

POLICY MANUAL

Subject: Disaster Policy

Effective Date: October 24, 2008

Initiated By: Russell E. Taylor
Safety Director

Approved By:

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A DISASTER is a natural or manmade event that significantly disrupts the Environment of Care (for example, damage to the organization's buildings and grounds due to severe winds, storms or earthquakes): that significantly disrupts care, treatment and services (for example, loss of utilities such as power, water or telephones due to floods, civil disturbances, accidents or emergencies within the organization).

POLICY:

Cumberland Heights maintains a disaster plan in the event of a major fire, tornado, flood, winter storm, or other catastrophe; in order to maximize patient and staff safety and the continuum of care should one of these events occur. Those staff designated as Team Leaders in the [Emergency Management Plans](#) also serve as Disaster Leaders as well. The Team Leaders and chain of command in the event of an emergency or disaster are:

- Overall charge of the facility

Chief Executive Officer—Chief Administrative Officer---next senior executive officer on site---Safety Director---Therapy department heads---Charge Nurse on duty.

- Therapeutic issues

Chief Clinical Officer---Associate Clinical Officer--- Senior Therapy department heads---senior counselor on site.

- Medical issues

Chief Medical Officer---Assistant Medical Director---Director of Nursing---Charge Nurse/Nurse Supervisor on duty---senior nurse on duty

- Facility issues (Buildings-grounds-IT-communications)

Chief of Business Development and Plant Operations---Safety Director ---IT Director ---maintenance personal on site

- Security of facility

Safety Director---Security Manager---senior security officer on site---maintenance personal

- Media

Chief Marketing Officer---Chief Development Officer

- Records (patient and financial)

Chief Financial Officer----Quality Management Director----next senior executive manager

If a disaster strikes during the times of Monday-Friday day shift hours the most senior personal on site initiates the disaster plan. If a disaster strikes during second or third shifts hours Monday-Friday or any shifts on weekends, the Charge Nurse/ Nurse Supervisor of the medical unit or security officer on duty initiates the disaster plan. If a disaster plan is initiated during off times the Nurse in Charge is in overall command until the above named Team Leaders arrive on site.

In the event of a disaster on any facility of Cumberland Heights certain steps need to be taken to mitigate the effects of the event on our patients, visitors and staff. The steps that need to be taken are in three phases.

1. Phase one- needs to happen within the first ½ to 1 hours of the event

- A. Notification
- B. Find usable spaces
- C. Assign personal
- D. Set up communications
- E. Move injured patients, visitors and staff to triage area and begin treatment
- F. Move un-injured patients, visitors and staff to assigned areas
- G. Secure the facility
- H. Access available assets and move to needed areas.

2. Phase two-needs to cover the next 4-8 hours of event

- A. Continue treatment of injured
- B. Set up command center
- C. Disaster/Team Leaders take control of assigned areas of concern
- D. Using available assets make plans for the short term care of persons on site
 - a. transportation of injured as necessary
 - b. placement and comfort of un-injured patients and visitors
 - c. securing of medical and financial records
 - d. feeding of personal on site
- E. Notification of insurance carriers
- F. Notification of families of effected patients or staff

3. Phase three-next one to two days and longer depending on the severity of the event and how it effected the facility

- A. Make plans for long term effects of the disaster to lessen the effects and assure the continuation of the care of patients and effects on the business

PROCEDURE:

Phase One: Notification

1. Notify Emergency Services via 911.
2. Begin the phone notification of the member of chain of command. The first person notified from below call list is responsible to notify the remainder of the Team Leaders in order to free on site personal to handle the situation until help arrives.

