



EMERGENCY PREPAREDNESS FLIPCHART FOR COMMUNITY CLINICS & HEALTH CENTERS



The information in this flipchart is a quick reference guide for community clinics and health centers (CCHCs) in their response to most threats, including threats of biological, chemical and radiological terrorism. This guide is not intended to serve as an exhaustive reference for all emergency situations, but rather as a starting point for emergency response. Actual responses to an emergency should be appropriate for the situation and based on the most current information available from the Centers for Disease Control and Prevention, and other emergency response sources.

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It is important to be familiar with emergency phone numbers, contact people, and community resources. Take a moment to fill in the appropriate numbers for your facility and local area. Leave the area as quickly and orderly as possible.

DURING A DISASTER, LIMIT TELEPHONE CALLS TO EMERGENCY CALLS ONLY!

EVACUATION PROCEDURES

- After receiving the evacuation order from the Incident Command Center
- Stay calm – do not rush – do not panic
- Gather your personal belongings if it is safe to do so.
 - **Front Desk Staff:** Evacuate patients & visitors from reception area. Take sign-in sheet & secure all confidential documents.
 - **Clinical Staff:** Evacuate patients and visitors from waiting areas, exam rooms, clinical areas and restrooms.
 - **Administrative Staff:** Evacuate offices and work areas.
- If safe, close doors and windows **but do not lock them.**
- Use the nearest safe stairs and proceed to the nearest exit and to the evacuation site.
- Proceed to the designated Emergency Assembly Area (see map) and report to the Incident Manager.
- Wait for instructions from emergency responders.
- Do not re-enter the building or work area until you have been instructed to do so by emergency responders.
- Designate at least 2 alternate evacuation sites. (One must be at least 300 feet from the building.)
- Facilities (neighboring clinic or acute care facility) which are pre-approved to accept patients from this clinic are: Hospital Name _____ Contact Name _____ Phone # () _____
- Each clinician has a pre-approved purchase limit for use during an emergency or disaster. Supplies to maintain this clinic may be obtained from the following vendors with whom the clinic has pre-established agreements: Name of vendor _____ Contact Name _____ Phone # () _____
- Contact purchasing manager.

FLOODS

Emergency **FLOOD WATCH** means a major emergency is possible.
Emergency **FLOOD WARNING** means a major emergency is approaching.

Tune to local radio or television stations for emergency information and instructions from local authorities.

When a FLOOD WATCH is issued:

- Move valuable possessions to upper floors.
- Fill your car gas tank in the event of an evacuation order being issued.
- Watch for signs of flash flooding and be ready to evacuate on a moment's notice.

When a FLOOD WARNING is issued:

- When told to evacuate, do so as quickly as possible. Move to a safe area before access is cut off by flood water. Avoid areas that are subject to sudden flooding.
- Before leaving, disconnect all electrical appliances, and if advised by your local utility, shut off electric circuits at the fuse panel and gas service at the meter.
- Do not try to cross a flowing stream where water is above your knees. Even water as low as 6 inches deep may cause you to be swept away by strong currents.
- Do not try to drive over a flooded road. This may cause you to be both stranded and trapped. If your car stalls, abandon it IMMEDIATELY and seek higher ground. Many deaths have resulted from attempts to move stalled vehicles.
- Do not sightsee in flooded areas. Do not try to enter areas blocked off by local authorities.
- Use the telephone ONLY for emergency needs or to report dangerous conditions.
- If you believe **flash flooding** has begun, move to higher ground and away from rivers, streams, creeks and storm drains. Evacuate immediately as you may have only seconds to escape.

WHEN AN EARTHQUAKE STRIKES:

Inside the Building:

- **Duck, Cover and Hold!** Get under a sturdy structure such as a desk or workstation and remain there until the earthquake subsides. In a hallway, kneel down with your back against the wall, cover your head with your arms and tuck down to your knees.
- Keep as calm as possible.
- If inside, stay inside. Do not rush to the exits.
- Keep away from windows or objects that are likely to fall.
- Stay under cover until it appears the earthquake is over. Be prepared for aftershocks.
- Do not use elevators. If you are in an elevator when the earthquake strikes, exit as soon as possible. If the elevator does not move and the alarm doors do not open, press the emergency button for help and wait for assistance. Do not attempt to climb out.

