

Alaska Psychiatric Institute Emergency Operations Plan & Hazard Vulnerability Analysis



AK | DFCS
ALASKA DEPARTMENT OF
FAMILY AND COMMUNITY
SERVICES

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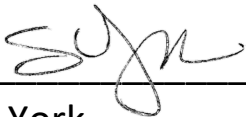
Promulgation Statement

The primary role of government is to provide for the welfare of its citizens. The welfare and safety of citizens is never more threatened than during disasters. The goal of emergency management is to ensure that, preparedness, mitigation, response, and recovery actions exist so that public welfare and safety are preserved.

The Alaska Psychiatric Institute Emergency Operations Plan (API EOP) provides a comprehensive framework for the emergency management of the facility and its services. It provides a link to local, State, Federal, and private organizations and resources that may be activated to address disasters and emergencies within the Anchorage area.

The API EOP ensures consistency with current policy guidance and describes the interrelationship with other levels of government and agencies. The plan will continue to evolve, responding to lessons learned from actual disaster and emergency experiences, ongoing planning efforts, training and exercise activities, and Federal guidance.

Therefore, in recognition of the API's emergency management responsibilities and with the authority vested in me as the Chief Executive Officer (CEO) of API, I hereby promulgate the Alaska Psychiatric Institute Emergency Operations Plan.



Scott York

Date

10/16/2023

CEO, Alaska Psychiatric Institute

Approval and Implementation

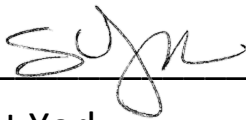
This plan supersedes all of the previous Alaska Psychiatric Institute
Emergency Preparedness Management Plan

The transfer of management authority for actions during an incident is
accomplished through the execution of a written delegation of authority.

During a major emergency or disaster the Alaska Psychiatric Institute
delegates the Chief Executive Officer (CEO) authority. In the event that the
CEO is unavailable the delegation of authority is as follows:

1. Director of Psychiatry (DOP)
2. Director of Nursing (DON)
3. Assistant Director of Nursing (ADON)
4. Safety Officer

When the above delegates are unavailable, the Nursing Shift Supervisor will
have authority.



Scott York

10/16/2023

Date

CEO, Alaska Psychiatric Institute

Purpose, Scope, Situation, and Assumptions

Purpose

The purpose of the API Emergency Operations Plan (API EOP) is to establish a basic emergency program that provides a timely, integrated, and coordinated response to the wide range of natural and manmade events that may disrupt normal operations.

The objectives of the emergency management program are:

- To provide maximum safety and protection from injury for patients, visitors, and staff
- To continue to provide needed medical attention promptly and efficiently to all individuals
- To provide a logical and flexible chain of command to enable maximum use of resources
- To maintain and restore essential services as quickly as possible following an emergency incident or disaster
- To protect the facility and equipment
- To satisfy all applicable regulatory and accreditation requirements

Scope

Within the context of this plan, a disaster is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the facility.

This all-hazards EOP describes an emergency management program designed to respond to natural and manmade disasters, including technological, hazardous material, and terrorist events. It outlines the policies and procedures API will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This plan applies to all departments within API and agencies with whom API has established Memorandums of Agreements (MOAs) or Memorandums of Understandings (MOUs).

API is part of the State of Alaska Division of Family and Community Services . To the extent possible, API will provide crisis counseling and mental health services to staff, patients, and visitors during a disaster, in accordance with the State of Plan.

Situation

Location and Geography

Alaska Psychiatric Institute is located at 3700 Piper Street, Anchorage, Alaska 99508-4677. It is situated in the heart of the University-Medical (U-Med) district in Anchorage. Neighboring agencies and facilities include: Providence Alaska Medical Center (PAMC), University of Alaska Anchorage, McLaughlin Youth Center, and a variety of medical offices and shopping centers. Other agencies and facilities in relatively close proximity include: Alaska Native Medical Center, Alaska Native Health Consortium, Alaska Pacific University, Alaska State Troopers, Alaska Surgery Center, Anchorage Neighborhood Health Center, St. Elias Specialty Hospital, North Star Hospital, and Alaska Regional Hospital.

API's own campus includes 5.5 acres and the facility itself is 121,000 square feet. The facility is situated adjacent to the Providence Alaska Medical Center (PAMC) Crisis Recovery Center and shares the same parking lot.

There are various access roads that lead to API's parking areas. This will allow for alternative routing of entrance and egress to the facility during emergencies or disasters.

The facility is secure, with all entrances requiring badge or key access.

Additionally, all exits are monitored to ensure patient safety. See **Appendix 2**.

Figure 1, Exterior view of API



Figure 2, Interior layout of API



Demographics

API is an 80 bed acute care psychiatric hospital, having five units. These units include:

- 2 admission units: Susitna and Katmai
- 1 unit currently has dementia and DHDD diagnosed persons and has the capacity to be a Highly Infectious Disease unit: Denali
- 1 adolescent unit: Chilkat
- 1 forensic unit: Taku (medium security prison facility, self-contained in the event of an incident or disaster) API provides basic first aid services only. It does not offer emergency medical services. API does not meet the 2/3rd rule with respect to EMTALA, and as such is exempt from select EMTALA requirements.

Within the facility, there are approximately 306 employees. The vast majority of staff members are under the Nursing Department (RNs and PNAs). The remaining employees work within the other API Departments: Medical, Social Work, Clinical Services, Environment Services, Maintenance, and Administration. API is fully accredited through the Joint Commission, licensed through the State of Alaska Division of Health Care Services, and regulated by the Centers for Medicaid Services (CMS), through the Joint Commission who has deemed authority from CMS.

Hazard Vulnerability Analysis

API conducts an annual Hazard Vulnerability Analysis (HVA) to identify hazards and the direct and indirect effect these hazards may have on the facility. The HVA provides information needed by the facility to reduce the risk and potential damage associated with a disaster.

The 2024 Hazard Vulnerability Assessment data revealed the following relative threats by category. The complete HVA is located in [Appendix 1](#).

Planning Assumptions

The following assumptions were made during the creation of this plan:

- Effective prediction and warning systems have been established within the State of Alaska that makes it possible to anticipate certain disaster situations that may occur throughout the Anchorage area.
- It is the responsibility of officials under this plan to save lives, protect property, relieve human suffering, sustain survivors, repair essential facilities, restore services, and protect the environment.

- Initial actions to mitigate the effects of emergency situations or potential disaster conditions will be conducted as soon as possible by API staff.
- API serves as a resource for the State of Alaska response to emergencies, and it stands ready to assist to the fullest extent possible.
- API will work in close coordination with the State of Alaska Emergency Operations Center (SEOC), the Department of Health. Emergency Operations Center (DOH EOC), the Municipality of Anchorage Office of Emergency Management (MoA OEM) and other local emergency officials, agencies and health care providers to ensure a community-wide coordinated response to disasters.
- API recognizes its unique services and position within the Anchorage Municipality and will honor any MOUs, MOAs, or mutual aid agreements entered into.
- As an active member of the Joint Medical Emergency Preparedness Group (JMEPG) API has signed the Alaska Hospital and Healthcare Association (AHHA) Mutual Aid Agreement, an agreement between area hospitals and local treatment centers to provide mutual support in the event of a mass casualty or emergency situation.
- API will request local and/or state assistance when API officials determine that their own resources are insufficient or exhausted.
- During an incident that causes significant injuries to patients or staff members, API will not have the capability to provide appropriate medical treatment. In such cases, API will coordinate with other area hospitals to transfer patients for the necessary treatment.
- Individuals with behavioral health needs may be able to demonstrate resilience in the wake of a disaster or an emergency.

- API is dependent upon:
 - a. State of Alaska Department of Family and Community Services Information Technology Support (IT)
 - b. NANA Corporation for food services
 - c.** Maintenance of core staffing levels
 - d.** Quest Laboratories
 - e.** Snow White for laundry services

Any disruption to the services listed above will have an impact on API's ability to continue normal operations.

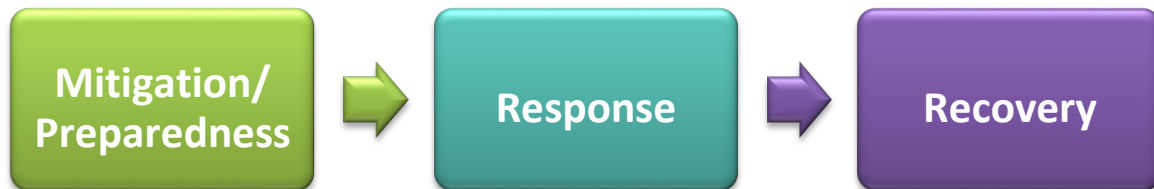
Concept of Operations

Introduction

The Alaska Psychiatric Institute plays a unique and critical role in the provision of psychiatric care in Alaska. As the only facility in the area fully dedicated to the treatment of adult and adolescent psychiatric patients, API serves a population that cannot easily find the same treatment elsewhere. API recognizes the need to engage in careful planning to ensure that these vital services remain available to patients regardless of the type of disaster or emergency that occurs. Additionally, API is a State of Alaska entity, and as such, it may be called upon to play a role during any State of Alaska disaster response. The Concept of Operations described in this Emergency Operations Plan gives API the flexibility to respond to any type of disaster while continuing to provide critical psychiatric healthcare services.

This EOP is constructed to reflect three basic stages that are necessary to an emergency management program.

Those stages are:



Mitigation activities are those that aim to eliminate the chance of an emergency occurrence, or reduce the damaging effects of the emergency situation once it has occurred. *Preparedness* actions are those utilized for planning how to respond in case an emergency occurs and working to increase the availability of resources in order to respond effectively. Mitigation and preparedness are combined into one section in this EOP, as they represent actions taken on an ongoing basis, prior to a disaster or emergency. *Response* indicates actions taken once an incident has occurred. *Recovery* describes actions taken after the incident has concluded and the facility is attempting to return to normal operations.

API has further divided each of these emergency response stages into the following critical areas:

- Communications
- Resources and Assets
- Safety and Security

- Staff Responsibilities and Families
- Utilities
- Patient Clinical and Support Activities

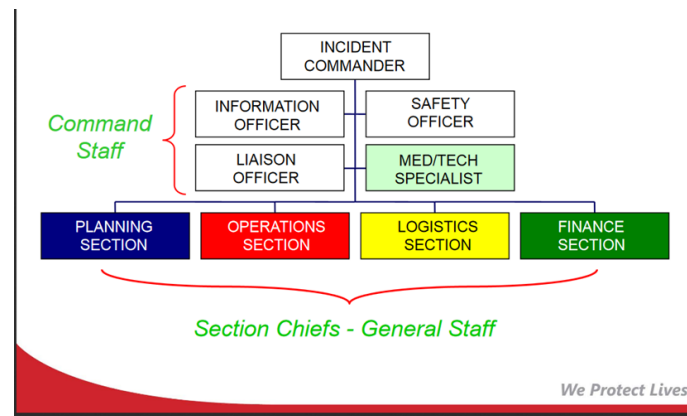
These areas must be addressed throughout each stage of the emergency, and they are reflected in each section of the EOP Concept of Operations.

Hospital Incident Command System (HICS)

The Hospital Incident Command System (HICS) provides guidance for hospitals to improve their emergency planning and response capabilities and is consistent with the 14 National Incident Management System (NIMS) elements. The Hospital Incident Command System (HICS) can be expanded or contracted to meet the needs of any situation regardless of size or complexity. Utilization of this standardized system provides the following advantages to API staff members:

- Allows staff members to be trained and become proficient in one model of emergency response, because it is scalable to all incidents
- Enhances the ability of API staff members to integrate with community providers during any crisis, as the HICS model closely matches the Incident Command System (ICS) model used by emergency management personnel throughout the state
- Increases effective communication by employing common terminology
- Ensures a manageable span of control, with a limited number of individuals reporting to one supervisor

The organizational chart below provides a basic outline of how the HICS system is organized in response to an incident. Note that multiple branches, divisions, units, etc. may be added as needed depending upon the complexity of the situation.



The Hospital Incident Command Center, under the direction of the Incident Commander (IC), will direct all responses and recovery operations as well as deployment of resources to mitigate the emergency. The Incident Commander is responsible for reporting to the State of Alaska Deputy Commissioner Department of Family and Community Services or designee to ensure that the State maintains situational awareness and is ready to offer support resources to API if necessary.