Jay Crosson (Chief Executive Officer/Chief Financial Officer) 615-852-1153
Russ Taylor (Safety Director) 615-405-6915
Cinde Stewart-Freeman (Chief Administration Officer) 615-479-1180
Chapman Sledge (Chief Medical Officer) 615-426-5407
Thomas Lawrence (Security Supervisor) 615-507-4796
Chief of Business Development & Plant Operations)
Walt Quinn (Chief Marketing Officer) 615-414-4464
Butch Glover (Chief Clinical Officer) 731-499-2656
Martha Farabee (Chief Development Officer) 615-424-8135

Phase One: Find usable space

3. From available buildings on campus need to set up the following:
 - A. **Command Center**-If structurally sound the Lower Level Conference Room B of the Family Life Center is the designated Command Center. If the Family Life Building is not usable then the lobby area of the Craig Hall (Dining Room), the nursing station of medical will be the next choice, If no buildings are available a safe place outside will be named. A Command Center can also be established off campus (i.e Hampton Inn, Bellevue).
 - B. **Triage Area**-If structurally sound the Detox area of the medical building is the designated triage area. If the medical building is unsafe to use the group rooms of the Family Life Center, the group rooms of the Crichton Hall (Adult Therapy) will be the next choices. If no buildings are available a safe place outside will be named.
 - C. **Patient Control Area**-If structurally sound the program buildings will be the designated area. If a program building or buildings are damaged then the Family Life Center, Crichton Hall (Adult Therapy), Craig Hall (Dining Room) will be the next choices. If no buildings are available then a safe place outside will be named. Care needs to be taken to separate where ever possible adult patient from youth and male and female.
 - D. **Visitor or Family Control Areas**-The Family Life Center will be the designated area. If the Family Life Center is damaged then the Crichton Hall (Adult Therapy), Craig Hall (Dining room) will be the next choices. If there are no buildings available then a safe place outside will be named.
 - E. **It is noted that a roll call should be done for all programs to ensure that all patients are accounted for, including family members in family program. In addition, managers should account for all on-duty staff as well as visitors to their areas. This information should be given to Command to provide to EMS.**

Phase One: Assign Personnel

4. From available personnel on site or above named Team Leaders assign personnel to be in charge of:
 - A. Triage of injured patients, visitors or staff
 - B. Procure available medical supplies and other needed assets (I.e. radios, generators, etc). If the medical building has been damaged and can not be entered there are extra supplies stored thought the campus. (Hazel Hawkins, Crichton Hall, Family Life Center)
 - C. Patient control adult and youth
 - D. Control of visitors and family
 - E. Security of campus and crowd control
 - F. Checking condition of buildings

Phase One: Set up communications

- If the phone and paging system are out of service, there are two way radios in each department as well as medical and security that can be use for communication. There is a mega-phone available in the maintenance shop that can be used as well.
- See Policy on Emergency Communications

Phase One: Move injured patients, visitors and staff to triage area

- All trained staff in First Aid is to assist the medical department with the injured.

Phase One: Move un-injured to assigned areas

- Security or Maintenance personnel are to locate and inspect a building or buildings that will provide the protection and comfort for un-injured patients and staff

Phase One: Secure the facility

- On site security personnel are to first control access to the facility making sure that only emergency response and arriving staff come on campus. Second if additional staff is available assist in the control of persons on campus and make sure that no one enters damaged areas.

Phase One: Access available assets

5. The following preparations for disaster are maintained at all times:
 - A. Food supplies for average population x 72 hours.
 - B. Food Services have available back-up cooking equipment in the event of loss of power or damage to the Craig Hall.
 - C. Medication supplies for average population x5 days.
 - D. Two days water storage for sanitary purposes.
 - E. Portable water storage in shop
 - F. Cellular phone backup

- G. Generator to run phone and data equipment up to 24 hour continuous run
- H. Two hour battery emergency lighting with generator available in support services building; flashlights and batteries at nursing station
- I. Portable generators for emergency lighting
- J. Jump kits of emergency medical supplies
- K. Intercampus radio system
- L. Temporary heating systems and fans for use depending on the time of year of the disaster
- M. Additional contact phone numbers for assistance:
 - a. Medical – Dr. Alley 214-766-1522, Nita Chester 615-308-8131, Tammy Gatlin 615-566-0357
 - b. Maintenance and Housekeeping- Scotty Adams 615-405-9877, Linna Brown 615-207-9751, on call maintenance 615-405-7602
 - c. IT- Jimmy Jamison 615-405-7402, Jermaine Smith 615-456-5426
 - d. Therapy- Will Radford 615-974-8345, Paul Citro 615-414-6447, Melissa Hudgens 615-476-3341, Robert Albury 615-587-7451
 - e. Family Services – Heather Hendrickson 615-430-5566
 - f. QM- Donna Fisher 615-428-0718, Chris Berkey 615-974-5541
 - g. Medical Records – Donna Fisher 615-428-0718, Susan Grimes 513-465-7855
 - h. Utilization Review – Dale Kirkham 615-420-0201
 - i. Emergency Electrician- Bill Percy 615-405-5252
 - j. Emergency Plummer- Larry Shaw 615-972-0574
 - k. Phone communications- Hiscall Inc. 615-740-7771
 - l. Nashville Electric Service- 615-234-0000
 - m. Harpeth Valley Water Service- 615-352-7076