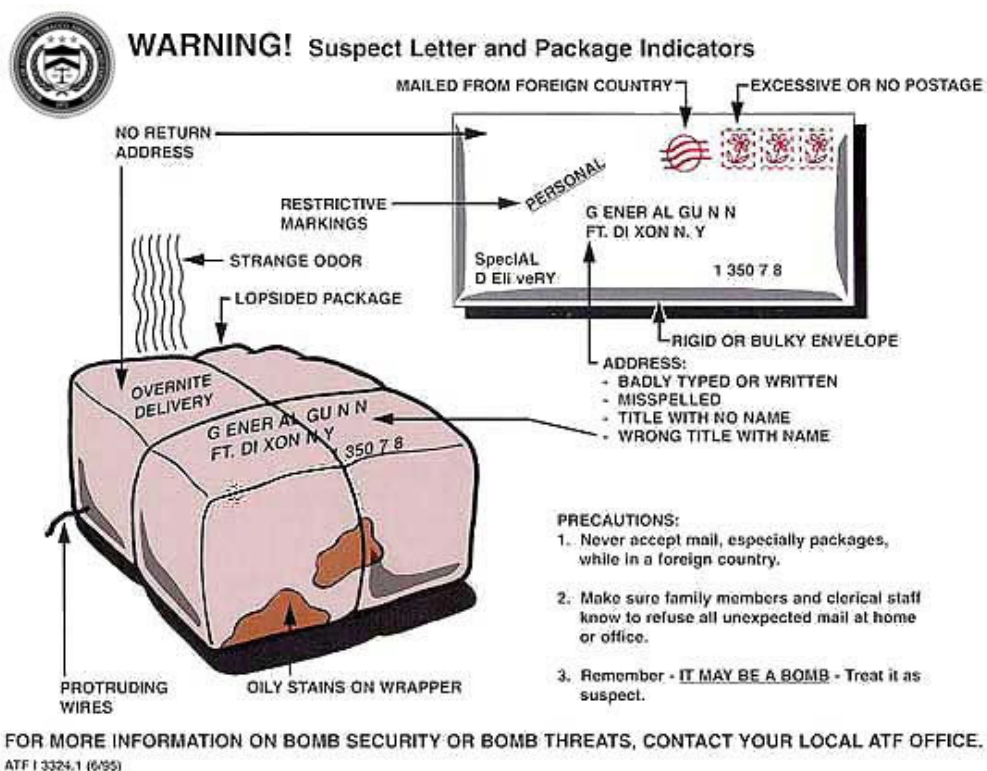
PRECAUTIONS:

- Never accept mail, especially packages, while in a foreign country.
- Make sure family members & clerical staff know to refuse all unexpected mail at home or office.
- Remember – It may be a bomb – Treat it as suspect.
- FOR more information on bomb security or bomb threats, contact your local A.T.F. office

BOMBS

Bombs can be constructed to look like almost anything and can be placed or delivered in any number of ways. The probability of finding a bomb that looks like the typical bomb is almost nonexistent. The only common denominator that exists among bombs is that they are designed or intended to explode.

Most bombs are homemade and are limited in their design only by the imagination of and resources available to the bomber. Remember, when searching for a bomb, suspect anything that looks unusual. Let the trained bomb technician determine what is or is not a bomb.



MEDICAL EMERGENCY

If you encounter someone who is injured, apply the emergency action steps:

CHECK --- CALL --- CARE

CHECK the scene to make sure it is safe for you to approach. Then, check the victim for unconsciousness and life-threatening conditions, such as not breathing or severe bleeding. Life-threatening conditions require immediate care by trained responders and may require treatment by medical professionals.

CALL out for help and call 9-1-1 immediately.

