



EMERGENCY ● PREPARDNESS ● MANUAL

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POLICY MANUAL

Subject: Emergency Phone numbers

Effective Date:

Initiated By: Russell E. Taylor
Director Support Services

Approved By: Frank Miller
VP Business Development and Admissions

Review Dates: 11/06RT, 12/13 RT, 11/14 RT

Revision Dates: 12/.05 08/11 RT

POLICY: In order to assure the continuum of care and the safety of our patients, visitors and staff of the facilities of Cumberland Heights, the following are emergency contact numbers for vendors, suppliers, contractors, utility companies.

PROCEDURE:

A. Electrical

1. Nashville Electric Service 234-0000 (account #0061262-0060507)
2. Outpatient offices call your local provider (see plans)
3. Bill Percy (contractor) 615-405-5252 all sites

B. Water

1. Harpeth Utilities 352-7076
2. Outpatient offices call your local provider (see plans)
3. Hornbuckle Plumbing(contractor) 615.255.7387 all sites

C. Telephone all sites

1. Hiscall Communication 615-740-7771 or 1-866-740-7771

D. Fire Alarm System repairs

1. Siemens 615-832-7123 (River Road)
2. Hired Gunn 615-533-0821 (for all Outpatient)

E. Fire Sprinkler System

1. Nashville Sprinkler day 615-859-6660 night 615-456-8105 or 456-8107

F. HVAC

1. Kimbro Mechanical 615-620-0600 all sites

G. Data

1. Jimmy Johnson 615-405-7402 or 432-3304
2. Chris Lindsey 404-964-3673
3. Jermaine Smith 615-456-5426 or 432-3300

H. Other numbers

1. Russ Taylor (Director Support Services) 615-405-6915
2. Thomas Lawrence (Manager Security Dept.) 615-507-4796
3. On call maintenance 615-405-7602
4. Maintenance supervisor 615-405-9877
5. Housekeeping Manager 615-603-9342

POLICY MANUAL

Subject: Emergency Response Codes

Effective Date: 5/20/93

Initiated By: Russ Taylor
Safety/Support Services Director

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 11/99 CSF/RT, 12/02
07/10 RT/Committee, 08/11 RET, 11/14 RT

Revision Dates: 11/99 CSF/RT
2/19/02 CSF, 08/05 RT, 05/08 RT,
12/13 RT

POLICY:

To ensure the most rapid communication and most complete response to emergency situations, facility staff will utilize the following codes. Failure to comply with an evacuation code will result in disciplinary action.

Code Blue – Medical Emergency

Code Red – Fire or Fire Alarm

Code Black – Evacuation (bomb threat)

Code Green – Biochemical Exposure

Code Orange - Lockdown

Code Pink – Psychiatric Emergency

Code Yellow – Potential Violence

Code Gray – Tornado Warning

Code Quake – Earthquake

PROCEDURE:

I. Paging

- A. Staff members observing the above situations will page via telephone (press 778) announce the code and location of the emergency three times.

For example: A fire alarm in the men's cabin would be announced, "Code Red in men's cabin, Code Red in men's cabin, Code Red in men's cabin..."

A violent patient in admissions would be announced, "Code Pink in admissions, Code Pink in admissions, Code Pink in admissions."

- II. Notify Security via two way radio, cell phone 615-507-5604 or 615-507-4796 immediately after page. Security will respond to all code calls.

III. Responding

A. Code Blue

1. All staff trained in CPR/1st Aid that are in the immediate area of the code will respond to a **Code Blue**
2. Medical staff will respond to a **Code Blue**.
3. The exception in medical is that one licensed nurse must continue to monitor the nursing station.
4. The therapy exception is that group counselors do not have to respond to a **Code Blue** that is called to another building during the time the group is in session, as there is adequate facility coverage during the times that groups are conducted.
5. During the hours of 11 p.m. to 7 a.m. all available trained staff responds to **Code Blue**.
6. When medical staff arrives at the site of a **Code Blue**, other responding staff assumes crowd control or assists as directed by medical personnel.

B. Code Red

1. Respond in accordance with established fire safety policies outlined in separate Fire Response Plan.

C. Code Yellow or Code Pink

1. All Handel With Care (HWC) trained staff within the area of the code building will respond.
2. Verbal de-escalation techniques are to be used as per HWC Training.
3. During the hours of 11 p.m. to 7 a.m. all staff will respond.
4. The exception in nursing is that one licensed nurse must continue to monitor the nursing station.
5. The therapy exception is that group counselors do not have to respond to a **Code Yellow/Pink** that is called to another building during the time the group is in session, as there is adequate facility coverage during the times that groups are conducted.

D. Code Black

1. Requires a safe and orderly evacuation of the building named in the code. Failure to comply with an evacuation code will result in disciplinary action.
2. Evacuation will be conducted in accordance with policies outlined in the Disaster Plan.

E. Code Gray

1. Follow established Disaster Plan guidelines outlined in separate policy.

F. Code Green

1. Respond in accordance with established biochemical exposure policies outlined in separate Biochemical Exposure via Mail, Packages, or External Delivery plan.

G. Code Quake

1. Follow established Disaster Plan guidelines outlined in separate policy.

H. Code Orange

2. Follow established Facility Lockdown guidelines outlined in separate policy.

IV. Facility Administration will inform facility staff of paging codes and response requirements

- A. Paging codes will be posted on employee name badges.
- B. Paging codes will be introduced/reviewed during initial employee training sessions and subsequent retraining seminars.

V. Fictitious use of paging codes will result in employee disciplinary action.

- A. Reports of misuse of the paging codes will be investigated by the Safety Director. Investigation will include an opportunity for the employee to respond to such reports.
- B. The Safety Director will respond to such reports and will submit to the employee's immediate supervisor any recommendation for or against disciplinary action, with a copy forwarded to the Chief Executive Officer.
- C. The supervisor involved will provide a written warning for the employee to be placed in the employee's file and will decide if the situation merits an additional 3-day suspension or termination. This decision is based on presence or absence of malicious intent and contrition.

VI. To ensure proper use of codes and appropriateness of response, a review of each code call will occur at the next meeting of the Safety Committee.

- A. The employee initiating the code call will fill out a detailed incident report including cause, which code was called, and respondents. The exception is **"Code Red"** which is otherwise documented in alarm response forms.
- B. The Safety Director or Risk Manager will present a summary of each precipitant event, code announcement, and response.
- C. Identified problem areas, in response or outcome, will be designated for follow-up. Monitoring of follow-up will be assigned by the Safety Director.

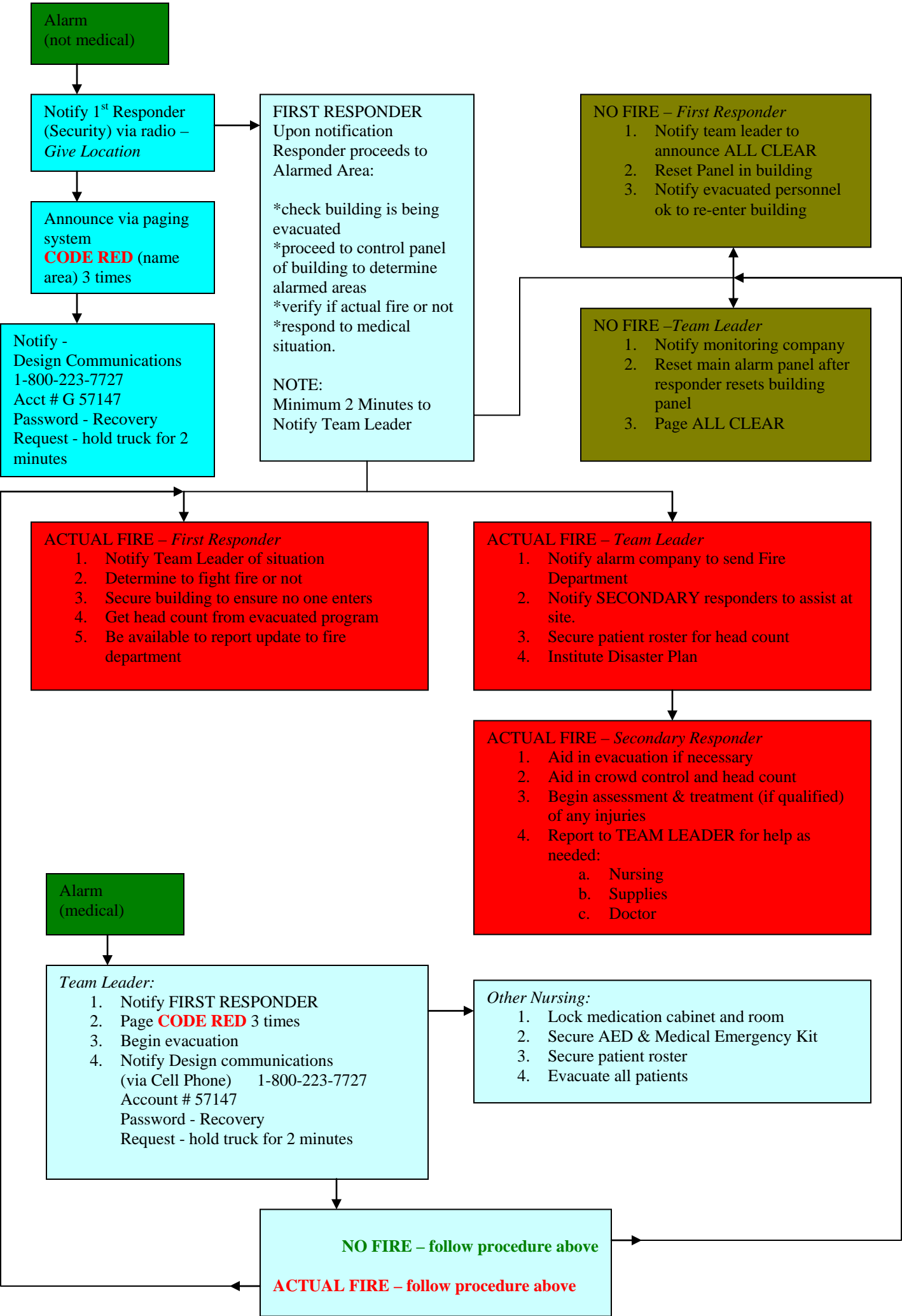
FIRE PLAN RESPONSE

There are three (3) primary roles to the Fire Response Plan:

TEAM LEADER is the nurse in charge (all shifts) and is responsible for coordinating fire responses to alarms and drills. In the event that this position is filled by a contract agency nurse, the agency nurse shall designate a Team Leader from among Cumberland Heights’ trained staff. This is to be done at the beginning of the shift and logged on the nursing assignment sheet.

FIRST RESPONDER is the security officer(s) on duty who actually goes to the building of the alarm to investigate. NOTE: First Responder must carry a radio and Fire Response Keys with them at all times.

SECOND RESPONDERS are those staff members who will be called to assist in the event of actual fire or respond to an alarm if the FIRST RESPONDER is not available. The Charge Nurse on each shift will name from available nursing staff the SECOND RESPONDER and record on the nursing assignment sheet.



POLICY MANUAL

Subject: Fire Response Plan

Effective Date:

Initiated By: Environment of Care
Emergency Preparedness Team
Russ Taylor, Safety Director

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 11/08 RET, 11/11 RT

Revision Dates: 2/07 RT, 9/08 RT,
12/13 RT, 11/14 RT

POLICY:

Cumberland Heights maintains a fire response plan for each of its locations. Staff is trained to respond in such a manner as to keep the safety of patients, visitors, and staff the chief focus.

PROCEDURE:

River Road Location – The River Road and all outpatient locations maintains a contract with an alarm system monitoring company. The master console for River Road is located in the station of the Nursing Unit, which is staffed around the clock seven days a week. Secondary consoles are located in the Administration, Adult Therapy, Templeton Hall, Family Life Center and Hazel Hawkins buildings.

There are three primary roles on the Fire Response Team: **Team Leader, First Responder and Secondary Responders**. These are assigned according to position, expertise, and availability. The specific personnel names of the Team Leader, First and Second Responders are recorded on the nursing assignment sheet at the beginning of each shift.

The nurse in charge (all shifts) of the Nursing Unit is the **Team Leader**, responsible for coordinating fire responses to alarms and drills. In the event that this position is filled by a contract agency nurse, the agency nurse shall designate a Team Leader from among trained Cumberland Heights' staff. This is done at the beginning of the shift and logged on the nursing assignment sheet.

The **First Responder (Security Officer/s on duty)** is the person who actually goes to the building of the alarm to investigate.

NOTE: First Responders must carry a radio and Fire Response Keys with them at all times.

Second Responders are those staff members who will be called to assist in the event of an actual fire or responds to an alarm if the **First Responder** is not available. The Charge Nurse on each shift will name, from available nursing staff the Second Responder and record on the nursing assignment sheet.

PROCEDURE:

- I. Fire Alarm/Drill Other Than Nursing Unit
 - A. The **Team Leader** notifies the first responder of the alarm and its location. *Note: Any staff member can call a CODE RED or initiate the alarm system by activating a Fire Pull station from any building if they see fire or smoke. A CODE RED is paged (using telephone paging dial 778 to access paging) for that area. Announce Code Red and name of building three times; example Code Red Youth Building, Code Red Youth Building, and Code Red Youth Building. Then notify the fire monitoring company (1-*

800-223-7727) that we are responding to the alarm and will report finding back to them within 2 minutes.

B. The **First Responder**

1. Proceeds with the fire keys and radio to the building in alarm
2. Checks to see that the building has been evacuated and all doors are closed
3. Proceeds to control panel of building in alarm. Control panels are located:
 - a. Craig Hall: in mechanical room under kitchen
 - b. Templeton Hall: in staff office and up front door
 - c. Family Life Center: At each front door
 - d. Crichton Hall: in copier room
 - e. Hazel Hawkins Building: At the front door and in the tech area
 - f. Jackson House, Pontes House, William C. Anderson Medical Building, First Step and Intake the panel is in the nursing station

Note: At the Siemens panels in the FLB, Hazel Hawkins and Templeton Hall the screen will show the exact location and device that is in alarm. I.e. smoke detector room 500.

Note: When at the Simplex panels (Craig and Crichton Hall) push the ACK button the screen will show you what type of device and location of the device is in alarm. Example (smoke detectors first floor) Go to that area to determine if the alarm is real or false.

Note: The above actions by the first responder must be completed within two minutes of the alarm, to report to the Team Leader.

4. If no fire –
5. The First Responder calls Team Leader to page “**ALL CLEAR**” then resets control panel, notifies the staff and patients that it is ok to reenter the building after the panel is reset. *The First Responder is responsible for completing the emergency response form.*

If actual fire –

6. The First Responder notifies Team Leader of the actual fire, and then makes determination of whether or not to fight fire with extinguishers. The First responder remains near the building in alarm to secure the area and make sure that no one enters the building until an all clear is given. Makes themselves available to report to the fire department when they arrive on scene.

PEOPLE ARE THE FIRST CONCERN – NOT THE BUILDINGS

C. The **Team Leader** then:

If no fire –

1. Calls the fire monitoring company to report investigation findings

NOTE: THIS CALL MUST BE MADE WITHIN TWO MINUTES OF INITIAL ALARM.

2. Resets master control console after the panel in the building in alarm is set.

If actual fire-

1. Calls the fire monitoring company and notifies them of events. Emergency personnel are sent if needed
2. Notifies Secondary Responders, to assist First responder via radio
3. Secures patient roster and ADT record for roll call count
4. Initiates Disaster Plan (see related policy)

D. **Secondary Responders** report to Team Leader for instructions in assisting the First Responder.

1. Help in evacuation of building
2. Aid in control and head count of persons evacuating from building
3. Begin assessment and treatment of (if qualified) of any injuries and report finding to Team Leader

I. Fire Alarm/Drill in Nursing Unit

A. The **Team Leader**

1. Pages a **CODE RED** by using the phone dial 778 and announce the code three times. (Code Red medical, Code Red medical, Code Red medical.)
 2. Locks medication cabinets and medication room
 3. Takes AED and Medical Emergency Kit.
 4. Secures patient roster for roll call
 5. Calls the fire alarm monitoring company from medical cell phone (1-800-223-7727) and notifies them we are responding.
- B. All available nursing staff assist in evacuate patients.
 - C. Nurses ensure that all patients and staff are accounted for and reports this to Team Leader.
 - D. The **First Responder** investigates the source of the alarm.
 - E. Fire or no fire same response as above.
 - F. If actual fire respond as above.

