Familiarize yourself with this **Emergency Operations Plan (EOP)**

This EOP contains policies, guidelines, and procedures to follow before, during, and after an emergency. The purpose of the EOP is to:

- Identify personnel, departments, equipment, facilities, supplies, and other resources available on campus that may be needed in an emergency or disaster incident
- Develop coordinated actions for natural or man-made incidents

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**During a YELLOW ALERT***

1. **Gather staff and patients in one area and call roll**
2. **Explain what “YELLOW ALERT” means and provide any information you may have. DO NOT panic or alarm the patients-stay calm**
3. **Report your status to Communications (Comm) Center at 5-2800:**
   - **PORTLAND:** Notify program Reception Desk at 503-731-8620:
     - a. Staff availability
     - b. Additional staff requirements
4. **Stand by for instructions**
5. **Refer to the EOP for your specific:**
   - a. Job Title (STAFF ROLES Tab) and
   - b. Work Area (AREA RESPONSE Tab) and, if applicable:
   - c. Your Area-Specific Incident Protocols
6. **Contact Comm Center/Reception Desk with any situational updates**
7. **DO NOT SEND OUT campus-wide e-mails. This task will be completed by the communication center or designee**

*See also page 5 of the EOP

This EOP is updated periodically and located online at:
[\PUBLICATIONS\Emergency Preparedness\EMERGENCY OPERATIONS PLAN.pdf](\PUBLICATIONS\Emergency Preparedness\EMERGENCY OPERATIONS PLAN.pdf)
OREGON STATE HOSPITAL (OSH)
Emergency Operations Plan

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OREGON STATE HOSPITAL
Emergency Operations Plan

PLAN INTRODUCTION

The Director of Operations, appointed by the Superintendent, has the overall responsibility for Oregon State Hospital’s Emergency Preparedness and is the chair of the Emergency Preparedness Committee. The Emergency Operations Manager reports directly to the Director of Operations and will coordinate Oregon State Hospital’s Emergency Operations Program. The committee meets on a monthly basis.

The primary responsibility of the Emergency Preparedness Committee is planning and preparing the hospital for an emergency. It includes, but is not limited to, the following:

1. Develop, review and revise the Emergency Operations Plan so that this plan is current, appropriate and effective.

2. Complete an annual Hazard Vulnerability Assessment (HVA) and prioritize potential emergencies.

3. Plan, implement and assess the outcome of emergency drills based on the Hazard Vulnerability Assessment at least twice a year.

4. Ensure that appropriate in-service training is conducted for all staff in all areas of the hospital on their responsibilities in emergency situations.

5. Involve key personnel and other staff in disaster drills.


7. Operate the Emergency Operations Center during a drill or real emergency.

8. Implement Incident Command Structure (ICS) during a drill or actual emergency. (See Incident Command Structure after TRAINING section)
Emergency Services/Disaster Planning consists of procedures for providing protection against damage and casualty caused by natural forces, i.e., hurricanes, floods, fires, earthquakes or internal emergencies.

A disaster could be considered any of the following:

1. Fire resulting from explosions, storms, earthquakes, incendiaries
2. Excessive water resulting from floods, storms, earthquakes
3. Blast or pressure damage resulting from explosions, storms, earthquakes
4. Contamination from chemical, volcanic, radiological, biological agents
5. Civil disturbances
6. Pandemic influenza

When a disaster occurs it could include any or all of the following conditions:

1. Disruption of essential operations
2. Heavy personnel or patient casualties and/or injuries
3. Essential structural damage
4. Considerable debris
5. Destroyed or damaged bridges, roads, or means of access to area
6. Loss of essential utilities, including power, water, sewage, or communications
7. Fires
8. Contamination of areas, facilities, food and/or water supplies due to sewage facilities, industrial processes, and/or radiological, chemical and biological terrorism
9. Panic, disorder and riot
10. Need for large-scale evacuation of personnel and patients

Please also refer to the yellow INCIDENT RESPONSE QUICK REFERENCE Guide located under ALL landline telephones throughout OSH.
DETERMINATION AND INITIATION OF THE OSH EMERGENCY OPERATIONS PLAN

The determination of the actual occurrence of a major emergency/disaster will rest with the Superintendent or his designated representative.

- Only the Superintendent or his designated representative may put the Emergency Operations Plan into effect. When this determination is made, the Communications Center will be instructed to activate the Emergency/Disaster Notification System.

The first indication that the Emergency Operations Plan is in effect is **Three (3) separate public address system calls of:**

“YELLOW ALERT, YELLOW ALERT” announced by Communication Center in Salem and the Reception Desk in Portland: 503-731-8620.

The announcement shall state which areas of the hospital are involved. The patient units will also be contacted via a group telephone reporting a “Yellow Alert.”

When “YELLOW ALERT” is announced and your work area **IS NOT** directly involved you should:

1. Gather staff and patients in one area and call roll;

2. Explain what “YELLOW ALERT” means and provide any information you may have. DO NOT panic or alarm the patients – stay calm;

3. Report your status:
   a. Report staff availability or additional staff requirements to the Communication Center at 5-2800. (PORTLAND will notify the Program Nursing Supervisor who will notify the Communication Center. The Program Nursing Supervisor’s telephone number is 731-8639 or pager 301-3830;

4. Stand by for instructions;

5. Return to normal status when you hear the “ALL CLEAR” or are told the emergency is over by the Program/Department manager, the Communications Center or the Program Supervisory Nurse in Portland.
NOTIFICATION OF PERSONNEL

Initial Notification
Notification that an Emergency/Disaster is occurring is the words “YELLOW ALERT, YELLOW ALERT” over the public address system.

Auxiliary Notification
Immediately after the official notification system has gone into effect, the Communication Center (Program Nursing Supervisor in Portland) will alert officials of the City Fire Department and Police Department (Police/Fire- 911), and other organizations whose services may be required in caring for disaster victims.

Internal Notification
Individuals to be notified by telephone during normal business hours (The Communication Center has home phone numbers for non-business hours):

- Superintendent 5-2850
- CMO 5-9423
- Deputy Superintendent - Clinical 5-2866
- Deputy Superintendent – CFO 5-2968
- Director of Forensic and Legal Affairs 7-1074
- Director of Operations 5-2924
- Safety Manager 5-9901
- Program Director, Harbors (Admissions & Stabilization) 7-4265
- Program Director, Trails 5-8970
- Program Director, Bridges 7-2961
- Program Director, Springs/POSH 503-358-9266
- Director, Psychiatric Recovery Services 5-8984
- Director, Office of Human Resources 5-2822
- Chief Nursing Officer 5-2937
- Director, Security 5-2861
- Communications/Public Affairs Manager 5-7141
- Emergency Building Coordinator 5-2821

If the emergency/disaster has occurred in a single building only, all Emergency Building Coordinators will be paged.

Members of the above notification group will notify required managers/department heads in their respective departments.
COMMUNITY WIDE RESPONSE AGENCY CONTACT INFORMATION

Oregon State Hospital utilizes the following community wide response agencies, as needed, for support, consultation and response to emergency situations:

- Emergency Medical Services 9-911
- City of Salem Emergency Preparedness Manager (503) 588-6067
- Marion County Emergency Preparedness Manager (503) 365-3133
- Hazardous Materials Response Team (503) 588-6081
- Office of Emergency Management (503) 378-2911
- Multnomah County Emergency Operations Manager (503) 988-4029
- Portland Emergency Operations Manager (503) 823-3738 or 9-911
TRAINING

All employees at Oregon State Hospital receive training for their roles during emergencies. The following training activities are included:

1. New Employee Orientation includes response to fire and other emergencies.
2. Review of the written policies and procedures relating to emergency preparedness including:
   - Program/Department supervisors will review Emergency Operations Program with all staff in their areas.
   - All Programs/Departments shall include a review of the Emergency Operations Plan on their new Employee Orientation checklist.
   - Program/Department managers review Emergency Operations Plan with all staff in their areas at least twice a year. This occurs after the semi-annual drills.
3. Participation, as assigned, in semi-annual implementation of the plan, either in response to an emergency or in a planned drill.
INCIDENT COMMAND STRUCTURE (ICS)

See Appendix 6 for more detail on ICS Command Structure and Position Descriptions for Command and General Staff

More detail for job-specific credentialing is on file with the Emergency Operations Manager, as it is subject to change periodically.
ROLES OF SPECIFIC STAFF

Superintendent
- Reports to Administration and designates an incident command post.
- Determines extent and impact of emergency. Activates emergency/disaster notification plan as needed. Delegates the disaster response activities to the appropriately trained ICS command staff (Incident Commander).
- Communicates the disaster status of the hospital to the Oregon Health Authority and Addictions and Mental Health Division.