Phase Two: Continue treatment of injured

- 6. Senior Nurse or Chief Medical Officer will designate the following:
 - A. Triage nurse to tag patients with their name and triage code.
 - Triage I life threatening
 - Triage II non-urgent vs. stable
 - Triage III minor; first aid
 - B. Remaining nursing staff plus any trained First Aid staff and/or providers to assist in the emergency care and preparation for transport of injured.

Phase Two: Set up command center

- 7. The first member of management on the scene assumes charge of operations and establishes/continues operations at the Command Center as noted previously. When the Safety Officer arrives on the scene, s/he assumes charge of operations until an Executive Manager arrives. The first Executive Manager on the scene assumes charge of operations at the Command Center, freeing the Safety Officer to be in charge of the disaster site and physical plant needs.
- 8. All staff called in should initially report to the Control Center for assignments with the exception of nursing staff, Doctors and first responders who should report immediately to the established Triage Area

Phase Two: Disaster/Team Leaders take control of assigned areas of concern

- 9. The Chief Clinical Officer assumes overall responsibility for non-injured patients and family members.
- 10. The Men's Center Director, Women's Center Director, Youth/Young Adult Program Director, and Professional/Extended Care Director assume responsibility for non-injured patients and their families of the respective programs.
- 11. The Chief Financial Officer assumes responsibility for information technology/records security. In addition the CFO notifies the organization's insurance carriers.
- 12. The Chief Business Development & Plant Operations Officer assumes responsibility for support services.
- 13. The Chief Administrative Officer assumes responsibility for serving as liaison with TMA, EMS, and area hospitals to secure resources as needed in order for the DON and CMO to be free to direct the on-site Triage Area.
- 14. The Chief Executive Officer assumes overall operational control, including responsibility for media management.
- 15. The Chief Medical Officer assumes control of the medical personnel on site and the triage area.
- 16. Personnel in charge of duties will call in necessary personnel to handle disaster situation.

Phase Two: Using available assets make plans for the short term care of person on site

After the initial assessment of damage has been done, staff duties, if not otherwise assigned, should include

17. Any counseling staff on grounds that are not assisting in triage should remain with the patients in the areas designated above. It is strongly encouraged that staff members ask patients to a) sit down and b) engage patients in an activity such as a Twelve Step meeting and/or a Big Book study in order to maintain an atmosphere of calm and order
18. Marketing (Director Media/Advertising & PR or Chief Marketing Director) - establish a switchboard alternate if main one down; handle all media.
19. Medical Records/Information Technology/Fiscal Services (IT Director, Medical Records Supervisor, Controller) - secure all records, particularly active medical records.
20. Utilization Review (UR Coordinator or designee) - serve as liaison with Managed Care Organizations
21. Quality Management (QM Director with designee of QM Coordinator)—
22. Support Services Director(with designee of Plant Maintenance Manager) - determine any safety threats from utilities; determine the condition of buildings; begin to restrict access to dangerous areas; develop routes for EMS and other necessary access through campus.
23. Administration - report to Control Center to assist with operations.
24. Food Services (Supervisor or chef on site in charge) - ascertain food / water availability and needs; proceed accordingly.
25. Security Department (Supervisor or senior officer on site in charge) - maintains security of campus, control of media, help in control of patients and visitors.

Phase Two: Notification of Insurance carriers

26. The CFO notifies the organization's insurance liability carriers.

Phase Two: Notification of families of effected patients and staff

- A. Family Counseling (Family Services Coordinator or senior family counseling staff member on site in charge) - congregate with counseling staff members to assist in notification of families and emergency contacts for patients.