A detailed description of staff roles and functions is included in **Appendix 4**.

Mitigation/Preparedness

The mitigation of known hazards and preparation for possible incidents are important concepts within API's emergency management program. The following sections outline the actions that API takes in order to reduce the

potential effects of known hazards and to prepare for any emergency or incident that might affect the facility.

Disaster preparedness is a team effort, and all staff members are responsible for defined tasks. There is an assigned Emergency Plan Manager. Oversight of all mitigation and preparedness activities primarily falls to the Senior Leadership Committee (SLC). The Safety Officer has overall responsibility for the Safety Program and chairs the Environment of Care Committee. The SLC provides a multi-disciplinary forum for the analysis and dissemination of information and formulation of corrective and preventative actions to manage risk to patients, visitors and personnel. The SLC will include CEO, CNO, Support Services, Clinical Support Director, Quality Improvement Director, Director of Clinical Services, and Director of Psychiatry. The SLC will identify problems and take corrective actions to improve the safety of patients, visitors and personnel.

The Hazard Vulnerability Analysis ([Appendix 1](#)) is used to identify potential risks and threats to the facility. The SLC uses the Hazard Vulnerability Analysis (HVA) to help direct its mitigation efforts. Two supporting plans have been created to provide guidance regarding mitigation and preparedness:

- Hospital Emergency Quick Response Plan ([Appendix 2](#))
- 96 Hour Sustainability Plan ([Appendix 3](#)).

All API staff members play a role in mitigation and preparedness. Individuals are responsible for completion of annual mandatory department specific and hospital-wide competency requirements. Training, exercises and drills within the facility and with area agency partners are the primary ways API ensures

staff practice the competencies required. These activities are designed to help save lives and minimize damage by preparing staff to respond appropriately when an emergency situation is imminent. The Training and Exercise section of this plan provides further details.

Communications

API takes action to ensure that communication is as clear as possible during an emergency. Preparation includes the testing and maintenance of equipment, as well as planning a system for the notification of staff, vendors and other outside contacts.

Internal Communications and Notifications

The goal of staff notification is to transmit critical information to staff and ensure adequate staffing within 2 hours of a reported incident. The Administrative Department is responsible for compiling and maintaining internal contact lists that are updated annually. The Staff Call Lists contain sensitive information and they are treated confidentially (**Appendix 5**).

These lists include the following information for all staff:

- Name
- Position
- Home phone
- Cell phone
- Preferred method of contact during off hours

The Incident Commander or designee will assume responsibility for notifying on-duty staff and initiating the process of calling for additional staff, as needed, in the event of an emergency.

The overhead paging system is used to quickly alert on-duty staff to an emergency. API maintains a process based upon color codes to notify staff of the type of emergency event. A listing of the codes and expected actions is included in **Appendix 2, Hospital Emergency Quick Response Plans**.

The Communication Center (Com Center) acts as the preferred line of communication to the police, fire department, and other required entities in the event of a security breach or emergencies of any sort. The Com Center has a hard wired telephone as a redundant system of communication. Staff members in the Com Center are critical participants in any training or exercise that involves notifications. The hard wired numbers are:

(907)561-8809 and (907)561-0683

The facility also maintains redundant communications in the case of telephone failure. Hand held radios are supplied, and are used when the radios prove to be a more reliable and efficient method of internal communication. Clinical staff members in all units have these hand held radios with charging stations.

External Communications and Notifications

API maintains a variety of contact lists to facilitate easy access to resources in an emergency. One such contact list is maintained by the Administrative Services Department, and includes phone numbers of emergency response agencies, staff, management and DFCS Officials. Another list contains routine and emergency contact numbers for basic support services for facility operations (e.g., utilities, repair services, vendors etc.). Finally, the Disaster Contacts list contains information for use in response to disasters, such as government response entities, nearby hospitals and clinics, media, etc. (Appendix 5).

As stated under Internal Communications above, API understands that radios are essential back-up equipment in case other forms of communication are not functional. Therefore, API participates in the weekly ALMR radio test, facilitated by DOH. This radio check involves a call out and return call from all local hospitals in Anchorage, as well as the Municipality of Anchorage OEM and the State of Alaska Department of Health and Social Services. It is intended to test whether facilities can communicate with each other effectively via radio in the event of an emergency. In addition to radio, API may also use satellite telephones or a fax with satellite capability to communicate with response partners. The facility maintains three satellite telephones for this purpose, which are tested monthly.

API incorporates disaster preparedness information into its normal communications and education program for staff and patients. This education includes information regarding home and family preparedness, to encourage employees to prepare for emergencies within their own homes. See Appendix 5 on facility emergency preparedness activities.

Resources and Assets

Whenever possible, API will continue offering services to patients during and after a disaster occurs. To accomplish this, the facility has identified resources and assets that are required for continued operation. API has also developed systems that monitor these resources and assets to ensure they are available when needed. The following section describes the various stockpiles and how they are managed in preparation for a disaster. Disaster preparedness supplies and resources described here are kept separate from API's day to day operational supplies and resources, and disaster carts have locks to discourage general daily use of items. An annual review is performed of all of these emergency inventories and expired items are replaced as needed following the review.

Contingent upon the event and including anticipated and unanticipated variables, API's supplies and resources are expected to provide for the following:

- Additional patients brought to API for services
- API employees who remain beyond or in addition to their assigned shift

Food

The Dietary Department stores no less than a **two** (2) week supply of food items adequate to feed patients and staff. API contracts with NANA Corporation for food and maintains appropriate contact information in its resource list. See Appendix 3.

Medical Supplies

API keeps a number of supply carts in stock. These carts are the most expedient way to deliver medical supplies where they are needed. The following carts are maintained:

- The Medical Exam Cart (Alternate Care/Disaster Cart) is located in *E2C (Employee Health/ Lab)*. This cart is stocked with medical supplies for triaging patients.
- There are five additional Emergency Medical Carts (Crash Carts) in the hospital; one housed on each patient care unit.
- Two Emergency Management Supply Carts by designated function: Incident Command Center and Triage Center Cart.

Patient Health Information

Access to patient health information is critical to providing accurate and timely patient care. API has a system to support ongoing access to health information, even when information within the building may not be accessible.

Health Information is stored on an off-site server. API retains the ability to print off electronic medication administration records (e-MARs) for use during system failures and for use during emergency transfer of patients. The facility also uses the patient's hardcopy True Kardex, which contains critical treatment information, a photo, known allergies, and diagnosis.

Other Assets and Resources

The following assets and resources have been identified as critical to the ongoing provision of services at API.

- The Supply Department stocks a three week supply of general office items
- Eight Power Air Purifying Respirator (PAPR) Carts located in *E-21*
- One Laundry Cart located in *E-21*
- Two Blue Triage Set Up Carts located in *E-21* inventory attached

96 Hour Hospital Sustainability Plan

The 96 Hour Hospital Sustainability Plan (**Appendix 3**) contains detailed information regarding the emergency resources and assets maintained at API. It includes a listing of all of the contents within the carts mentioned above, information regarding the approach to medicine availability during a disaster, and other requirements necessary to sustain the treatment of patients and staff support at the facility.

Safety and Security

Safety

The API Safety Program provides a framework in which to identify, monitor, correct and prevent safety risks. The goal of the Safety Program is to reduce the environmental, structural, physical, electrical and mechanical safety risks to patients, visitors, and personnel. The Safety Officer has the primary responsibility for coordination of the Safety Program.

Interim Life Safety Measures (ILSM) are performed on a regular basis to ensure that basic safety systems are functional. These ILSM include:

- Monthly inspection of fire extinguishers
- Quarterly testing of fire alarms
- Semiannual inspection of all patient care areas
- Annual inspections of non-patient areas
- Every 5 years a water flow test of standpipe systems

Security

API is committed to controlling access to the facility before, during, and after an emergency in order to maintain the safety of all patients, staff members, and visitors. This includes entrance into and out of the building, as well as movement within the building.

All entrances to the building, other than the main entrance into the front lobby, are locked and monitored at all times. All patient units and patient treatment areas are protected structurally and electronically by a secure perimeter. Cameras monitor the interior and exterior of the facility and have direct observation of the front lobby and parking lot areas. Recordings from cameras are maintained for 30 days to investigate incidents and to improve service. Camera surveillance is supplemented by viewing monitors on each patient unit. The Communications Center controls all cameras as well as door locking/releasing mechanisms and intercoms in the facility. The Communications Center also serves as the control point for visitors, who are required to check in at the Center upon arrival. Contractors check in and

receive badges from Facilities. Contractors do also check in with the Com Ctr. Visitors are issued Visitor badges and screened for security compliance. All incoming mail is received, sorted and visually inspected in the Com Center. All incoming packages are received, sorted, and visually inspected in the Support Services area.

Access within the building is monitored via the cameras referenced above, as well as through badging and locks with a tiered system of access. All staff members are required to wear a personal I.D. badge in a visible manner as outlined in **API P&P HR-040-06 Standards of Conduct**. Each employee is issued a proximity card and PIN for access through specific electronic locks, and for access to mechanical keys in the KeyWatch system depending on the employee's job and access needs. Access to the Taku Unit, a medium security area as defined by State Correctional Facility standards, is controlled by a dual lock system. Records of access through all electronic locks are maintained for 90 days for review of appropriate usage, particularly for entry into highly secure areas, and to serve as data for improvement of service. The API Maintenance Department is responsible for maintaining the tiered access system of electronic and mechanical locks, having the strictest level of access in the highest security areas, such as the Pharmacy.

Access to the Pharmacy is limited and controlled by Pharmacy personnel during normal duty hours. After normal duty hours, the Pharmacy can be accessed by the Nursing Shift Supervisor and a Licensed Individual Practitioner. This area is protected by an intrusion alarm system and all entries after hours must be conducted and documented in accordance with P&P PT-060-01.14 Emergency Medications After Regular Pharmacy Hours and Nursing Department Procedures D-12, After Hours Medication Cart.

Vehicular access to and from the facility is maintained at one access site on Piper Street. Other access points are controlled with gates that can be opened manually to provide additional points of entrance and egress for vehicles if needed.

All security related incidents are reported to the Safety Officer each morning no later than 0800 hours, Monday through Friday or as needed when problems exist that cannot wait. Further information regarding the security issues is included in API P&P EOC-202, Security Breach Guidelines.

Staff Responsibilities

All API employees are critical to the success of the emergency management program. When employees are aware of their roles and responsibilities during a disaster, the response is more effective, and a high level of patient care is maintained. Staff members are expected to carry out their normal duties to the extent possible in the event of an emergency situation. Staff members also may be asked to perform duties outside the normal realm of their work. For example, response duties may be assigned to employees with distinctive skills, such as bilingual employees or those who are proficient in sign language. Generally, these duties will be of short duration and necessitated by the emergency.

To support preparedness for emergencies, all staff members are expected to:

- Familiarize themselves with evacuation procedures and routes for their areas.
- Become familiar with basic emergency response procedures for fire, HAZMAT and other emergencies, as outlined in [Appendix 2](#).

- Have a responsibility for identifying and reporting in a timely manner all hazards encountered within the Environment.
- Understand their roles and responsibilities in API plans for response to and recovery from disasters.
- Participate in training and exercises. These exercises are intended to practice emergency response activities and improve readiness. See Training and Exercises section of this plan for more information.
- Participate in the annual Competency and Safety Fair, or equivalent activity, for updated information on safety issues, The Joint Commission requirements, Health Insurance Portability and Accountability Act (HIPAA) and job-related skills.
- Participate in training to prevent breaches of security or potentially dangerous situations.
- Make suggestions to their supervisor or the SLC
- on how to improve facility preparedness.

Staff competencies in security measures are assessed and maintained in accordance with the API Hospital-wide and Multi-department Competency Matrixes. This includes both the initial orientation training and continuing education requirements for this hospital.

Some positions have further duties associated with disaster preparedness. These duties are in addition to the response duties outlined in Hospital Incident Command Job Action Sheets (see Appendix 4-HICS Procedures-Roles and Responsibilities). The positions and duties are outlined below.