Chief Medical Officer (CMO)
- Reports to Administration
- Activates Medical Department on emergency basis. Responsible for medical services. Assumes role of Triage Director upon arrival
- Coordinates activities with medical teams like physicians, nurses, and Fire Department medical personnel
- Assists with arrangements for evaluation and transfer of the injured
- Any or all Code Blue responders shall coordinate and communicate with the ICS Operations Section Chief

- Chief of Social Work
  - Reports to Administration
  - Responsible for assigning personnel to notify and assist family and relatives of injured patients, staff, or visitors
  - Relays casualty list information to Chaplain and/or clergy to assist with relatives of patients

- Chief of Psychology
  - Reports to Administration
  - Maintains availability to report where needed

- Chief of Medicine
  - Reports to Administration
  - Maintains availability to report where needed

- Chief Nursing Officer
  - Reports to Administration
- Responsible for overall direction of nursing staff. Assigns nurses and direct care nursing staff to patient treatment areas as directed by Superintendent/Chief Medical Officer

**Peer Recovery Services**
- Reports to Administration
- Maintains availability to report where needed

**Director of Rehabilitation Services**
- Reports to Administration
- Responsible for alerting all personnel assigned to the department
- Coordinates for provision of rehabilitation services personnel and supplies
- Director of Vocational Services reports to Administration
- Director of Spiritual Care reports to Administration
  - Responsible to assign staff to support the injured and contact other necessary clergy
  - If *Portland Spiritual Care* staff are unable to make contact with the Director of Spiritual Care, they are to report directly to the Communications Center area on the Portland campus for assignment of duties

**Director of Pharmacy Services**
- Ensures that the pharmaceutical components of the Emergency Operations Plan are coordinated with overall community local plans involving other institutions, community pharmacies, and wholesalers, as well as coordinated with federal, state, and local plans
- Ensures that the appropriate pharmaceuticals and related equipment and supplies are in stock at the institution, consistent with the overall local emergency-preparedness plan, which should account for the interim between the occurrence of a disaster and the receipt of federal, state, or other local assistance
- Ensures that pharmacy personnel are trained to implement OSH emergency plans
- Coordinates provision of medications for treatment of injured as required. Assures positive control of all pharmaceutical supplies in triage area

**Deputy Superintendent – Program Administration**
- Reports to Administration or the designated incident command post
• Relays information regarding the status of support areas and staff to the Superintendent and Incident Commander

  – **Program Directors**
    • Reports to Program Area
    • Assists unit staff in implementing emergency assignments
    • Coordinates activities with the Deputy Superintendent

  – **Director of Security**
    • Reports to Communication Center, Kirkbride Building. (Portland Campus- Coordinates with the Reception Desk and the Program Nursing Supervisor)
    • Coordinates security, transportation and communication needs.
    • Coordinates the “Emergency Call Back System” if necessary
    • Implements protocol during a power outage or loss of communications.
    • Works directly with the Public Information Officer (PIO)

  – **Director of Consumer and Family Services**
    • Reports to Administration
    • Responsible for responding to calls and assisting families, relatives, friends and others concerned about patients
    • Coordinates with various Clinical Services under the Chief Medical Officer in providing assistance as related to concerns regarding families, relatives, friends and others regarding patients
    • Coordinates planning/support concerning any individuals staying at the Visitor Cottage

  – **Director of Volunteer Services**
    • Contacts all non-student volunteers on duty and sends them home.

**Deputy Superintendent – CFO**
• Reports to Administration or the designated incident command post
• Responsible for the provision of emergency utilities including water supply, automotive transportation and restoration of facilities
• Fields incoming calls for the Hospital Administration. Acts as liaison for Legacy regarding all emergency utilities needs for Portland
• Coordinates the provision of all critical supplies
• Fills ICS role of Incident Commander or Finance Section Chief
**Director of Operations**
- Reports to Administration or the designated incident command post
- Assists the Deputy Superintendent/CFO in the provision of emergency utilities, automotive transportation, and restoration of facilities
- Acts as liaison for Safety, Facility Services, Food and Nutrition services, Housekeeping and Material Distribution
- Fills the ICS role of Operations Section Chief or Incident Commander

- **Emergency Operations Manager**
  - Reports to Director of Operations or the designated incident command post
  - Stands up Emergency Operations Center (B01-125)
  - Fills the ICS role of Logistics Section Chief or Incident Commander
  - Obtains radio contact with the Communication Center

- **Director of Facility Services**
  - Reports to Facilities Building
  - Activates department on Emergency/Disaster basis
  - Responsible for the provision of emergency utilities including water supply, automotive transportation, and restoration of facilities
  - Fills the role of ICS Planning Section Chief

- **Safety Manager**
  - Safety Manager and Safety Specialist report to Disaster/Emergency site
  - Assists administration staff in the implementation of the Emergency Operations Plan
  - Notifies the Superintendent and/or Director of Security and Director of Operations of any hazardous conditions present at the hospital
  - Acts as liaison between OSH and emergency service agencies
  - Debriefs disaster events with incident command participants
  - Fills the role of ICS Safety Officer

- **Director of Food and Nutrition Services**
  - Reports to Food Service
  - Activates department on Emergency/Disaster basis
- **Housekeeping Manager**
  - Reports to Housekeeping
  - Contacts available Housekeeping staff to report to work
  - Coordinates with Operations Manager to provide staff to help relocate patients or transport victims
  - Makes staff available to assist with salvage, clean up and assist in emergency deliveries

- **Material Distribution Center – Warehouse Manager**
  - Reports to Warehouse
  - Contacts available Warehouse Staff to report to work
  - Responsible for ensuring that Linens, General, Janitorial, and Medical supplies are provided as needed
  - Has staff and a vehicle on stand-by available with Spots cards in case emergency equipment or supplies are needed to be purchased off grounds
  - Has staff available to assist in emergency deliveries or on standby for wherever they are needed

**Director of Office of Human Resources**
- Reports to Administration
- Maintains an updated staff roster

**Communications/Public Affairs Manager**
- Reports to Administration
- Coordinates all interactions with news media
- Fills ICS role of Public Information Officer (PIO)
- Media briefings will be held at locations as follows:
  - **Salem Campus:** At the Kirkbride Building
  - **Portland Campus:** On the grassy area at the SE end of the Parking Lot
- Gathers information for dissemination to staff, patients, patients’ families, OSH partners and the media

**Director of Quality Management**
- Reports to Administration
– **Medical Records Manager**
  - Assigns and directs Medical Records and other Hospital personnel engaged in recording of identification information and other vital data to Triage area. Relays information from these areas to the Superintendent
  - Coordinates the evacuation of medical records from Medical Records Services storage area if those areas become threatened

**Director of Forensic and Legal Services**
- Reports to Administration
- Coordinates staff in response to the disaster/emergency

– **Director of Risk Management**
  - Reports to Administration
  - Maintains availability where needed

– **Director of Legal Affairs**
  - Reports to Administration
  - Maintains availability where needed

– **Director of Forensic Evaluation Services**
  - Reports to Administration
  - Maintains availability where needed

**Financial Services Director**
- Reports to Administration
- Activates department on Emergency/Disaster basis with all employees on duty.
- Coordinates with purchasing on emergency purchases, procurement, and delivery of additional supplies and materials as required

– **Procurement Manager**
  - Reports to Administration
  - Procures materials and supplies needed on an emergency basis. Coordinates the delivery as required

**Infection Control Manager**
- Reports to Administration
Director of Quality Management

- Reports to Administration
- Maintains availability to report where needed
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ROLE OF PROGRAMS AND DEPARTMENTS

Each Program and Department is responsible for establishing and maintaining an employee recall plan. Unless otherwise noted all personnel are to be instructed to report to their assigned work area. The Unit or Department manager will report the number of staff available for reassignment to the Communication Center or Program Nursing Supervisor at Portland.