CARE for the victim until professional help arrives:

Follow universal precautions. The risk of getting a disease while giving first aid is extremely rare. To reduce the risk even further:

- Avoid direct contact with blood and other bodily fluids.
- Use protective equipment, such as disposable gloves and breathing barriers.
- Wash your hands with soap and water immediately after giving care.

INFECTIOUS DISEASE

SIGNS AND SYMPTOMS OF COMMON BIOLOGICAL PATHOGENS

Anthrax. Signs and symptoms are flu-like including fever, nausea, vomiting, abdominal pain, and respiratory distress followed by respiratory failure. Incubation period is 2 to 6 days.

Smallpox. Signs and symptoms include rash (similar to chicken pox), high fever, itching, and abdominal pain. Incubation period is 12 to 14 days.

Pneumonic Plague. Signs and symptoms are flu-like including fever, chills, headache, cough, chest pain, and pneumonia. Incubation period is 1 to 3 days.

Pandemic Influenza. Signs and symptoms include fever, headache, malaise, nonproductive cough, sore throat, and rhinitis. In the case of a pandemic influenza, the virus will be extremely strong and may cause underlying medical conditions to be compromised, sometimes leading to respiratory distress. Patients suspected of having influenza should have a swab taken. Incubation period is between 1 to 4 days. Refer to your health center Pandemic Influenza Plan for more detailed information on how to prepare, respond, and who to contact in suspected cases.

Exposure to a biological agent would most likely be unknown until people begin showing signs and symptoms of the disease. However, if you suspect a patient has been exposed:

- Initiate airborne and contact precautions.
- Notify a physician in your office. The physician will manage the patient according to current guidelines.
- Contact your supervisor or other administrator to implement your office's emergency response plan.
- **Do NOT send the patient away!**
 - Without touching or going near the patient, direct the patient to a private room and **close the door.**
 - Use a negative air pressure room if available -- Close the door.
- Contact your County Department of Health Services (see phone numbers below).
- Obtain contact information on all people who may have been within 6 feet of the patient.
 - Detain them for interview if possible.

Report any suspicious symptoms to:

Any staff person who has been made aware of a lost or missing child in the clinic should immediately notify their immediate supervisor, Clinic Director, or Safety Officer.

CODE PINK should be announced 3-5 times utilizing the facility paging system or communication equipment.

Upon hearing the CODE PINK announcement, all staff (as outlined in EOP plan) should be placed at each entry/exit door to prevent anyone from leaving or entering the facility until the child has been located or the authorities have been contacted.

- Monitor each entrance and stairway.
- Watch for unusual behavior by an individual.
- Stop all individuals carrying an infant or child.
- Stop all individuals carrying a large package (e.g., gym bag) particularly if the person carrying the bag is “cradling” or “talking” to it.

If a suspicious person is identified, security staff should approach the person and say:
“We are in a security situation, please stay in this area until the event is over.”

CHEMICAL EXPOSURE

SELF-DECONTAMINATION PROCEDURES IN CASE OF CHEMICAL EXPOSURE

After leaving the immediate area, remove all of your clothing, jewelry and glasses. Removal of clothing and personal effects will reduce chemical contamination as much as 70% to 90%. Put all clothing in plastic bags and store in a designated area.

- Water is a good decontaminant. Wash hands before washing body. If soap is available, use it, but do not wait for soap. Avoid hard scrubbing.
- Blot dry, don't rub.
- Seek medical attention.

If you work in a medical setting and suspect a patient has been exposed to a chemical agent:

- Call 9-1-1. Local government, fire department, or hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.
- Notify a physician in your office. The physician will manage the patient according to current guidelines.
- Contact your supervisor or other administrator to implement your office's emergency response plan.
- Contact your county's Division of Community Epidemiology.

Local or county emergency management teams would lead efforts in the event of a chemical attack and would let you know if you needed to evacuate the area or seek some type of shelter.