Chief Executive Officer (CEO)

The API CEO, directly or through delegation, will:

- Oversee the development and review of the EOP.
- Activate and direct the response to emergencies.
- Oversee the development and implementation of the disaster plan.
- Directs the SLC to coordinate the development and maintenance of the API Emergency Operations Plan.
- Ensure the emergency preparedness program meets all the The Joint Commission standards or government regulations.
- Provide for ongoing training for facility staff.
- Assign staff emergency management duties and responsibilities.
- Ensure staff is trained to perform emergency roles. See Training and Exercise section of this plan.
- Ensure that drills and exercises are conducted semi-annually and records are maintained.
- Evaluate the disaster emergency program annually.
- Develop the criteria for and direct the evacuation of staff, patients and visitors when indicated.
- Ensure the facility takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.
- Ensure a hazard vulnerability assessment is performed annually.

Director of Psychiatry

The Director of Psychiatry, directly or through delegation, will:

- Serve as leader, co-leader, or member of the Hospital Incident Command Center command staff.
- Identify alternates and successors if unavailable or if response requires 24 hour operation.
- Monitor Public Health Alert Network (PHAN) for updates. Provide clinicians with updates from the CDC and Section of Epidemiology on standards for the detection, diagnosis, and treatment of chemical and bioterrorism agents.
- Ensure the continuity of care and maintenance of medical management of all patients in the care of the facility during a disaster.
- Assign clinical staff to medical response roles (triage, treatment, decontamination, etc.).
- Determine disaster response clinical staffing needs in cooperation with DON.
- Monitor volunteer licensed Independent and non-Independent Practitioners.

DON/ADON

The DON may fill the following roles:

- Serve as leader, co-leader, or member of the Hospital Incident Command Center command staff.
- Monitor Public Health Alert Network (PHAN) for bioterrorism updates.

- Provide clinicians with updates from the Center for Disease Control of standards or the detection, diagnosis, and treatment of chemical and bioterrorism agents.
- Determine the disaster response clinical staffing needs in cooperation with the Director of Psychiatry.
- Perform other duties delegated by the API Director of Psychiatry, CEO or Incident Commander consistent with training and scope of practice.

Safety Officer

The Safety Officer is responsible for the entire safety program at API facility. Associated duties include:

- Development and implementation of corrective action plans related to identified safety issues.
- Assist departments in the development of safety programs, inspecting all areas of the facility, individually or in conjunction with hospital QI teams, external consultants or regulatory representatives.
- Appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when the facility is evacuated. If required and safe, this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures.
- Conduct, direct, and document damage assessment to the facility.
- Promotes and supports the Risk Management Plan and identifies an organized, coordinated, and clear process for identifying risk factors to the facility.

- Maintains the security of the facility during emergencies including control of vehicle access and entry into the facility.
- Maintains the safe movement of staff, patients and visitors.

Emergency Plan Manager

The Emergency Plan Manager is responsible for maintenance of the hospital Emergency Operations Plan.

- Coordinating the annual review and update of the Emergency Operations Plan (EOP)
- Delegating or Educating staff to the contents of the plan.
- Exercising components of the plan during biannual exercise drills.
- Leading the evaluation/observation team for the exercise, and recommending changes to preparedness activities and EOP, based on the results of these exercises.
- Exercise evaluation will be conducted by a multi-disciplinary committee including representation from Hospital Education, Quality Improvement, Administration leadership, Support Services, Clinical Services, exercise Incident Command Staff, and the Safety Officer.

Supply Department

The Support Services Department is responsible for the following:

- Maintaining a current inventory of emergency items in stock at all times.
- Maintaining a current vendor list with phone directory in order to facilitate replenishment of emergency items as necessary.

Chief Pharmacist

The Chief Pharmacist, directly or through delegation, will:

- Monitor and provide all necessary medications and related supplies during any disaster event.
- Develop plans to access, store and receive assets from the state and national pharmaceutical stockpiles.

Building Maintenance Supervisor

The Building Maintenance Supervisor is responsible for duties associated with critical utility systems.

Critical utility systems at API are those that provide heat, light, water, sewer, power, communications, negative air regime (i.e. soiled laundry), fire suppression, and safety/security alarms. The Building Maintenance Supervisor performs the following:

- Describes each systems function.
- Describes how they are evaluated.
- Identifies steps taken to evaluate / maintain systems.
- Provides guidance on what to do if a system fails.

Additional Staff Positions and Duties

- Direct Care staff, which includes physicians, nurses, and unit staff, will supply care to the recipients.
- Health Information Management (Medical Records Dept.) staff will maintain accurate records and maintain the security of these records.

- Pharmacy staff will supply required pharmaceuticals to the recipients.
- Nursing staff is to participate in the Annual Nursing Skill Fair, or equivalent activity, for updates on infection control, blood borne pathogen, Personal Protective Equipment and other job-related skills.

Employee Family Preparedness

In any emergency or disaster that impacts the community, it is expected that employees will attend to their own families before reporting to work and fulfilling their assigned roles and responsibilities. Therefore, API encourages family preparedness planning to support staff members in addressing their family needs quickly and comprehensively. API takes the following steps to support employees in their preparedness efforts:

- Promote staff home emergency preparedness, using information and resources found at [Ready.gov](https://www.ready.gov).
- Identify childcare resources that are likely to remain open following a disaster.

Utilities

API recognizes that a disaster has the potential to disrupt utility services at the hospital. Therefore, it is imperative that the facility take steps to prepare for potential disruption. To this end, API has a **system** that addresses key factors associated with maintaining operational utilities in all circumstances.

The Utility Plan describes how API will establish and maintain a utility systems management program to:

- Promote a safe, controlled, comfortable environment of care; • Assess and minimize risks of utility failures; and
- Ensure operational reliability of utility systems.

In addition to the Utility Systems Management API has a **Maintenance Plan for Volcanic Ash Fall Events** procedure. This procedure provides strategies to mitigate the effects of volcanic ash fall on the facility and utilities.

To ensure continued functioning during a power disruption, the hospital is supported by two diesel powered electrical generators. There is approximately a 5-10 day supply of diesel fuel stored on-site.

A back up water well is located on site for water consumption and equipment/sanitary purposes. This back up water well is tested monthly. In additions we have approximately 2 weeks supply of bottled water.

Critical environmental equipment systems are tested in accordance with NFPA standards and documented using system-specific written or electronic logs. An example of this would be documentation that reflects the “Monthly Generator Tests,” testing generator function as well as automatic transfer switches. These tests are recorded on the written log form for the emergency generators. Maintenance and repair histories of all critical equipment is monitored and reviewed using the computerized tracking system.

Equipment that is identified as problematic or has a questionable safety history will be reviewed by the EOC team for replacement or removal from

service. All recommendations to replace equipment will be sent to the Senior Management Team for approval.

There is an Orientation and education plan in the Utility Management Plan which includes location and instructions for use of emergency Shut-Off controls, and procedures in the event of a system failure.

There is also an Orientation and education plan on all communication systems and Safety and Security Alarms. The intent of these orientation and education plans is to ensure that staff members are prepared to interact with certain utility systems in the event of an emergency.

Patient Clinical and Support Activities

API intends to continue delivering care to patients during an emergency, while also protecting life and safety. To this end, the facility has engaged in activities and planning that provide a basis for patient tracking, patient care during medical surge, alternate care sites, volunteers and integration with the community.

Patient Tracking

API maintains systems for tracking patient movement within the facility, as well out of the facility. A patient location checklist is used internally. This checklist is updated every 24 hours to account for patient location within the building. When transferring a patient out of the facility on a municipal transport vehicle, or when transferring out of state, API uses the State of Alaska transport form, based upon the federal TRAC2ES Uploadable Contingency Spreadsheet (TUCS).

Patient Surge

Patient care activities during over-flow conditions will be focused on maintaining a safe environment of care, providing appropriate privacy and comfort, and ensuring adequate staffing to ensure that these priorities are consistently maintained. When patients are unable to be admitted directly to a patient care unit due to lack of immediate bed availability upon admission, or when specific patient populations exceed number of beds, API leadership and staff will facilitate alternate plans to insure continued patient/staff safety and quality care. Management of Patient Care in Overflow Locations is addressed in patient surge procedures .

Patient Transfer/Evacuation/Alternate Care Sites

During system failures or for use during emergency transfer of patients, Health Information is provided by printing off electronic medication administration records (e-MARs) along with the patient's Kardex. The Kardex has critical treatment information, a photo, Known Allergies, and diagnosis.

There are 2 Emergency Management Supply Carts that are maintained in case medical triage and incident command need to be moved to an alternate facility. These carts are detailed in **Appendix 3**-Hospital 96 Hour Sustainability Plan and T 12.

API engages in efforts throughout the year to identify alternate care sites that will allow the facility to continue to provide patient care if evacuation is necessary. This is at the Direction for EOC. Current possible sites include:

- University of Alaska Anchorage campus (UAA)
- McLaughlin Youth Center (MYC)

- Alaska Pacific University (APU)

The API Director of Psychiatry, DON and other staff with responsibility for emergency preparedness will review provisions of area emergency plans that describe:

- How the surge capacity of the health system will be increased.
- Patient transportation policies and procedures for bioterrorism and other major disasters
- Procedures for augmenting psychiatric services including staff from federal Resources

Staffing and Volunteers

API will rely primarily on its existing staff for response to emergencies, and therefore takes the following measures to estimate staff availability for emergency response:

- Identifies clinical staff members with conflicting practice commitments.
- Identifies staff members with distance and other barriers that limit their ability to report to the facility.
- Identifies staff members that are likely to be able to respond rapidly to the facility.

This information is used by leadership to make decisions regarding which staff members to call in to the facility when an emergency occurs.

If staffing augmentation is needed, or API's capacity has been exceeded, the facility will request further staff through the Alaska Respond program. This program is coordinated by the State of Alaska and maintains a roster of volunteers who have provided their licensing and other information so they can be quickly deployed and integrated across the state during a disaster.

Integration with State, Community and Medical Facilities

To the extent possible, API will ensure that its response is coordinated with the surrounding community of Anchorage. As a State entity, API maintains contact with the State of Alaska Department of Health Emergency Operations Center (DOH EOC) to obtain direction and to provide facility situational awareness. As a member of the Anchorage community, API also maintains contact with the Municipality of Anchorage Office of Emergency Management (MoA OEM).

To ensure coordination with DOH EOC and MoA OEM, API participates in planning meetings, training and exercises sponsored by medical and health agencies. API also sits on the Joint Medical Emergency Preparedness Group (JMEPG). This group is comprised of health and medical entities throughout Anchorage, and the purpose is to coordinate efforts to strengthen healthcare emergency preparedness.

Activities of the JMEPG include:

- Planning and executing coordinated exercises
- Developing communication procedures to establish reliable methods to exchange information and request medical and personnel resources

- Developing systems, in partnership with the MoA, to transport patients during a medical surge event

API reviews and establishes agreements with local health entities through the JMEPG to explore expanding their provisions to cover disaster response conditions. API views these agreements as reciprocal and also explores opportunities to provide support to these facilities if conditions allow.

To the extent possible, API will provide supplies in support of a community wide response need at the request of the DOH EOC.

Response

Activation

Activation of the API EOP will occur in response to any condition that may impair the delivery of services. Major events that would trigger the activation of the EOP include:

- A significant number of casualties
- Severe or widespread property damage
- Shortage of needed resources (including staff)
- Extended interruption of vital services e.g. utilities, transportation, etc.
- Extended evacuation requiring sheltering

This plan may be activated by the Chief Executive Officer, or designee, at the request of the State of Alaska Emergency Operations Center (SEOC), State of Alaska Department of Health Emergency Operations Center (DOH EOC) or Municipality of Anchorage Office of Emergency Management (MoA-OEM).

Notification and activation of response may be initiated due to events occurring within API or external to it. Response activities occur during and immediately following an emergency situation. Whether internal or external, the response priorities of API are designed to:

- Ensure life safety – protect life and provide care for injured patients, staff, and visitors.
- Contain hazards to facilitate the protection of life.
- Protect critical infrastructure, facilities, vital records and other data.
- Resume the delivery of patient care.
- Support the overall community response.
- Restore essential services/utilities.
- Provide crisis public information.