Direct Care Program Areas

- Gather staff, patients, visitors, and volunteers together and explain what is happening
- Keep calm – Do not panic
- Turn on the 2-way radio (Sprint/Nextel units in Portland), unless it is a bomb threat, and listen for information or requests from the Communications Center (Program Nursing Supervisor in Portland). The Communications Center (Program Nursing Supervisor in Portland) then initiates a 2-way radio check with each treatment ward to ensure that their radios (Sprint/Nextel at Portland) are turned on and are operative. In addition, all 2-way radio communications should be succinct and only used to communicate required information
- Report the unit status, staff availability, additional staff requirements, and patient condition to program manager or senior staff
- Wait for further instructions or “all clear”

Communications Center/Security Command Center

- Route Emergency/Disaster calls directly to the Superintendent or designee. If unable to hold a call, obtain as much information as possible including name and telephone number of caller and relay that information immediately to the Superintendent or designee
- When instructed by Superintendent, activate the Emergency Operations Plan. Make appropriate overhead page indicating “Yellow Alert” and identify areas of the hospital affected by the disaster
- Use overhead page system to communicate additional information, as needed
- Call the Portland campus and request the Reception Desk announce “Yellow Alert”
- Keep telephone lines free of routine calls for urgent incoming or outgoing calls. One staff member will be assigned to call those listed on Emergency/Disaster Notification System (“Notification of Personnel”)
- Initiate 2-way radio checks with each individual ward, documenting each ward contacted
• Initiate a patient and staff count at the beginning and end of an emergency event or drill
• Receive reports from departments and programs concerning availability of staff for reassignment and the need for additional emergency staffing. Provide extra staff where needed
• Establish ground patrols and door control points at appropriate entrances and exits. Assign personnel to restrict movement/entrance of unauthorized personnel into areas of danger and/or treatment facilities
• Assign staff to provide for patient transportation as needed
• Provide emergency items, flashlights, batteries, blankets, lanterns, cell phones, and 2-way radios, if necessary
• Coordinate the request for outside assistance and response as directed
• Announce the “All Clear” over the announcement system as needed
• Contact the Portland campus via telephone when “All Clear” from “Yellow Alert” is announced

Clinic
• A mobile triage will be set up at or near the Emergency Disaster site
• The Medical O.D. will assume triage responsibilities
• If triage is needed when the clinic is closed, the psychiatric OD will assume or appoint triage responsibilities
• As available, the clinic will staff at the triage site and/or in the clinic
• Major emergency victims will be transported to Salem Hospital for treatment, Emanuel, OHSU or Good Samaritan in Portland for treatment
• Minor emergency care will be provided at the Triage site

Laboratory
• Upon Emergency/Disaster alert, routine laboratory work will be terminated immediately. Only emergency laboratory work will be done
• Quest will be contacted to perform lab services after hours, on weekends and holidays. If the emergency event has impacted an area larger than OSH and community (Quest) services are not available, the Lab Manager will be contacted to coordinate lab services provided by OSH staff

Human Resources
• The Office of Human Resources shall provide the following services:
  - Maintains contact with the Superintendent or designee concerning the availability of staffing, and the need for additional emergency staffing.
Material Distribution Center
- The Material Distribution Center is responsible for maintaining an adequate inventory, storage, and delivery of supplies and materials, including:
  - Adequate bedding and linen supplies to house staff that may be required to stay on campus to assist in an emergency/disaster
- The Material Distribution Center will provide and deliver essential supplies and materials as needed

Food Service
- When emergency/disaster alert is initiated, the Food Service Department will check total available useable food and be prepared to serve meals on 24-hour basis as per the Food Service Department Emergency/Disaster Plan

Custodial Services
- Custodial staff not assigned to direct patient care areas report to the Custodial Services for reassignment. Custodial staff assigned to direct patient care areas would call the Housekeeping Department with status

Pharmacy
- Pharmacists will have a key role in the planning and execution of (a) pharmaceutical distribution and control and (b) drug therapy management of patients during disasters
- Pharmacists will participate in the development of guidelines for treatment of casualties and exposed individuals taking into consideration the nature of the emergency as well as available drug resources
- Pharmacists will ensure proper packaging, storage, handling, labeling and dispensing of emergency supplies of pharmaceuticals
- Pharmacists will ensure appropriate education and counseling of staff and patients who receive pharmaceuticals in response to a disaster or other events

X-Ray Department
- Staff will stand by for emergency x-ray needs

Medical Records
- Provide as needed victim information, medications, treatment, and disbursement of medical records to medical care facilities
Facility Services

- Staff will be assigned as needed for emergency repairs. Facility Services staff are available during day shift. In Portland, the Legacy Engineer on call at 503-938-7093 or contact Legacy Security
- Utilities shall be turned off as dictated by the extent or nature of the emergency. Should electrical power failure, maintenance staff will start up and operate emergency generators as needed
- Facility services staff trained in managing hazardous spills will respond if indicated
- The Garage will provide vehicles for emergency transportation, as needed

Nursing Service

- The Chief Nursing Officer and/or designated representative will provide communication between the Triage Director and the Associate Directors of Nursing
  - Staffing needs, as well as available on-duty staff will be established by the Director or designated representative and will assign personnel to Emergency/Disaster locations, as needed
  - The Director of Nursing or designee will assign available nursing staff to areas needing assistance
- Following the alert, all ward nursing staff will report to their ward and stand by for instructions, while providing for the care, safety, and security of the occupants in the area
  - Associate Directors will report to their program Nursing Office and prepare a list of on-duty staff available for reassignment as needed
  - They will stand by at their office for instructions from the Director of Nursing or Triage Director.

Infection Control

- Available for consultation and reassignment
MODIFICATION OR SUSPENSION OF OTHER SUPPORT/CLINICAL SERVICES

During an emergency the following services would be reassigned for providing direct care, support or security services as needed:

- Psychology Services
- Rehabilitation Services
- Vocational Services
- Dental Services
- Financial Services
- Medical Records Services – available for emergency information requests
- Laboratory – available for emergency requests only
- Education and Development Services
- Quality Management
PATIENT MANAGEMENT DURING EMERGENCIES

During an Emergency

- Regularly scheduled off-unit patient activities shall be suspended, and all patients shall report directly to their units
  - If the emergency prevents patients from returning to their units, patients shall remain with assigned staff in off-unit areas
  - Those staff shall communicate with their unit managers for further direction.
- Routine treatment schedules, including scheduled assessments, shall be put on hold
  - All disciplines shall follow the Emergency Operations Plan, and shall await further instructions from the Incident Command Center
- Admissions, transfers, and discharges shall be put on temporary hold, and will be considered on a case-by-case basis
  - Unit physicians shall communicate directly with the Chief Medical Officer for approval to proceed with admissions, transfers, or discharges.
- Due to limited bed capacity, the hospital shall not be available to accept an influx of additional external patients
- Nursing Services staff shall be responsible for assuring that all patients have access to restrooms for personal hygiene and sanitation needs
- If patients require evacuation, the alternate site plan, Appendix #4 of the Emergency Operations Plan shall be followed.
- All employees shall be responsible for performing their specific roles, as described in the Emergency Operations Plan, pages 11 – 17.
EVACUATION AND ALTERNATIVE CARE SITES
(See Alternate Site Plan in Appendix 4)

In the event of an emergency disaster that seriously overtaxes the routine capabilities of the Hospital, the following alternative care sites will be utilized in the order listed:

1. Immediate transfer of all injured patients who require acute medical hospitalization to Salem Hospital, Emanuel Hospital, Oregon Health Sciences University, or McMinnville Community Hospital based on bed availability:

   Patients, accompanied by staff and equipment, will be transported to the alternate care site by Emergency Medical Services ambulance. The staff person assigned to accompany the patient will secure the patient’s medical record before transport, allowing access only to appropriate medical personnel;

   The Communication Center/Portland Reception Desk will track patient movement to and from the alternative care hospital.

2. The alternate site plan is independent from established evacuation plans. Evacuation plans are intended to provide immediate areas of refuge from pending danger. Alternate sites are intended to provide long term relocation if areas of the hospital are not able to be occupied.