SIGNS AND SYMPTOMS OF COMMON CHEMICAL AGENTS

Blister Agents (Mustard, Lewisite). Signs and symptoms include burning, itching red irritated skin and eyes, shortness of breath, nausea, and vomiting. Blistering of the skin and eyes appear later and can be extremely severe.

Nerve Agents (Sarin, Soman, VX). Signs and symptoms include difficulty breathing and impaired vision, excessive sweating, diarrhea, muscle cramping and twitching, seizure and paralysis.

Report any suspicious symptoms to:

SELF-PROTECTIVE MEASURES:

- If your clothes catch on fire—**STOP, DROP, & ROLL**
- If you are caught in smoke, drop to your hands and knees and crawl.
- If you are trapped in a room, place cloth and material under the door to prevent smoke from entering.
- Retreat and close as many doors as possible between you and the fire. Be prepared to signal for help.

PREVENTIVE MEASURES:

- Learn at least two escape routes and emergency exits from your area.
- Never use an elevator as part of your escape route.
- Learn to activate a fire alarm.
- Learn to recognize alarm sounds.

1. If you discover a fire:

- Activate the nearest fire alarm.
- Notify the fire department by dialing 9-1-1. Give your location, the nature of the fire, and your name.
- Notify your emergency coordinator and/or other occupants.
- Evacuate the area.

SHELTER IN PLACE

When authorities provide directions to shelter-in-place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.

SHELTER-IN-PLACE GUIDELINES

In the event Shelter-in-Place is indicated, the clinic should:

- Close the clinic. Close and lock all windows, exterior doors, and any other openings to the outside.
- If there are patients or visitors in the building, provide for their safety by asking them to stay - not leave.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternate telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed and that staff and visitors are remaining in the building until authorities advise it is safe to leave.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems in particular need to be turned off, sealed, or disabled.
- Gather essential disaster supplies such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) above the ground floor and with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit in. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. (Cellular telephone equipment may be overwhelmed or damaged during an emergency.)
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room.
- Bring everyone into the room(s). Shut and lock the door(s).
- Write down the names of everyone in the room, and call your business' designated emergency contact to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer.)
- Keep listening to the radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

TELEPHONE BOMB THREAT

Upon receiving a telephone bomb threat: **Be Calm. Be Courteous. Listen and DO NOT interrupt the caller. Keep the caller on the line and complete one of the blank worksheets.**

NOTE THE FOLLOWING FACTS AND TRY TO RECALL INFORMATION RELATED TO QUESTIONS SUCH AS:

- Is the caller male or female? Young or old?
- Is the caller's voice calm? Angry? Do you hear a stutter? An accent?
- What do the background noises sound like?
- What is the time of the call?

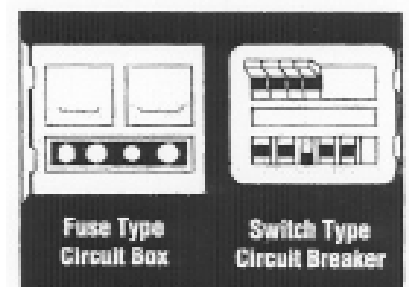
IMMEDIATELY:

- Dial 9-1-1. Be prepared to respond independently - police may be occupied elsewhere.
- Notify your supervisor.
- Turn off hand-held radios and cellular telephones.
- Do not use cell phones. Remind patients and visitors not to use cell phones.
- Evacuate (see Evacuation / Shelter-in-Place) if directed to do so by law enforcement.
- Follow Bomb Threat Search Guidelines and complete the checklist.

Once law enforcement arrives, they are in charge; all staff will follow their instructions. Staff will be asked to help conduct a search. Take all bomb threats seriously.

UTILITY SHUT OFF INSTRUCTIONS

1. Look closely at your circuit breaker box or fuse-type box.
2. Be certain that you can turn off the electricity in an emergency.
3. Electricity shutoff is located _____.



CLINIC FLOOR PLAN:

PLACE LABEL HERE
(Use Avery 5315 Label)

Workplace violence has emerged as an important safety and health issue in today's workplace. Its most extreme form, homicide, is the third leading cause of fatal occupational injury in the United States.