Response to internal emergencies

During an emergency response, API will mobilize its resources and take the actions required to manage its response and maintain the safety and security of the facility. All staff members are expected to initiate the emergency procedures outlined in **Appendix 2** Hospital Emergency Quick Response Plans to mitigate the initial effects of the events. Internal events that may lead to activation include:

- Medical emergency
- Evacuation
- Bomb

- Fire
- Facility related failures
- Hazardous spills
- Violent threat.

Response to external emergencies

An External Disaster is an event that occurs in the community. An external disaster may directly impact the facility and its ability to operate. Disasters can occur both with and without warning. Upon receipt of an alert from the DOH EOC or MoA OEM or other credible sources, the API Chief Executive Officer will notify key managers, order the updating of phone lists, and order the inspection of protective equipment, supplies and pharmaceutical caches. Appropriate action will be taken in response to these inspections. External events that may lead to activation include:

- Earthquakes
- Floods
- Fires
- Hazardous materials releases
- Terrorist events
- Highly Infectious Disease

Hospital Incident Command System (HICS)

Role of the Incident Commander

As stated in the Mitigation/Preparedness Section of this EOP, API uses the Hospital Incident Command System (HICS) to manage its response to disasters. In this model, the Incident Commander (IC) serves as the authority for all response activity. The Incident Commander position is initially filled by the most senior first responder at the scene. This initial IC will continue to perform this role until relieved by a senior or more qualified IC.

The IC will base the decision to expand or contract the ICS organization on three major incident priorities:

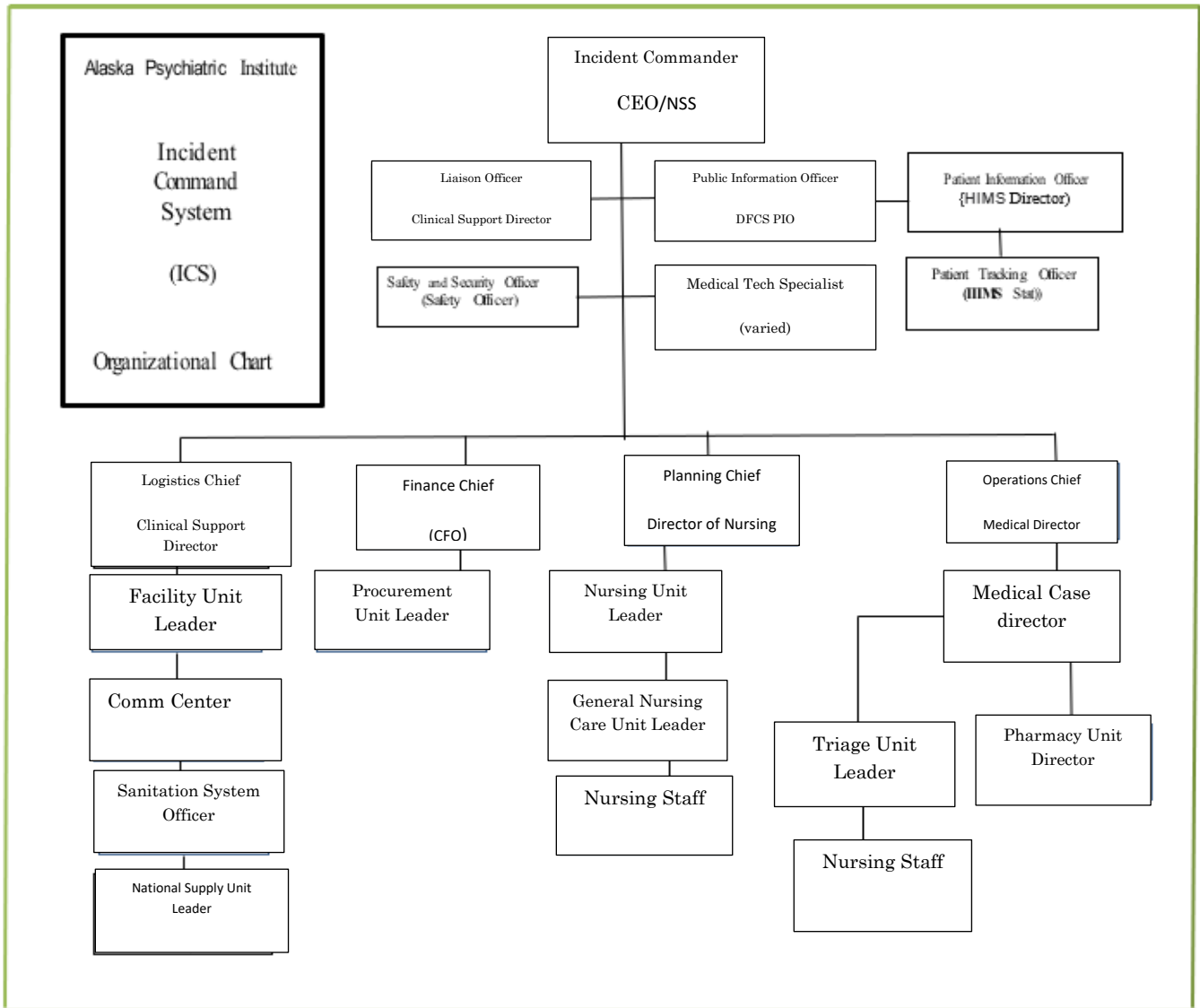
- **Life Safety:** The first priority is always life safety of the emergency responders, staff, patients and visitors.
- **Incident Stability:** A strategy must be developed that will minimize the effect the incident has on the facility and surrounding area while maximizing the response effort. Attention will be given to using resources efficiently.
- **Property conservation:** Property damage must be minimized while achieving incident objectives.

The Incident Commander oversees the command function that provides overall emergency response policy direction and planning, as well as coordination of responding facility staff and organizational units. Response priorities of the Incident Commander (IC) are:

- Assume command and control: Lock down the facility.
- Initiate communications via Com Center: Establish communications to ensure that there is an information flow to patients and employees.

Establishing communications includes notification of staff and patient families as well as establishing regular communications between API Command Staff and emergency response partners. Emergency response partners include:

- DFCS Deputy Commisiner
 - State of Alaska Emergency Operations Center, 907-428-7100
 - Municipality of Anchorage Office of Emergency Management, 907-353-1401
- Perform an Injury and Damage Assessment: All shift managers will assess injuries and damages within their units and go to their respective emergency stations to report status and requests to the Nursing Shift Supervisor or Department Heads. This information will provide situational awareness of limitations to API's medical care services.
 - Continue to ensure safety and security: Incident Commander will deploy facility resources to mitigate injuries/damage and/or request outside support to ensure safety and security within API.



HICS Staff Assignments

The IC will identify staff as needed to fill Command and General Staff positions. Command staff supporting the Incident Commander consists of a Public Information Officer, Safety and Security Officer, and Liaison Officer. The Incident Commander will appoint a Liaison Communications Officer to coordinate the release of facility information internally to staff and patients, and externally to the media and community through the State PIO in the DOH EOC Joint Information Center. Additional Liaison Officers, who are responsible for coordination with other agencies, and legal counsel, may also

be added to the Command Staff. General Staff will consist of a Logistics Section Chief, Operations Section Chief, Plans Section Chief, and Finance Section Chief. These General Staff will identify additional employees to fill branches and divisions that are activated, if necessary. The number of staff reporting to a supervisor will be kept limited in order to promote a manageable span of control. API has identified specific positions within the hospital and the roles those positions will serve in the HICS structure. See the organizational chart below for details.

Job Action Sheets (JAS) will be kept in the pocket of their appropriate Incident Command Vest, and the EOP Appendix to be handed out for all essential staff roles and responsibilities required during an emergency (Appendix 4—p2018 [HICS Job Action Sheets](#)). Each JAS will identify the staff member to whom they are to report within the HICS system. Positions will be filled only as needed to meet the needs of the response. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the primary functions of the Incident Command System (ICS) will be made or delegated by the Incident Commander. ICS positions should be assigned to the most qualified available and trained staff. Under emergency conditions, however, it may not always be possible to appoint the most appropriate staff. In that case, the Incident Commander will be required to use best judgment in making position appointments and specifying the range of duties and authority those positions can exercise.

Incident Action Planning

Incident Action Plans (IAPs) provide the IC and other response personnel with knowledge of the objectives to be achieved and the steps required for their achievement. They also provide a basis for measuring achievement of

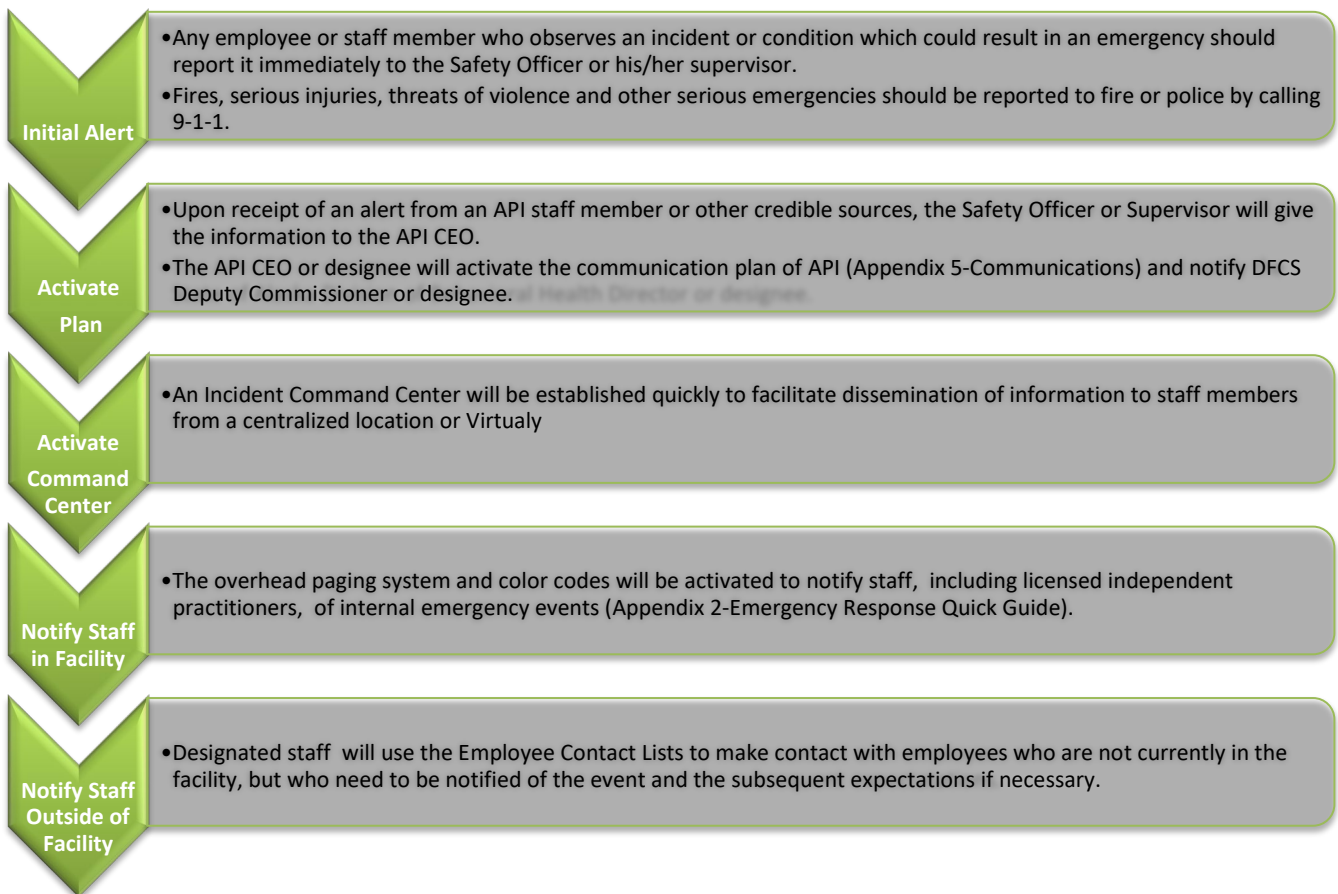
objectives and overall response performance. The incident action planning process should involve the HICS Incident Commander, management staff and other command staff. Responsibility for the creation and publication of the IAP falls to the Plans Section Chief.