Hermitage -The Hermitage office is located in a strip center of three other office spaces. There are two exits from the space. The space is alarmed throughout by an approved fire monitoring system maintained by Hired Gun Technical Services 615-533-0821 and monitored by Design Communications 800-223-7727. In the event of a fire alarm the Team Leader/First responder is the program coordinator or designee. The priority is evacuation of the space in the event of a fire alarm.

Smyrna Location – The Smyrna location is a suite within a one-story building that is occupied by one other organization. The building is alarmed throughout by an approved fire monitoring system maintained by Hired Gun Technical Service 615-533-0821 and monitored by Security Services of Murfreesboro 615-896-2261. The Cumberland Heights' Fire Response Team Leader/First Responder is the Program Coordinator or designee. Since he/she is the only staff, the priority is always on evacuation rather than investigation.

Cross Road Location – The Cross Roads office is a suite within a one-story building that is occupied by other organizations. The suite is equipped with an approved fire alarm system. The system is monitored by Design Communication 800-223-7727 and maintained by Hired Gun Technical Services 615-533-0821. The Cumberland Heights' Fire Response Team Leader/First Responder is the Program Supervisor or designee. The priority in the event of a fire alarm is on evacuation of the space.

Jackson Office - The Jackson office is a one story office space within a business strip center. The office space has an approved fire monitoring system maintained and monitored by Superior Security Systems 731-664-1016. The Cumberland Heights Fire Response Team Leader is the program Supervisor or designee. The priority in the event of a fire alarm is evacuation.

Murfreesboro Office - The Murfreesboro office is a one story office space within a business strip center. The office space has an approved fire monitoring system maintained by Hired Gun Technical Service 615-533-0821 and monitored by Design Communication 800-223-7727. The Cumberland Heights Fire Response Team Leader is the program Supervisor or designee. The priority in the event of a fire alarm is evacuation.

Chattanooga Office - The Chattanooga office is a suite located on the first floor within a two story office building. The office space has an approved fire monitoring system maintained by Hired Gun Technical Service 615-533-0821 and monitored by Design Communication 800-223-7727. The Cumberland Heights Fire Response Team Leader is the program Supervisor or designee. The priority in the event of a fire alarm is evacuation.

Sumner County Office - The Sumner County office is a one story office space within a business strip center. The office space has an approved fire monitoring system maintained by Hired Gun Technical Service 615-533-0821 and monitored by Design Communication 800-223-7727. The Cumberland Heights Fire Response Team Leader is the program Supervisor or designee. The priority in the event of a fire alarm is evacuation.

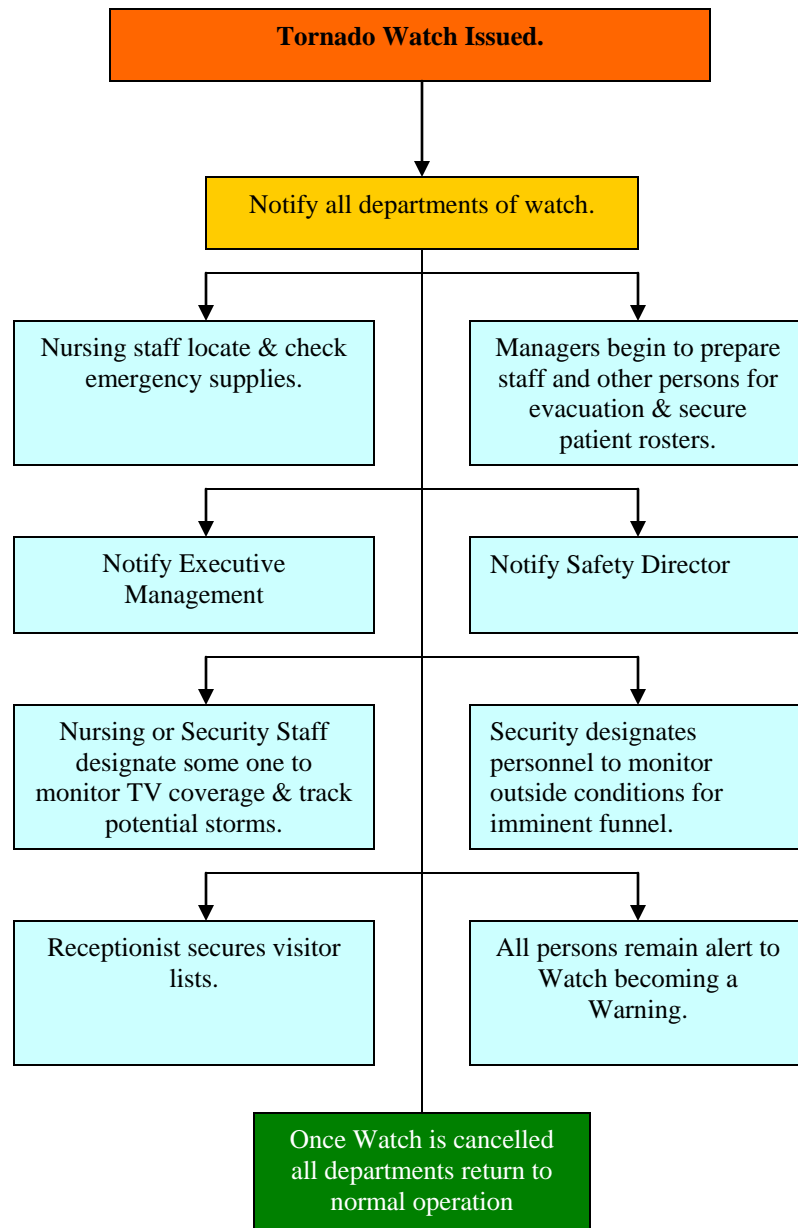
PROCEDURE for all IOP office locations:

At the sound of an alarm, the Team Leader begins immediate evacuation via the nearest exit. All patients, visitors and staff are to assemble at the prescribed evacuation areas. (See related Policy Evacuation Areas)

- A. A patient roster is secured.
 - B. Doors and windows are closed on the way out.
 - C. Rooms are checked to ensure all persons have evacuated.
 - D. Staff, patients, and visitors meet at the prescribed area.
 - E. The Team Leader calls roll to account for any missing persons, giving this information to emergency personnel as needed.
-
- I. No one returns to the building until "all clear" has been announced by the Team Leader. Responding emergency personnel on site will determine if the building is safe to re-enter.
 - II. If a true fire exists, the Disaster Plan is activated.

TORNADO PLAN RESPONSE - WATCH

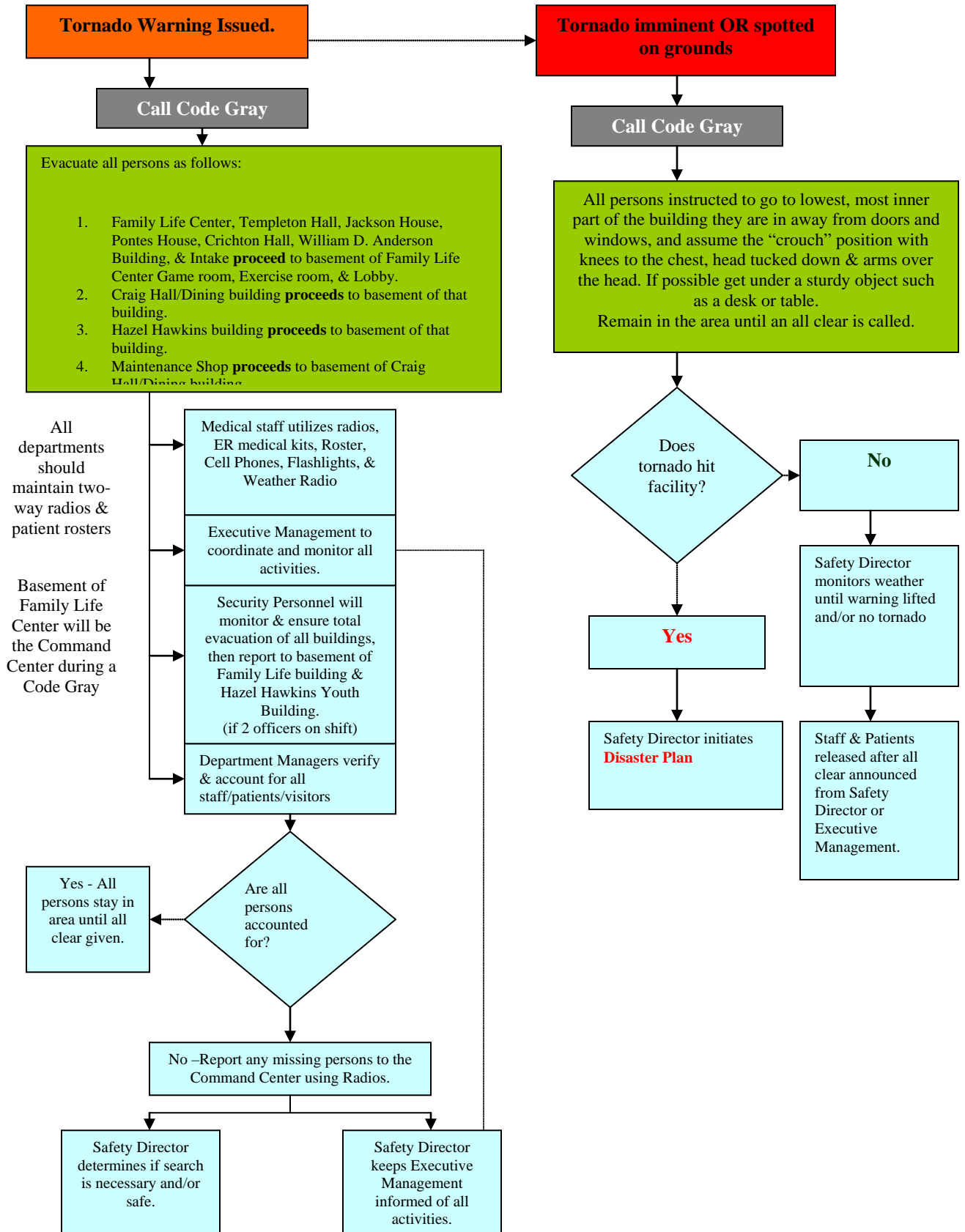
Weather Radios are to be monitored at all times.



**OVER
for
WARNING**

TORNADO PLAN RESPONSE - WARNING

Weather Radios are to be monitored at all times.



POLICY MANUAL

Subject: Tornado Plan/Code Gray

Effective Date: 6/1/97

Initiated By: Environment of Care-
Emergency Preparedness Team

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 08/11 RT, 11/14 RT

Revision Dates: 6/99 CSF, 12/02 SC; 8/05
RT10/08, 07/10 RT/Committee, 12/13 RT,

POLICY:

Since Cumberland Heights' facilities operate in areas where tornadoes are not uncommon, an emergency preparedness plan is maintained. In order to assure the safety of our patients, visitors and staff during tornado weather a tornado plan will be put into effect whenever a Tornado Watch or Warning is issued by the weather services. Weather radios are maintained at all facilities of Cumberland Heights. These are located in the Nursing Station and the Security Office at River Road and with the program coordinators at all outpatient locations.

PROCEDURE:

1. Weather Radios are to be operational at all times and monitored closely during changing weather conditions.
2. If a Tornado Watch is issued:
 - A. At outpatient locations:
 - a. Notify staff of the warning
 - b. Prepare staff and other persons for possible evacuation
 - c. Staff members may contact their supervisor for permission to suspend groups and send staff and patients to a safer area in the event of a tornado watch or warning.
 - d. If groups are suspended Executive Management must be notified.
 - B. At River Road Location (Nursing or Security Personnel)
 - a. Notify all departments of the Tornado Watch
 - b. Managers of notified departments begin to prepare staff and other persons for evacuation and secure patient rosters
 - c. Notify Executive Management of the watch
 - d. Notify the Safety Director of the watch
 - e. Nursing should locate and check emergency supplies
 - f. Nursing or Security should designate someone to monitor TV coverage of and track potential storms
 - g. Security should designate personnel to monitor outside conditions for imminent funnel
 - h. Receptionist should secure visitors lists.
 - i. All staff should be alert to a Watch becoming a Warning
 - j. Once Watch is cancelled all departments return to normal operation.
3. At the issuing of a Tornado Warning by the weather services in the area near the facility or a storm moving toward a facilities location (I.e. Davidson County, Dickson County or Cheatham County) or the county or town of the location of an outpatient location a **Code Gray** can be called.

NOTE: Cumberland Heights, when a Code Gray is called,

cannot force non-critical staff (see related Critical Staff Policy) or visitors to comply with the evacuation procedures of a Code Gray. If when a Code Gray is called and a staff member or visitor chooses to leave the facility they must first get permission of their supervisor and then notify security so that their name will be accounted for in the head count. However, when a Code Gray is called, non-critical staff and visitors who are not willing to comply with our policy must immediately leave the facility.

Any senior staff member at the site a Tornado Warning is issued can, at their own discretion decide to announce a **Code Gray at time they choose**, however, if time and conditions allow it is advisable that there be consultation with the Safety Director or Senior Management as to the decision to call a **Code Gray**. Situations to base the decision to call a **CODE GRAY** can be:

- A. Funnel is sighted.
 - B. Reports of funnel's or high wind shears are reported near the facility; i.e. within 30 miles in any direction or in the direction of where the storm is coming from.
 - C. Reports of funnel's or high wind shears are reported in the county of the facility.
 - D. Reports of funnel's or high wind shears are reported in a joining county or area. (example: for River Road if the storm is moving from the west and the problem area is reported to be Dickson County)
4. When a **Code Gray** is called patients, visitors and staff should immediately proceed to the evacuation areas.
 5. At outpatients site evacuations areas are listed in the individual plans.
 6. Evacuation Area at River Road in the event of a **Code Gray** are:
 - A. Persons in the Family Life Center, Templeton Hall, Jackson and Pontes House, the Crichton building, William C. Anderson Medical Building, First Step Wing and Intake should proceed to the basement of the Family Life Center and gather in the game room, exercise room and lobby area.
 - B. Persons in Craig Hall/Dining Room should proceed to the basement of that building.
 - C. Persons in the Hazel Hawkins Building should proceed to the basement of that building.
 - D. Persons in the maintenance shop should evacuate to the basement of Craig Hall.
 - E. Persons in the EC building should evacuate to the basement of Craig Hall.
 7. All departments when evacuating should take two way radios and patient rosters.
 8. Nursing upon evacuation should take radios, emergency med kit, rosters, cellular phones flashlights and weather radio.
 9. Security personnel will monitor and ensure the total evacuation of all buildings by check all buildings for evacuation before proceeding to evacuating areas themselves: if two officers on shift one to report to the basement of Family Life and one to the basement of Hazel Hawkins.
 10. Upon evacuation of Maintenance shop take megaphone, flash lights to evacuation area.
 11. The basement of the Family Life Center will be the designated Command Center. Command structure during a **Code Gray** will be as listed in the [Emergency Management Plan or Disaster Plan](#).
 12. When evacuation is complete:
 - A. A head count of all persons in evacuation areas is to be made
 - B. Report any missing persons to command center using radios
 - C. The head of the Command Center with input from the Safety Director or Security personnel will decide if a search is necessary or safe to find missing persons. This will be determined by the weather conditions at the time and the proximity of the coming storm.
 13. The role of staff during the time that a **Code Gray** is in effect and persons are in the areas of evacuating are:
 - A. The Command Team on site is to over see the situation; i.e. assigning staff as needed, monitoring the weather conditions and compliance of persons in the area.
 - B. Therapy staff should immediately begin to hold activities to keep the patients and visitors calm (i.e. Big Book study, discussions).
 - C. Medical personnel should monitor all persons in the areas focusing on de-escalating those persons experiencing panic and or claustrophobia.
 - D. Security continues to help in maintaining compliance and control of crowds.
 - E. All other staff are to make themselves available to help as needed.