3. In an emergency requiring evacuation of a ward or building, patients will be transported and housed in available spaces. The decision to transfer will be made by the Superintendent or his representative.

4. If necessary, city, county and state police, the National Guard and/or the Department of Human Services would be contacted for assistance. Decisions to notify external authorities will be made by the Superintendent or his representative.

5. In the event of a disaster that requires total evacuation of Oregon State Hospital. Patient care buildings and grounds, the Superintendent/designee will contact the Department of Human Services, other state agencies and community resources for alternative off grounds placement sites. The transport of patients, patient medication and medical records will be arranged through the Communication Center/Portland Reception Desk as directed by the Superintendent or his designee, as needed.
ALTERNATIVE SOURCES FOR ESSENTIAL UTILITIES

Alternative sources for essential utilities are available. These include emergency power, water, and heat.

**EMERGENCY POWER:** Standby generators are ready for all essential areas and are tested on a regular basis. The hospital maintains a 30,000 gallon diesel reserve.

If standby generators should fail, generators would be obtained from the Office of Emergency Management.

Portland campus has standby generators. Contact Legacy Engineers at 503-938-7093 or Legacy Security.

**EMERGENCY WATER:** If city water supplies are damaged, the Hospital has a well water supply that can be used. The Hospital also keeps a supply of bottled water in the material distribution center.

Should other water supplies be exhausted, call the City of Salem Emergency Manager for assistance with water and other required resources. If the Emergency Manager cannot supply resources, contact the Marion County Emergency Manager. Finally, the Office of Emergency Management will ultimately help with water and other resources, depending upon the emergency. The Portland campus stores water in 5-gallon containers on the sixth floor. Contact with community partners and the Department of Human Services shall be made if additionally water support is necessary.

**EMERGENCY HEAT:** If the natural gas for boilers is cut off, the Hospital has an 18,000 gallon propane backup system.

For details of emergency utilities systems, contact the Facility Services.
EMERGENCY BACKUP COMMUNICATION SYSTEMS

In the event that the hospital telephone system becomes inoperable the following alternative communications systems will be utilized:

1. There are hand-held two-way FM radios on treatment units. Additional hand held radios are available for check out from the Communication Center in Salem.

2. Treatment units have Sprint/Nextel cell phones assigned. Additional Sprint/Nextel telephones are available for check out from the Communication Center in Salem.

3. There are Sprint/Nextel phones on treatment wards at the Portland campus. Additional Sprint/Nextel cell phones are available at the Reception Desk in Portland. They will be distributed as needed.

4. Couriers can be used within the hospital.

5. Hospital pay phones will be utilized.
STAFF SUPPORT ACTIVITIES

Housing

In the event of a disaster/emergency that requires staff to remain on Oregon State Hospital grounds to provide patient care, all attempts will be made to arrange for sleeping facilities. These facilities may be provided in one or more cottages or in multi-purpose areas of the hospital.

Stress Debriefing

In the event of a disaster/emergency, the OSH policy #5.024- OSH Trauma Response for Staff will be implemented, as appropriate, to provide debriefing and support to staff persons present.
SECURITY

The following security procedures shall be enforced during an emergency/disaster:

1. The disaster site will be tightly secured by the Security Department at both the Salem and Portland campuses;
2. Security tape will be placed over secondary entrances of evacuated buildings.
3. All staff and patients shall wear photo identification;
4. The Superintendent or designee will assess if current resources adequately provide needed security;
5. Hospital employees will be reassigned to provide security, as necessary;
6. Emergency security needed as determined by the Superintendent will be requested through law enforcement agencies.
SUPPLIES

An inventory of hospital supplies is kept in various departments. Emergency supplies are stored within each department as follows:

Medical/First Aid Supplies

- These are stored in Warehouse. Vendors can deliver additional supplies in less than 24 hours.

Food

- An inventory of food stores is available within the Food and Nutrition Services Department and the Warehouse. Guidelines for Food and Nutrition Service response to a disaster are in the Food Services Department Policy and Procedure Manual. Emergency deliveries can be arranged as needed. Portland has emergency supplies on the sixth floor for three (3) Days.

Custodial Services

- Housekeeping supplies are available with the Department and the Warehouse.

Warehouse

- A complete inventory of miscellaneous supplies is available like linens, clothing, blankets, soap, toiletries, etc. Emergency deliveries can be arranged as needed.

Communication Center

- A limited supply of flashlights, batteries, lanterns, and blankets are available.
SPECIFIC RESPONSE PROTOCOL BY EVENT

The Emergency Preparedness Committee conducts a Hazard Vulnerability Assessment each year to determine potential disaster events. This assessment assists in the development of the hospital’s response in the following event categories:

**Naturally Occurring**
- Fire(s) / Response
- Earthquake(s)
- Inclement Weather

**Technologic**
- Power Outage(s)

**Human Related**
- Bomb Threat(s)
- Suspicious Package(s) or Mail
- Civil Disturbance(s)
  - Internal
  - External
- Patient Riot(s)

**Hazardous Material(s)**
- Spills and Exposures
NATURALLY OCCURRING:

FIRE RESPONSE

Each area of Oregon State Hospital will have a current building evacuation/fire response plan on file with the Safety Department. These area plans will be reviewed annually and updated as needed. A copy of all plans will be in the Safety Manual for employee review. All employees assigned to an area will be trained in the evacuation/fire response plan for the area.

A general action plan is listed below for staff discovering fire or hearing an alarm in areas other than their own when they are not familiar with the plan for that area.

**If Alarm is heard:**

- Check enunciator panel
- Locate and assess fire
- Move patients and others away from immediate danger
- Close doors and windows to help prevent smoke and fire from spreading
- Put out small fires only after you have assured the rescue, alarm, and confinement are done
- Give details to Building Coordinator or Communications Center
- Turn on 2-way radio (Sprint/Nextel units in Portland) in area and stand by for instructions
- Assist with evacuation if appropriate

**If Fire is Discovered: Remember R.A.C.E.**

- **Rescue** – Remove patients and others away from immediate danger
- **Alarm** – Sound the alarm and alert other staff
- **Confine** – Close doors and windows to help prevent smoke and fire from spreading

- **Extinguish** – Put out small fires only – and only if you have a clear escape route

- Give details to building coordinator or Communications Center

- Assist with evacuation of the area

When assigned to a new area of the Hospital, each employee shall be instructed in and become familiar with the area building evacuation/fire response plan to ensure the best possible response in case of an actual fire.
EARTHQUAKE PREPARATION AND RESPONSE

In the event of an earthquake, safety and security are the highest priority. Taking action quickly to protect yourself and others from harm is essential.

If inside a building during the tremors, protect occupants in one of the following manners:

- Duck-Cover-Hold: Duck under a sturdy desk, table, or bench. Stay under it
- Stand against an inside wall, stay away from outside walls, and protect your head with your arms
- Patients in bed should remain in bed, covering their head with a pillow or pulling a blanket across their face to protect against broken glass, falling plaster, or other debris
- If possible lock the wheels and protect head with arms for occupants in wheelchairs
- If working with machinery, move away from the machinery, and shut it off only if you can do so without hazard to yourself
- Always stay away from windows, heavy mirrors, bookcases, file cabinets, furniture, hanging plants or other heavy objects
- Do not be surprised if the fire alarm sounds. (This is more than likely caused by a surge in water in the sprinkler system pipes, but it could be a fire)

If you are outdoors on OSH property:

- Move to a clear area, away from trees, signs, buildings, and utility poles
  - Be cautious of downed wires or cables, up to 20 feet away, ground can be electrified
- If able, return to your work area when tremors stop
• If unable to return to your work area, enter the closest safe, occupied area and wait

If you are off hospital grounds on state business:

• If in a car, pull over to the side of the road and stop
  - Turn off engine.
  - Avoid overpasses, power lines, and other hazards; like construction equipment with buckets and cranes.
  - Stay inside your vehicle

• If in a building, follow instructions above for “inside a building.”
  - When tremors stop, contact your Program Area/Department or the Program Nursing Supervisor in Portland for further instructions.
  - Tune to local radio station for local conditions

Immediately after tremors stop:

• DO NOT automatically evacuate the building- see below “When to Evacuate.”