Phase Three: Make plans for long term effects of the disaster to lessen the continuation of the care of patients and effects on the business

After an emergency event Senior Staff (as listed above) present on site along with Department Heads available will coordinate to make decision for the continuum of care for our patients and families. Decisions as to what plans are put into effect will be based on the findings of the following information: Condition of buildings and grounds Assessment of critical supplies i.e. food, water, medicines, and linens.

Communication System
 Data systems and patient records
 Assessment of staffing availability
 Condition of utility systems
 Transportation
 Security
 Availability of outside help (i.e. city/county, Fire, Police, Medical)

Because of the many possible scenarios that may occur due to the types of possible disasters Cumberland Heights will:

- A. Make decisions as to the transferring if necessary of our patients to other facilities or home. This will be based on therapeutic and medical needs of our patients.
- B. Institute the re-supply of critical supplies using existing vendor and supplier relationships including pharmacy (or back up pharmacy), linen supplier, food supplier, etc.
- C. Institute data transfer and recovery
- D. Notify patients and families of the situation and decisions
- E. Schedule necessary repairs to buildings and utilities
- F. Designate job responsibilities based on available staffing; senior staff on site will be responsible.
- G. Assign senior staff member or designee to be responsible for media relations and information...
- H. Maintain security of the facility by available security personnel or by senior staff designee.
- I. Make EAP services available to our staff and their families to deal with issues arising from the disaster and recovery efforts.

Intensive Outpatient locations:

Hermitage

1. The Disaster Team Leaders initiate the disaster plan by:
 - A. Contacting EMS, the Director of Outpatient services or the Associate Clinical Officer
 - B. The Director of Outpatient Services or ACO will notify the Safety Officer, the Chief Clinical Officer, Director of Nursing and the Chief Medical Officer;
 - C. Evaluating and designating the safest location in which to gather non-injured patients, as well as a triage area;
 - D. Designating a lead First Responder to direct the triage area and to provide EMS with information upon arrival;
 - E. Designating staff to account for and stay with non-injured Youth patients;
 - F. Designating staff to account for and stay with non-injured adult patients and family members.
2. The Safety Officer is responsible for notifying the remainder of Executive staff and Quality Management.
3. The Chief Clinical Officer, the Safety Officer, and the Chief Medical Officer will proceed to the site.
4. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
5. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- sends one person to site to deal with on-site media; others to River Road to coordinate requests for information;
 - B. CEO/CAO- sets up operations control at River Road or on site depending upon physical plant condition;
 - C. CFO — notifies and serves as liaison with insurance carrier.
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment plan for the next 24-48 hours to support continued recovery efforts until final plans are made.
 - E. Support Services – assesses for danger from utilities or unstable building; secures perimeter of property and traffic control

Smyrna

1. The Disaster Team Leader (who is the lone staff member) initiates the disaster plan by:
 - A. Evaluating and designating the safest location in which to gather patients
 - B. Providing First Aid as needed
 - C. Ensuring that emergency personnel have been notified
 - D. Verifying patient and staff count
 - E. Contacting the Chief Clinical Officer and the Safety Officer as soon as possible.
2. The Chief Clinical Officer and the Safety Officer will proceed to the scene.
3. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
4. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- sends one person to site to deal with on-site media; others to River Road to coordinate requests for information;
 - B. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition to determine what additional resources are needed.
 - C. Quality Manager—notifies and serves as liaison with insurance carrier
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment plan for the next 24-48 hours to support continued recovery efforts until final plans are made.
 - E. Support Services – assesses for danger from utilities or unstable building; secures perimeter of property and traffic control

Jackson

1. The Disaster Team Leaders initiate the disaster plan by:
 - A. Contacting EMS, the Safety Officer, and the Chief Clinical Officer.
 - B. Evaluating and designating the safest location in which to gather non-injured patients, as well as a triage area;
 - C. Designating a lead First Responder to direct the triage area and to provide EMS with information upon arrival;
 - D. Designating staff to account for and stay with non-injured Youth patients;
 - E. Designating staff to account for and stay with non-injured adult patients and family members.
2. The Chief Clinical Officer and the Safety Officer are responsible for notifying the remainder of Executive staff. Either or both may proceed to the site as needed.
3. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
4. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- coordinates media requests
 - B. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition;
 - C. Quality Manager—notifies and serves as liaison with insurance carrier.
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment plan for the next 24-48 hours to support continued recovery efforts until final plans are made.