14. If a situation presents itself and a tornado appears imminent or a loud sound such as a train is coming and there is not time to evacuate to a safe area, patients, visitors and staff should go to the lowest, most inner part of the building they are in away from doors and windows, All in the area should be instructed to assume the "crouch" position with knees to the chest, head tucked down and arms over the head. If possible get under a sturdy object such as a desk or table. Remain in the area until an all clear is called.
15. When an all clear is called, staff should notify patients and visitors and assist them in returning to their locations.
16. Should a tornado hit the facility the [Disaster Plan](#) is implemented.

POLICY MANUAL

Subject: Winter Storm Plan

Effective Date: 6/1/97

Initiated By: Environment of Care-
Emergency Preparedness Team

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 11/08RET, 07/10 RT/Committee
08/11 RT, 12/13 RT, 11/14 RT

Revision Dates: 12/05

POLICY:

Cumberland Heights' facilities (ALL) are located in areas in which snow and ice are not uncommon and may pose hazards to drivers. Also, its residential site is located 7.5 miles out on a rural highway. For this reason, a winter storm plan addressing ice and snow is maintained.

PROCEDURE:

River Road Location

1. The Winter Storm plan starts 24 hours prior to the expected arrival of the storm and is initiated by the Safety Director. In the absence of the Safety Director this decision will be made by the Executive Management team along with the Manager of the Security Department. This decision will be based on present weather conditions, reports and predictions of the weather services.
2. Managers are to name their critical staff (see related policy) and inform them of the Winter Storm plan. They are to come prepared to stay on site up to 72 hours.
3. During the Winter Storm Plan, staff is to stay on duty until relieved or until Chief Executive Officer, Safety Director or designee clears them to leave.
4. Specific Department / Program duties are as follows when a winter storm plan is instituted:
 - A. Clinical Program Managers determine
 1. any possible discharges
 2. any necessary transfers to other facilities
 - B. Nursing ensures that 120 hours of medication, particularly detox medication, is on hand as well as sufficient first aid supplies. Nursing Manager and Chief Medical Officer determine if any detox patients need to be transferred, as well as needs for any other medical transfers.
 - C. Plant Technology
 1. checks all heating units and emergency heaters to ensure working order
 2. checks generators for operations, as well as flashlight and battery supplies
 3. check overall condition of buildings
 4. checks salt supply and condition of tractors
 5. Attempt to keep walk ways clear once the storm begins.
 - D. Fiscal Services/Medical Records make sure that records are protected in the event of power loss, building collapse or water damage.
 - E. Food Services
 1. Ensures that 72 hours supply of food and water is available.
 2. Checks paper product supply
 3. Ensures that 72-hour supply of propane is on hand.

4. Will provide food via propane cook tops and smokers
 - F. Security personal are ensuring that the facility is secure and patients are held close to the facility. If buildings are closed due to power outage Security will make sure that patients do not re-enter areas until all clear is given.
 - G. A decision will be made by the Aftercare Coordinator, Safety Director and Executive Management if the aftercare meetings are to proceed.
 - H. A decision will be made by the Family Director, Safety Director and Executive Management if the Family program will continue and when it will resume.
 - I. The Aftercare coordinator and the Family Director will inform their patients of the decision.
5. In the event of loss of power of the whole facility, all patients will be moved to the Family Life Center. All other buildings will be closed until power is restored. If there is loss of power in specific buildings they will be closed and a decision will be made by the managers and Executive Offices of the effected departments where the patients will be placed until the resumption of power. There are portable heaters that will be used to keep the area warm in the event of loss of power.
 6. Emergency paths will be salted as per related Snow and Ice Removal Policy. However, all patients will be urged to use extreme caution when moving about outside and to keep this to a minimum. If all patients are moved to the Family Life Building due to power outage, maintenance personal will be focused on keeping heat in the Family Life Building and snow and ice removal will become secondary.
 7. The nurse in charge and the Safety Director or designee will keep Executive Management informed as the situation changes and develops.

Outpatient Locations:

1. When a Winter Storm Plan is called by the Safety Director, The Safety Director, outpatient coordinators, and executive management will decide if the called plan will effect their locations. This decision will be based on the present weather conditions in the area of the OP site, the predicted weather conditions as presented by the weather services. If the decision is made that an outpatient site is to close then that location will follow the related policy (Inclement weather outpatient closings).

POLICY MANUAL

Subject: Earthquake Plan

Effective Date: 5/1/01

Initiated By: Russell Taylor, Safety Director
Cinde Stewart Freeman, PI Director

Approved By: Timothy A. Tull
Chief Fiscal Officer

Review Dates: 01/03, 08/11 RT

Revision Dates: 12/05RT10/08RET
07/10 RT/Committee, 7/13 RT, |
12/13 RT, 11/14 RT

POLICY:

Cumberland Heights is in an area in which a major fault line exists. To ensure the safety of patients, staff, and visitors, and earthquake plan has been developed.

PROCEDURE:

1. In the event of an earthquake, persons are to evacuate the buildings to designated areas as listed below if the areas are safe:

Templeton Hall– Parking lot on east side of facility (towards Nashville)
William C Anderson Medical—Parking lot on the east side of the facility (towards Nashville)
EC Building – Parking lot on east side of facility (towards Nashville)
Intake/First Step – Common grass area in the center of the facility
Crichton Hall—Common grass area in the center of the facility
Jackson and Pontes Houses - Common grass area in the center of the facility
Craig Hall down stairs– Parking Lot to Right Rear of Building
Craig Hall up stairs---Common grass area in the center of the facility
Family Life Center (upstairs)-Common grass area in the center of the facility
Family Life Center (downstairs)-Parking lot to the rear of the building
Hazel Hawkins Building (upstairs) - Grass area in the front of the building
Hazel Hawkins Building (downstairs) – Grass area behind building
Maintenance Building-Parking lot in front of the building

Hermitage – Parking Lot
Smyrna – Parking Lot
Murfreesboro – Parking Lot
Sumner County – Parking Lot

Jackson – Parking Lot
Cross Roads – Parking Lot
Chattanooga – Parking Lot

2. Clinical staff on duty will immediately perform a roll call of all patients to ensure that everyone is out of the building. Managers will do the same for the staff in their assigned areas. Staff members escorting visitors are responsible for ensuring their safe evacuation.
3. In the event that someone is unable to evacuate the building in time, shelter should be sought under a sturdy object such as a desk.
4. Upon evacuation Nursing Staff are to take emergency medical supplies and patient bed sheet.
5. In the event of damage to any building(s) or any injuries the DISASTER PLAN WILL BE PUT INTO EFFECT.

POLICY MANUAL

Subject: Code Green Biochemical Exposure via Mail, Packages, or External Delivery

Effective Date: 10/1/01

Initiated By: Russ Taylor
Support Services Supervisor

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 12/02, 08/11 RT, 12/13 RT
11/14 RT

Revision Dates: 0304 CSF12/06RT
10/08 RT, 06/10 Committee

POLICY:

Cumberland Heights takes seriously its responsibility to provide a safe environment for patients, families, visitors, and employees. In consideration of recent events, a plan for the management of suspected or actual exposure to biological or chemical agents has been developed. It is the intent of this policy to handle any such suspected or real exposures in a calm and considered manner. This policy is instituted based on threat levels initiated by local, state, and/or federal authorities.

PROCEDURE:

If during the inspection of the mail or packages as described in Policy and Procedure Suspicious Mail or Package or an envelope or package is opened or one is found on the grounds and there is a suspected, as prescribed in the Policy Suspicious Mail or Packages or actual release of an unknown biological or chemical substance (e.g., powder, liquid, gas) the following actions are to be taken:

1. The staff member inspecting or opening the mail item or package calls a Code Green over the intercom if there is a phone available. If there is no phone in the immediate area get the attention of someone near and have them call the code. (See related policy on [Emergency Codes](#).)
2. All people in the immediate area of the mail/package are to remain in the area. It is important to REMAIN CALM and to avoid jumping to conclusions.
3. First Responders, as defined in the [Fire Response Plan](#), report to the area to secure the area ,i.e., stop anyone else from going in and keep the people who are exposed inside the area and calm and shut down the ventilation system. The area is be secured until cleared by Responding Emergency Personnel from Metro Fire or Police or Executive Manager.
4. The Emergency Response Team Leader, as defined in the [Fire Response Plan](#):
 - A. Assembles a team, in a safe location, that includes Doctor on Duty (highest ranking medical personal), a member of the Executive team, Manager of the effected department or designee and nursing personnel, Safety Director. Highest ranking member of the assembled team is to take charge of the situation.
 - B. Team is to determine if Metro Police are to be called from their best assessment of the condition of the package (see policy Suspicious Mail or Packages), the look , smell and feel (if any) of the unknown agent.
 - C. Team is to make sure the affected area is secured by available security officers and other members of staff.
 - D. Team is to make sure the Venting/HVAC systems are turned off in the affected area.
 - E. Determine if any of the effected staff in the area are in need of immediate medical assistance. See notes 5 and 6.

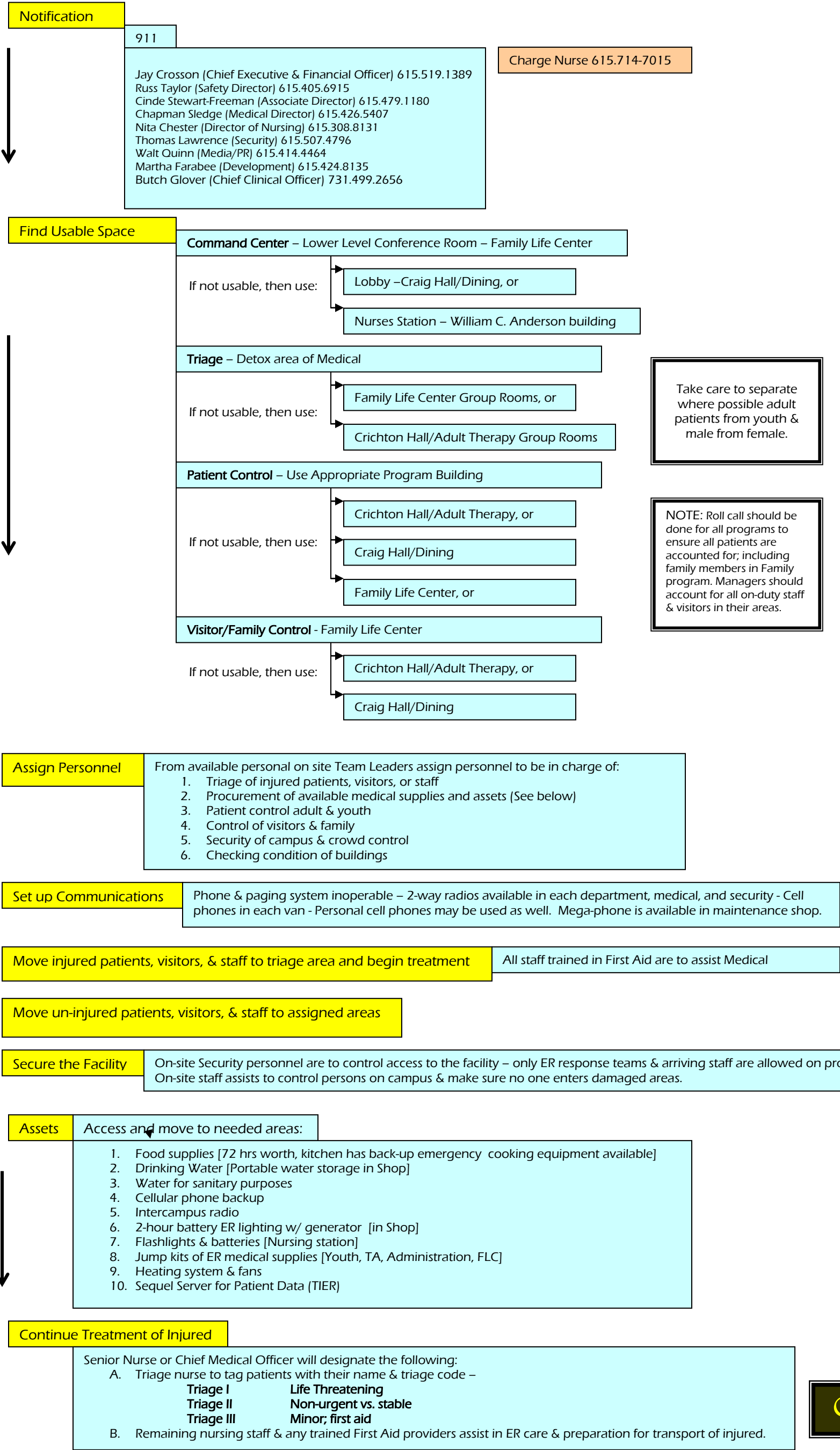
5. In the event that people in the exposure area are exhibiting signs or symptoms of illness, the decision to evacuate the building is made by medical personnel. Those exposed are kept segregated from the remainder of the population and First Responders continue to keep the building secure.
6. Decisions on whether to render first aid prior to the arrival of Metro Emergency Medical personnel are to be made by the Medical Director, Assistant Medical Director, or physician on site, DON, Charge Nurse or highest ranking nurse, or Executive Manager on the scene at River Road. At outpatient locations, nursing personnel at site of emergency or program supervisors, in consultation with Medical or Assistant Medical Director, DON, Charge Nurse at River Road facility or Executive Management, will make this decision.
7. Due to the special nature of this type of emergency, the Disaster Plan Policy is modified in this emergency plan. Specific responsibilities include:
 - a. Support Services personnel will maintain security at the front gate of the River Road location while First Responders and Security personnel will maintain security at the location of the event.
 - b. Media requests will be referred to Executive Management or designee.
 - c. Counseling staff will gather the unaffected patients in a centralized location and provide emotional support as necessary.
8. Upon the arrival of EMS personnel on the scene, the Executive Manager and senior healthcare personnel will brief EMS regarding events.
9. Upon arrival of EMS personnel, the control of the event will be turned over them
10. If it is determined that there has been exposure from a biological or chemical agent a decision will be made by Executive Management if the Disaster Plan will be put into effect.

IN THE EVENT OF A
DISASTER:

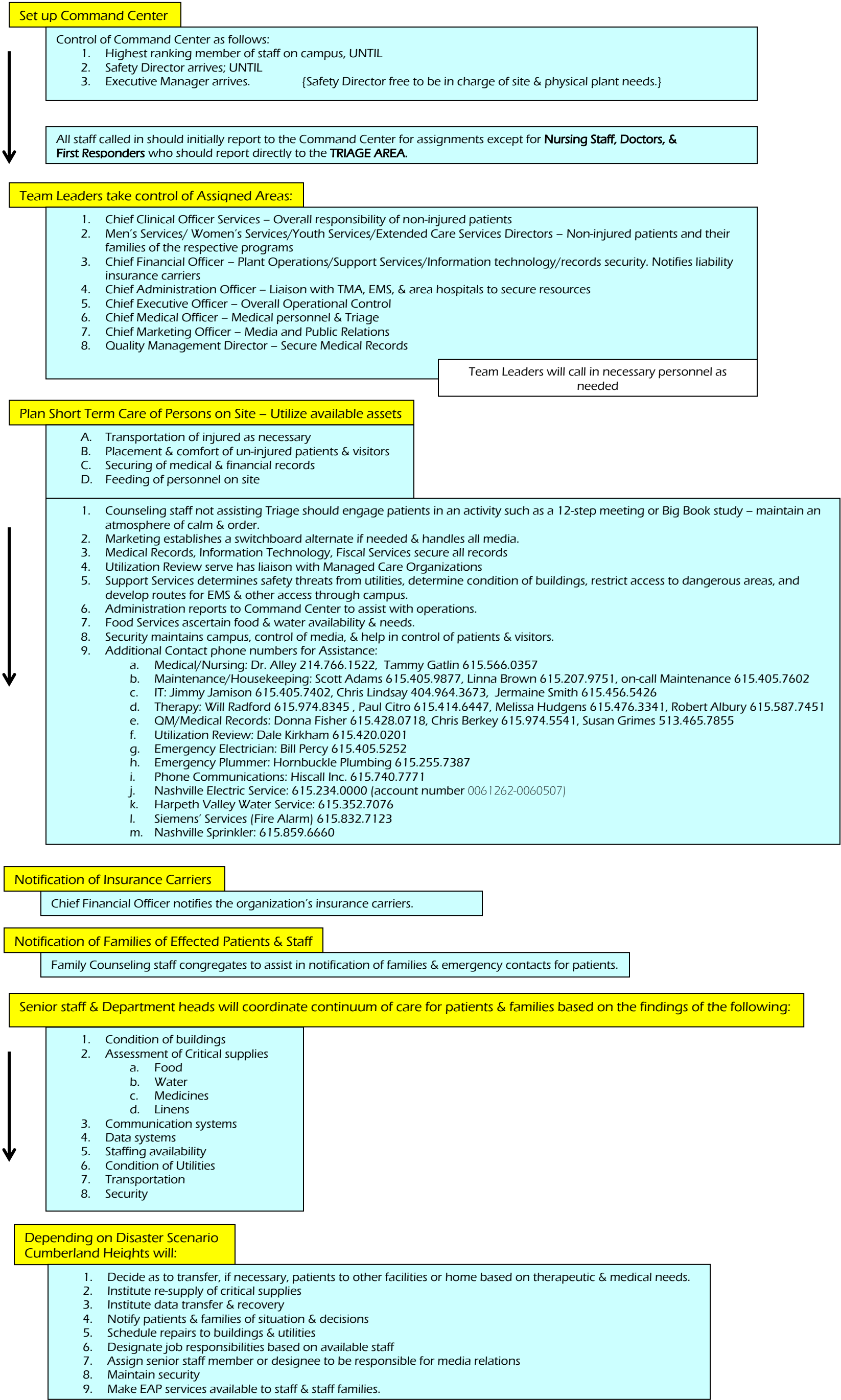
A **DISASTER** is a natural or manmade event that significantly disrupts the Environment of Care (i.e. damage to the organization’s buildings and grounds due to severe winds, storms, or earthquakes) that significantly disrupts care, treatment, and services (i.e. loss of utilities such as power, water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

