MEDCARE COMMUNITY CLINIC

Emergency Response Plan

Version 1.5 | Effective Date: December 15, 2024

Safety & Security Department

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MEDICAL EMERGENCY PROCEDURES

1.1 Patient Medical Emergencies

Immediate Response Protocol:

1. **Assess the Situation** - Determine if patient is responsive and breathing

2. **Call for Help** - Alert provider and nursing staff immediately

3. **Begin Basic Life Support** - Start CPR if indicated, use AED if available

4. **Call 911** - For life-threatening emergencies requiring transport

5. **Document Everything** - Record timeline, interventions, and outcomes

Code Blue (Cardiac/Respiratory Arrest):

- **All Staff Response:** Drop current tasks and respond to emergency location

- **Team Leader:** Senior provider on duty directs resuscitation efforts

- **Equipment:** Crash cart, AED, oxygen, medications brought to scene

- **Family Notification:** Social worker or senior staff notifies family

- **Documentation:** Detailed code blue record completed immediately

Emergency Equipment Locations:

- **Main Clinic:** Crash cart in central hallway, AED at reception desk

- **Urgent Care:** Crash cart in triage room, AED in waiting area

- **Laboratory:** AED mounted on wall near entrance

1.2 Staff Medical Emergencies

Employee Injury or Illness:

1. **Immediate Care:** Provide first aid and basic life support as needed

2. **Emergency Services:** Call 911 for serious injuries requiring transport

3. **Supervisor Notification:** Notify department supervisor and HR immediately

4. **Workers' Compensation:** Complete incident report within 24 hours

5. **Follow-up Care:** Arrange occupational health evaluation

Bloodborne Pathogen Exposure:

1. **Immediate Decontamination:** Flush exposed area with water/saline

2. **Report Immediately:** Notify supervisor and infection control nurse

3. **Medical Evaluation:** Seek immediate medical attention at designated facility

4. **Documentation:** Complete exposure incident report

5. **Follow-up Testing:** Serial blood draws per CDC guidelines

1.3 Pediatric Emergency Considerations

Special Pediatric Protocols:

- **Parental Consent:** Obtain consent for emergency treatment when possible

- **Age-Appropriate Equipment:** Pediatric-sized resuscitation equipment available

- **Medication Dosing:** Weight-based calculations using Broselow tape

- **Psychological Support:** Child life specialist or trained staff for comfort

- **Family Communication:** Age-appropriate explanations for child and family

Common Pediatric Emergencies:

- **Respiratory Distress:** Nebulizer treatments, oxygen therapy

- **Allergic Reactions:** Epinephrine auto-injectors, antihistamines

- **Seizures:** Protect airway, time seizure, prepare for transport

- **Fever with Altered Mental Status:** Rapid cooling measures, IV access

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FIRE EMERGENCY RESPONSE

2.1 Fire Detection and Alarm Systems

Alarm System Features:

- **Smoke Detectors:** Installed in all rooms and hallways

- **Pull Stations:** Located at all exits and stairwells

- **Sprinkler System:** Wet system covers all areas except electrical rooms
- **Central Monitoring:** Alarms monitored 24/7 by security company
- **Backup Power:** Battery backup for all fire safety systems

Upon Fire Alarm Activation:

1. **Stop All Activities** - Cease patient care activities safely
2. **Evacuate Immediately** - Use nearest exit, assist patients as needed
3. **Call 911** - Report fire location and status
4. **Account for All Personnel** - Report to designated assembly area
5. **Do Not Re-enter** - Wait for fire department all-clear

2.2 Evacuation Procedures

Evacuation Routes:

- **Main Clinic:** Primary exit through main entrance, secondary through rear exit
- **Urgent Care:** Primary exit through main entrance, secondary through side exit
- **Laboratory:** Exit through main clinic or direct exterior exit

Patient Evacuation Priorities:

1. **Ambulatory Patients:** Self-evacuation with staff guidance
2. **Wheelchair Patients:** Staff assistance to designated refuge areas
3. **Non-Ambulatory Patients:** Carried by trained staff using evacuation chairs
4. **Critical Patients:** Continuous life support during evacuation if possible

Assembly Areas:

- **Main Clinic:** Parking lot across Healthcare Drive

- **Urgent Care:** Shopping center parking lot (east side)

- **All Locations:** Staff report to department supervisors for roll call

2.3 Fire Prevention and Safety

Daily Fire Safety Checks:

- Exit doors unlocked and unobstructed

- Fire extinguishers in designated locations and charged

- Emergency lighting functional

- Evacuation route maps posted and current

- Electrical equipment inspected for damage

Monthly Fire Safety Training:

- Fire extinguisher use (PASS method: Pull, Aim, Squeeze, Sweep)