Communications

Effective communication is a key component of the successful management of any emergency situation. During the response phase of an incident, it is imperative that systems are in place to support clear and consistent communication between staff members, patients, families, and the public.

Internal Communications and Notifications

Within the facility, API has multiple strategies to alert staff members that an emergency has happened. The initial notification process generally occurs in the following manner:



Once initial notification of the incident has occurred, it is important that staff members have continuous communication. This will allow them to remain aware of expectations, as well as make them capable of giving information to patients. To accomplish this, key staff members will use hand held radios,

satellite phones, runners, and cell phones to facilitate emergency response communications. Additionally, the Liaison Communications Officer will coordinate the delivery of information to patients, staff, and family members. This delivery of information will occur via announcements, flyers, meetings, and conference calls. Information provided can include API status, impact of the disaster on the community, status of the overall response, and facility management decisions. The Liaison Communications Officer will be mindful of patient confidentiality at all times and will follow all applicable confidentiality laws and regulations when releasing information.

To ensure that the most accurate information is disseminated, the Liaison Communications Officer will be alert for the spread of rumors among staff. If misinformation is detected, the Liaison Communications Officer will apply rumor control procedures to curtail the spread of the false information.

All volunteer licensed and non-licensed independent practitioners will be kept informed at the same time and ways as regular staff.

External Communications and Notification

When an emergency occurs and API's ability to safely provide services has been exceeded, contact with the

State of Alaska Department of Health Operations Center (DOH EOC) and the

Municipality of Anchorage Office of Emergency Management (MoA OEM) will be initiated. Additionally, the Deputy Commissioner will be contacted to ensure coordination and situational awareness. The responsibility for informing these entities falls to the Liaison Communications Officer. **Contact information** is maintained in Appendix 5-Disaster Contacts.

The Liaison Communications Officer will engage with other community organizations to facilitate coordination. To do this, API's Communication Center and back up communications resources will be used. Entities that will be contacted include:

- Hospital consortium/healthcare facilities in close proximity
- Suppliers of essential services, equipment, supplies e.g. NANA Corp., Snow White, Quest Labs
- Emergency response agencies as needed
- Outside relief agencies as needed

Ongoing throughout the response, the Liaison Communications Officer will work to ensure that accurate information flows between internal and external channels. To accomplish this, the Liaison Communications Officer performs the following:

- Liaison officer will give information to the DFCS PIO to include information needed for interviews with print and broadcast news media.
- Coordinates the dissemination of information to facility staff, community members, patients and other stakeholders.
- Manages visits by VIPs.
- Provides information to the DOH EOC and MoA OEM
- Communicates with the DOH EOC to report resource needs and current status.

Media Relations

All requests for media communications must be directed to API's Liaison Communications Officer who will relay information to the PIO. The Liaison Communications Officer will ensure that communications are coordinated as needed with the entities described below.

If the DOH EOC Joint Information Center (JIC) has been activated during a disaster response, all public information and media activities must be coordinated with the DOH EOC JIC. If the JIC has not been activated, the Liaison Communications Officer must coordinate with both DOH and DFCS PIO teams.

Patient Information

Within this section, there are several references to "treatment." For the purposes of this plan, treatment includes sharing information with other providers (including hospitals and clinics) referring patients for treatment (including linking patients with available providers in areas where the patients have been relocated), and coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services.

API can release information to Public Health Authorities when reasonably necessary for the purpose of expediting the continuation or arrangement of treatment, medication, emergency response, or

communication/notification of family members. A Public Health Authority is an agency or authority of the United States Government, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, that is

responsible for public health matters as a part of its official mandate, or a person or entity acting under a grant of authority from or contracted with such an agency. Such agencies could include:

- Local health departments
- State public health agencies
- Tribal health agencies
- Center for Disease Control and Prevention (CDC)
- FEMA, the FBI and other federal emergency response entities
- Red Cross and similar emergency relief organizations verified by police, fire, or federal authorities
- JMEPG members with whom API has signed a Mutual Aid Agreement

API can share patient information as necessary in the following circumstances:

- To identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
- To prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.

When API is sharing information with disaster relief organizations that are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if

doing so would interfere with the organization's ability to respond to the emergency.

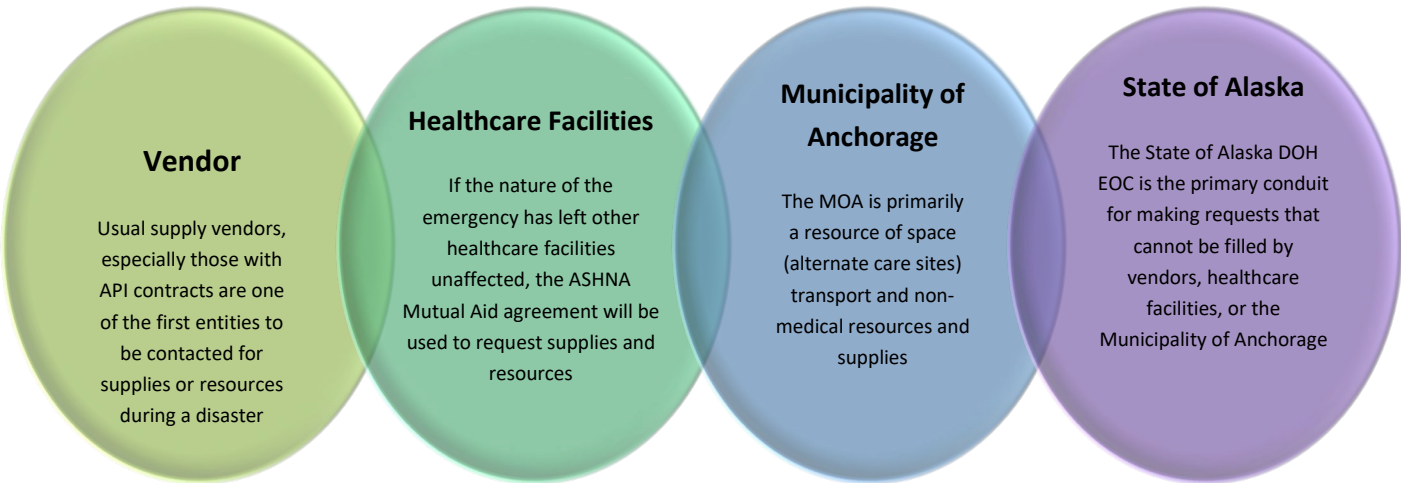
Whenever possible, the Incident Commander or representative will obtain verbal permission from patients to release patient information. If the individual is incapacitated or not available, API may share information for the purposes described above, if, in their professional judgment, doing so is in the patient's best interest. Thus, when necessary, API may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise provide assistance. The IC or designee will assume responsibility for notifying and facilitating the transfer and confidentiality of health information to appropriate entities during an emergency.

Communication of Transportation arrangements for patients, their pertinent medical information, medications, supplies, equipment, and staff to alternate care sites will be coordinated between API HICS positions and the DOH EOC.

Resources and Assets

During the response phase of an emergency, the management of resources and assets will be critical to ensuring an acceptable level of patient care. As stated in the Mitigation/Preparedness section of this plan, API maintains a stockpile of various resources to support the facility for up to 96 hours (f—96 Hour Sustainability Plan.) These resources include everything from PPE to basic medical supplies and linens. API will turn to this stockpile to supplement inventory as needed while taking the steps outlined below to further augment needed supplies or to return resources and supplies to their normal inventory levels. Requests for resources, including staff, will be

transmitted from the various areas of the facility via existing lines of communications to the Logistics section within the Command Center. Logistics will acknowledge the receipt of the request and immediately address the need from current facility resources or incorporate the request into planning and priority setting processes. Additionally, the Logistics Section will carefully monitor medical supplies, including Personal Protective Equipment (PPE) and pharmaceuticals. The Logistics Section will facilitate requests for augmentation of resources at the earliest sign that stocks may become depleted. Resource requests may be made to any of the following entities



As information develops about current and future resource needs, API will first contact vendors of critical supplies and equipment to alert them of pending needs and to ascertain vendor capacity to meet those needs. API recognizes that in a major disaster, medical supply vendors may face competing demands that exceed their capacity. With the isolating geography of Alaska, there are many supplies and resources that have only one vendor

in the state. This limits API in terms of its ability to make arrangements with alternative vendors. Therefore, when a vendor has exceeded capacity and cannot provide products, API will escalate its request to the Municipality of Anchorage (when appropriate) and primarily to the State of Alaska DOH EOC.

As a member of the Joint Emergency Medical Preparedness Group in Anchorage, API maintains relationships with all area hospitals and healthcare entities. Additionally, the Alaska Hospital and Healthcare Association (AHHA) maintains a statewide healthcare mutual aid agreement. When an emergency occurs and API determines that another healthcare facility may have available resources, and these resources can be accessed more quickly than vendor re-supply, API will reach out to other organizations to make resource requests.

If vendors and other healthcare facilities are unable to meet API's needs, API will submit requests to the Municipality of Anchorage and the State of Alaska DOH EOC. The Municipality of Anchorage has no access to medical staff members or medical equipment and supplies that can be sent to hospitals. Therefore, the Municipality of Anchorage remains a resource for non-medical supplies and resources, such as alternate care locations in the area. Most resource requests will be immediately forwarded to the State of Alaska DOH EOC. The DOH EOC has access to numerous caches maintained in the state for items such as PPE, some pharmaceuticals, and communications capabilities. When unable to fulfill a request from state caches, the DOH EOC forwards resource requests for federal support.

Through the processes described above, API uses a clear system to obtain needed supplies and resources during an emergency event. Beginning with its own cache, and continuing on to contact vendors, community healthcare facilities, Municipal emergency management, and State of Alaska emergency management. API has multiple methods of maintaining adequate resource levels to provide appropriate patient care.

Safety and Security

Taking appropriate safety and security measures during an emergency allows employees to focus upon their daily duties with minimal safety distractions and maintains a higher level of calm for patients in the hospital environment. API takes steps during emergencies and disasters to ensure that the facility, staff, and patients are as safe as possible.

More information regarding the safety guidelines of the facility are detailed in the following documents:

- Appendix 2—Hospital Emergency Quick Response Plan
- Appendix 4—HICS Procedures

Job Action Sheets 001, 100, 101, 110, 200, 202, 204, 211, 250, 260, 300, 320, 500, 700 LD-010-05.

Security

The guidelines for day-to-day security response, are applicable to disaster and emergency situations. For example:

- Staff members will respond as outlined in **P&P SC-030-07** Behavior Emergency Code Silver or Gray, as appropriate anytime they feel that an individual at API is in danger of being physically harmed.
- Staff members will immediately report all security related incidents to the Nursing Shift Supervisor.
- All security related incidents will be documented on Unusual Occurrence Report (UOR) forms **06-6020A** and **06-6020B**, as outlined in **P&P LD-020-06** Unusual Occurrences-Incidents.

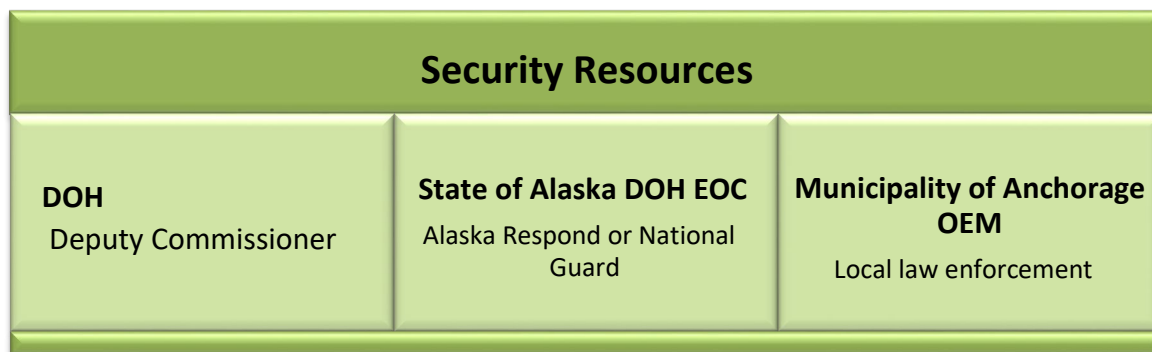
During a disaster situation, security at API will be provided initially by existing personnel under the direction of the Safety Officer. Security will be augmented as the complexity of the incident increases, or as existing staff members require breaks from their duties.