In the event of a **DISASTER** the following steps need to be taken to mitigate the effects of the event on our patients, visitors, and staff:

PHASE 1:
0 TO 1 HOUR



PHASE 2:
4 TO 8 HOURS



PHASE 3:
1 DAY PLUS –

POLICY MANUAL

Subject: Disaster Policy

Effective Date: October 24, 2008

Initiated By: Russell E. Taylor
Safety Director

Approved By:

Review Dates: 11/11 RET, 10/13 RT

Revision Dates: 10/08, 7/10 RT/committee, 07/13 RT
2/14 RT, 11/14 RT

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 Financial Officer---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 affected 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
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 cannot 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 used 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 615-603-9342, on call maintenance 615-405-7602
 - c. IT- Jimmy Jamison 615-405-7402, Chris Lindsey 404-964-3673
 - 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- Hornbuckle Plumbing 615-255-7387
 - k. Phone communications- Hiscall Inc. 615-740-7771
 - l. Nashville Electric Service- 615-234-0000 (account #0061262-0060507)
 - 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. Chief Financial 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

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

POLICY MANUAL

Subject: Emergency Data Recovery

Effective Date: 10-30-2008

Initiated By: Jermaine Smith
IT Manager

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 02/11 JS, 8/11 RT, 12/13 RT

Revision Dates: 12/14 JJ

POLICY:

In order to maintain the continuation of treatment of medical and treatment services in the event of an emergency situation a standalone SQL server station is maintained. The equipment is designed to be easily moved to a secure location and be powered by emergency generator power.

PROCEDURE:

1. The cart containing the SQL server computer and equipment is housed in the server room in the basement of the Family Life building.
2. Responding personal can access the equipment using the master keys carried by Security and the Charge Nurse.
3. Move the cart to a secure location.
4. Attach the equipment to an emergency power generator in the event of loss of power or into any electrical outlet in the event of a loss of communication of data between buildings.
5. Follow the instruction with the cart to power up and access the needed Tier information.

POLICY MANUAL

Subject: Manual Fire Watch

Effective Date:

Initiated By: Russell Taylor
Director Support Services

Approved By: Tim Tull
CFO

Review Dates: 11/08RT, 11/11RT, 12/13 RT
11/14 RT

Revision Dates: 12/05

POLICY: In order to continue the safety of our patients, visitors and staff during the loss of any, part or all of the Fire Protection Equipment a Manual Fire Watch will be put into effect. If any part of, or the complete loss of either or both systems is inoperable due to any circumstance immediately begin the Manual Fire Watch in the areas affected.

See related policies (Fire Alarm System Outage) (Sprinkler System Outage) for procedures for restoring either system.

A Manual Fire Watch must be instituted when:

1. Loss of electrical power to the fire pumps building.
2. A broken fire line or damage to any part of the fire suppression system.
3. After one and one half hours of loss of electrical power to the Siemens Fire Alarm system. The system has battery backup power that will last for one and one half hours.
4. If damage occurs to any of the Siemens Fire Alarm system due to lighting, construction or for any reason that an area is out of service.
5. A trouble light is not necessarily a reason for instituting a fire watch. Notify the Safety Director or the Support Services Department for help in determining if a watch is necessary when a trouble light is showing on the panel.

PROCEDURE:

- A. During the day shift the Safety Director, Security Department Manager or designees will be responsible for instituting the Manual Fire Watch. During the second and third shifts the Security Officer or Nursing Supervisor will be responsible for instituting the Manual Fire Watch. The Security Officer or Nursing Supervisor will notify the Safety Director or Security Department Manager of the decision and the reasons for the decision. The Safety Director or Security Department Manager will then notify Executive Management of the situation.
- B. Notify the personal responsible for the Fire Watch
 1. Monday through Friday during the hours of 7am to 3:30pm the staff of the Support Services Department with the help of the security department personal will be responsible for keeping watch on the affected areas.
 2. Monday through Thursday during the hours of 3:30pm to 7am personal from the therapy departments will be responsible for keeping watch on the effected buildings with the help of the security officer on duty. Before the staff of the Support Services Department leaves the facility the Directors of the Therapy Departments affected by the watch will name individuals responsible for the watch in their areas. The personnel named will be informed of their duties and the Department heads will make sure that they understand their rolls. Names of responsible personal will be entered into the nursing records.

Security officers on duty will be responsible in making sure that the watch is carried out and documented.

3. Friday 3:30pm to Monday 7:00 pm the Security personal and named therapy personal will be responsible for the Fire Watch.
4. If a Manuel Fire Watch is instituted during the second or third shift the Nursing Supervisor or Security Officer is responsible to name, notify and train those responsible for the watch.

C. Personnel responsible for the Fire Watch will:

1. During the inspections of the building or building of the Fire Watch personnel will check for:
 - a. Smoke the presence of or the smell of
 - b. Open flame
 - c. Staff, patients, or visitors doing unsafe practices. (i.e.) smoking, burning candles
 - d. Obstructions blocking emergency egress.
 - e. The complete building will be inspected including all mechanical rooms, attics and all offices and rooms.
2. Buildings will be inspected as per the following schedule:
 - a. Patient living areas during the day and evening time every half hour.
 - b. Patient living areas during lights out will have personal assigned full time. Personnel must check the assigned area every half hour.
 - c. Business areas or buildings will be inspected every half hour until the building is closed and locked for the night and fire watch personnel are assured that the building is no longer occupied.
3. Personnel on watch will notify nursing by radio when a building has been inspected. Nursing or security will note the time and building of the inspection, this record will be kept and attached to the incident report of the Manuel Fire Watch. During sleeping times in the patient areas the fire watch personnel will notify nursing every half hour of the situation and that will also be noted in the report.
4. If a fire is found or suspected Fire watch personnel will notify Nursing of the situation and verbally sound the alarm and begin evacuation of the building.

D. In the event of a report of Fire, Nursing will manually notify the Fire Department by calling 911 and start the Fire Response Procedures.

POLICY MANUAL

Subject: Fire Sprinkler System Outage

Effective Date:

Initiated By: Russell E. Taylor
Director Support Services

Approved By:

Review Dates: 11/06 RT, 06/10 Committee
11/11 RT, 12/13 RT, 11/14 RT

Revision Dates: 12/05

POLICY: In order to ensure the continuation of services, as well as the safety of our patients, visitors and staff, Cumberland Heights has instituted the following procedure in the event of loss of our fire sprinkler system.

PROCEDURE:

- A. If all of any part of the Fire Sprinkler System is out of service immediately institute the Manuel Fire Watch procedures until system is repaired. See related policy [Manuel Fire Watch](#).
- B. Monday through Friday during the hours of 7am to 3:30pm notify the Support Services Department of the situation. If it is deemed that the Support Services Department cannot correct the problem they will notify Nashville Sprinkler of the situation and ask for repairs.
- C. During any other hours notify Nashville Sprinkler of the situation and they will dispatch for repairs.
- D. Nashville Sprinkler phone number are:
 - 1. Monday-Friday 7am to 4pm 615-859-6660
 - 2. Emergency after hour numbers 615-456-8105 or 615-456-8107
- E. In the event there is a water leak or line break, at the fire pump building or any of the patient buildings the water can be turned off at the valves marked main. The cut off valve locations are noted on the building plans.

POLICY MANUAL

Subject: Telephone Outage

Effective Date: 01/03

Initiated By: Russell Taylor
Director of Support Services

Approved By: Tim Tull
Chief Financial Officer

Review Dates: 07/10 RT/Committee
8/11 RT 10/12 RT 11/13RT, 11/14 RT

Revision Dates: 12/05RT, 10/08RT

POLICY:

In order to ensure the continuation of services, as well as the safety and comfort of our patients, staff and visitors, Cumberland Heights has instituted the following procedure in the event of loss of telephone service.

PROCEDURE:

I. River Road Facility

- A. If a failure occurs, determine if the outage is localized (one building or one area in a building) or if the occurrence is in multiple buildings or facility wide.
- B. Notify the Support Services Department of the outage.
- C. If the outage is localized the Support Service Department will repair the problem. If it is deemed that Support Services does not have the material or expertise to correct the problem, they will contact Hiscall Telecommunication at 740-7771.
- D. In the event that the outage is localized and cannot be repaired within twenty four (24) hours, Executive Management and the affected department will make a decision as to contingency plans. Plans will be based on department effected, the overall effect of the therapeutic environment with the loose of the service, weather conditions. Plans can consist of transferring calls to other departments, and use of runners for information exchange, forwarding of main numbers to other trunks.
- E. Hiscall Telecommunications will provide backup equipment and service (per their contract) so that Cumberland Heights will not be without telephone service longer than 24 hours. As listed in the Emergency Communication Policy there are multiple cell phones and copper trunk lines at the facility so that service can continue interrupted until repairs can be made.
- F. In the event of a power outage the phone system is equipped with a diesel generator that is designed to have a 24 hour continuous run capability. If the repairs cannot be made within the 24 hour period Hiscall Inc. has mobile self-powered equipment that used hook up for phone and internet connections until permanent repairs can be made.
- G. If the system cannot be restarted the following backup systems in place.
 - 1. Five copper trunk lines will automatically switch over to emergency phones in the nursing station. Out main number will ring on these phones until repairs can be made.
 - 2. We have a two way radio system that is to be used for facility communication. Radios are kept with security, nursing and in each department.

3. We have numerous cell phones available for use. They are located in nursing, security, support services and in each van.
- H. If any trouble cannot be corrected by the procedures above or there is loss of dial tone or incoming calls; then contact HISCALL COMMUNICATIONS at 615-740-7771.
- II. **OUTPATIENT FACILITIES:** The Phone systems at each site are an extension of the main switch at River Road. If there is a major outage of the main switch then the main phone functions will be curtailed. Each site is equipped with two copper trunk lines that will continue to provide minimal service until the main switch is repaired.
- A. If there is a power outage at a site the server for the phones will reset itself in 15 to 20 minutes after restoration of power. If after power is restored and phone functions to not start then contact Hiscall Communication for repair at 615-740-7771.
 - B. Cell Phones are available at each site for use in an emergency.

POLICY MANUAL

Subject: Water Outage

Effective Date: 01/03

Initiated By: Russell Taylor
Support Services Supervisor

Approved By: Tim Tull
Chief Financial Officer

Review Dates: 07/10 RT/Committee
08/11 RT, 10/12, RT, 11/13RT, 11/14 RT

Revision Dates: 12/05 RT
10/08RT

POLICY:

In order to ensure the continuation of services, safety and comfort of our patients, staff and visitors, Cumberland Heights has instituted the following procedure in the event of loss of water service.

PROCEDURE:

RIVER ROAD FACILITY

1. If a failure occurs, determine if the outage is localized (one building or one area in a building) or if the occurrence is multiple buildings or facility wide.
2. Notify Harpeth Valley Utility District at 352-7076 of the outage if more than one building is affected.
3. Notify the Support Services Department of the outage for either a localized or facility wide outage.
4. If the outage is localized the Support Service Department will repair the problem or if it is deemed that they do not have the material or expertise to correct the cause then they will contact Hornbuckle Plumbing at 615-255-7387 for repair of the problem.
5. In the event that the outage is localized and cannot be repaired within the next twenty-four hours then a decision will be made by the department that is effected and Executive Management as to contingency plans.

NOTE: Contingency plans will be made based upon the mix of patients, the weather situation, available unused beds and rooms, therapeutic evaluation of the community. Plans can consist of combining patients into one building with additional staff, moving programs into different buildings, etc. However, **at no time** should adult and youth patients be mixed.

6. Factors to assess if an outage cannot be fixed within 12 hours and if the Disaster Plan needs to be instituted are:
 - a. Time of year and weather situation
 - b. Length of time the outage will last
 - c. The effect on treatment of patients
 - d. The effect on the safety and comfort of the patients and staff.
7. The locations of the shut off devices for the water systems are located in the utility drawings in the Safety and Security Manual in each department.

OUTPATIENT FACILITIES

1. If a failure occurs determine if the outage is localized (an area within the site or building) or the whole site is affected.
2. If the site is within a larger facility you need to notify the Management of the property as to the problem whether it is localized or the complete site.
3. If the site is standalone then you need to notify the local utility if the outage is building wide. If the outage is localized then you notify the Support Services Department of the problem. The Support Service Department will determine whether an outside contractor is called.
4. If it is determined that the outage will affect the treatment or safety of our patients then Executive Management will be notified to determine if the disaster plan will be put into effect.
5. Location of the main water shut off must be included in the posted building evacuation map.

POLICY MANUAL

Subject: Electrical Outage

Effective Date:

Initiated By: Russell Taylor
Support Services Supervisor

Approved By: Tim Tull
Chief Fiscal Officer

Review Dates: 11/06RT, 07/10 RT/Committee
08/11 RT, 10/12 RT, 11/13RT, 11/14 RT

Revision Dates: 12/05 RT

POLICY:

To ensure the continuation of services, safety and comfort of our patients, staff and visitors, Cumberland Heights has instituted the following procedure in the event of loss of electrical service.

PROCEDURE:

RIVER ROAD FACILITY

1. If a failure occurs, determine if the outage is localized, (one building or one area in a building) if the occurrence is multiple buildings, or facility wide.
2. Notify Nashville Electrical Service at 234-0000 of the outage if more than one building is affected. (account #0061262-0060507)
3. Notify the Support Services Department of the outage for either a localized or facility wide outage.
4. If the outage is localized the Support Service Department will repair the problem or if it is deemed that they do not have the material or expertise to correct the cause then they will contact P&F Electric at 405-5252 for repair of the problem.

5. In the event that the outage is localized and cannot be repaired within the next twenty four hours then a decision will be made by the department that is effected and Executive Management as to contingency plans.

NOTE: Contingency plans will be made based upon the mix of patients, the weather situation, available unused beds and rooms, therapeutic evaluation of the community. Plans can consist of combining patients into one building with additional staff, moving programs into different buildings, etc. However, **at no time** should adult and youth patients be mixed.

6. In the event that the outage is facility wide and is going to last longer than an hour and half (battery backup time) then a decision will be made with Executive Management and Managers as to whether the [Disaster Plan](#) will be put in effect or the use of temporary power will be used. This will be determined by:
 - a. Time of year and weather situation
 - b. Length of time the outage will last
 - c. The effect on treatment of patients
 - d. The effect on the safety and comfort of the patients and staff.
7. The locations of the shut off devices for the electrical systems are located in the utility drawings in the Safety and Security Manual in each department.