When to Evacuate:

• When directed that it has been determined that there is structural damage that necessitates moving patients, do one of the following:
  - Check with other areas of the building and move to an undamaged area within the same building. Contact the Communications Center and report planned or actual move.
  - If building is uninhabitable, request assistance from the Communication Center for evacuating patients. Have patients carry a blanket and pillow if possible.

In case of fire, refer to the Fire Response Plan

• DO NOT use elevators.

• DO NOT tie up telephones/radios unless you have injuries, fire, or other emergency conditions to report.

• Check for injuries. Account for all patients and staff.
• Turn off electrical appliances.

• Have patients put on shoes or slippers with hard soles in case of broken glass or spills.

**Actions to be taken after the tremors stop.**

Perform preliminary safety inspection
• Facility Services will call in/dispatch employees to conduct a Rapid Visual Inspection for structural damage. A structural engineer will be needed to perform more detailed inspections. Check for:
  - Spills or damaged containers of chemical products or medications
  - Broken oxygen tanks
  - Broken glass
  - Objects that need securing or removal from shelves, walls, etc.
  - Light fixtures, ceiling tile that has loosened
  - Electrical appliances that have not yet been turned off
  - Major damage to structure

• If unable to remove hazards, confine hazard to the room:
  - Close the door and label the room with a large sheet of paper indicating the hazard (Use felt tip pen if possible)
  - Report any conditions needing immediate attention to the Communication Center and the Facility Services in Salem or Legacy Engineering in Portland at 503-413-5125

• Be prepared for aftershocks

Refer to this manual, [Appendix 1](#), for information on how to obtain supplies.
INCLEMENT WEATHER

Inclement weather that disrupts hospital operations will be responded to in a timely and efficient manner. The following defines specific department/program responses related to inclement weather problems and interventions:

**Communication Center**

1. The Communication Center will contact the Superintendent/Administrative OD; and report any system failures related to the inclement weather.

2. The Communication Center will implement the Emergency Operations Plan at the direction of the Superintendent.

3. The Motor Pool will be contacted and a 4-wheel drive vehicle will be rented or leased for the duration of the inclement weather.

4. Coordinate requests from Programs/Departments for additional supplies with appropriate Departments, like Warehouse, etc.

5. Coordinate emergent transportation needs of patients.

6. Assist in the coordination of completing service calls to vital utilities providers.

7. Provide updates information to Programs/Departments as it becomes available.

**Facility Services (Legacy and OSH Building Manager in Portland)**

1. Start and operate appropriate generators, as available, if electrical power is lost.

2. Notify Communications Center-Reception Desk in Portland of:
   
   - Areas affected
   - Potential duration of outage (if known)
   - Plan of action or correction

**Programs/Departments**

1. After notification by the Communications Center, complete Resource Request Form and deliver it to the Communications Center.
2. Turn off all electrical equipment not powered by generator until electrical power resumes.

3. After power is back on, the equipment checked out by Programs/Departments shall be returned to the Communications Center.

4. Due to potential needs of additional personnel in other areas, no personnel shall be sent home early without permission of the Superintendent or the designee.
TECHNOLOGICAL EVENTS:

POWER OUTAGE

Facility Services (Legacy Engineering in Portland)

1. Start and operate appropriate standby generators as available.

2. Notify Communications Center/Reception Desk in Portland of:
   - Areas affected
   - Potential duration of outage (if known)
   - Plan of action or correction

Communication Center

1. Receive information from Facility Services or Portland.

2. Notify Superintendent of the incident and receive additional instructions from the Superintendent, including activation of the Emergency Operations Plan if deemed necessary.

3. Receive and distribute current information to Programs/Department.

4. If the power outage is to last over an extended period, the Communications Center will notify Programs/Departments to begin the resource request procedure. See Appendix 1.

5. Coordinate requests from Programs/Departments for additional supplies with appropriate Departments, like Warehouse, etc.

6. Communications Center will coordinate acquisition of additional resources as needed from outside the hospital.

Programs/Departments

1. After notification by the Communications Center, complete the Resource Request Form, see Appendix 1, and deliver to Communications Center.

2. Turn off all electrical equipment that is not powered by generator until electrical power resumes.
3. After power is back on, all equipment checked out by Programs/Departments shall be returned to the Communications Center.

4. Due to potential needs of additional personnel in other areas, no personnel shall be sent home early without permission of the Superintendent or the designee.
HUMAN RELATED EVENTS:

BOMB THREATS

Oregon State Hospital will react promptly and calmly to all bomb threats. The recipient of a bomb threat will obtain the necessary information and notify the Communications Center- Portland campus will notify Program Nursing Supervisor who will notify Communications Center and Legacy- immediately. Legacy staff will overhead page “Code 77” to alert staff at the Portland campus of a bomb threat.

1. When an employee receives a bomb threat by telephone:
   
   a. Try to prolong the conversation to obtain necessary information, see Bomb Threat Checklist, Appendix 3, such as:
      
      • Description and location of bomb.
      
      • Time set for explosion.
      
      • Identify distinguishing characteristics of caller- voice, male/female, background noises, etc.
      
      • Location from which call was placed.
   
   b. If possible, try to get someone on the phone extension to take notes. Use the Bomb Threat, Appendix 3.

2. If the threat is in writing:
   
   a. Employees should not handle the note or envelope any more than necessary, in order to avoid smearing any existing fingerprints.
   
   b. Call Communications Center - Program Nursing Supervisor in Portland immediately

3. Communications Center-Program Nursing Supervisor in Portland- will:
a. **NOTIFY ALL AREAS TO TURN RADIOS, PAGERS AND CELLULAR PHONES OFF WITHIN 150 FEET OF THE SUSPECTED LOCATION!**

b. Notify the Superintendent or designee, the Oregon State Police, and the Fire Department by telephone.

4. If the Superintendent or his designee feel there is **JUST CAUSE TO EVACUATE**:

a. Communications Center will notify by telephone each area that is affected. If there is just cause to evacuate, direction will be provided on evaluation plans.

b. Direct care staff shall:

- Call Communications Center- Program Nursing Supervisor in Portland for security back up and escorting of patients.

- Evacuate all patients to designated area.

- Take roll call.

- Do a quick check of your own immediate work area and evacuation path before leaving to see if any unusual objects are seen that may contain a bomb. Leave file cabinets unlocked so authorities can quickly and easily search. Leave doors and windows open.

- Take personal bags and other objects/parcels that authorities may consider suspicious.

- Police/Bomb Squad personnel will be responsible for an immediate cursory search of the work area.

- Look for objects not normally found in the area, i.e., boxes, paper bags, lunch boxes, or anything you deem suspicious.

- Check all rooms.
• Check all public access areas.

• If something is found, **DO NOT** move, open, disconnect, wet, or pull wires. If you need to communicate outside of area, use the phone. Mobile radio communications may detonate the explosive.

• When evacuating into yard area, a quick search by staff must be done before entering the area. Include all public access areas. Look for objects not normally kept in the area.

• Exit in a calm, orderly fashion.

• Move well away from the building.

• Wait for “ALL CLEAR” before re-entering.

5. Bomb threat evacuation procedures are as follows:

• Patient care areas:

  See **Appendix 4 – Alternate Site Plan**

• All non-patient care areas: All staff, patients, and/or visitors will be expected to evacuate the building in an orderly fashion. Move well away from building in question.

6. In the event that a recreation yard requires total evacuation, the Communication Center/Portland Program Nursing Supervisor is contacted and will send a staff person with the appropriate key to allow yard egress.
SUSPICIOUS PACKAGES OR MAIL

In the event a staff member receives or observes a suspicious package or envelope, the following process should take place:

- Call Communications Center/Program Nursing Supervisor in Portland
- Do not shake or empty the contents. Leave the mail in place
- Remove self and others from the area and close the door or section off the area to prevent others from entering. Adhere to emergency response personnel requests to remain a specified distance from the item
- If contact was made with the mail, thoroughly wash hands
- If there was an exposure, the exposed person should not have physical contact with other staff
- Make a list of all people in the area of the suspicious package or letter
- Keep a safe distance from all windows

Characteristics that may prompt suspicion are:

- Threatening message
- Powdery substance
- Excessive postage
- Poorly handwritten or poorly addressed
- Incorrect titles
- Title, but no name
- Misspellings of common words
- Oily stains, discoloration or odor
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security materials such as masking tape, string, etc.
- External mail marked with restrictive endorsements, such as Personal or Confidential
- Shows a city or state in the postmark that does not match the return address
- Anything unusual about the envelope or package
CIVIL DISTURBANCE

Internal Disturbance
When OSH employees observe a situation that involves violence, potential violence, or a civil disturbance on grounds, they are responsible to report the situation to the Communications Center, Program Nursing Supervisor in Portland, or to others, who are able to notify the Communications Center.