The Incident Commander will appoint a Safety and Security Officer (see **Appendix 2**) who will be responsible for ensuring the following security measures are implemented:

- Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded patient care, staff safety, and continued operations as necessary.
- The facility is locked down as necessary.

- Supervisors will ensure that all API staff wears their ID badges at all times. Security will issue temporary badges if needed for volunteer licensed and non-licensed independent practitioners.
- API staff will use portable blockade barriers to assist in traffic and crowd control as necessary.
- The EOC area, Triage, patient care, morgue and other sensitive or strategic areas are established and secure from unauthorized access.
- Ambulance entry and exit routes are established as necessary.
- The Safety Officer will ensure that the API site is and remains secured following an evacuation.

Existing security may be augmented through the following channels:



Safety

The Safety and Security Officer is responsible for ensuring the safety of rescue operations and response to hazardous conditions during an event. This officer coordinates all activities described in this section, unless otherwise indicated.

Following any emergency or incident that may have caused damage to the facility, API conducts an assessment of damage to determine if an area, room, or building can continue to be used safely or is safe to re-enter following an evacuation. More systematic damage assessments will be conducted and are indicated following an earthquake, flood, explosion, volcanic ash, hazardous material spills, fire or utility failure.

Hazardous Materials Management

API takes everyday precautions in regards to hazardous materials management. These precautions are intended to not only keep staff members safe on a daily basis, but also to make emergency response more efficient when it involves hazardous materials. To this end, API maintains a list of all hazardous materials and their Safety Data Sheets (SDS) and locations, as well as procedures for safe handling, containing and neutralizing them. All materials will have their contents clearly marked on the outside of their containers.

In the event of a hazardous material release or spill inside the facility, Facility staff will:

- Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment as shown and can safely and completely respond.

NOTE: Level C protection, or below, is not acceptable for chemical emergency response.

- Immediately report all spills or leaks to the Safety Officer or designee.

- Isolate area of spill and deny entry to building or area. Initiate fire or hazmat cleanup notifications, as appropriate.
- Refer to the spill and clean up procedures in the SDS.
- If the spill is beyond API's ability, local experts, outside contractors, or outside support and assistance will be consulted.
- Maintain the contact information for local experts should a hazardous spill or event exceeds API staff capability.
- In the event of a volcanic ash fall API will add external filtering to intake vents. See "API Maintenance Plan for Volcanic Ash Fall Events." Just in time training will also be conducted on the use of face masks.

Weapons of Mass Destruction (WMD)

Preparations for an event involving weapons of mass destruction - chemical, biological, nuclear, radiological, or explosives (CBRNE) - are based on existing programs for handling hazardous materials. See [Appendix 2](#) for a matrix of biological weapons agent characteristics.

If staff suspects an event involving CBRNE weapons has occurred, they should:

- Remain calm and isolate the victims to prevent further contamination within the facility.
- Contact the Director of Psychiatry, Director of Nursing, or other appropriate clinician.
- Secure personal protective equipment and wait for instructions.

- Comfort the victims.
- Contact Local Law Enforcement/FBI. See disaster contact list in Appendix 5.

Bioterrorism Response

As an active member of JMEPG, and in support of the AHHA Mutual Aid Agreement, API will assume the role of a decompression site when a bioterrorism or other incident has occurred. Due to the fact that API is a psychiatric hospital with limited medical capabilities, decompression of ambulatory, non-critical psychiatric patients are the most appropriate.

Patients who require radioactive or chemical isolation and decontamination will be referred to an appropriate medical facility. Small scale, isolated cases will be managed within the facility at the discretion of the Director of Psychiatry and Medical Officer.

Individuals who require care that is beyond the capabilities of API will be stabilized and transported via Emergency Medical Service (EMS) to local hospitals as needed. Transportation will be provided by facility vehicle or contract ambulance service as appropriate.

Reporting a Bioterrorism Event

API healthcare providers are required to report diseases that pose a significant public health threat to the local health department. API will report diseases resulting from suspected bioterrorist agents, and other

communicable and infectious diseases, to the Section of Epidemiology (907-269-8000).

API's response to a bioterrorism incident may be initiated by the Chief Executive Officer or Director of Psychiatry due to:

- A request of local Municipality of Anchorage authorities.
- Government official notification of an outbreak within or near Anchorage.
- Presentation of a patient with a suspected exposure to a bioterrorist agent. API will follow current CDC response guidelines in cases of a patient presenting with suspected exposure to a bioterrorist agent.

Potential indicators of a bioterrorism attack are:

- Groups of people becoming ill around the same time.
- Sudden increase of illness in previously healthy individuals.
- Sudden increase in the following non-specific illnesses: Pneumonia, flu-like illness, or fever with atypical features.
- Bleeding disorders.
- Unexplained rashes, and mucosal or skin irritation, particularly in adults.
- Neuromuscular illness, like muscle weakness and paralysis.
- Diarrhea.

Evidence Collection

API will establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving weapons of mass destruction, a variety of responders, ranging from health care providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

API's first duty is to the patient; however interoperability with other response agencies is strongly encouraged. The performance of evidence collection while providing required patient decontamination, triage and treatment should be reasonable for the situation.

Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance. Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:

- API has a supply of plastic bags, marking pens, and ties to secure the bags.
- Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, and date of collection and site of collection.
- An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the facility and a copy given to the patient.

- The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency; the facility will document who received them, where they were taken, and how they will be returned to the owner.

Staff Responsibilities

Knowledge of responsibilities during an emergency is essential for staff members, so they understand what actions to take when an incident occurs. Understanding their roles and duties will allow employees to act more quickly and appropriately, and it will reduce staff stress.

Staff Members Roles and Duties

On a day-to-day basis, it is expected that all staff will initiate emergency response actions consistent with the emergency response procedures outlined in **Appendix 2**-Hospital Emergency Quick Response Plans (Flip Chart).

Designated staff members have pre-assigned roles within the Hospital Incident Command Structure. These employees will perform duties consistent with those listed on their Job Action Sheets and will report to the supervisor as identified in the Job Action Sheet. See Job Action Sheet (JAS) and staff assignments listed in **Appendix 4**.

For those without pre-assigned roles, the IC or designee will assign the staff member and identify that person's incident supervisor. Additionally, the IC

will assume responsibility for changing staff assignments as needed to cover all necessary staff positions during an emergency event. Staff members may be assigned additional duties as needed according to skill level, training, and competency. Additional duties will not exceed credential restrictions or scope of practice for licensed personnel. Off-duty personnel will be called in as necessary to meet the needs of the hospital, or to provide community support in the event of a community based emergency.

As stated in the Mitigation and Preparation section of the EOP, badges are used by staff members to indicate their employment and to provide access to certain areas of the hospital.

All staff members that are not involved in direct patient care and all visitors will be directed to assemble in the designated Command Center area for further instructions. Volunteer licensed and not licensed independent practitioners and other volunteer staff requested by the facility through the AK Respond system will be identified by temporary identification cards issued by Administrative Services.

Staff Support

When an incident occurs that requires staff members to remain on site longer than their usual shift requires, staff support needs will be provided at the facility. Depending upon the length and complexity of the event, these needs may include:

- Temporary housing/sleeping quarters
- Food
- Transportation

- Incident debriefing

Additionally, if an employee needs medical evaluation or minor treatment at any point during the incident, the individual will be treated and referred to their physician or sent to an acute care hospital.

During a major event, it is likely that staff members will be focused upon the status and well-being of their families. To maximize their ability to communicate with family members and significant others, staff members will be provided access to alternative communication sources within API. Access will be determined by the functionality of the equipment and the need to prioritize emergency management communication functions.

Utilities

During any incident, especially those associated with natural events such as earthquakes, flooding, and severe weather, utilities are particularly at risk for failure. API will respond quickly and decisively to address any and all utility failures and outages that occur.

During day-to-day operations, utility system problems, failures, and/or user errors are reported through the Unusual Occurrence Reporting (UOR system) as outlined in **P&P LD-020-06 Unusual Occurrences-Incidents**. This process will be maintained whenever possible during an emergency. Also consistent with day-to-day operations, maintenance work orders will be submitted to the Maintenance Department via the electronic work order system. Continuing to use these daily processes during an emergency will allow staff

members to use a familiar system and therefore respond quickly to a utility problem.

In the event of a disaster where the API HICS operational center is activated, utility system problems, failures, and/or user errors will be reported through the Facilities Unit Leader in the Logistics Section.

During the response phase of an emergency, the Facilities Unit Leader or designee consistently monitors the state of utility systems. At the first sign of malfunction, the Facilities Unit Leader will respond. One of the initial actions taken will be to determine whether the system can be repaired. If so, arrangements will be made for repair by the Facilities Unit Leader, dependent upon the nature of the damage. Back-up systems will be activated as needed for water, fuel, power, and other utilities. See [Utility Shut off Plan](#) and [Appendix 2](#) for more information. The responsibility for activating these back-up systems lies with the Facilities Unit Leader.

If critical utility outages will be prolonged, it may be necessary to evacuate the facility. In such cases, the [Facilities Unit Leader](#) will provide sufficient information regarding the utility outage to the Safety Officer, who will immediately notify the CEO and Director of Psychiatry. The CEO and Director of Psychiatry will make the decision regarding whether the facility should be evacuated in response to the utility outage. See the next section of this EOP, “Patient Clinical and Support Activities, Evacuation Procedure” for more information specific to evacuations.

The Facilities Unit Leader will monitor any repairs and provide updated information to the Safety Officer, CEO and/or Director of Psychiatry so they are aware when it is safe to return to the facility or return parts of the facility to normal operations.

Further utility management information is found in , **Utility Systems Management Plan**.

Patient Clinical and Support Activities

Sustaining patient care during an emergency response is very important and highly challenging. API has identified several clinical and support activities that must be maintained in the response phase of an incident. To sustain these activities, API engages in consistent planning and preparation that will allow the facility and its employees to carry out this portion of the Emergency Operations Plan.

As a psychiatric hospital, API considers all of its patients to be part of a vulnerable population. All planning for patient care takes into consideration the fact that this population, though resilient, is also at increased risk for further psychological distress during an incident. API staff members endeavor to provide patient care in a calm and decisive manner, with the goal of decreasing patient stress throughout all phases of the emergency.

Triage and Admissions

The facility Director of Psychiatry or Director of Nursing will establish a site for triage and first aid under the direction of a physician or registered nurse.

Triage decisions will be based on the patient condition, facility status, availability of staff and supplies and the availability of community resources. The triage area will be clearly delineated and secured, with controlled access and exit points as facility conditions permit. Patients will be identified in the designated triage area through the use of plastic identification bands applied to the wrist. Patients who are admitted past the triage area to a patient care unit will be identified, monitored, and tracked by the electronic medical record system or the Patient Tracking Sheet.

All patient care activities will be managed in an age appropriate and therapeutic manner on a patient care unit that best fits their needs. At the discretion of the Incident Commander, the Director of Psychiatry and/or designee will:

- Arrange for transport of patients requiring higher levels of care as rapidly as possible.
- Direct uninjured yet anxious patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that manifest themselves behaviorally.

Patient Medical Care

As a psychiatric hospital, API's primary focus for patient care is not acute medical conditions or injuries. However, API recognizes that an incident or disaster may lead to injuries within the facility. When that occurs, API will respond to patient needs in a variety of ways.

Patients injured during a disaster will be given first aid by staff members within the facility's capabilities and resources. If the circumstances do not permit treating patients at API, they will be referred to the local emergency room at the nearest acute care hospital, Providence Alaska Medical Center. If immediate medical attention is required and it is not safe or appropriate to refer the patient to the emergency room, 911 will be called and the patient will be sent by ambulance to the nearest emergency room. If 911 services are not available, a request for medical transport will be conveyed to DOH EOC or MoA OEM.

Visitors or volunteers who require medical evaluation or minor treatment will be treated and referred to their physician or sent to the hospital.