OUTPATIENT FACILITIES

1. If a failure occurs, determine if the outage is localized (an area within the site or building) or the whole site is affected.
2. If the site is within a larger facility notify the Management of the property as to the problem whether it is localized or the complete site.
3. If the site is standalone notify the local utility if the outage is building wide. If the outage is localized notify the Support Services Department of the problem. The Support Service Department will determine whether an outside contractor is called.
4. If it is determined that the outage will affect the treatment or safety of our patients then Executive Management will be notified to determine if the disaster plan will be put into effect.
5. Outpatient locations are not equipped with emergency power other than battery backups on the emergency lighting and fire alarm panels.

POLICY MANUAL

Subject: HVAC Outage

Effective Date:

Initiated By: Russell E. Taylor
Director Support Services

Approved By: Tim Tull
Chief Fiscal Officer

Review Dates: 11/06RT, 07/10 RT/Committee
08/11 RT, 10/12 RT, 11/13RT, 11/14 RT

Revision Dates: 12/05

POLICY:

To ensure the continuation of service, safety, and comfort of our patients, staff and visitors, Cumberland Heights has instituted the following procedure in the event of a loss of Cooling or Heating service.

PROCEDURE:

RIVER ROAD FACILITY

1. If a failure occurs, determine if it is localized or facility wide.
2. If the failure is facility wide refer to Electrical Outage Policy and Procedure.
3. Notify the Support Services Department and explain the problem.
4. Kimbro Mechanical 615-620-0600 is our vendor for repair and maintenance of our HVAC systems. Support Service personnel will investigate the report and then notify Kimbro Mechanical if a repair is necessary.
5. If the outage cannot be repaired within the next twenty four hours then a decision will be made by the department that is effected and Executive Management as to contingency plans.
NOTE: Contingency plans will be made based upon the mix of patients, the weather situation, available unused beds and rooms, therapeutic evaluation of the community. Plans can consist of combining patients into one building with additional staff, moving programs into different buildings, etc. However, at no time should adult and youth patients be mixed.
6. The location of the shut off devices for the HVAC system is located in the utility drawings in the Safety and Security Manual in each department.

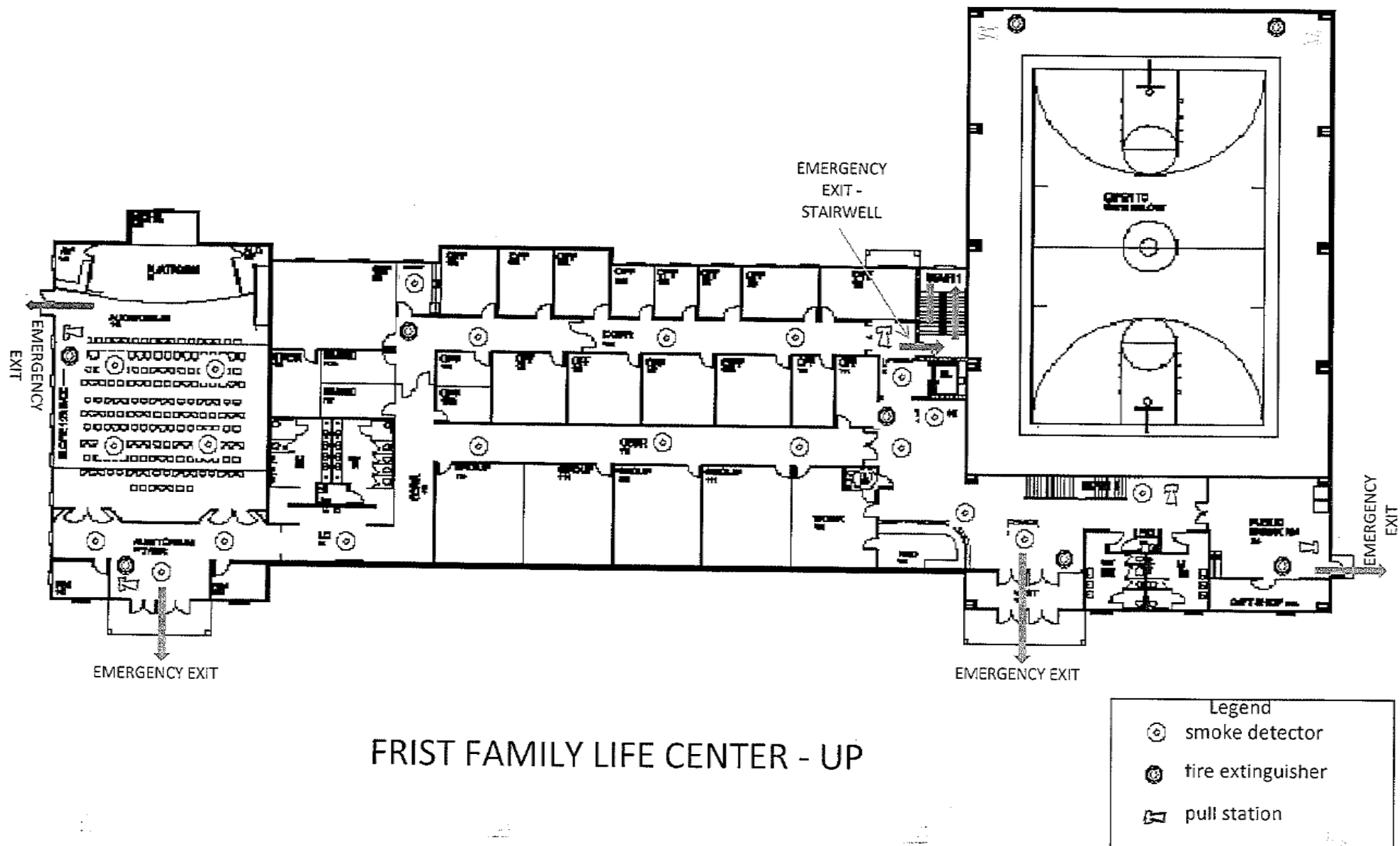
OUTPATIENT FACILITIES

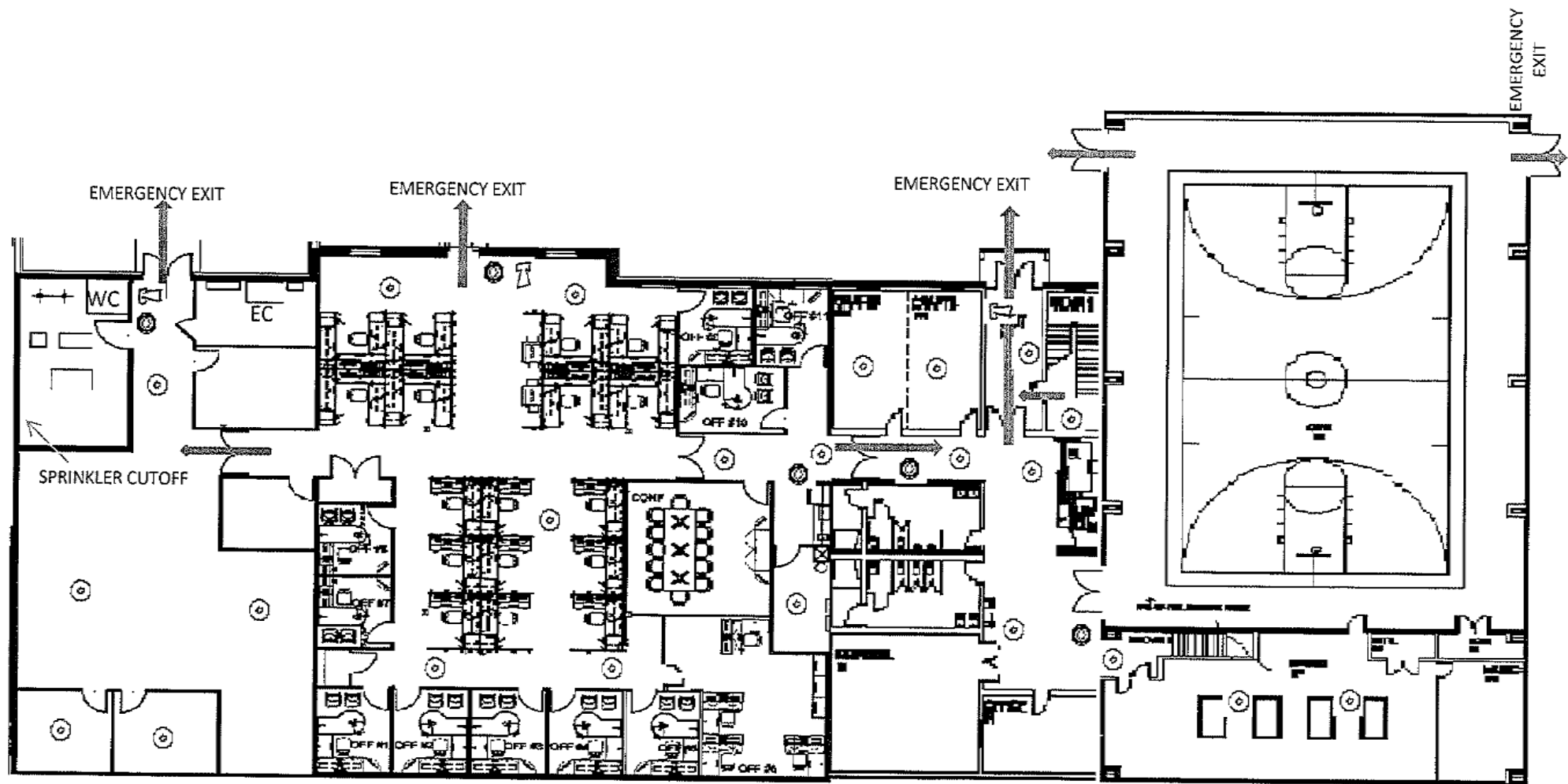
1. If a failure occurs notify the Support Services Department of the problem.
2. The Support Service Department will repair the problem or call Kimbro Mechanical for repairs.
3. If it is determined that the outage will affect the treatment or safety of our patients then the outpatient coordinator with Executive Management will make the decision for contingency plans based on the present situation at the site.

SHUT OFF LOCATIONS:

Electrical cutoff down stairs

Water cutoff down stairs



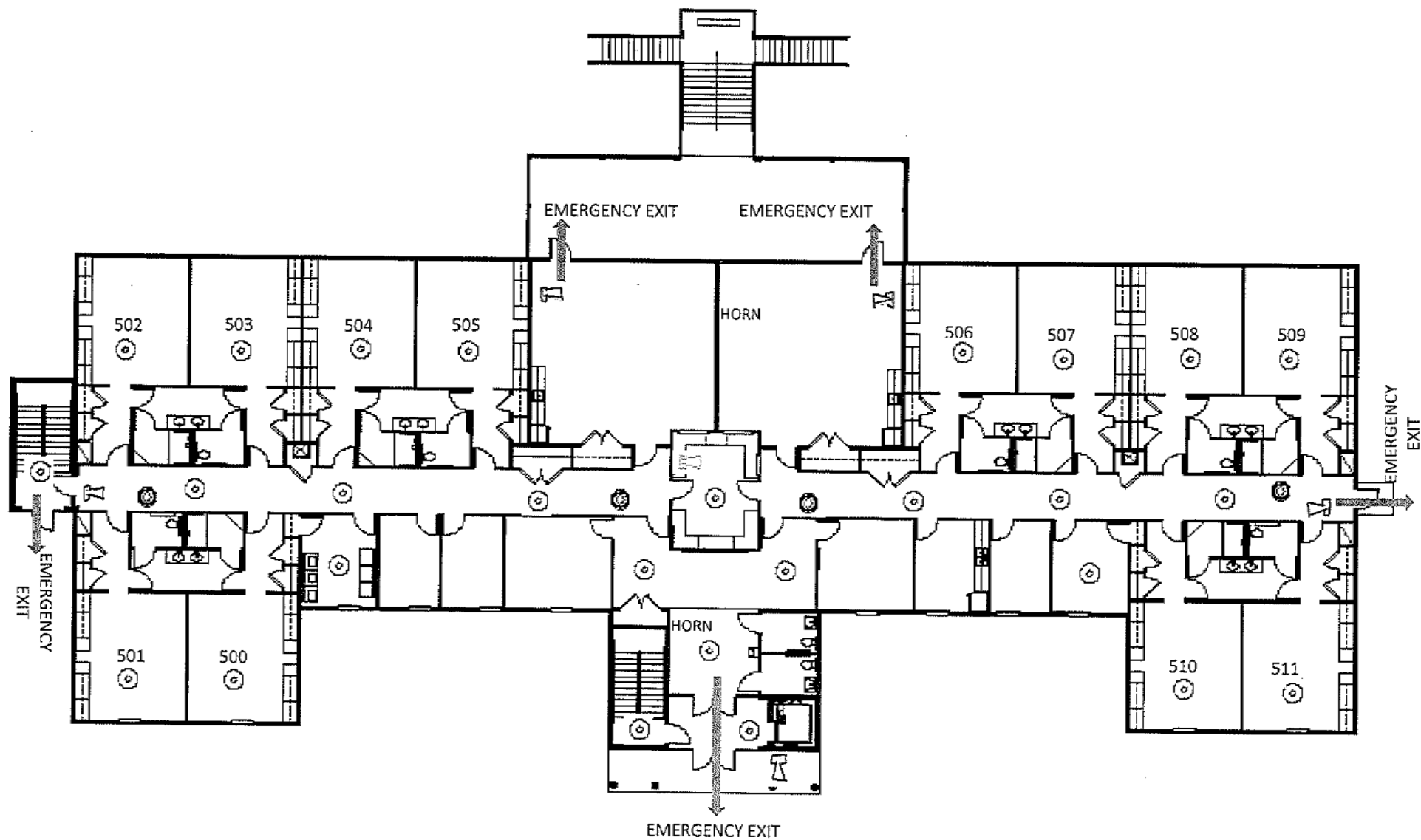


FRIST FAMILY LIFE CENTER - DOWN

WC
EC

WC
EC

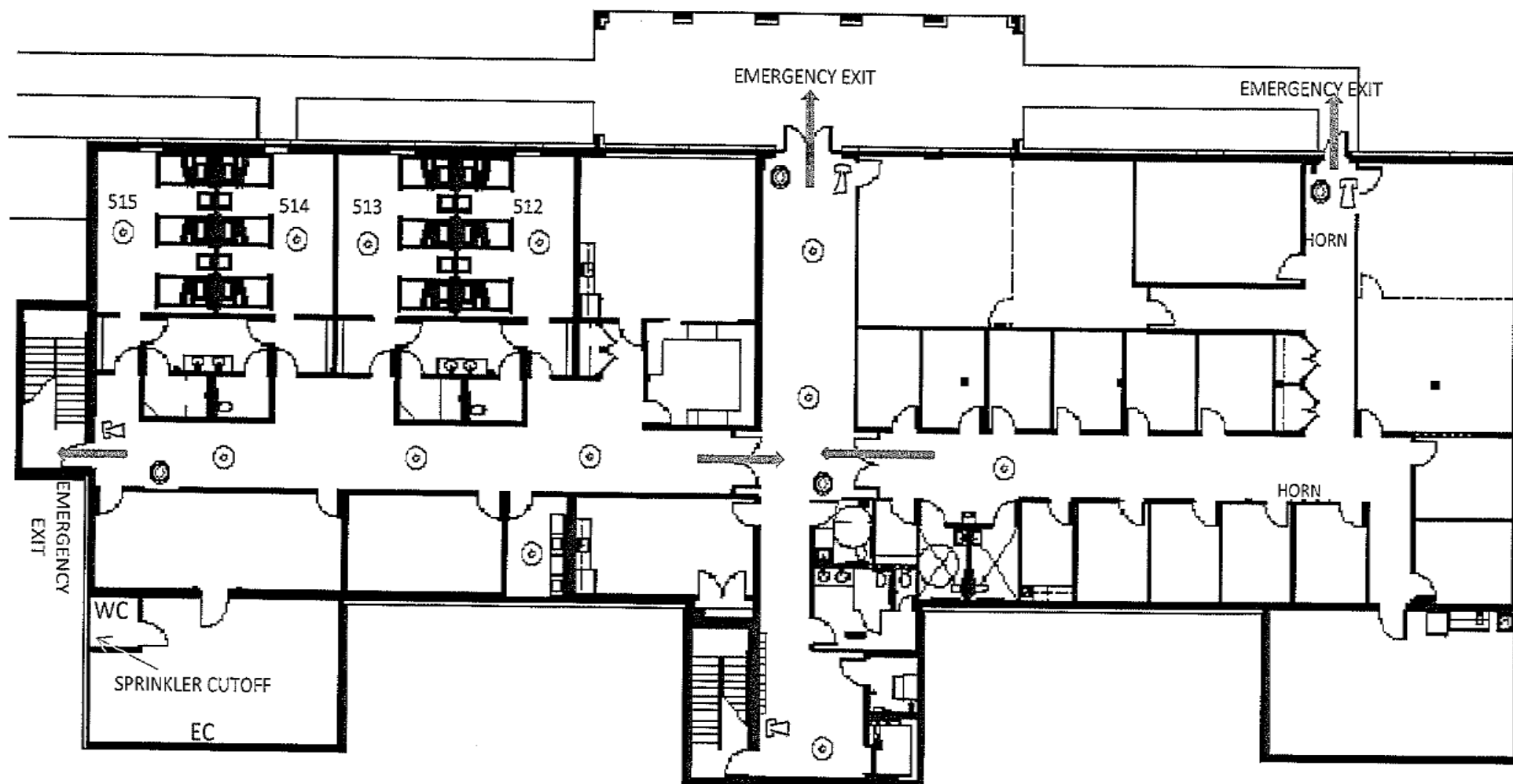
Legend	
	smoke detector
	fire extinguisher
	pull station
WC	water cut off
EC	electrical cut off