The Communications Center will:
- Notify the Superintendent and Police, Fire, or Emergency Medical personnel as directed or needed.
- Follow the direction of the Superintendent or designee in responding to the disturbance area and assist in controlling the situation if appropriate and if staffing permits.

External Disturbance
When notified of an external civil disturbance of a nature that could affect the Hospital, the Communication Center or Reception Desk in Portland will:

- Notify all areas to turn on their 2-way radios/Direct Connect phones, and to move patients, staff, and visitors away from windows or doors. All areas will stand by for further instruction.
- Contact the Superintendent or designee for direction on additional staffing or emergency personnel needs.
- All areas will be notified to secure any unlocked portion of their areas (lock doors, windows, gates, etc.) to prevent unauthorized persons from entering hospital.

Should security of patients, staff or visitors become an issue, the following areas inside the secure perimeter could be used:

Large Gym (at Bridges/Kirkbride) and/or Small Gym (at Harbors)

All movement of personnel to these areas should be by the tunnel system for safety reasons.
PATIENT RIOT

In the event of a riot or threatened riot by a group of patients, the affected ward will contact the Communications Center or Program Nursing Supervisor in Portland for additional staff and instructions.

The Communications Center will:

- Contact all areas of the hospital and have them respond by sending available staff to assist on the affected ward
- Inform the Superintendent or the designee of situation and take action on any special instructions received
- If warranted or ordered by Superintendent, local law enforcement or State Police will be contacted for assistance
- Assign staff to affected area entrances to monitor all personnel entering area and to limit access of non-essential staff like Food Service, Warehouse, Maintenance, Contractors, etc.
- After control of the unit is ensured, the Communications Center will ensure that security staff conduct patrols every hour for the first 8 hours, and then every 2 hours for the remainder of the 24-hour period after control is gained. This will help to ensure maximum control of the area and prevent a flare-up of the problem
HAZARDOUS MATERIALS SPILLS AND EXPOSURES

Hazardous Materials Spill

- In the event of a hazardous materials spill, the staff discovering the spill will contact the Communication Center or Program Nursing Supervisor in Portland.

- The Communication Center will contact 911 emergency response and report the hazardous spill and request Hazardous Materials Response Team intervention.

- The Communication Center will contact the Physical Plant for assistance as needed.

- Make notifications to the Superintendent or Administrative OD.

- Dispatch security staff to cordon off the area is necessary.

- Assist with evaluation of staff and patients if ordered by the Superintendent or his designee.

Hazardous Materials Exposure

- In the event that a person(s) becomes exposed to a hazardous materials spill during an emergency/disaster, the person will be immediately removed from the spill area.

- Medical assistance will be requested, as needed.
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APPENDIX
(See next pages for Appendices)
## APPENDIX 1

### RESOURCE REQUEST FORM

**POWER OUTAGES/DISASTER FORM**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NUMBER REQUESTED</th>
<th>NUMBER ISSUED</th>
<th>NUMBER RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlights</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Batteries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(Temperature – heating needs)</td>
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<td></td>
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<tr>
<td>Blankets</td>
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<tr>
<td>Sweaters</td>
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<tr>
<td>Coats</td>
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<td></td>
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<tr>
<td>Socks</td>
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<tr>
<td>Stocking Caps</td>
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</tr>
<tr>
<td>Hand-Held 2-way Radios</td>
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<td></td>
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<tr>
<td>Head-Mounted Lights</td>
<td></td>
<td></td>
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<tr>
<td>Extension Cords</td>
<td></td>
<td></td>
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<tr>
<td>Antiseptic Hand Cleaner</td>
<td></td>
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<td></td>
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<tr>
<td>Water:</td>
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<tr>
<td>Hot</td>
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<td></td>
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<tr>
<td>Drinking</td>
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<tr>
<td>Other</td>
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<tr>
<td>Medical Supplies:</td>
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<tr>
<td>Personnel Needs:</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

This information is to be conveyed to the Communications Center either by telephone or by hand delivery.
APPENDIX 2
AUTOMOTIVE VEHICLES

The following vehicles are available for transportation of casualties and the movement of emergency medical materials.

<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Capacity</th>
<th>Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salem Campus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>2 litters 4 Passengers</td>
<td>1</td>
</tr>
<tr>
<td>Bus wheelchair lift</td>
<td>35 passengers</td>
<td>2</td>
</tr>
<tr>
<td>Bus Automatic</td>
<td>35 passengers</td>
<td>3</td>
</tr>
<tr>
<td>Bus Standard</td>
<td>32 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Mini Bus</td>
<td>25 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Mini Bus wheelchair lift</td>
<td>15 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Sedans</td>
<td>5 passengers</td>
<td>15</td>
</tr>
<tr>
<td>Sedans</td>
<td>4 passengers</td>
<td>5</td>
</tr>
<tr>
<td>Mini Van</td>
<td>8 passengers</td>
<td>10</td>
</tr>
<tr>
<td>Mini Van (AWD)</td>
<td>8 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Full Size Passenger Van</td>
<td>12 passengers</td>
<td>12</td>
</tr>
<tr>
<td>Wheelchair Van</td>
<td>2-Wheel Chairs, 4 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Mini Pickup</td>
<td>2 passengers</td>
<td>4</td>
</tr>
<tr>
<td>Truck, Pickup</td>
<td>½ ton, 3 passengers</td>
<td>3</td>
</tr>
<tr>
<td>Truck, Pickup</td>
<td>¾ ton, 3 passengers</td>
<td>5</td>
</tr>
<tr>
<td>Truck, Semi-tractor</td>
<td>48’ Covered Trailer, 3 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Truck, Dump</td>
<td>4 yard, 4 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Truck, Dump</td>
<td>½ yard, 4 passengers</td>
<td>2</td>
</tr>
<tr>
<td>Cargo Van</td>
<td>½ ton, 6 passengers</td>
<td>2</td>
</tr>
<tr>
<td>Cargo Van</td>
<td>¾ ton, 2 passengers</td>
<td>2</td>
</tr>
<tr>
<td>Cargo Van</td>
<td>½ ton, 2 passengers</td>
<td>1</td>
</tr>
<tr>
<td>Cargo Truck</td>
<td>2 ton, 3 passengers</td>
<td>2</td>
</tr>
<tr>
<td>Full Size Pick-up 3/4 ton</td>
<td>3 passengers DAS owned</td>
<td>1</td>
</tr>
</tbody>
</table>

| **Portland Campus**                       |                                 |          |
| Sedans                                    | 5 passengers                    | 4        |
| Full Size Passenger Van                   | 12 passenger                    | 2        |
| Mini Vans                                 | 8 passengers                    | 1        |
| Mini Van (AWD)                            | 8 passengers                    | 1        |
APPENDIX 3
BOMB THREAT CHECKLIST

DATE ______________ and TIME ______________ of call.

QUESTIONS TO ASK:  
1. Where is the bomb located?
2. What time is it set to go off?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Exact wording of the threat: ________________________________

Sex of caller____  Age____  Race_______  Length of call_______

CALLER’S VOICE:
☐ Calm  ☐ Laughing  ☐ Lisp  ☐ Disguised
☐ Angry  ☐ Crying  ☐ Raspy  ☐ Accent
☐ Excited  ☐ Normal  ☐ Deep  ☐ Familiar (If so, who did it sound like?)
☐ Slow  ☐ Distinct  ☐ Ragged  ☐
☐ Soft  ☐ Stutter  ☐ Nasal
☐ Loud  ☐ Deep breathing  ☐ Cracking voice

BACKGROUND SOUNDS:
☐ Street noises  ☐ House noises  ☐ Clear  ☐ Other ______________
☐ Crockery  ☐ Motor  ☐ Static
☐ Voices  ☐ Office noises  ☐ Local  ☐
☐ PA System  ☐ Music  ☐ Booth
☐ Factory noises  ☐ Animal noises

THREAT LANGUAGE:
☐ Well spoken (educated)  ☐ Foul  ☐ Incoherent
☐ Taped  ☐ Message read by threat maker

REMARKS: _____________________________________________

REPORT CALL IMMEDIATELY TO:  Communications Center at 5-2800
Fill out completely, immediately after bomb threat.