SAFETY TIPS

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration.
- Body language such as threatening gestures.
- Signs of drug or alcohol use.
- Presence of a weapon.

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated.")
- Avoid any behavior that may be interpreted as aggressive (for example, moving, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting. Don't let the potentially violent person stand between you and the door.
- Take all items that may be used as a weapon (such as a stapler or scissors) off your desk.

Take these steps to diffuse the situation quickly:

- Remove yourself from the situation.
- Call security, announce Code Grey, or dial 9-1-1 for help.
- Report any violent incidents to management.

HOMELAND SECURITY ADVISORY SYSTEM

The Homeland Security Advisory System provides government officials with a tool to communicate the nature and degree of terrorists' threats. The advisory system characterizes appropriate levels of vigilant preparedness and readiness in a series of graduated threat conditions. The protective measures that correspond to each threat condition will help government agencies determine appropriate actions to counter and respond to real or potential terrorist activity.

Occasionally, government officials may call for a heightened state of alert. During these times residents should increase their awareness of their surroundings and report any suspicious activity to the police. Types of activity that residents should report include people, vehicles, or circumstances that appear unusual or out of place, such as:

- A stranger or a strange vehicle parked near your office for a long period of time.
- Someone tampering with the electrical, gas, water, ventilation or sewer system without an identifiable company vehicle and uniform.
- Strange or unusual odors in or around the building.



HAZARDOUS MATERIAL SPILLS

Clinics are responsible for the purchase of spill kits; incidental spill response; and safe storage, use, and disposal of chemicals they use. Manufacturers or producers of hazardous substances are required by law to prepare a Material Safety Data Sheet (MSDS), which must be accessible to all employees.

MSDS' are located _____

Upon discovering a hazardous material spill:

- Put safety first.
- Isolate the scene and deny entry.
- Notify your supervisor and call 9-1-1.
- Alert people in the immediate area of the spill to keep away and not to touch the material or walk into it.
- Confine the spill to minimize its spread (as long as this can be done safely).
- Determine if available staff can safely clean up the spill, or if emergency personnel should be notified.

In the event of a minor spill (up to 200 cc or less than a cupful)

- Follow clinic procedures.
- Isolate the spill area.
- Read the Material Safety Data Sheet to identify special precautions; work with a partner, and use a spill kit to clean the area.
- Document actions.

In the event of a major spill (more than 200 cc or more than cupful):

- Notify the County Hazardous Materials Division and dial 9-1-1 if a life is at risk.
- Follow clinic procedures.
- If the person is contaminated with toxic materials, advise them to stay in place to be assessed by a HAZMAT response team.
- Attend to injured or contaminated persons and remove them from exposure (only if personal exposure is unlikely).
- Isolate the area.
- Obtain the Material Safety Data Sheet to assist with the remedial actions.
- Assist the HAZMAT response team as directed.
- Complete an incident report.

- Police ☎ Fire and Rescue ☎ Highway Patrol
- Poison Control Center
- Department of Health Services Medical Alert Center
- Bioterrorism Emergency Number
- Main Clinic Office.....
- Police, non-emergency
- Mental Health Crisis Intervention.....
- Facilities/Engineering
- Water.....
- Telephone.....
- Power.....
- Gas.....
- Computer Service.....
- Rape Crisis.....
- Women's Shelter Crisis