- Evacuation route practice

- Patient assistance techniques

- Fire alarm system testing

- Emergency equipment inspection

SECURITY AND VIOLENCE PREVENTION

3.1 Workplace Violence Prevention

Risk Assessment Factors:

- **Patient Behavior:** Agitation, verbal threats, history of violence

- **Environmental Factors:** Overcrowding, long wait times, privacy concerns

- **Staff Factors:** Inadequate training, insufficient staffing levels

- **External Threats:** Domestic violence, gang activity, drug-seeking behavior

De-escalation Techniques:

- **Remain Calm:** Speak in calm, low voice with non-threatening posture

- **Active Listening:** Acknowledge patient concerns and feelings

- **Set Boundaries:** Clearly communicate acceptable behavior expectations

- **Offer Alternatives:** Provide options to resolve the situation

- **Seek Help:** Call for supervisor or security assistance when needed

3.2 Active Shooter Response

Run, Hide, Fight Protocol:

RUN (First Option):

- Leave belongings behind and evacuate immediately

- Help others evacuate if possible

- Call 911 when safe to do so

- Prevent others from entering danger area

HIDE (If evacuation not possible):

- Find secure location with lockable door

- Barricade door with furniture if possible

- Turn off lights and remain quiet

- Silence cell phones and other devices

- Wait for law enforcement all-clear

FIGHT (Last resort only):

- Work together to incapacitate shooter

- Use available items as weapons

- Be prepared to cause severe injury to shooter

- Continue until threat is eliminated

3.3 Security Measures

Access Control:

- **Main Entrances:** Electronic card readers for staff access

- **Patient Areas:** Reception desk controls visitor access

- **Restricted Areas:** Medication room, records room, laboratory require key access

- **After Hours:** Security system armed with motion detectors

Security Personnel:

- **Contracted Security:** On-site security guard during evening hours

- **Panic Buttons:** Silent alarms at reception desks and provider offices

- **Security Cameras:** Monitor all public areas and entrances

- **Emergency Communication:** Direct line to local police dispatch

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NATURAL DISASTER PROCEDURES

4.1 Earthquake Response

During Earthquake:

- **Drop, Cover, Hold On:** Take cover under desk or against interior wall

- **Protect Patients:** Shield patients from falling objects

- **Stay Put:** Remain in position until shaking stops

- **Avoid Doorways:** Do not run outside during shaking

After Earthquake:

- **Check for Injuries:** Provide first aid for injured persons

- **Assess Building Damage:** Look for structural damage, gas leaks, electrical hazards

- **Evacuate if Necessary:** Leave building if damage observed

- **Account for Personnel:** Ensure all staff and patients are accounted for

- **Communication:** Contact emergency management and families

4.2 Severe Weather Procedures

Tornado Warning:

- **Seek Shelter:** Move to interior rooms on lowest floor

- **Avoid Windows:** Stay away from large glass areas

- **Protect Head:** Use arms to protect head and neck

- **Monitor Weather Radio:** Listen for updates and all-clear signal

Flash Flood Warning:

- **Stay Inside:** Do not attempt to drive through flooded areas

- **Move to Higher Ground:** Relocate to upper floors if flooding occurs

- **Emergency Supplies:** Maintain 72-hour emergency kit on site

- **Communication:** Monitor emergency broadcasts for evacuation orders

4.3 Extended Power Outage

Immediate Actions:

- **Activate Generator:** Automatic transfer for critical equipment
- **Patient Safety:** Check patients on electrical medical devices
- **Communication:** Use battery-powered radios and cell phones
- **Security:** Lock all entrances, secure medications and records

Extended Outage (>4 hours):

- **Patient Transfer:** Arrange transport for patients requiring electrical equipment
- **Staff Safety:** Dismiss non-essential personnel before dark
- **Supply Management:** Conserve battery power and water supplies
- **Documentation:** Maintain paper records for critical information

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UTILITY FAILURES AND INFRASTRUCTURE

5.1 Electrical System Failures

Emergency Generator:

- **Automatic Start:** Activates within 10 seconds of power loss
- **Critical Circuits:** Emergency lighting, fire alarm, security system, refrigeration
- **Fuel Supply:** 72-hour diesel fuel capacity with backup fuel contract
- **Testing Schedule:** Monthly load testing, annual maintenance inspection

Electrical Safety:

- **Circuit Breakers:** Know locations of main electrical panels

- **Water and Electricity:** Never touch electrical equipment with wet hands

- **Damaged Equipment:** Report frayed cords, sparking outlets immediately

- **Emergency Lighting:** Battery-powered lights in all treatment rooms

5.2 Water System Failures

Water Shortage Procedures:

- **Hand Hygiene:** Use alcohol-based hand sanitizer when water unavailable

- **Patient Care:** Postpone non-urgent procedures requiring water

- **Restroom Facilities:** Use portable facilities if plumbing compromised

- **Emergency Water:** Maintain 3-day supply of bottled water

Water Contamination:

- **Boil Water Notice:** Use bottled water for drinking, ice, hand washing

- **Patient Safety:** Notify patients of water advisory

- **Equipment Cleaning:** Use sterile saline for medical equipment cleaning

- **Laboratory:** Halt water-dependent testing until water cleared

5.3 Communication System Failures

Phone System Backup:

- **Cell Phones:** Department supervisors carry backup cell phones

- **Internet Backup:** Cellular internet backup for electronic health records

- **Emergency Radio:** Battery-powered weather radio with NOAA alerts

- **Landline Backup:** Analog phone line independent of main system

Communication Priorities:

1. **Emergency Services:** 911 for life-threatening emergencies

2. **Staff Families:** Contact information for employee emergency notification

3. **Patients:** Appointment cancellations and rescheduling

4. **Vendors:** Critical supply deliveries and service calls

COMMUNICATION AND NOTIFICATION

6.1 Emergency Notification System

Emergency Contact Tree:

- **Level 1:** CEO, Medical Director, Practice Manager

- **Level 2:** Department Supervisors, HR Manager, Finance Manager

- **Level 3:** All Clinical Staff

- **Level 4:** Administrative and Support Staff

Notification Methods:

- **Primary:** Cell phone calls and text messages

- **Secondary:** Email notifications

- **Backup:** Employee emergency contact persons

- **Mass Notification:** Automated calling system for all-staff alerts

6.2 External Communication

Emergency Services:

- **Fire Department:** Riverside Fire Department - 911

- **Police:** Riverside Police Department - 911

- **Emergency Management:** Riverside County OES - (951) 955-4247

- **Hospital:** Riverside Community Hospital - (951) 788-3000

Utility Companies:

- **Electrical:** Southern California Edison - 1-800-611-1911

- **Gas:** Southern California Gas - 1-800-427-2200

- **Water:** City of Riverside Public Utilities - (951) 826-5485

- **Telephone:** Verizon Business - 1-800-VERIZON

6.3 Media and Public Information

Media Relations:

- **Spokesperson:** CEO or designated representative only

- **No Comment Policy:** Staff refer all media inquiries to CEO

- **Patient Privacy:** No patient information released to media

- **Social Media:** No emergency information posted on social media

Patient and Family Communication:

- **Emergency Hotline:** Updated voicemail message with clinic status

- **Website Updates:** Current information posted on clinic website

- **Local Media:** Coordinate with local news for public service announcements

- **Direct Contact:** Phone calls to patients with scheduled appointments

APPENDIX A: EMERGENCY CONTACT INFORMATION

Internal Emergency Contacts:

Executive Team:

- CEO: Dr. Sarah Mitchell - (951) 555-0101
- Medical Director: Dr. James Rodriguez - (951) 555-0102
- Practice Manager: Michael Chen - (951) 555-0103

Department Supervisors:

- Nursing Director: Jennifer Thompson - (951) 555-0104
- HR Manager: Lisa Park - (951) 555-0105
- Finance Manager: Robert Kim - (951) 555-0106

External Emergency Services:

- **Emergency Services:** 911
- **Poison Control:** 1-800-222-1222
- **Security Company:** Allied Universal - (951) 555-0200
- **Building Maintenance:** ABC Property Management - (951) 555-0300

APPENDIX B: EMERGENCY SUPPLIES AND EQUIPMENT

Medical Emergency Equipment:

- Automated External Defibrillator (AED) - 3 units
- Oxygen delivery system with portable tanks
- Basic airway management supplies

- Emergency medications (epinephrine, albuterol, glucose)

- Spine board and cervical collars

- First aid supplies and trauma dressings

Non-Medical Emergency Supplies:

- Battery-powered flashlights and radios

- Emergency food and water (72-hour supply)

- Blankets and emergency shelter materials

- Battery backup for critical equipment

- Fire extinguishers (ABC type, checked monthly)

- Emergency generator with fuel supply

Document Control:

- **Effective Date:** December 15, 2024

- **Review Date:** December 15, 2025

- **Approved By:** Dr. Sarah Mitchell, CEO

- **Emergency Coordinator:** Michael Chen, Practice Manager

For emergency plan questions or updates, contact:

- **Emergency Coordinator:** mchen@medcare-clinic.com

- **Safety Committee:** safety@medcare-clinic.com

This Emergency Response Plan is reviewed annually and updated as needed. All employees are required to be familiar with these procedures and participate in emergency drills.