Date ___________________________ Phone Number ___________________________
## APPENDIX 4
### ALTERNATE SITE PLAN
**Effective February 2012**

<table>
<thead>
<tr>
<th>WARD</th>
<th>CHARACTERISTIC</th>
<th>PRIMARY LOCATION</th>
<th>SECONDARY LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchors 1</td>
<td>.370 Females</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Anchors 2</td>
<td>Co-Ed PSRB Behavioral</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Anchors 3</td>
<td>Vacant</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Lighthouse 1</td>
<td>.370 admit Male</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Lighthouse 2</td>
<td>Co-Ed PSRB, Civil and</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td></td>
<td>.370 Behavioral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighthouse 3</td>
<td>.370 Male</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Lighthouse 1</td>
<td>.370 Male</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Lighthouse 2</td>
<td>PSRB Male low-cog</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Lighthouse 3</td>
<td>PSRB Male</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Flowers 1</td>
<td>.370 Co-Ed</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Flowers 2</td>
<td>PSRB Female</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Flowers 3</td>
<td>PSRB Co-Ed</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Tree 1</td>
<td>.370 Male</td>
<td>Anchors 3</td>
<td>Harbors Gym</td>
</tr>
<tr>
<td>Tree 2</td>
<td>PSRB Male low-cog</td>
<td>Anchors 3</td>
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<td>RO1</td>
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<td>IHOP</td>
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<td>P1B (POSH)</td>
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<td>IHOP</td>
<td>P5A</td>
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<td>P6A (POSH)</td>
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<td>IHOP</td>
<td>P5A</td>
</tr>
</tbody>
</table>
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REVISED: January 11, 2012

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<th>E-mail</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams, Jim</td>
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E-mail: bev.hall@state.or.us
OEM Salem Staff by Section and Position

J. Michael Caldwell, Interim Director
Dave Stuckey, Deputy Director
Jennifer Chamberlain, Public Affairs Coordinator
Cherie Cline, Executive Assistant, Director's Office

Mitigation and Recovery Section
Paulina Layton, Section Director
Kiri Carini, Seismic Rehabilitation Grants Program Assistant
Denise Choin, Fiscal Coordinator
Sonja Dettwyler-Gwin, Grants Accountant
Dan Gwin, Grants Accountant
Connie Lauritsen, CSEPP Fiscal Coordinator
Joseph Murray, Emergency Mgmt. Specialist-Hazard Mitigation and Disaster Recovery
Darrell Neet, Special Projects Coordinator
Stan Prihar, Grant Coordinator
Dennis Sigrist, State Hazard Mitigation Officer
Julie Slevin, Facilities Engineer-State Public Assistance Officer

Plans and Training Section
John Lewis, Section Director
Jim Adams, Domestic Preparedness Training Coordinator
Kelly Jo Craigmiles, Exercise/Training Officer
Bev Hall, Receptionist/Office Specialist
Jacob Hansen, OpsCenter Program Analyst
Doug Jimenez, Domestic Preparedness Exercise Coordinator Matt Marheine, Domestic Preparedness Program Coordinator
Sidra Metzger-Hines, DHS Grants Coordinator
Tracy Miller, Domestic Preparedness Program Assistant
Lonni Nicoll, Domestic Preparedness Planner
Chuck Perino, Planner/Citizen Corps Program Coordinator
Althea Rizzo, Geologic Hazards Program Coordinator
Technology and Response Section
Mark Tennyson, Section Director
Theresa Connell, 9-1-1 Program Analyst
Gillien Duvall, 9-1-1 Technical Operations Coordinator
Abigail Hungate, 9-1-1 Office Specialist
Georges Kleinbaum, Search and Rescue Coordinator
Marty McKillip, State Communications Officer
Steve Ollis, Systems Analyst
Pat Pope, CSEPP Systems Analyst
Jacob Rosenberg, 9-1-1 GIS Coordinator
Jeanie Stark, 9-1-1 Program Assistant
Gordon Tiemeyer, 9-1-1 PSAP Relations Coordinator
Vacant, 9-1-1 GIS Database Analyst

OEM Pendleton Staff by Section and Position
Chris Brown, State CSEPP Manager
Kay Dallman, CSEPP Program Analyst
Kevin Dallman, Communication Systems Coordinator
John Wilson, Communication Systems Technician
APPENDIX 6
INCIDENT COMMAND STRUCTURE FUNCTIONS

ICS Organization

- **Command Staff**: The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander.

- **Section**: The organization level having functional responsibility for primary segments of incident management (Operations, Planning, Logistics, Finance/Administration). The Section level is organizationally between Branch and Incident Commander.

- **Branch**: That organizational level having functional, geographical, or jurisdictional responsibility for major parts of the incident operations. The Branch level is organizationally between Section and Division/Group in the Operations Section, and between Section and Units in the Logistics Section. Branches are identified by the use of Roman Numerals, by function, or by jurisdictional name.

- **Division**: That organizational level having responsibility for operations within a defined geographic area. The Division level is organizationally between the Strike Team and the Branch.

- **Group**: Groups are established to divide the incident into functional areas of operation. Groups are located between Branches (when activated) and Resources in the Operations Section.

- **Unit**: That organization element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

- **Task Force**: A group of resources with common communications and a leader that may be pre-established and sent to an incident, or formed at an incident.

- **Strike Team**: Specified combinations of the same kind and type of resources, with common communications and a leader.

- **Single Resource**: An individual piece of equipment and its personnel complement, or an established crew or team of individuals with an identified work supervisor that can be used on an incident.
Overall ICS Organizational Functions

ICS was designed by identifying the primary activities or functions necessary to effectively respond to incidents. Analyses of incident reports and review of military organizations were all used in ICS development. These analyses identified the primary needs of incidents.

As incidents became more complex, difficult, and expensive, the need for an organizational manager became more evident. Thus in ICS, and especially in larger incidents, the Incident Commander manages the organization and not the incident.

In addition to the Command function, other desired functions and activities were:

- To delegate authority and to provide a separate organizational level within the ICS structure with sole responsibility for the tactical direction and control of resources.
- To provide logistical support to the incident organization.
- To provide planning services for both current and future activities.
- To provide cost assessment, time recording, and procurement control necessary to support the incident and the managing of claims.
- To promptly and effectively interact with the media, and provide informational services for the incident, involved agencies, and the public.
- To provide a safe operating environment within all parts of the incident organization.
- To ensure that assisting and cooperating agencies' needs are met, and to see that they are used in an effective manner.

Incident Commander

The Incident Commander is technically not a part of either the General or Command Staff. The Incident Commander is responsible for overall incident management, including:

- Ensuring clear authority and knowledge of agency policy.
- Ensuring incident safety.
- Establishing an Incident Command Post.
- Obtaining a briefing from the prior Incident Commander and/or assessing the situation.
- Establishing immediate priorities.
- Determining incident objectives and strategy(ies) to be followed.
- Establishing the level of organization needed, and continuously monitoring the operation and effectiveness of that organization.
- Managing planning meetings as required.
- Approving and implementing the Incident Action Plan.
- Coordinating the activities of the Command and General Staff.
- Approving requests for additional resources or for the release of resources.
- Approving the use of participants, volunteers, and auxiliary personnel.
- Authorizing the release of information to the news media.
- Ordering demobilization of the incident when appropriate.
- Ensuring incident after-action reports are complete.
- Authorizing information release to the media.
Command Staff

The Command Staff is assigned to carry out staff functions needed to support the Incident Commander. These functions include interagency liaison, incident safety, and public information.

Command Staff positions are established to assign responsibility for key activities not specifically identified in the General Staff functional elements. These positions may include the Public Information Officer, Safety Officer, and Liaison Officer, in addition to various others, as required and assigned by the Incident Commander.

The table on the following page summarizes the responsibilities of the Command Staff.