HAZEL HAWKINS - UP

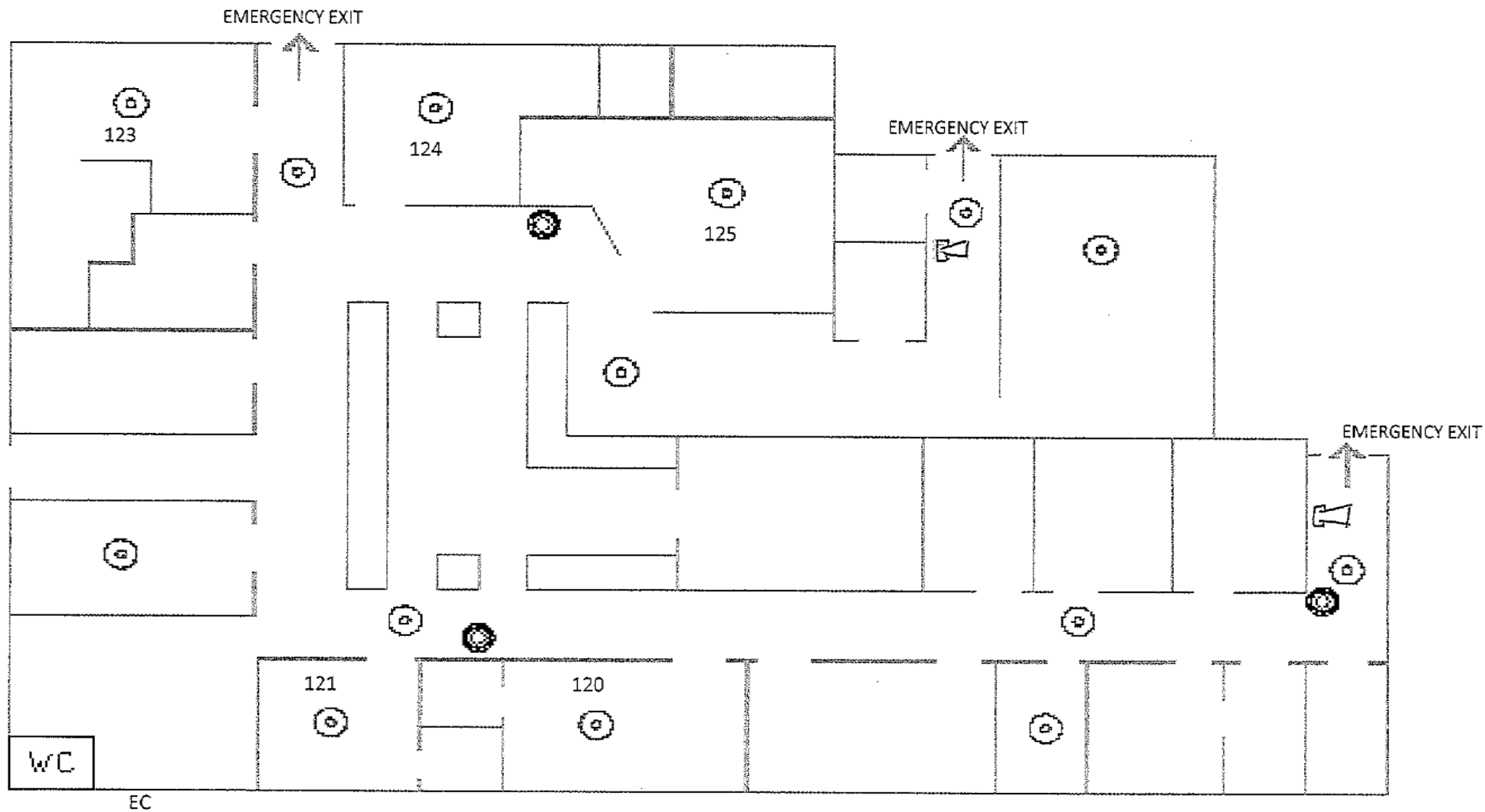
Water cutoff down stairs
Electrical cutoff downstairs.

Legend	
	smoke detector
	fire extinguisher
	pull station



HAZEL HAWKINS - DOWN

Legend	
	smoke detector
	fire extinguisher
	pull station
WC	water cut off
EC	electrical cut off

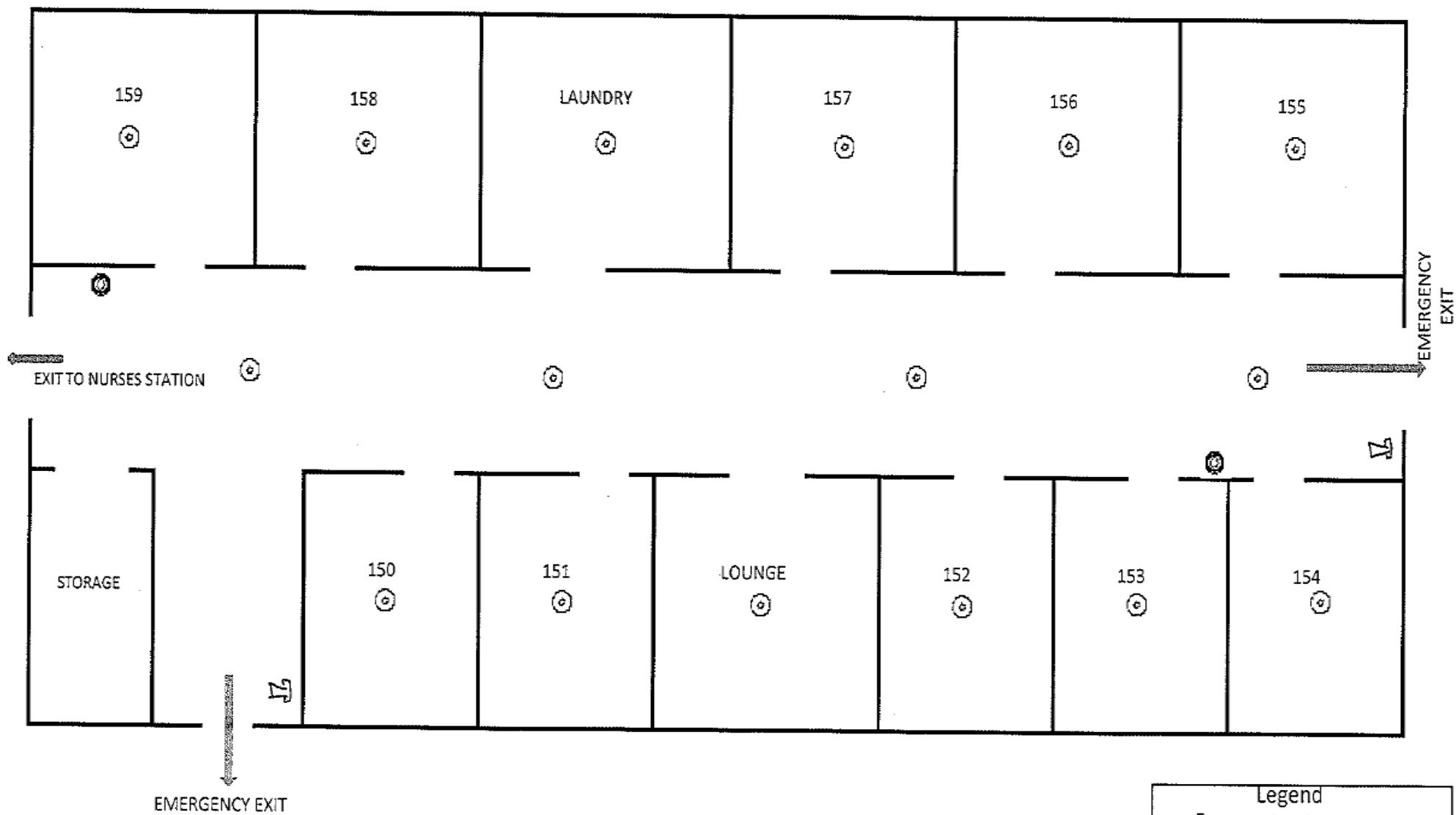


WILLIAM C. ANDERSON MEDICAL BUILDING




WC water cut off

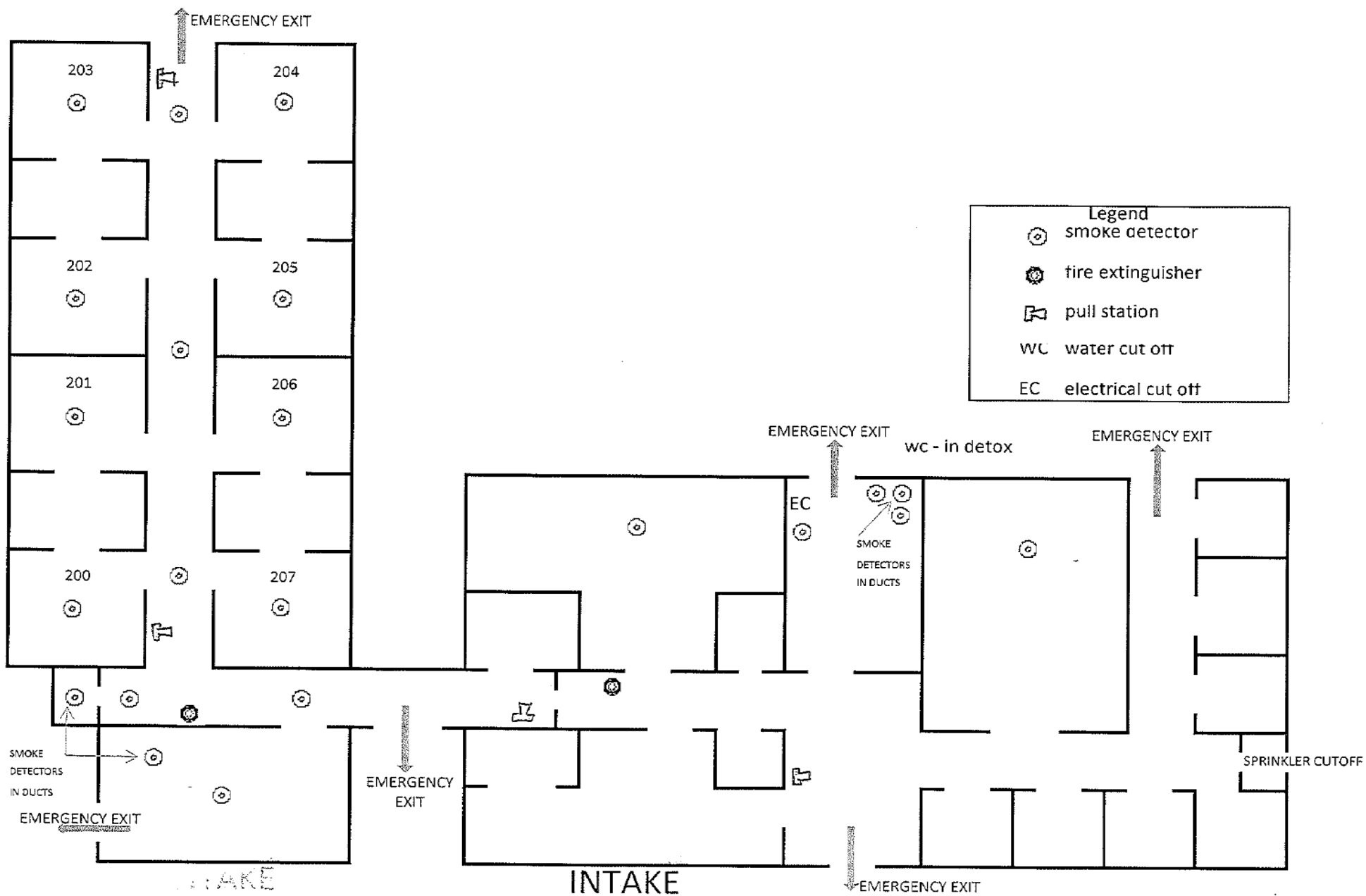
EC electrical cut off

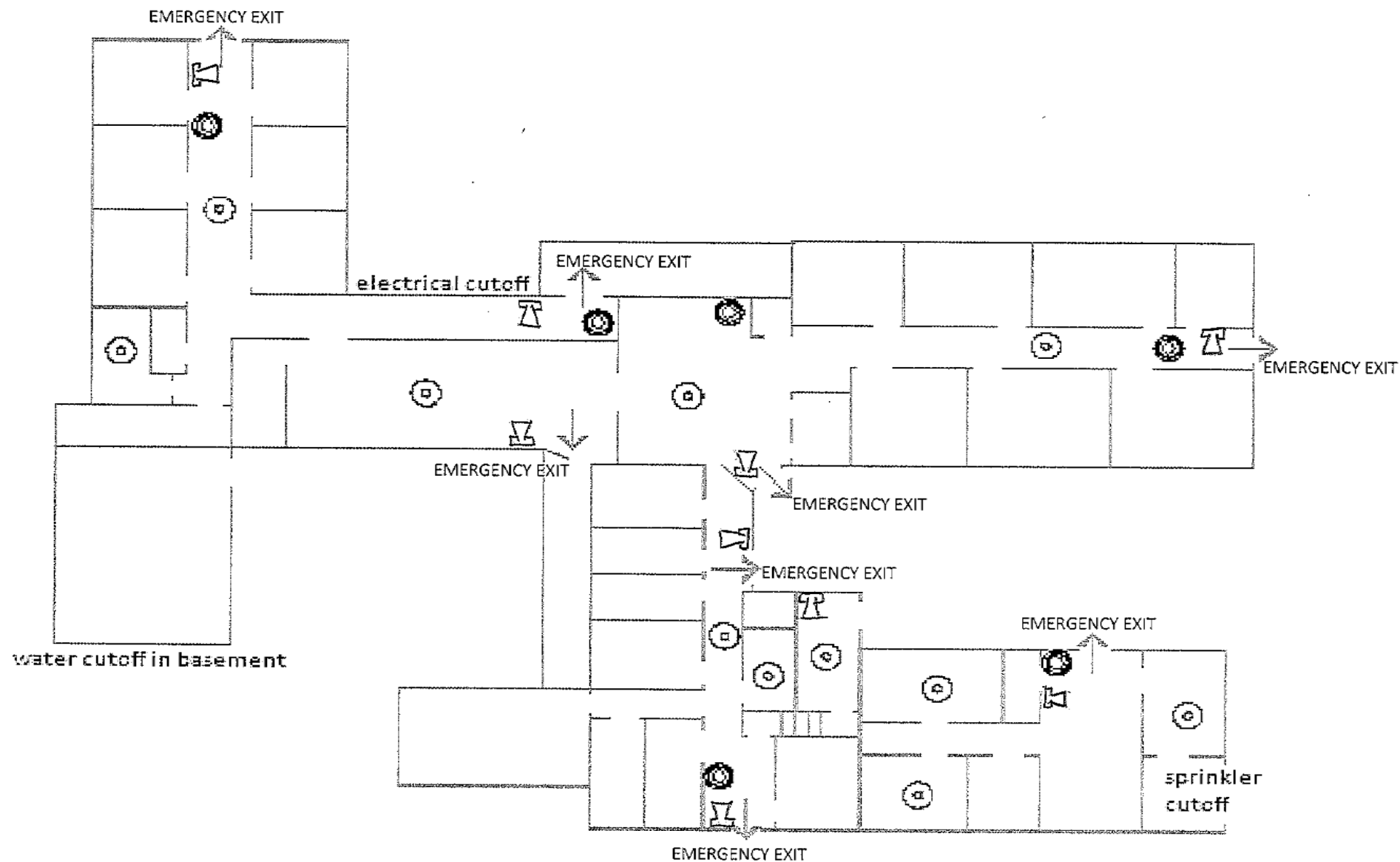
- Legend**
- ⊙ smoke detector
 - ⊗ fire extinguisher
 - ⌘ pull station
 - WC water cut off
 - EC electrical cut off