Increase Surge Capacity

API is a psychiatric hospital and will accept the care of those patients within its scope of practice, licensing, and legal capacity. Acceptance of these individuals during a disaster may lead to a surge of patients at the facility. The Chief Executive Officer, Director of Psychiatry, or Director of Nursing of API will activate the facility's procedures for increasing surge capacity when facility utilization or anticipated utilization substantially exceeds day-to-day capacity with or without the occurrence of a disaster. Surge capacity may include the use of API's available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply staged.

When activated, API will take the following actions regarding patient surge:

- Establish a communication link with DOH EOC and MoA-OEM.
- Periodically report facility status to DOH EOC and/or MoA-OEM.

- Reduce facility services by postponing / rescheduling non-essential visits and appointments.
- Report status to facilities with which API has patient referral reciprocity or to which patients may be referred.
- Refer patients to alternative facilities or care sites established. Patients with symptoms that indicate exposure to infectious, nerve or other toxic agents will be referred to Providence Alaska Medical Center or Alaska Regional Hospital or ANMC.

Further written procedures can be found in Management of Patient Care in Overflow Locations, as well as refer to Highly Infectious Disease Plan.

Mental Health Response

The Critical Incident Stress Debrief (CISD) team is responsible for monitoring and responding to the mental health needs of patients and staff members. The lead for the CISD team will report to the Clinical Support Director position. If the CISD team activates and responds, the Clinical Support Director will notify the DOH EOC and/or MoA OEM to support situational awareness.

The CISD team initially establishes a site for the mental health team operations. Following site establishment, they will assess the immediate and potential mental health needs of facility patients and staff, considering:

- The presence of casualties.
- Magnitude and type of disaster.

- Use or threat of weapons of mass destruction.
- Level of uncertainty and rumors.
- Employee anxiety levels.
- Level of effectiveness of EOC operations.
- Convergence of community members.
- Patient levels of stress and anxiety.
- Children present
- Cultural manifestations.

If the CISD team determines that an employee or patient requires mental health services beyond the scope of the facility, the individual will be referred and the CISD team will assist in coordinating transportation.

Based on the needs demonstrated by patients and staff members, the CISD team may determine the need to augment staffing. They may take the following steps to support augmentation:

- Recall mental health staff to the facility
- Request the response of contract mental health clinicians
- Coordinate with other mental health providers who may need to support API mental health response.

If the steps listed above do not result in adequate staffing, API will request mental health assistance through the DOH EOC.

Throughout the incident, the CISD team conducts ongoing monitoring of the mental health status of employees and patients. Additionally, team members document all mental health encounters with staff and patients. This includes information required for follow-up on referrals. Furthermore, in accordance with HICS procedures, the CISD team maintains records of events, personnel time and resource expenditures.

Infection Control Practices for Patient Management

API will continue procedures for the routine care, cleaning, and disinfection of environmental surfaces and other frequently touched surfaces and equipment as feasible during emergencies. Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions or excretions will be handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments. API will implement policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded. Contaminated waste will be separated and discarded in accordance with federal, state and local regulations.

API will use Transmission Based Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses. For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.

In small-scale events, routine facility patient placement and infection control practices should be followed. However, when the number of patients presenting to API is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include co-horting patients who present with similar syndromes, i.e., grouping affected patients into a designated section of the facility or a designated area of the facility, or even setting up a response center in a separate wing. API will report mandated communicable

infectious diseases to the Section of Epidemiology at 269-8000, www.epi.alaska.gov.

In general, the transport and movement of patients with bioterrorism-related infections, as with patients with any epidemiologically important infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care. This reduces the opportunities for transmission of microorganisms within the API facility.

Staff will consult their **Badge** buddy Transmission Based Precautions Quick Reference cards for the prevention of occupational injury and exposure to blood borne pathogens. If exposed skin comes in contact with an unknown substance/powder, wash with soap and water only. If contamination is beyond API's capability to manage, call 911. Local government, fire departments and hospitals that normally conduct decontamination of patients and facilities exposed to chemical agents will respond accordingly.

During an emergency involving chemical, biological, radiological, nuclear or explosions, API medical staff will implement mitigation strategies given by the Section of Epidemiology and initiate surveillance and monitoring systems. Information during surveillance will be reported to the Director of Psychiatry and the Section of Epidemiology.

In a community wide event, medical staff will monitor the Alaska Public Health Alert System (PHAN) for the most up to date information for medical treatment and recommendations.

Mass Prophylaxis

API encourages its clinicians to participate in a mass prophylaxis program, if the disruption to facility operations would not negatively affect the environment of care

Health care providers from facilities throughout Anchorage could be called upon to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, Alaska would establish mass prophylaxis sites throughout the State. These sites would be large facilities such as school gymnasiums or warehouses that can accommodate large groups of people. These sites would require a large number of healthcare providers to administer medications. The DOH EOC would look to state facilities to adequately staff mass prophylaxis sites, if necessary.

API medical staff may also be asked to provide prophylaxis to staff, patients and their families. Response to the need for mass prophylaxis is addressed in more detail in [Highly Infectious Disease Plan](#).

Patient Transfer

The status of regional infrastructure (i.e. roads, access points) will be taken into consideration when making the decision to transfer patients. Due to legal liabilities, staff will never transport patients in private vehicles under any circumstance. The following resources are available in Anchorage for patient transport during a disaster:

- Ambulance—Contact dispatch per usual procedures to request.
- Health Mover
- Dual Use Vehicle—Maintained and operated by the Veteran’s Administration, can transport multiple ambulatories and/or wheelchair patients, contact the State of Alaska DOH EOC to request.

Each transport vehicle has expectations regarding patient information that will be sent with the individual(s). API will use a patient’s Kardex and eMARs printout to document and track treatment during transport.

Patient Discharge

Patients, except those under court ordered custody, will be permitted to leave with family, friends or guardians ONLY after they have signed a release form with the Director of Psychiatry or designated facility staff.

Children will be allowed to leave only with parents or guardian, who accompanied them to the facility and who provide confirming identification (e.g., driver's license or other government identification). If no appropriate adult is available, facility staff will:

- Provide a safe supervised site for children away from adults.
- Attempt to contact each child's family.
- If contact is not possible, contact the Office of Children's Services to provide temporary custodial supervision until a parent or Guardian is located.

Mortuary Services

In the event of disaster related deaths, any deceased persons will be maintained in a secure and private area until mortuary services can be provided. The API Incident Commander or designee will notify the MoA OEM for assistance in providing appropriate mortuary services. An API staff member(s) will assist in the safe and confidential transfer of the deceased to appropriate mortuary services as soon as possible. Patient family or guardian notification will be conducted through routine hospital protocol for patient deaths.

Documentation and Tracking of Patient Information

It is the policy of API that the confidentiality of patient information remains important even during emergency conditions. Facility staff will take appropriate steps to ensure confidential information is protected and transferred appropriately to authorized entities only. Information regarding the release of patient information during a disaster is included in the Response Communications section of this EOP.

The Patient Tracking Form is used to ensure that staff members have a manual form available to locate patients at all times. API will use the patient's Kardex and manual charting processes when a disaster renders the electronic patient record system inaccessible.

Facility Status

In any emergency, there are multiple available options regarding the facility and its operational status. A general outline of the potential statuses and associated actions are listed below.

Remain Fully or Partially Operational
▪ Review plans and procedures. Update contact information.
▪ Check inventory of supplies and pharmaceuticals. Augment as needed.
▪ Reduce facility operations to essential services.
▪ Cancel non-essential appointments.
▪ Ensure safety of patients and staff.
▪ Communicate status to the DOH EOC and MoA-OEM.

If API remains fully or partially operational following a disaster, the Chief Executive Officer, Director of Psychiatry, and DON will define the response role the facility will play. The appropriate response role for API will depend on the following factors:

- The impact of the disaster on API
- The level of personnel and other resources available for response.
- The pre-event mental health care and other service capacity of API
- The needs and response actions of residents of the community served by API (e.g. convergence to the facility following disasters)
- The priorities established by the API CEO
- The degree of planning and preparedness of API and its staff.

Close and Secure the Facility—Advance Warning of Disaster/Emergency
▪ Ensure patients and visitors can return home safely or plans are in place for an alternate care site.
▪ If time permits and patient census allows, encourage staff to return to their homes.

- Ensure staff is informed of call-back procedures and actions they should take if communications are not available.
- If staff remains in the facility, take shelter as appropriate for the expected disaster.
- Review plans and procedures. Update contact information.
- Check inventory of supplies and pharmaceuticals. Augment as needed
- Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.
- Cancel scheduled appointments.
- Take protective action appropriate for the emergency.
- Communicate status to the DOH EOC and MoA OEM.

The information above is based on a scenario where advanced warning of the emergency is available and steps can be taken to mitigate the effects upon the API facility. After the emergency has concluded, the facility will be assessed and a determination will be made whether to re-open for normal or limited operations.

- | Extended Facility Closure |
|---|
| • If possible, ensure facility site is secure. |
| • Notify staff of status and require that they remain available for return to work unless alternate arrangements are made. |
| • Notify suppliers of essential services (e.g. NANA Corporation, Snow White Cleaners, Quest Labs). |
| • Notify the Alaska Department of Health Services Licensing and Certification Division, or other appropriate licensing agency. |
| • Notify the nearest hospital(s) and clinic(s) of the change in API operating status and intent to refer patients to alternate sources of care. |
| • Notify the DOH EOC and MoA-OEM of its change in status. Request location of nearest source of mental health services. |

- Place a sign on the facility in appropriate languages that explains the circumstances, indicates when the facility intends to reopen (if known), and location of nearest source of mental health services.

If API experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Chief Executive Officer, will make the decision to suspend facility operations until conditions change.

Evacuation and Alternate Care Sites

The decision to evacuate the hospital is a serious one that has a significant impact on patients and staff members. Multiple options will be taken under consideration, and significant planning will occur to assure that patients receive the highest quality of care in the event that they must be evacuated.

The Chief Executive Officer and Director of Psychiatry may decide to evacuate the facility, suspend or curtail facility operations, take actions to protect equipment/supplies/records, move equipment and supplies to secondary sites, backup and secure computer files, or other measures he/she may find appropriate.

Following the occurrence of an internal or external disaster or the receipt of a credible warning, the Chief Executive Officer will decide the operating status for API. The decision will be based on the results of a damage assessment, the nature and severity of the disaster and other information supplied by staff, emergency responders or inspectors. The decision to evacuate the facility, return to the facility and/or re-open the facility for partial or full operation depends on an assessment of the following:

- Extent of facility damage / operational status.
- Status of utilities (e.g. water, sewer lines, gas and electricity).
- Presence and status of hazardous materials.
- Condition of equipment and other resources.

- Environmental hazards near the facility

Evacuation Procedure

As stated above, the CEO and Director of Psychiatry have the authority to order the evacuation of the facility, or this authority may be delegated to another individual, such as the Incident Commander. Once the decision to evacuate has been made, the following actions will occur:

- All available staff members and other able-bodied persons should do everything possible to assist personnel in the removal of patients at the location of the emergency.
- Close all doors and windows.
- Turn off all unnecessary electrical equipment, but leave the lights on.
- Evacuate the area/building and congregate at the predetermined site. Evacuation routes are posted throughout the facility.
- Patients, staff, and visitors should not be readmitted to the facility until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Commander.

Specific procedures for evacuation of patients include:

- Patients will be evacuated according to the following priority order: persons in imminent danger then ambulatory patients.
- Staff should escort patients to the nearest exit and direct them to the congregation point.
- When patients are removed from the facility, staff will remain with them until they are able to safely leave or have been transported to an appropriate facility for their continued care and safety.
- A responsible person will be placed with evacuees for reassurance and to prevent patients from reentering the dangerous area.
- If safety permits, all rooms will be thoroughly searched by the Search and Rescue Team upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.

- Lists of patients evacuated will be prepared by the Director of Nursing or designee and compared to the patient log. This list, including the names and disposition of patients, will be sent to the Director of Psychiatry, Incident Commander and Chief Executive Officer. Additionally, any injuries or fatalities will be reported.
- If patients evacuated from the facility are unable to return home without assistance, the relatives or guardian of patients evacuated from the facility will be notified of the patient's location and general condition by API staff as soon as possible.

