Saint Francis Medical Center College of Nursing

Campus All-Hazards Emergency Response and Violence Prevention Plan

Pursuant to the Campus Security Enhancement Act of 2009 [P.A.095-0881]

Campus Emergency Operations Plan

2016-2017

"A Tradition of Excellence in Nursing Education"

511 NE Greenleaf Street
Peoria, Illinois 61603
(309) 655-2201
www.sfmccon.edu

Saint Francis Medical Center College of Nursing
Peoria, IL

Campus All-Hazards Emergency Response and Violence Prevention Plan Pursuant to the Campus Security Enhancement Act of 2009 [P.A. 095-0881]

FOREWORD

Letter from Dr. Patricia Stockert, RN, PhD, President Saint Francis Medical Center College of Nursing
Letter from Troy Erbentraut, OSF Saint Francis Medical Center Disaster Preparedness Manager

Saint Francis Medical Center
College of Nursing

A Tradition of Excellence in Nursing Education

September 1, 2016

Dear Saint Francis Community,

The safety and security of everyone at the College of Nursing is a priority and responsibility of all at the College. It is important that the College of Nursing provides a safe living and learning environment for students, faculty, staff and visitors. If an emergency would happen, the College's priority is safety for everyone while maintaining essential College operations.

To help ensure the safety of the College campus, the College has developed an emergency communication and response plan. The plan is evaluated and updated regularly. A component of the plan is the use of SONISWEB as an emergency text message system. *We ask that you please register your cell phone in SONISWEB.* This plan provides you with emergency preparedness and safety information. Please take the time to read the information and keep the booklet readily available. The process for notification of emergencies is outlined in the booklet. Keep the important telephone numbers and web sites available and easily accessible. This information will be very useful to you in case of an emergency.

All of us have a responsibility to make the College campus a safe environment to work, learn, study and play. We ask that you let us know or call for assistance if you see something unusual or feel unsafe.

The information in this booklet and materials online at http://www.sfmccon.edu tell you what to expect and how to respond in an emergency. It also provides information on how we can make Saint Francis Medical Center College of Nursing campus a safe and secure campus environment.

Sincerely,

Patricia Stockert, RN, PhD
President, College of Nursing

Memo

To: Saint Francis Medical Center College of Nursing

From: Troy Erbentraut

cc: Dr. Patricia Stockert

Date: November 21, 2016

Re: CON Emergency Operations Plan

The Saint Francis College of Nursing and Medical Center share a campus and are co-located in downtown Peoria. In the event of an incident or disaster affecting the college and/or the medical center it is understood we would share Hospital Command Center (HCC) as well as Hospital Incident Management Team (HIMT). I have reviewed the 2016-17 Campus Emergency Operations Plan and will include a copy within the emergency operations plan (EOP) of the medical center. As the EOP is changed, modified, updated the college of nursing administration will be notified and included in emergency management program.

Respectfully submitted,

Troy Erbentraut
OSF SFMC Disaster Preparedness Manager
Region 2 MRT Director of Response Operations
Region 2 RHCC/ POD Coordinator

OSF Saint Francis Medical Center
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Register for Changes

Date of Change	Change Made

Distribution List

- The College Emergency Operations Plan is posted on the College of Nursing website at http://www.sfmccon.edu.
- The College Emergency Operations Plan is posted in the Undergraduate, Graduate, and DNP Community shells within eCollege under Document Sharing.
- All College employees receive a copy. Printed copies are available upon request from a College Support Representative.
- All students receive a printed copy of the College Safety booklet which provides details related to notifications of emergencies, emergency preparedness, and safety information. It is also available online at http://www.sfmccon.edu.

SECTION 305.30 INITIAL ANALYSIS AND ASSESSMENT

Hazard Vulnerability Analysis and Assessment

OSF Saint Francis Medical Center conducted a Hazard Vulnerability Analysis to use for the area of emergency management in order to:

- Assess the risk of the OSF Saint Francis Medical Center campus in the area of emergency
- Determine the training needs of OSF Saint Francis Medical Center

Since the campus of OSF Saint Francis Medical Center includes the College of Nursing, the Hazard Vulnerability Analysis and the process for annual reviews include the College of Nursing.

Refer to Appendix A for copy of the Hazard Vulnerability Analysis.

Demographic Data

In SONISWEB, Course Section Schedule lists days, times, and locations of all courses. The Course Section Roster Report lists all students enrolled in each course section.