DETECTING SUSPICIOUS PACKAGES/LETTERS

REMEMBER

**The item does not have to be delivered by a carrier.
Most bombers set up and deliver the bomb themselves.**

1. If delivered by carrier, inspect for lumps, bulges, or protrusions, without applying pressure and check if lopsided or heavy sided.
2. Handwritten addresses or labels from companies are improper. Check to see if the company exists and if they sent a package or letter.
3. Packages wrapped in string are automatically suspicious, as modern packaging materials have eliminated the need for twine or string.
4. Excess postage on small packages or letters indicates that the object was not weighted by the Post Office.
5. No postage or non-canceled postage.
6. Any foreign writing, addresses, or postage.
7. Handwritten notes, such as "To Be Opened in the Privacy of:", "CONFIDENTIAL", "Your Lucky Day is here", "Prize Enclosed".
8. Improper spelling of common names, places, or titles.
9. Generic or incorrect titles.
10. Leaks, stains, or protruding wires, string, tape, etc.
11. Packages or letters that are hand delivered or dropped off for a friend.
12. No return address or nonsensical return address.
13. Any letters or packages arriving before or after a phone call from an unknown person asking if the item was received.

If you receive a suspicious letter or package:

- 1 Handle with care. Don't shake or bump.
- 2 Isolate it immediately
- 3 Don't open, smell, touch or taste.
- 4 Treat it as suspect. Call local law enforcement authorities

Report to Safety Officer or Clinic Director Call 9-1-1

- Report any damage/casualties to your supervisor.
- Give whatever assistance you can to injured or disabled people. Use common sense and keep safety as a top priority when attempting search and rescue.
- Follow instructions regarding evacuation and activation of emergency response measures.

Outside the Building:

- If outside, stay in the open, away from buildings, overhead power lines or any other object at risk of falling.
- Move away from fire and smoke.
- Proceed to the Emergency Assembly Area if safe, or proceed to a pre-designed alternate assembly area. Check in with your roll taker(s) to let them know you are safe.

RETURNING HOME

Remain at work unless you are released by your supervisor. Do not attempt to travel before you have made sure that emergency response team members have accounted for your safety and you are sure of safe passage.

EMERGENCY CODES

CODES	EMERGENCY CODE DEFINITIONS
FIRE	RED - Procedures staff should follow to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire.
MEDICAL EMERGENCY	BLUE - Facilitate the arrival of equipment and specialized personnel to the location of an adult medical emergency. Provide life support and emergency care.
INFANT/CHILD ABDUCTION	PINK - Activate response to protect infants and children from removal by unauthorized persons and identify the physical descriptions and actions of someone attempting to kidnap an infant from the medical facility.
COMBATIVE ASSAULT PERSON	GRAY - Activate facility and staff response when staff is confronted by an abusive/assaultive person.
BOMB THREAT	GREEN - Activate response to a bomb threat or the discovery of a suspicious package.
PERSON WITH WEAPONS OR HOSTAGE	SILVER - Activate facility and staff response to event in which staff members are confronted by persons brandishing a weapon or who have taken hostages in the medical facility.
HAZARDOUS MATERIAL SPILL	YELLOW - Identify unsafe exposure conditions, safely evacuate an area and protect others from exposure due to a hazardous materials spill release. Perform procedures to be taken in response to a minor or major spill, as appropriate.
INTERNAL DISASTER	TRIAGE INTERNAL - Activate response to incidents, which require or may require significant support from several departments in order to continue patient care.
EXTERNAL DISASTER	TRIAGE EXTERNAL - Activate response to external emergencies, which requires or may require significant support from several departments in order to continue patient care.
POWER BLACK OUT	CODE EDISON - Activate response to a rolling power failure.

1. **Check Breathing:** If the victim is not breathing, begin CPR if trained, otherwise call for help and dial 9-1-1.
2. **Control bleeding:** Cover the wound with a dressing and apply direct pressure. Elevate the injured area above the level of the heart (if broken bones are not suspected).
3. **Care for shock:** Keep the victim from getting chilled or overheated. Elevate the legs about 12 inches (if broken bones are not suspected). Do not give food or drink to the victim.
4. **Tend burns:** Stop the burning by cooling the burn with large amounts of water. Cover the burn with dry, clean dressings or cloth.
5. **Care for injuries to muscles, bones and joints:** Rest the injured part. Apply ice or a cold pack to control swelling and reduce pain. Avoid any movement or activity that causes pain. If you must move the victim because the scene is becoming unsafe, try to immobilize the injured area to keep it from moving.