WILLIAM C. ANDERSON MEDICAL AUXILARY HALL

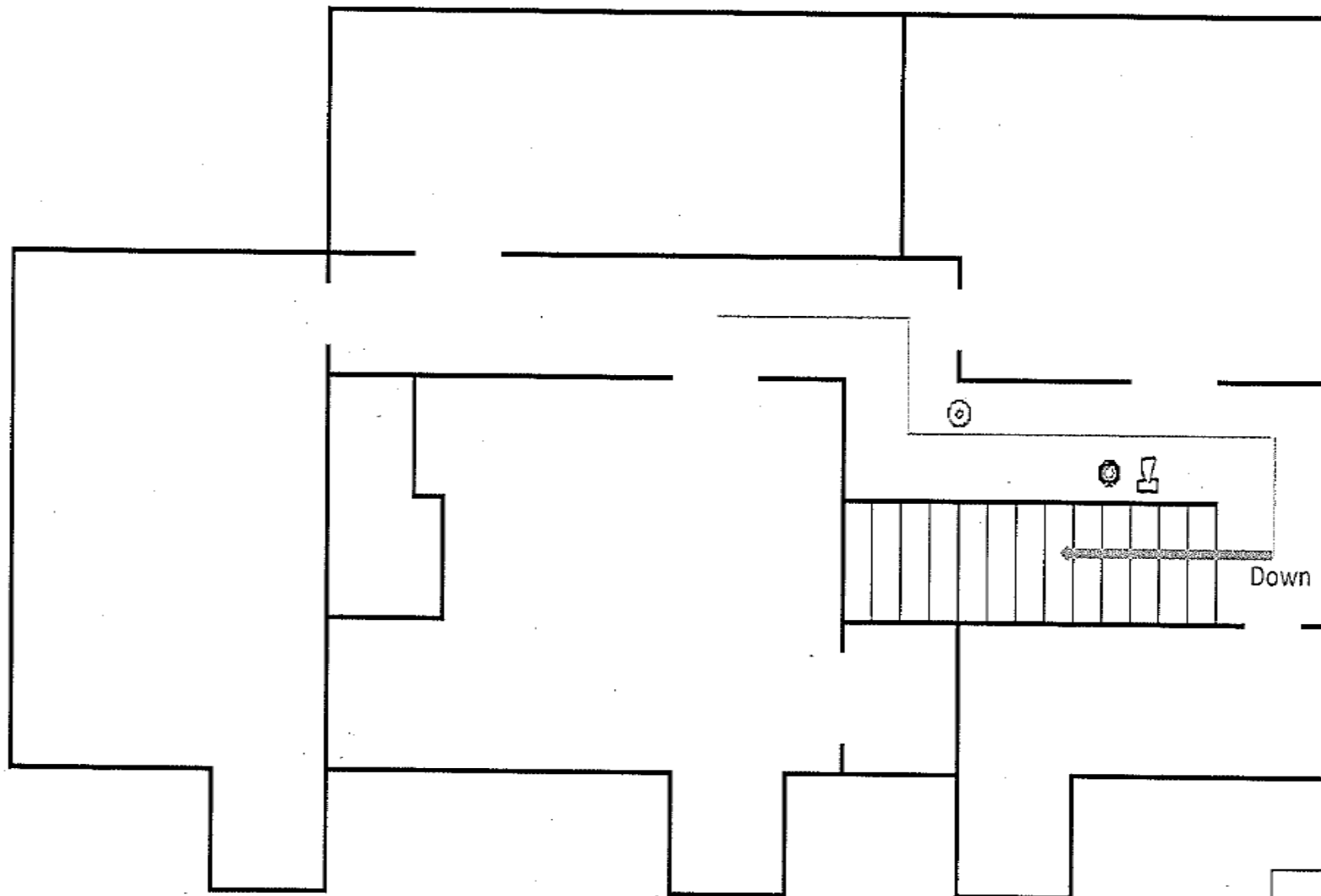
Legend	
	smoke detector
	fire extinguisher
	pull station








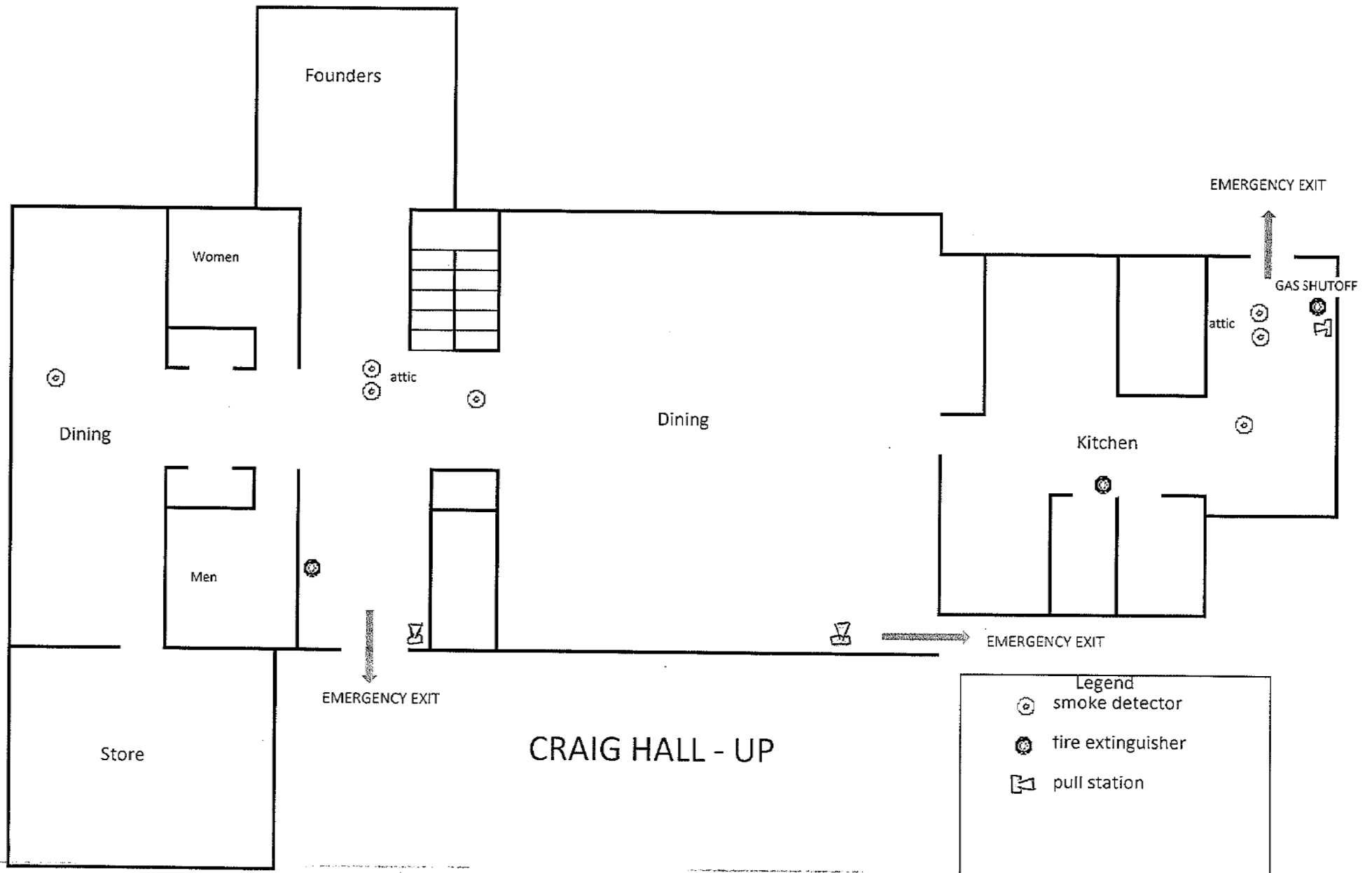
CRICHTON HALL - DOWN

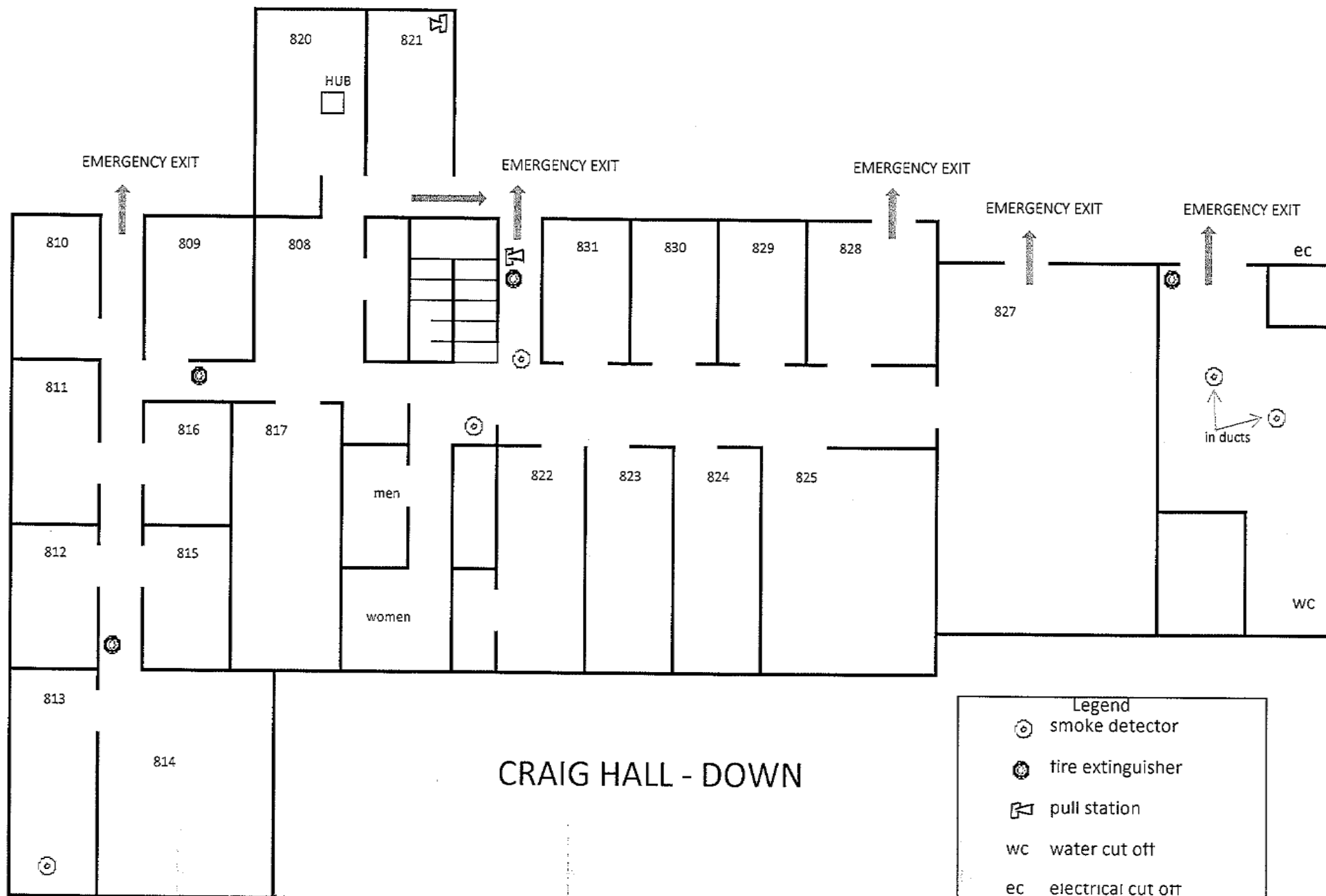
- | Legend | |
|--------|-------------------|
| | smoke detector |
| | fire extinguisher |
| | pull station |



