in the corridors or on the floors of the facility, on the grounds, or in the parking lot, which might cause slipping, falling, tripping or a collision
 - g) Any improperly placed equipment, medications or supplies
 - h) Any client, visitor, or staff member who is involved in an unsafe activity of any kind
 - i) Any unusual occurrence that you feel might lead to an accident, incident or an otherwise harmful result
6. Wear proper clothing.
7. Know the proper and safe lifting method: in lifting any heavy object, you should get as close to the object as possible and plant your feet firmly and slightly apart. Keeping spine straight, bend at the knees and bring weight up against the body; using the thigh muscles, lift the object, making sure weight is evenly distributed between your two hands.

- a) Use a stepladder to reach objects above you. Never use a box, crate, piece of furniture, or fixture in place of a stepladder, and never step on the top three steps of a stepladder.
 - b) Obtain help to lift, move or reach heavy objects, carts or supplies.
 - c) **All movement of dietary Cambro's/utensils, requires two staff members**
 - d) Give some kind of warning to staff members and clients when moving objects carts or supplies.
8. Attend safety meetings/trainings.
 9. Know basic first aid methods and how to employ them.
 10. Pull electrical cords out by the plug; never yank them out from the outlet.
 11. Close any drawers or cupboards you see that are open and unattended.
 12. Place any equipment you use out of the line of traffic.

Use common sense in any task you do. Safety procedures must be used constantly and continually to be effective. Failure to follow safety procedures and policies or to report an unsafe condition could result in disciplinary action.

XII. Emergency Medical Protocol

If a medical emergency is reported, follow the Emergency Medical Condition policy (Attachment C).

1. Dial **9-1-1** and request an ambulance. Provide the following information:
 - Number and location of victim(s)
 - Nature of injury or illness
 - Hazards involved
 - Nearest entrance (emergency access point)
 - Alert trained employees to respond to the victim's location and bring a first aid kit or AED.

All Licensed Nursing Personnel and Recovery Assistants are trained to administer first aid, CPR, or use Automated External Defibrillator (AED).

Locations of First Aid Kits and Automated External Defibrillator(s)

Locations of First Aid Kits and "Universal Standard Precautions" kit (used to prevent exposure to body fluids)	Emergency Food Storage Shed. Medication Room
Locations of Automated External Defibrillator(s) (AEDs)	Nursing Station

- **Only trained Responders should provide first aid assistance as indicated per level of experience and training.**

- Do not move the victim unless the victim's location is unsafe.
- Control access to the scene.
- Take **Follow** "universal **standard** precautions" to prevent contact with body fluids and exposure to blood borne pathogens.
- Meet the ambulance at the nearest entrance or emergency access point; direct them to victim(s).

XIII. Employee or Public Accident or Incident Procedures

Should a client or visitor be involved in an accident or harmful incident or otherwise require emergency care, the following procedures apply:

1. The first staff member to discover that the person needs help should do the following:
 - a) Go to the person and give any immediate aid that is needed. Practice safety precautions.
 - b) Summon assistance from medical personnel on site.
 - c) Without moving person, try to make them as comfortable as possible and cover them with a blanket.
 - d) Remove all objects near the person that may cause further harm.
 - e) Call ambulance or 9-911 as needed.
2. When medical personnel arrive:
 - ~~a) Examine person and begin any necessary emergency treatment.~~
 - ~~b) Call person's personal physician as situation demands and ask for instructions.~~
 - ~~c) Follow physician's instructions.~~
 - d) If there is blood contamination, follow **the PHF's Standard Precautions Policy** universal **standard** precautions.
 - e) DO NOT TOUCH ANYTHING CONTAMINATED WITH BLOOD WITHOUT SAFETY GLOVES!
3. Follow **Complete** Unusual Occurrence Incident Report procedures (Attachment J).

XIV. Attachments

- A. ~~2017~~ **2019** All Hazards Assessment
- B. Emergency Facility Evacuation policy
- C. Emergency Medical Condition policy
- D. Emergency Patient, Staff, and Visitor Tracking policy
- E. Emergency Staffing policy
- F. Emergency Subsistence Management policy
- G. Emergency Transfer Agreements with Other Facilities policy
- H. Emergency Medical Documentation Management policy

- I. Shelter in Place During Emergency policy
- J. Unusual Occurrence Incident Report policy