Traffic Patterns

Greenleaf Street is a one-way street going east in front of the Main Entrance of the Main Campus. Metered parking is available along the south side of Greenleaf Street. Armstrong Avenue is a two-way east-west street that runs north of the Allied Building. Parking decks and lots have been provided by OSF Saint Francis Medical Center Parking Services and are located on hospital property.

Typical industrial area with heavy traffic patterns between 6:30-8:00 a.m. and 4:00-5:30 p.m. Heavy on-campus construction due to continuous improvements.

Should an Emergency Event occur that would require a large evacuation, many residents would use Interstate 74.

Special Needs Population

Students enrolled in the nursing program are predominantly ambulatory. Those students who do have physical limitations can enter or exit the building via the entrance on the 6th floor, north side of the building.

Response Capabilities/Support Personnel
The following agencies or departments have been contacted and consulted, concerning OSF Saint Francis Medical Center Emergency Management Plan. Relationships with these agencies and departments will be maintained to keep the plan current within the scope of community emergency planning. This plan is not to be considered in isolation but is to be coordinated with the plans of local, municipal, and/or county governments and agencies with specific emergency planning or response obligations.

Agencies:
- OSF Corporate Headquarters
- City of Peoria
- City Link
- Peoria Fire Department
- Peoria Police Department
- Public Works
- Peoria School District 150
- EMA
- Public Health
- Advanced Medical Transport of Central Illinois
- County of Peoria
- County of Tazewell
- County of Woodford
- County of Fulton
- County of Marshall
- County of Putnam
- County of Stark
- Illinois Emergency Management Agency
- Illinois Department of Public Health
- Illinois Department of Transportation
- Greater Peoria Area Airport Authority
- Illinois Air National Guard
- Peoria Area EMS System
- Illinois Environmental Protection Agency
- Illinois American Water Company

Companies & Organizations
- Ameren
- Caterpillar Inc.
- American Red Cross
- Salvation Army
- Churches and related groups as appropriate
- Super Wal-Mart, Peoria
- Lowes, Peoria

SECTION 305.40 BASIC PLAN REQUIREMENTS

General Purpose Statement

The purpose of the College Emergency Operations Plan is to describe the coordinated response and recovery to the wide range of natural and man-made events that may disrupt normal operations of the College of Nursing and require a preplanned response to internal and external emergencies and disasters. The College Emergency Operations Plan highlights the basic strategies and mechanisms Saint Francis Medical Center College of Nursing will use to mobilize resources and conduct activities to support emergency management efforts. Please refer to Appendix A for a copy of OSF Saint Francis Medical Center's Emergency Operations Plan. The College Emergency Operations Plan is based on the identified risks from the Hazard Vulnerability Analysis, which is reviewed annually by the Campus Security Task Force and revised as needed. The Campus Security Task Force is comprised of representatives from the College of Nursing, OSF Saint Francis Medical Center, and the community that would be involved in disaster mitigation, preparedness, response, and recovery.

The intention of the College of Nursing's emergency management program is the following:
- To provide maximum safety and protection from injury for students, visitors, faculty, and staff.
- To attend promptly and efficiently to all individuals requiring medical attention in an emergency situation.
- To provide a chain of command to enable maximum use of resources.
- To maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- To protect property, facilities, and equipment.
- To satisfy all applicable regulatory and accreditation requirements.

This College Emergency Operations Plan describes the processes for coordinating six critical areas including
1. Emergency communications strategies
2. Managing resources and assets during emergencies
3. Safety and security during emergencies
4. Staff roles and responsibilities
5. Managing utilities during emergencies
6. Student support activities during emergencies

Assumptions in Plan Development
- Approximately 36% of the students are graduate students who are enrolled in on-line courses and are not typically on campus together at any given time.
- Approximately 85% of the students live off-campus and are not present during night hours and weekend hours.
- Students have cell phones which can be used for emergency notification.
- Administration, faculty, and staff are not in the building from the hours of 5:30 pm until 7:00 am Monday through Friday and not in the building during Saturdays and Sundays.
- Resident Assistants (RA's) are available after hours and on weekends and are trained

in initiation of emergency response.