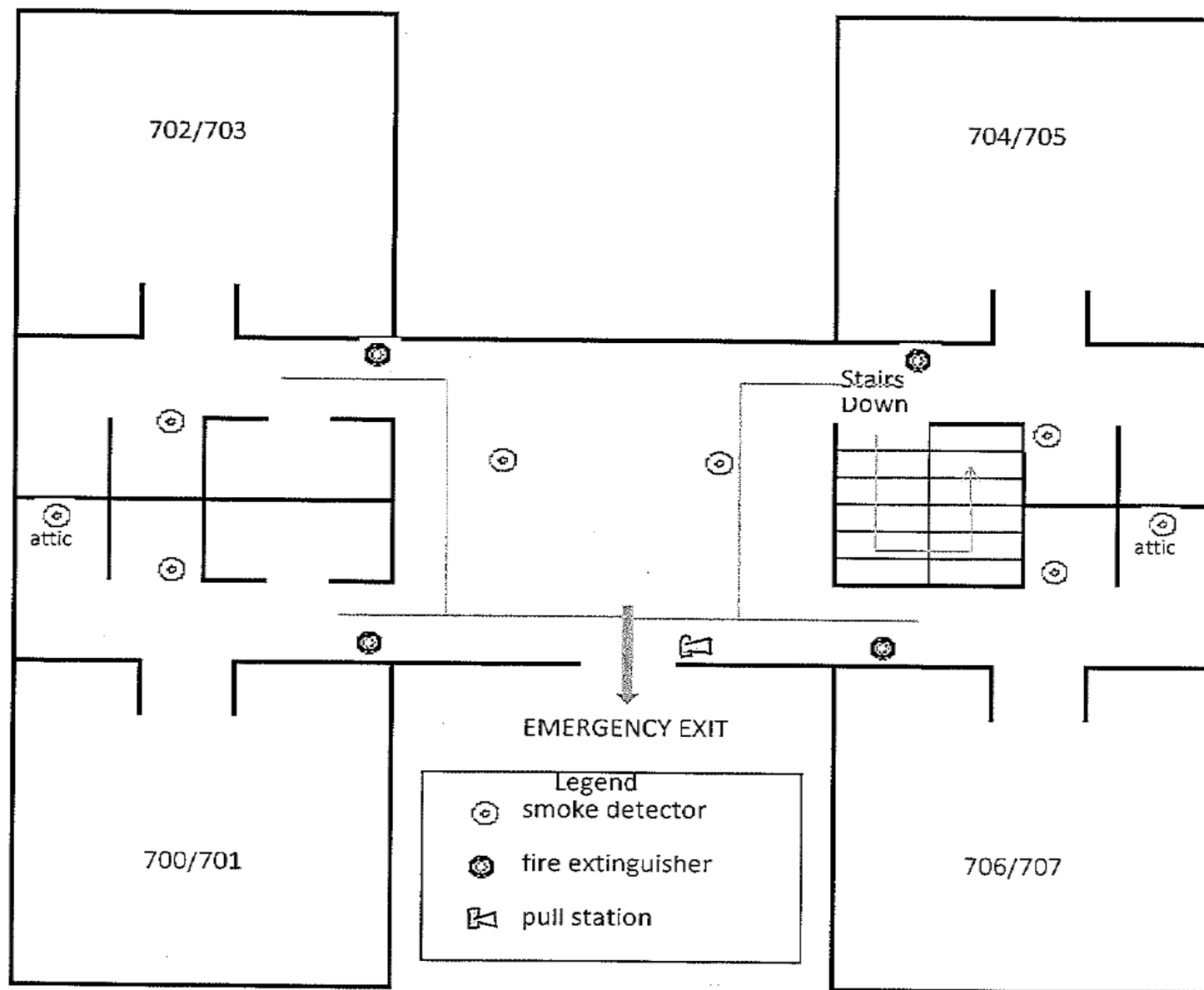
CRICHTON HALL - UP

Legend	
	smoke detector
	fire extinguisher
	pull station

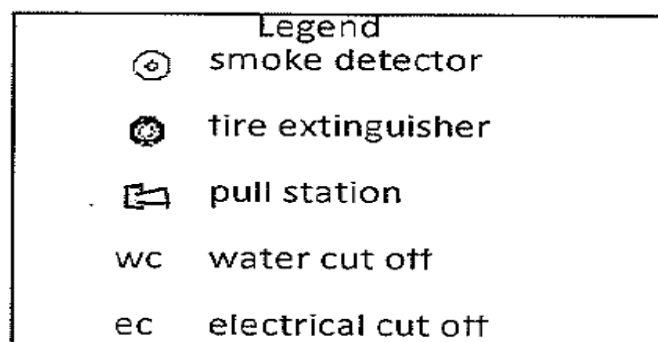
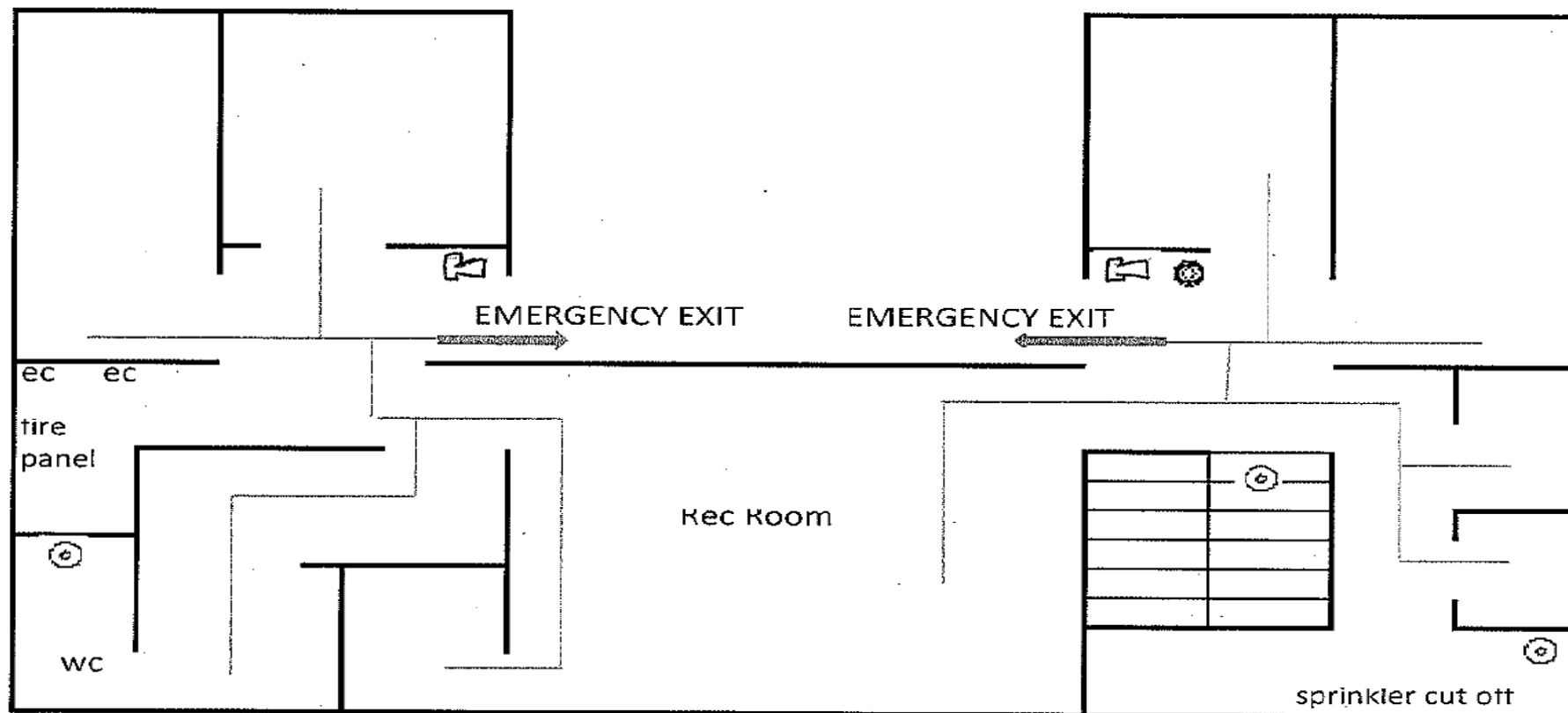




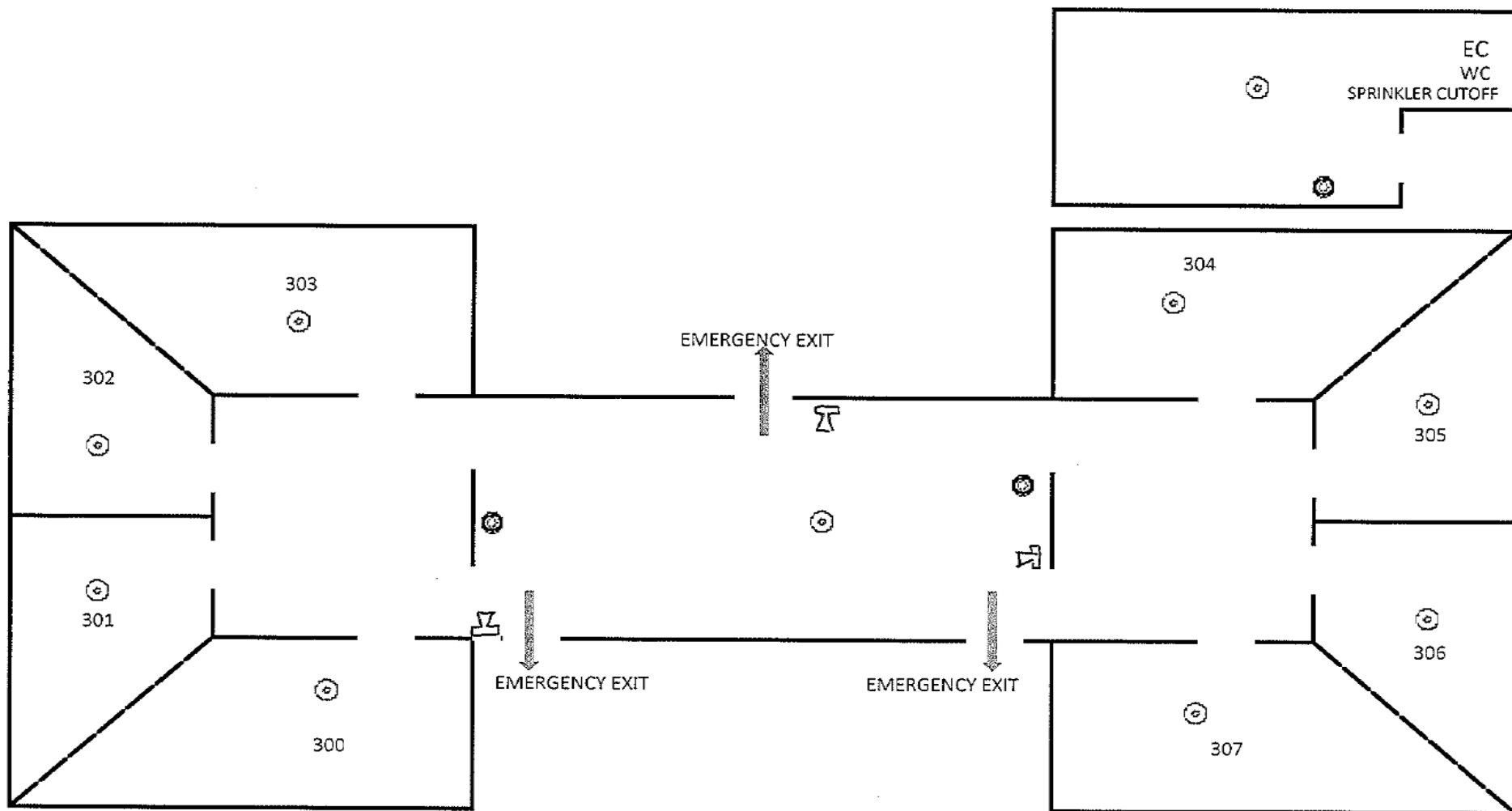
CRAIG HALL - DOWN



TEMPLETON HALL - UP



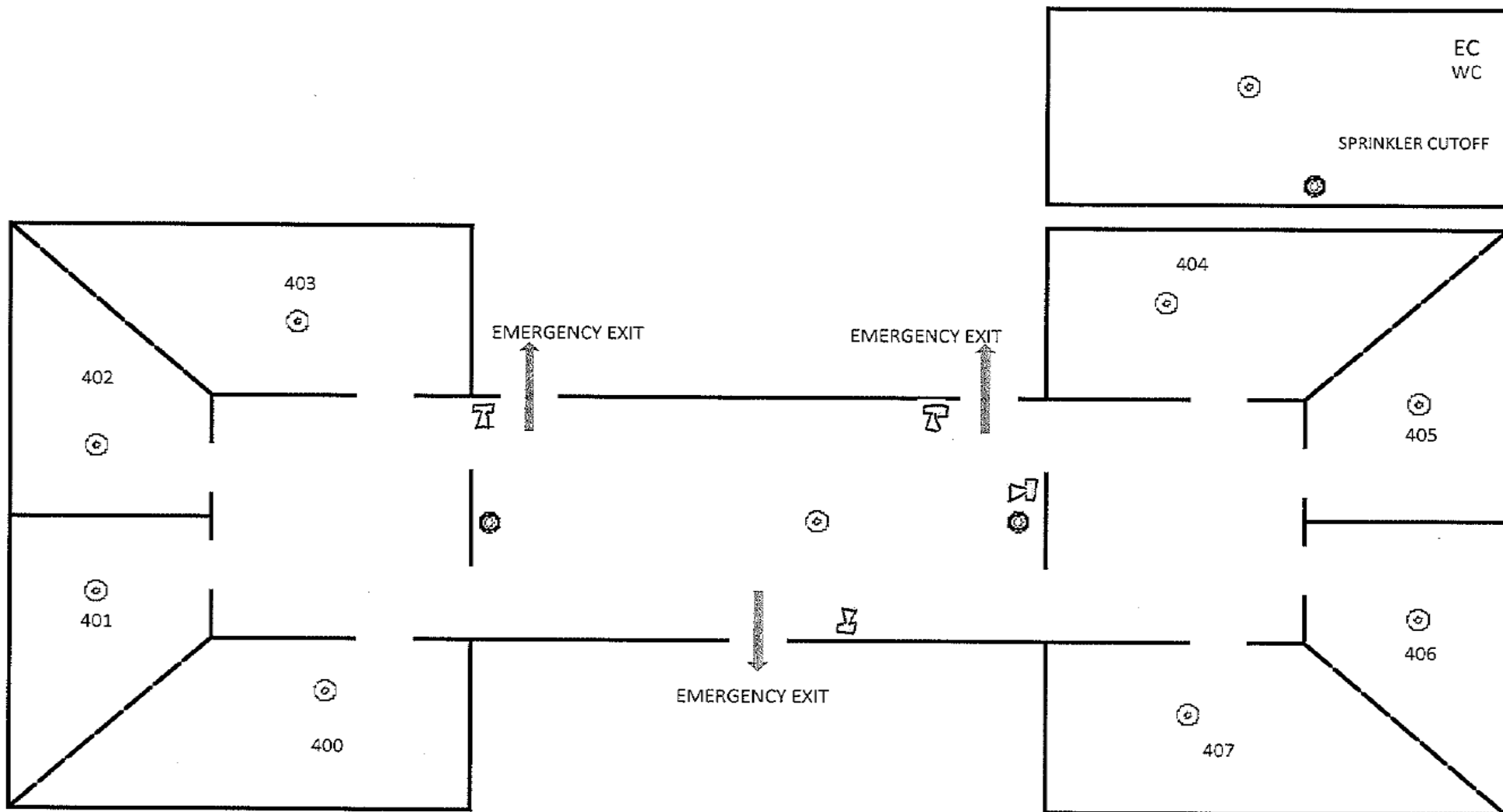
TEMPLETON HALL - DOWN



PONTES HOUSE

Legend

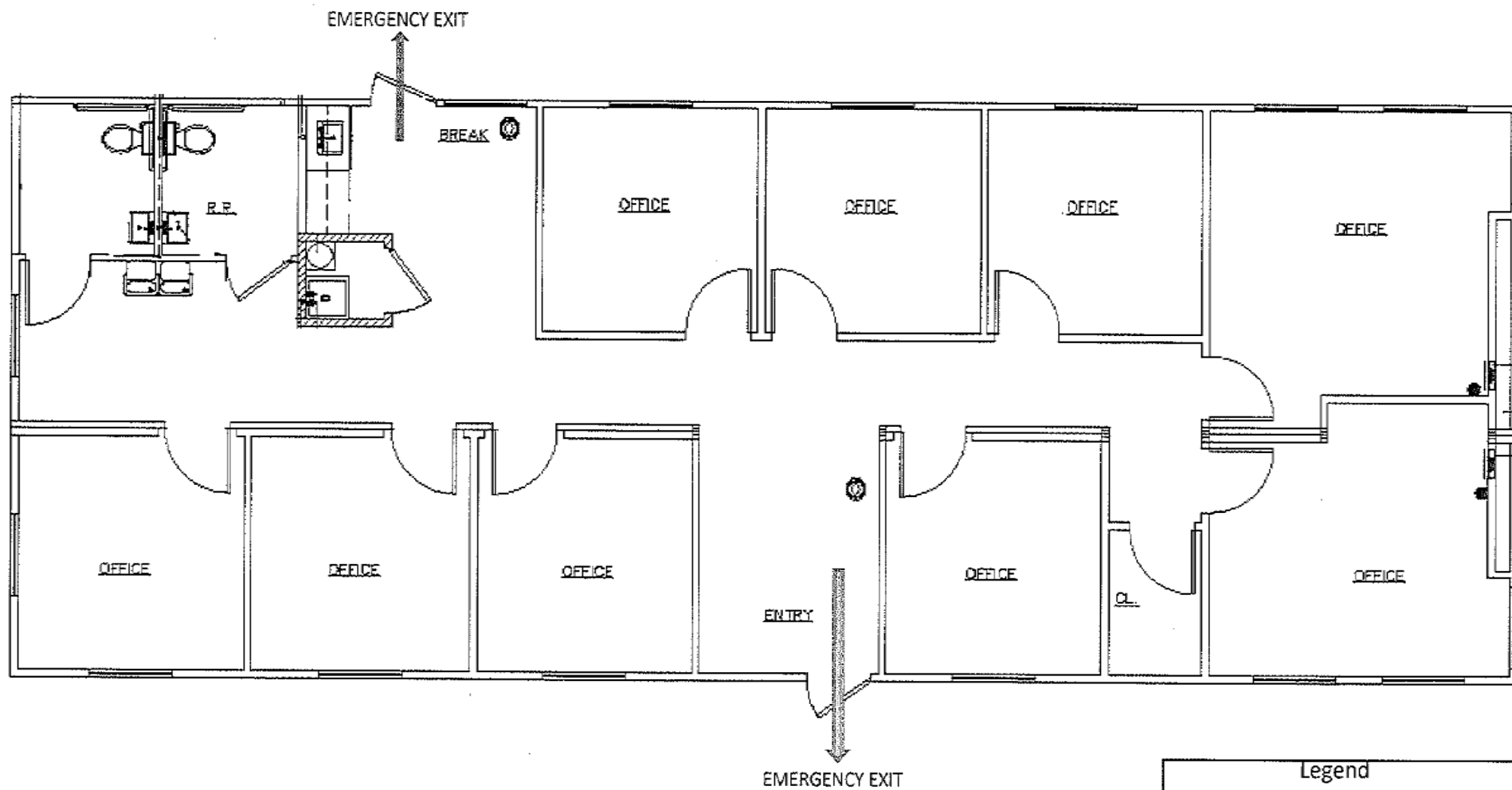
- ⊙ smoke detector
- ⊗ fire extinguisher
- ☞ pull station
- WC water cut off
- EC electrical cut off



JACKSON HOUSE

Legend

- ⊙ smoke detector
- ⊗ fire extinguisher
- ⌵ pull station
- WC water cut off
- EC electrical cut off



EXTENDED CARE