Minimize exposure to radiation through:

TIME: Decrease the amount of time you spend near the source of radiation.

DISTANCE: Increase your distance from a radiation source.

SHIELDING: Increase shielding between you and the radiation source. Shielding is anything that creates a barrier between people and the radiation source. Depending on the type of radiation, this can range from something as thin as a plate of window glass or as thick as several feet of concrete. Being inside a building or a vehicle can provide shielding from some kinds of radiation.

Acute Radiation Syndrome. Signs and symptoms include headache, fatigue, weakness, nausea, vomiting, diarrhea, hair loss, and skin damage. These signs and symptoms may be present within minutes to weeks depending on the amount of radiation exposure.

“Dirty Bombs” or Radiological Dispersal Devices are conventional bombs with radioactive materials. They are designed to scatter radioactive dust into a limited area (a few square blocks). Those uninjured by the blast but exposed to the radioactivity would face an increased risk of premature cancers and other diseases.

STEPS TO TAKE TO PROTECT YOURSELF DURING A RADIATION EMERGENCY:

- The most appropriate action will depend on the situation. Tune to the local emergency response network or news station for information and instructions during an emergency.
- If a radiation emergency involves the release of large amounts of radioactive materials, you may be advised to "shelter-in-place," which means to stay in your home or office; or you may be advised to move to another location. (If you are advised to shelter-in-place, refer to this section of the flip chart.)
- If you are advised to evacuate, follow the directions that your local officials provide. Leave the area as quickly and orderly as possible. If possible, take a flash light, portable radio, batteries, first-aid kit, supply of sealed food and water, hand operated can opener, essential medicines, cash and credit cards.

STEPS TO TAKE FOLLOWING A DIRTY BOMB EXPLOSION:

- Go inside the nearest building. Staying inside will reduce exposure to any radioactive material that may be contained in the dust at the scene.
 - Remove clothes as soon as possible, place them in a plastic bag, and seal it. Removing clothing will remove most of the contamination caused by external exposure to any radioactive materials. Saving the contaminated clothing will allow for testing for exposure without invasive sampling.
 - Take a shower or wash as best as possible. Washing will reduce the amount of radioactive contamination on the body and will effectively reduce total exposure.
 - Be on the lookout for information. Once emergency personnel can assess the scene and the damage, they will be able to tell people whether radiation was involved.
-
- Do not attempt to physically restrain the individual.
 - Note physical characteristics, vehicle description and license and exit route.
 - A supervisor should escort the person who has reported the lost child throughout the facility to look for the child.
 - The individual should be asked if a photo of the child is available so that other staff, patients, and visitors can assist with this process.
 - The reporting person should also be questioned about any recent custodial issues or any other unusual circumstances about the child exist.

If, after a thorough search of the facility and grounds and/or due to prevailing custodial issues regarding the child, it appears that the child cannot be found, 9-1-1 (police) should be called.

Clinic staff will cooperate with the authorities and provide the necessary documents (i.e., sign in sheets) to assist the police in their search for the child. The police may ask that no one leave the facility, as they may want to interview persons in the facility. The clinic staff will comply with the requests of the authorities.

If you witness a criminal act or notice someone acting suspiciously and feel threatened, immediately notify the clinic manager and call the police at 9-1-1.

In the event of a robbery, assault, overt sexual behavior or attempted crime:

1. Follow the instructions of the perpetrator
2. Observe the person(s) carefully for:
 - Physical description (height, weight, hair, clothes, etc.)
 - Type of weapon displayed, if any
 - Number of perpetrators
 - Behavior (nervous, calm, etc.)
3. Upon departure of the perpetrator(s):
 - Notify the local police department at 9-1-1
 - Note the exact time of departure and the direction of travel, if possible.
 - Write a description of each person (referring to them as person #1, person #2, etc.)
 - Write the year, make, model, color, and license number of the vehicle.
 - Write a description of the property involved.
 - Safeguard the robbery scene for physical evidence by locking the door or preventing persons from entering the area.
 - Notify the Clinic Director and local law enforcement officials (Dial 9-1-1)

Assist the police when they arrive by supplying them with any information they request; ask others to do the same.