To ensure a coordinated evacuation, a Command Center will be established near the north end of the parking lot. Cellular Phones, 2-way radios, and satellite phones will be utilized for communication needs (see the current **API Phone Directory** for contact numbers). All staff not involved in direct patient care, all visitors, and all contractors will be directed to assemble in the designated Command Center area for further instructions. The Supply Department (in collaboration with the Safety Officer) will designate staff to bring the carts that contain emergency supplies and equipment to be used in the event of an evacuation.

Supporting Plans for Evacuations

Additional instructions regarding evacuation are included in **Appendix 2, API Facility Evacuation Plan**. This document includes a floor plan and map of exits within the building. It also identifies the location of emergency equipment including fire extinguishers, phones, fire route out of the building and first aid supplies.

Information regarding where to locate and operate utility shut-offs, including emergency equipment, gas, electric, water, computers, heating, AC, compressor, and telephones are listed in the Utility **Shutoff Plan**.

Alternate Care Site

To the extent possible, patients will be transferred to other hospitals that can provide the appropriate level of care. The remaining patients will be housed and care will be provided at the designated alternate care site.

The decision to relocate to an Alternate Care Site at the time of the disaster will be made in consultation with the Department of Health and Municipality Emergency Operation Center. If a Municipality of Anchorage building will be used as the Alternate Care Site, the MoA OEM will be contacted to make arrangements.

As safety permits, nursing and/or emergency response staff will assist patients in securing and transporting all necessary supplies, equipment, medical records, medications, and personal property to the alternate care site. If additional resources are necessary to support patient care and staff needs, items listed in the **Ninety Six Hour Sustainability Plan** will be used to supply the Alternate Care site.

Communication will be conducted through use of cell phones, handheld two-way radio, satellite phones, text messaging, and runners if necessary. The API CEO has access to a battery powered satellite phone for use during emergency incidents.

Patients will be transferred with their Kardex and eMARs for the continuation of their care. All personal health information will be treated as confidential information and transferred only to a public health authority. Patient families and guardians will be notified of the transfer and location of patients by API staff members as appropriate.

The Incident Commander will communicate any transportation, temporary shelter or other required resources to the DOH EOC.

Volunteer Staff Management

If API staff cannot meet patient's needs during an emergency, additional staffing will be requested through the DOH Alaska Respond. This includes volunteer licensed independent practitioners and not licensed independent practitioners and general staff.

API's Director of Psychiatry will grant disaster privileges and assign disaster responsibilities to volunteer licensed independent practitioners and not licensed independent practitioners as outlined in the API medical bylaws.

Each volunteer licensed independent practitioner and not licensed independent practitioner is required to read those written medical bylaws.

API will accept additional medical staff members it has requested and who have been verified through AK Respond, DOH EOC or MoA-OEM venues including Disaster Medical Assistance Teams (DMAT) and the Medical Reserve Corps (MRC). Verification will include a primary source verification of licensure which will occur within 72 hours of practitioner's arrival.

If primary source verification cannot occur within 72 hours due to extraordinary circumstances, medical staff will document the reason. They will also document API's attempts to obtain the information from DOH EOC, MoA-OEM, AK Respond, as well as the continued demonstrated ability by the volunteer to provide adequate care, treatment, and services.

During a disaster the API medical staff will oversee the performance of all volunteers licensed independent practitioners and not licensed independent practitioners through direct observation, mentoring or medical record reviews. Based on oversight of each volunteer licensed practitioner and not licensed practitioner API will determine within 72 hours of the practitioner's arrival whether granted disaster privileges should continue.

All volunteer licensed independent practitioners and not licensed independent practitioners will be distinguished from API staff by temporary ID badges issued by the Safety and Security Officer.

Integration with Community

Communication with the surrounding community promotes better understanding of the services API can offer in a disaster, and the limitations it is experiencing as a result of the incident. The Liaison Communications Officer serves as the primary public contact during the Response phase.

In coordination with the Joint Information Center established through the ICS model, and in consultation with the CEO and Incident Commander, the Liaison Communications Officer will participate in the development of communication strategies to keep patients and community members informed of the situation at the facility. The Liaison Communications Officer will establish relationships with community media, especially outlets that are preferred by communities served by the facility including non-English language broadcast media, where appropriate. When briefings are conducted, they will be held at a safe location away from the designated assembly area to prevent further interruptions of evacuation and treatment efforts.

Information most likely to be provided during a disaster or major incident includes:

- Operating status of the facility
- Alternatives for receiving services, including locations
- Recommended actions
- Protective measures

Under some circumstances, the Liaison Communications Officer can request broadcast media to broadcast a message specifically for the staff of the facility to inform them of facility operational status and expected actions. Whether for the purpose of informing staff members or informing the community, the Liaison Communications Officer will ensure that all public releases of information protect patient confidentiality.

All external communications will be authorized by the Incident Commander or designee.

Recovery

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on API, this may require significant resources and time to complete. API is a State owned facility. Any medical, non-medical, and pharmaceutical recovery resource needs will be coordinated through the State of Alaska, Department of Health.

At the direction of the Incident Commander, staff members will implement recovery procedures. During the Recovery period, safety and security are the primary concerns. Recovery of API to full operational status is expected to progress in a systematic manner as quickly as possible without compromising the safety of patients, visitors, or staff. Recovery activities will continue until all systems return to normal or near normal, including addressing the stress and mental health of staff. Recovery can be broken down into short-term and long-term recovery. Short-term recovery returns vital life support systems to minimum-operating standards. Long-term recovery may go on for years until the entire affected area has been redeveloped either as it was prior to the emergency or developed to new standards.

The SLC will annually evaluate all emergency situations and responses. A summary of the evaluation, along with any recommendations, will be routed through the Quality Management process.

Restoration of Services

The API Chief Executive Officer or designee will call for deactivation of the emergency response when the facility can return to normal or near normal services, procedures, and staffing.

Depending on the event, it may be necessary to expedite resumption of mental health services to address unmet community mental health needs. API will take the following steps to restore services as rapidly as possible:

- If necessary, repair facility or relocate services to a new or temporary facility.

- Replace or repair damaged medical equipment.
- Expedite structural and licensing inspections required to re-open.
- Replenish expended supplies and pharmaceuticals.
- Decontaminate equipment and facilities.
- Attend to the psychological needs of staff and mental health consumers.
- Follow-up on rescheduled appointments.
- Facilitate the return of medical care and other facility staff to work.

Staff and Patient Recovery Support

The facility understands that a major part of recovery is the wellbeing of employees affected by the emergency situation. In order to support staff members, a Critical Incident Stress Debriefing team has been set up as part of the Safe and Therapeutic Environment Plan to work with employees and their families when necessary. The CISD team is the lead entity in terms of assessing and responding to employees, as well as providing general employee status information to the Incident Commander. Additionally, Human Resources will coordinate referrals to employee assistance programs as needed.

The CISD will also monitor the needs and wellbeing of the patients and respond accordingly.

Documentation

The Planning Section is responsible for collecting all documentation associated with the activation. This documentation will be stored and will be accessible for the purposes of financial documentation and reimbursement, liability investigation, and reviews associated with After Action Reports.

The Business Office will track and account for disaster related expenses. Documentation will include:

- Direct operating costs

- Costs from increased use
- All damage or destroyed equipment
- Replacement of capital equipment
- Construction related expenses.

Damage, Lost Revenue, and Reimbursement

API will document damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory. One copy will be filed with the Chief Financial Officer (CFO) and another copy in a secure offsite location. Refer to **Appendix 2**- HICS –Procurement Summary Report form for tracking costs and losses.

The CFO will work with the Business Office to document all expenses incurred from the disaster. An audit trail will be developed to assist with qualifying for any Federal reimbursement or assistance available for costs and losses incurred by the facility as a result of the disaster.

Depending on the conditions and the scale of the incident, API will seek financial recovery resources in accordance with the following:

- State of Alaska—The eligibility of API for federal reimbursement for response costs will be coordinated with the SEOC.
- Federal Emergency Management Assistance (FEMA)—After a disaster occurs and the President of the United States has issued a Federal Disaster Declaration, assistance is available to applicants through FEMA.
- Federal Grant—Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.
- Insurance Carriers - API will file claims with its insurance companies for damage to the facility. The facility will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

After-Action Report (AAR)

API will conduct after-action debriefings with staff and participate in State and Municipal After-Action debriefings. API will also produce an AAR describing its activities and corrective action plans. This AAR will include recommendations for additional training and improved coordination (Appendix 2 HICS- After Action Report).

Training

Employee Orientation

All employees must attend annual training and updates on emergency preparedness, including elements of this plan. New employee orientation and ongoing education, through the required annual Competency and Safety Fair/Nursing Skill Fair, or equivalent option, will incorporate all relevant elements of this Emergency Operations Plan. Employee essential knowledge and skills include:

- The location and operation of fire extinguishers.
- The location of fire alarm stations and how to shut off fire alarms.
- How to alert staff of fire or smoke events.
- How to assist patients and staff in the evacuation of the premises.
- Location and use of oxygen (licensed staff).
- Location and use of medical emergency equipment (medical staff and staff trained on AED).
- How emergency codes are called in the facility and appropriate initial actions. See **Appendix 2**-Hospital Emergency Quick Response Plans.
- Actions to be taken during fire and other emergency drills; including back up communication systems and how supplies and equipment are obtained during disasters or emergencies.

Mental Health Training

API's CISD team members will receive training that promotes understanding of the typical human response to disasters. The training for mental health professional team members will include delineating the difference between traditional mental health therapy and crisis counseling. Training will also address cultural considerations of the service population and how they are affected by disasters.

Exercise

API recognizes that this plan is valuable only if staff members are trained regarding its contents and have an opportunity to execute required actions

during exercises. Thus, API will exercise this plan at least twice per year. Exercises can be in response to an actual emergency or in planned drills. API will use exercises as an opportunity to monitor the effectiveness of internal and external communications, as well as monitoring how efficiently it mobilizes and allocates resources.

Exercises will include one or more of the following response issues in their scenarios:

- Facility evacuation
- Bioterrorism / High HVA option
- Mental Health response
- Coordination with government emergency responders
- Continuity of operations
- Expanding facility surge capacity

API will designate evaluators during planned exercises whose sole responsibility will be to monitor performance and document opportunities for improvement in six areas: Safety and security, communications, resources and assets, staff roles and responsibilities, utility systems, and patient clinical and support care activities.

Training and Exercises will include a variety of scenarios to test internal and external disasters that require extensive community cooperation. API will participate in community drills that assess communication, coordination, and the effectiveness of the facility's and the community's command structures.

Evaluation

The effectiveness of the implementation of this plan will be evaluated following its activation during actual or emergency response exercises. Evaluations will be accomplished through post event debriefings with all staff and outside agencies who participated in the emergency response.

Information from these sessions will be used to create an After Action Report (AAR). The AAR is written by the Emergency Plan Manager and submitted to senior leadership. The AAR will identify API vulnerabilities and suggest improvements or mitigation activities to be implemented.

Based on the AAR evaluation, the SLC will develop a Corrective Action Plan that may include recommendations for:

- Additional training and exercises.
- Changes in disaster policies and procedures.
- Plan updates and revisions.
- Acquisition of additional resources.
- Enhanced coordination with response agencies.

API will modify the EOP based on the results of the AAR. Subsequent emergency response exercises will reflect the modifications made to the EOP.

Plan Development and Maintenance

The Emergency Plan Manager has the primary responsibility for reviewing the Emergency Operations Plan annually. The Safety Officer and Emergency Plan Manager are responsible for recommending changes to the plan based on findings identified through performance improvement activities such as emergency preparedness exercises and annual plan performance reviews. All recommended changes will be reviewed by the Senior Management Team for approval. The plan will also be reviewed following its activation in response to any emergency, following exercises and other tests, as new threats arise, or as changes in facility and government policies and procedures require.

When the API environment undergoes changes including remodeling, construction, installation of new equipment, and changes in key personnel, the SLC will review and update the API EOP as needed.

Areas that may need review in these circumstances include:

- Evacuation routes.
- Emergency response duties assigned to new personnel, if needed.
- The locations of key supplies, hazardous materials, etc. updated.
- Vendors, repair services and other key information for newly installed equipment incorporated into the plan.

A copy of this plan will be provided to the SEOC, DOH EOC, MoA-OEM and agencies designated on the Distribution chart if requested.