Concept of Operations

The College of Nursing is a part of OSF Saint Francis Medical Center which operates a Hospital Incident Command System. As part of OSF Saint Francis Medical Center, an emergency at the College of Nursing would initiate use of the Medical Center's Hospital Incident Command System. Hospital Incident Command System is an organizational and management framework used to execute a response to an incident/event and it is consistent with the emergency management system used in the community. The specific organizational structure established for any given incident will be based upon the needs of that incident and the Incident Action Plans will be developed as appropriate to the scope and duration of the incident. The Hospital Incident Command System organizational structure described below is consistent with National Incident Management System requirements and identifies key positions and lines of authority in the response to an internal or external disaster situation. A Hospital Incident Command System organization is composed of the Incident Command, Command Staff, and the general staff with functions as shown below.

Line of Succession
Refer to the Saint Francis Medical Center College of Nursing Emergency Preparedness Organizational Charts for both business and non-business hours in Appendix C.

Functions and Responsibilities of Each Organization
The OSF Saint Francis Medical Center Emergency Operations Plan is based on these key organizational systems.
- The Hospital Incident Command System is utilized as an effort to coordinate with the community responders. The Incident Command System is adaptable to meet the size and complexity of an incident by using recognized lines of authority and the model is in direct correlation with the Peoria Emergency Management Agency, Peoria Fire Department, Peoria Police Department as well as neighboring hospital ICS structures. Staff report to the Incident Commander who is defined as being in charge of the response.
- The Multi-agency Coordination System provides interactive management components and the organizational structure of supporting agencies at the federal, state, local, and regional levels through mutual-aid agreements and other assistance arrangements.
- The Public Information System is used for communicating timely and accurate information to the public during emergency situations.
- Unified Command is in place when more than one agency or organization has command responsibilities such as during a hazardous material release when the fire department, Environmental Protection Agency (EPA), water authority, and the medical center work together to analyze information and develop a common set of objectives.

Responsibilities and Authority
- The Manager of Disaster Preparedness of Saint Francis Medical Center is responsible for the overall management of the emergency management program including program development; implementation and assessment; identification and control of risks; staff educational needs; and consultation, monitoring, and assistance.
- The Manager of Disaster Preparedness serves as the Chairperson of the Emergency Management Committee.
- The Manager of Disaster Preparedness represents Saint Francis Medical Center at city, county, regional, and state planning meetings and coordinates overall preparedness efforts at Saint Francis Medical Center.
- The Emergency Management Committee is a multi-disciplinary improvement team, which includes administration, clinical (including physicians) and support staff who are responsible for implementing and maintaining the Emergency Operations Plan and associated procedures, the annual evaluation of the program, the Hazard Vulnerability Analysis, exercise documentation, and performance improvement activities. The Emergency Management Committee reports to the Environment of Care Committee.
- Medical staff and administration ensure there is involvement with the organization leaders to plan and respond to emergencies.
- Department managers are responsible for orienting staff to the department and facility-wide Emergency Operations Plan procedures. Managers are also responsible for the development and management of specific department disaster policies and procedures (as applicable); ensuring that they are evaluated and revised (as appropriate); verifying all staff are trained on their individual roles and responsibilities consistent with the disaster

plan; and staff participate in the implementation of the plan.
- Employees are responsible for participating in training and demonstrating core competencies in the emergency management program. Employees must ensure their behaviors, work practices, and operations are safe and in accordance with departmental procedures, the provisions of the disaster plan, and clinical judgment.
- Documentation of the training is kept in the office of the Assistant Dean of Student Services.

Maps
Please note that as of August, 2007, the College of Nursing also holds classes in the building that houses the OSF Sisters Community Healthcare Center

LEGEND

- Patient/Visitor Elevators
- Admitting & Registration — 9
- Pharmacy — 1
- Gift Shops — 3 5
- Places To Eat
  - Cafeteria — 4
  - Don's Bistro — 1
  - Café Express — 9
  - Subway — 6
- ATM Machines — 1 4 9

- - - - Underground Tunnels

DESTINATIONS

ZONE 0
Clinical Decision Unit (Lower Level 2)
Sickle Cell Clinic (First Floor)
Outpatient Infusion Clinic (First Floor)
Short Stay Unit (First Floor)
Ostomy Wound Services (First Floor)
Pulmonary Function Lab (First Floor)
Radiology (Second Floor)
Radiology/Surgery Family Waiting (Second Floor)

ZONE 1
Vending (First Floor)
Employee Health (First Floor)
Health Management (First Floor)
Pediatric Diabetes Resource Center (First Floor)
Ultrasound (First Floor)
Radiology (Second Floor)

ZONE 2
Labor and Delivery (Fifth Floor)
Family Birthing Center (Fifth Floor)