2. If you hear a fire alarm:

- Evacuate the area. Close windows, turn off gas jets, and close doors as you leave.
- Leave the building; move away from exits and out of the way of emergency operations.
- Assemble in a designated area.
- Report to the emergency coordinator so he/she can determine that all personnel have evacuated your area.
- Remain outside until competent authority (Physical Security, Office of Health and Safety, or your supervisor) states that it is safe to re-enter.

3. Fight the fire ONLY if:

- The fire department has been notified of the fire, AND
- You have a way out and can fight the fire with your back to the exit, AND
- You have the proper extinguisher, in good working order, AND know how to use it. *
- If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

***Use the acronym PASS to remember how to use an extinguisher.**

P - Pull the safety pin.

A - Aim at the base of the fire.

S - Squeeze the trigger handles together.

S - Sweep from side to side across the fire.

UTILITY SHUT-OFF PICTURE AND INSTRUCTIONS

SHUT-OFF VALVES FOR UTILITIES ARE LOCATED AT:

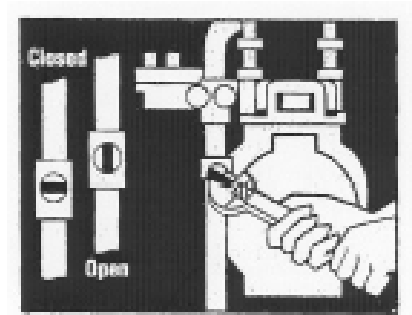
_____ (WATER) _____ (GAS)
_____ (ELECTRIC)

SEE INSTRUCTIONS:

How to Shut-off Gas Supply

(Do so ONLY if you notice structural damage to your facility or if you smell or hear leaking gas)

1. The main shut-off valve is located next to your meter on the inlet pipe.
2. Use a crescent or pipe wrench and give the valve a quarter turn in either direction.



The valve will now run crosswise on the pipe.
The line is closed.

**DO NOT: Turn on the gas again;
let the gas company do this.**

QUESTIONS TO ASK CALLER CHECKLIST:

- When is the bomb going to explode?
- Where is the bomb right now?
- What kind of bomb is it?
- What will cause the bomb to explode?
- Did you place the bomb?
- Why?
- What is your address?
- What is your name?

CALLER'S VOICE

- | | |
|--|---------------------|
| ___ Calm | ___ Nasal |
| ___ Soft | ___ Angry |
| ___ Stutter | ___ Loud |
| ___ Excited | ___ Lisp |
| ___ Laughter | ___ Slow |
| ___ Rasp | ___ Crying |
| ___ Rapid | ___ Deep |
| ___ Normal | ___ Distinct |
| ___ Slurred | ___ Whispered |
| ___ Ragged | ___ Clearing Throat |
| ___ Deep Breathing | ___ Cracking Voice |
| ___ Disguised | ___ Accent |
| ___ Familiar (<i>Who did it sound like?</i>) | |

EXACT WORDING OF BOMB THREAT

Sex of caller: _____ Race: _____
Age: _____ Length of Call: _____
Phone # where call is received: _____
Time call received: _____
Date call received: _____

BACKGROUND SOUNDS

- | | |
|-------------------|-----------------------|
| ___ Street Noises | ___ Factory machinery |
| ___ Voices | ___ Crockery |
| ___ Animal noises | ___ Clear |
| ___ PA System | ___ Static |
| ___ Music | ___ House noises |
| ___ Long Distance | ___ Local |
| ___ Motor | ___ Office machinery |
| ___ Booth | ___ Other (Specify) |

BOMB THREAT LANGUAGE

- ___ Well spoken (Educated) ___ Incoherent
___ Message read by threat maker
___ Foul ___ Irrational ___ Taped

REMARKS: _____

Your Name: _____

Your Position: _____

Your Telephone Number: _____

Date Checklist Completed: ___/___/___