General Staff

The General Staff represents and is responsible for the functional aspects of the incident command structure. The General Staff typically consists of the Operations, Planning, Logistics, and Finance/Administration Sections.

General guidelines related to General Staff positions include the following:

- Only one person will be designated to lead each General Staff position.
- General Staff positions may be filled by qualified persons from any agency or jurisdiction.
- Members of the General Staff report directly to the Incident Commander. If a General Staff position is not activated, the Incident Commander will have responsibility for that functional activity.
- Deputy positions may be established for each of the General Staff positions. Deputies are individuals fully qualified to fill the primary position. Deputies can be designated from other jurisdictions or agencies, as appropriate. This is a good way to bring about greater interagency coordination.
- General Staff members may exchange information with any person within the organization. Direction takes place through the chain of command. This is an important concept in ICS.
- General Staff positions should not be combined. For example, to establish a “Planning and Logistics Section,” it is better to initially create the two separate functions, and if necessary for a short time place one person in charge of both. That way, the transfer of responsibility can be made easier.

The following table summarizes the responsibilities of the Command and General Staff.
# ICS Command and General Staff Responsibilities

<table>
<thead>
<tr>
<th>Command Staff</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Public Information Officer</strong></td>
<td>▪ Determine, according to direction from the IC, any limits on information release.</td>
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<td>▪ Develop accurate, accessible, and timely information for use in press/media briefings.</td>
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<td>▪ Obtain IC’s approval of news releases.</td>
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<td>▪ Conduct periodic media briefings.</td>
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<td>▪ Arrange for tours and other interviews or briefings that may be required.</td>
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<td>▪ Monitor and forward media information that may be useful to incident planning.</td>
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<td>▪ Maintain current information, summaries, and/or displays on the incident.</td>
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<td>▪ Make information about the incident available to incident personnel.</td>
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<td>▪ Participate in the planning meeting.</td>
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<td><strong>Safety Officer</strong></td>
<td>▪ Identify and mitigate hazardous situations.</td>
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<td>▪ Ensure safety messages and briefings are made.</td>
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<td>▪ Exercise emergency authority to stop and prevent unsafe acts.</td>
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<td>▪ Review the Incident Action Plan for safety implications.</td>
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<td>▪ Assign assistants qualified to evaluate special hazards.</td>
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<td>▪ Initiate preliminary investigation of accidents within the incident area.</td>
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<td>▪ Review and approve the Medical Plan.</td>
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<td>▪ Participate in planning meetings.</td>
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<td><strong>Liaison Officer</strong></td>
<td>▪ Act as a point of contact for agency representatives.</td>
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<td>▪ Maintain a list of assisting and cooperating agencies and agency representatives.</td>
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<td>▪ Assist in setting up and coordinating interagency contacts.</td>
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<td>▪ Monitor incident operations to identify current or potential interorganizational problems.</td>
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<td>▪ Participate in planning meetings, providing current resource status, including limitations and capabilities of agency resources.</td>
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<td></td>
<td>▪ Provide agency-specific demobilization information and requirements.</td>
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**Assistants**
In the context of large or complex incidents, Command Staff members may need one or more assistants to help manage their workloads. Each Command Staff member is responsible for organizing his or her assistants for maximum efficiency.

**Additional Command Staff**
Additional Command Staff positions may also be necessary depending on the nature and location(s) of the incident, and/or specific requirements established by the Incident Commander. For example, a Legal Counsel may be assigned directly to the Command Staff to advise the Incident Commander on legal matters, such as emergency proclamations, legality of evacuation orders, and legal rights and restrictions pertaining to media access. Similarly, a Medical Advisor may be designated and assigned directly to the Command Staff to provide advice and recommendations to the Incident Commander in the context of incidents involving medical and mental health services, mass casualty, acute care, vector control, epidemiology, and/or mass prophylaxis considerations, particularly in the response to a bioterrorism event.

Source: NIMS
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<tr>
<th>General Staff</th>
<th>Responsibilities</th>
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| **Operations Section Chief** | The Operations Section Chief is responsible for managing all tactical operations at an incident. The Incident Action Plan (IAP) provides the necessary guidance. The need to expand the Operations Section is generally dictated by the number of tactical resources involved and is influenced by span of control considerations. Major responsibilities of the Operations Section Chief are to:  
  - Assure safety of tactical operations.  
  - Manage tactical operations.  
  - Develop the operations portion of the IAP.  
  - Supervise execution of operations portions of the IAP.  
  - Request additional resources to support tactical operations.  
  - Approve release of resources from active operational assignments.  
  - Make or approve expedient changes to the IAP.  
  - Maintain close contact with IC, subordinate Operations personnel, and other agencies involved in the incident. |
| **Planning Section Chief** | The Planning Section Chief is responsible for providing planning services for the incident. Under the direction of the Planning Section Chief, the Planning Section collects situation and resources status information, evaluates it, and processes the information for use in developing action plans. Dissemination of information can be in the form of the IAP, in formal briefings, or through map and status board displays. Major responsibilities of the Planning Section Chief are to:  
  - Collect and manage all incident-relevant operational data.  
  - Supervise preparation of the IAP.  
  - Provide input to the IC and Operations in preparing the IAP.  
  - Incorporate Traffic, Medical, and Communications Plans and other supporting materials into the IAP.  
  - Conduct and facilitate planning meetings.  
  - Reassign personnel within the ICS organization.  
  - Compile and display incident status information.  
  - Establish information requirements and reporting schedules for units (e.g., Resources, Situation Units).  
  - Determine need for specialized resources.  
  - Assemble and disassemble Task Forces and Strike Teams not assigned to Operations.  
  - Establish specialized data collection systems as necessary (e.g., weather).  
  - Assemble information on alternative strategies.  
  - Provide periodic predictions on incident potential.  
  - Report significant changes in incident status.  
  - Oversee preparation of the Demobilization Plan. |
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<th>General Staff</th>
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| **Logistics Section Chief**        | The Logistics Section Chief provides all incident support needs with the exception of logistics support to air operations. The Logistics Section is responsible for providing:  
  - Facilities.  
  - Transportation.  
  - Communications.  
  - Supplies.  
  - Equipment maintenance and fueling.  
  - Food services (for responders).  
  - Medical services (for responders).  
  - All off-incident resources.  
  
  Major responsibilities of the Logistics Section Chief are to:  
  - Provide all facilities, transportation, communications, supplies, equipment maintenance and fueling, food and medical services for incident personnel, and all off-incident resources.  
  - Manage all incident logistics.  
  - Provide logistical input to the IAP.  
  - Brief Logistics Staff as needed.  
  - Identify anticipated and known incident service and support requirements.  
  - Request additional resources as needed.  
  - Ensure and oversee the development of the Communications, Medical, and Traffic Plans as required.  
  - Oversee demobilization of the Logistics Section and associated resources. |
| **Finance/Administration Section Chief** | The Finance/Administration Section Chief is responsible for managing all financial aspects of an incident. Not all incidents will require a Finance/Administration Section. Only when the involved agencies have a specific need for finance services will the Section be activated.  
  
  Major responsibilities of the Finance/Administration Section Chief are to:  
  - Manage all financial aspects of an incident.  
  - Provide financial and cost analysis information as requested.  
  - Ensure compensation and claims functions are being addressed relative to the incident.  
  - Gather pertinent information from briefings with responsible agencies.  
  - Develop an operating plan for the Finance/Administration Section and fill Section supply and support needs.  
  - Determine the need to set up and operate an incident commissary.  
  - Meet with assisting and cooperating agency representatives as needed.  
  - Maintain daily contact with agency(s) headquarters on finance matters.  
  - Ensure that personnel time records are completed accurately and transmitted to home agencies.  
  - Ensure that all obligation documents initiated at the incident are properly prepared and completed.  
  - Brief agency administrative personnel on all incident-related financial issues needing attention or followup.  
  - Provide input to the IAP. |
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OREGON STATE HOSPITAL
SALEM AND PORTLAND
Amended 10-02-12

EMERGENCY OPERATIONS PLAN

________________________________________          __________
Emergency Preparedness Committee Chairperson        Date

________________________________________          __________
Environment of Care Committee Chairperson            Date

________________________________________          __________
Deputy Superintendent                                Date

________________________________________          __________
Superintendent                                      Date