ZONE 3
Volunteer Services (Ground Floor)
St. Anthony Shrine (First Floor)
Security (First Floor)
Mail Room (First Floor)
Medical Records (First Floor)
Patient Relations (First Floor)
INI Diagnostic Center (Sixth Floor)
Eye Center (Sixth Floor)
Auditorium, Meeting Rooms (Seventh Floor)

ZONE 4
Cafeteria (ATM Available) (First Floor)
Maternal Fetal Diagnostic Center (Sixth Floor)

ZONE 5
Chapel of St. Francis (Main Chapel) (Second Floor)

ZONE 6
Library & Resource Center (Second Floor)
Branch Lecture Room (Third Floor)
Human Resources (Sixth Floor)

ZONE 7
Radiation Oncology (Ground Floor)
GI Lab (Ground Floor)
INI Gamma Knife (Ground Floor)

ZONE 8
MRI (Ground Floor)

ZONE 9
EMERGENCY Department (Lower Level)
Surgical and Cardiovascular Procedures (Ground Floor)
Admitting & Registration (First Floor)
Outpatient Testing (First Floor)
St. Jude Clinic (First Floor)
Family Resource Center (First Floor)
Gandhi Conference Room (First Floor)
ATM (First Floor)
Blessed Sacrament Chapel (First Floor)
Surgery Waiting Room (Second Floor)

HILLCREST
Pharmacy (First Floor)
Pediatric Surgery Center (Second Floor)
Congenital Heart Center (Third Floor)
Pediatric Subspecialty Center (Fourth Floor)

Medi Park 2

Hillcrest

College of Nursing

Learning Center

ZONE 2

ZONE 1

Cafeteria

ZONE 4

ZONE 3

ZONE 5

Chapel

ZONE 6

Knoxville

Berkeley

EMERGENCY ENTRANCE

ZONE 0

Medical Park Physician Bldg.

ZONE 9

Admitting & Registration

Glen Oak Ave.

ZONE 8

ZONE 7

Forest Park Entrance

MAIN ENTRANCE

Visitor/Patient Parking

Sisters' Community Clinic Allied Agencies Bldg.

NORTH PARKING DECK

(To I-74)

N

Citations to Legal Authorities and Ordinances

Plan Maintenance, Review, and Evaluation
The plan is reviewed annually by the Campus Security Task Force and College administration. Updating of the plan is done after annual reviews and/or evaluation following exercises or implementation of the plan. Responsibility lies with College Administration and the Campus Security Task Force. Evaluation plan and drills are found in Appendix A, page 56 of the OSF Saint Francis Medical Center Emergency Operations Plan.

SECTION 305.50 CAMPUS FUNCTIONAL ANNEX REQUIREMENTS
Direction and Control of Communications
Refer to Section 9, pages 39 - 46 of the OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Warning/Disaster/Emergency Information
Refer to Section 9, Part E, page 43 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Public Information
Refer to Section 9, Part G, page 44 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Disaster Intelligence/Damage Assessment/Recovery Planning
Refer to Sections 7 and 8 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Evacuation/Shelter-in-Place/Lockdown
Refer to Section 11 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A. Building locked. Entrance only with specified access card. Refer to Appendix D.

Direction and Control of Mass Care
Refer to Section 6 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Health and Medical
Refer to Section 9 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Mortuary Services
Refer to Section 14 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

Direction and Control of Resource Management
Refer to Section 10 of OSF Saint Francis Medical Center Emergency Operations Plan located in Appendix A.

SECTION 305.60 COORDINATION, SUBMISSION, AND REVIEW
Document will be submitted to the local ESDA for review.

SECTION 305.70 TRAINING
The College conducts annual training for its faculty, staff, and students on the College Emergency Operations Plan. The College Safety booklet is updated annually and is available electronically to all

faculty, staff, and students on the College's website (under Publications). Information regarding this College Emergency Operations Plan is presented to incoming students at the new student orientation held prior to the beginning of each semester. For more information on the distribution of materials please refer to the Distribution List on page 2.

SECTION 305.80 EXERCISE REQUIREMENT FOR COLLEGE EMERGENCY OPERATIONS PLAN

Saint Francis Medical Center College of Nursing, in coordination with the OSF Saint Francis Medical Center and local Emergency Services Disaster Agency, shall conduct an annual exercise of its College Emergency Operations Plan. The documentation of the exercises can be found in the office of the Assistant Dean of Student Services. The College will submit to the local Emergency Services Disaster Agency, Illinois Emergency Management Agency Regional Office, and the Illinois Board of Higher Education a description of

- Type of exercise and exercise date;
- Exercise scenario;
- Scope of participation;
- Exercise objectives; and
- College Emergency Operations Plan functional area(s) being tested.