Cross Roads (Cool Springs)

1. The Disaster Team Leaders initiate the disaster plan by:
 - A. Contacting EMS, the Safety Officer, and the Chief Clinical Officer.
 - B. Evaluating and designating the safest location in which to gather non-injured patients, as well as a triage area;
 - C. Designating a lead First Responder to direct the triage area and to provide EMS with information upon arrival;
 - D. Designating staff to account for and stay with non-injured Youth patients;
 - E. Designating staff to account for and stay with non-injured adult patients and family members.
2. The Chief Clinical Officer and the Safety Officer are responsible for notifying the remainder of Executive staff. Either or both may proceed to the site as needed.
3. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
4. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- coordinates media requests
 - B. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition;
 - C. Quality Manager—notifies and serves as liaison with insurance carrier.
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment drill plan for the next 24-48 hours to support continued recovery efforts until final plans are made.

Murfreesboro

1. The Disaster Team Leaders initiate the disaster plan by:
 - A. Contacting EMS, the Safety Officer, and the Chief Clinical Officer.
 - B. Evaluating and designating the safest location in which to gather non-injured patients, as well as a triage area;
 - C. Designating a lead First Responder to direct the triage area and to provide EMS with information upon arrival;
 - D. Designating staff to account for and stay with non-injured Youth patients;
 - E. Designating staff to account for and stay with non-injured adult patients and family members.
2. The Chief Clinical Officer and the Safety Officer are responsible for notifying the remainder of Executive staff. Either or both may proceed to the site as needed.

3. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
4. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- coordinates media requests
 - B. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition;
 - C. Quality Manager—notifies and serves as liaison with insurance carrier.
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment drill plan for the next 24-48 hours to support continued recovery efforts until final plans are made.

Chattanooga

1. The Disaster Team Leaders initiate the disaster plan by:
 - A. Contacting EMS, the Safety Officer, and the Chief Clinical Officer.
 - B. Evaluating and designating the safest location in which to gather non-injured patients, as well as a triage area;
 - C. Designating a lead First Responder to direct the triage area and to provide EMS with information upon arrival;
 - D. Designating staff to account for and stay with non-injured patients and family members.
2. The Chief Clinical Officer and the Safety Officer are responsible for notifying the remainder of Executive staff. Either or both may proceed to the site as needed.
3. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
4. After the initial assessment of damages, other staff responsibilities may include
 - A. Marketing/Community Relations- coordinates media requests
 - B. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition;
 - C. Quality Manager—notifies and serves as liaison with insurance carrier.
 - D. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment drill plan for the next 24-48 hours to support continued recovery efforts until final plans are made.

Sumner County

5. The Disaster Team Leader (who is the lone staff member) initiates the disaster plan by:
 - F. Evaluating and designating the safest location in which to gather patients
 - G. Providing First Aid as needed
 - H. Ensuring that emergency personnel have been notified
 - I. Verifying patient and staff count
 - J. Contacting the Chief Clinical Officer and the Safety Officer as soon as possible.
6. The Chief Clinical Officer and the Safety Officer will proceed to the scene.
7. The remaining Executive managers will report to the site or to River Road as needed, calling in department managers as the situation requires.
8. After the initial assessment of damages, other staff responsibilities may include
 - F. Marketing/Community Relations- sends one person to site to deal with on-site media; others to River Road to coordinate requests for information;
 - G. Associate and/or Executive Director- sets up operations control at River Road or on site depending upon physical plant condition to determine what additional resources are needed.
 - H. Quality Manager—notifies and serves as liaison with insurance carrier
 - I. Counseling – assists in calming non-injured patients and ensuring that they leave the scene safely when cleared with a treatment plan for the next 24-48 hours to support continued recovery efforts until final plans are made.
 - J. Support Services – assesses for danger from utilities or unstable building; secures perimeter of property and traffic control