SECTION 305.100 CAMPUS VIOLENCE PREVENTION COMMITTEE

Members and Structure

The Campus Violence Prevention Committee reports directly to the Saint Francis Medical Center College of Nursing Campus Security Task Force. Members include the following:

- Saint Francis Medical Center College of Nursing Assistant Dean of Student Services (Chair),
- OSF Saint Francis Medical Center Director of Security,
- A member of Peoria Police Department,
- Saint Francis Medical Center College of Nursing Health Nurse,
- Saint Francis Medical Center College of Nursing Coordinator of Nursing Resource Center,
- Saint Francis Medical Center College of Nursing Counselor,
- OSF Saint Francis Medical Center DART Team Clinical Coordinator,
- College of Nursing Resident Assistant Representative,
- Saint Francis Medical Center College of Nursing Faculty member,
- Saint Francis Medical Center College of Nursing College Support Representative, and
- Saint Francis Medical Center College of Nursing Administration.

This committee addresses the safety and security needs of Saint Francis Medical Center College of Nursing's students and employees. This committee integrates existing policies and incorporates violence prevention strategies into related policies and/or procedures. This committee will meet quarterly as needed and review annual crime statistics report, as indicated, to identify current trends. The committee will promote zero tolerance on the campus and will educate all Saint Francis Medical Center College of Nursing students and employees about the college violence prevention strategies.

Integration of Policies

Building Access
Students, faculty, staff, guests, and visitors may access the main campus of the College of Nursing from the sixth-floor bridge doors or by the 511 NE Greenleaf St. entrance. A keyless-entry system has been installed to allow students, faculty, and staff access to the building during times that are appropriate to their course, housing status, or work schedules. Loss of Access Cards must be reported immediately to the College Support Representative during day hours and the OSF Saint Francis Medical Center Security Office during evenings and weekends.
Students may access the Nursing Resource Center (NRC) at the Allied Building via entrance #4. The students must then walk through the hallway of the Behavioral Health Department and enter through another door to access the College of Nursing section of the building. A card reader on this door, similar to the one at the Main Campus, was installed.

Building Access Rights/Limitations
Students residing on campus have access to the Greenleaf building 24 hours a day, 7 days a week, excluding dorm/study room closures (holidays, semester breaks, etc.). Those students not residing on campus have access to the building 6:00 AM to 11:00 PM, 7 days a week. During dorm/study room closures, access is granted to all students from 7:00 AM to 6:00 PM Monday through Friday, excluding College holiday closures. The College is not accessible to students on designated holidays. Any other College and dorm/study room closure information will be announced through eCollege.

Guests for Students
A guest to the College of Nursing is someone who is invited by a student. The student should arrange to meet their guest at the appropriate door. All guests are the responsibility of the person giving access to the building and the student must remain with the guest(s) during their visit. Children are welcome to visit the College of Nursing in the company of the student. Babysitting in the College of Nursing is prohibited. No child or guest may be left unattended in the student's room, lounges, recreation rooms, lobby, or kitchen.

Visitors
A visitor to the College of Nursing is someone inquiring about the College; someone attending a scheduled meeting; or an unexpected guest of a student, faculty, or staff member. Visitors receive access to the building by the College Support Representatives from 7:00 AM to 5:00 PM, Monday through Friday, excluding College of Nursing closures (holidays and/or semester breaks). All visitors are asked to sign in and to wear a visitor tag while in the building. Visitors not attending a scheduled meeting are retained by the sixth-floor entrance or the lobby until the appropriate person can assist the visitor. The visitor must be escorted at all times. Visitors attending a scheduled meeting are given directions to the meeting area.

Guest/Visitor Restrictions
Guests and visitors may visit dorm/study room floors Sunday-Thursday, during the hours of 9:00 AM to 11:00 PM. Friday and Saturday, visitors may visit dorm/study room floors during the hours of 9:00 AM to 1:00 AM. Community areas (lobby, kitchen, computer labs, library, and recreation rooms) are open to guests during the hours of 7:00 AM to 11:00 PM unless otherwise posted. Students with dorm/study rooms, refer to the online student handbook (http://www.sfmccon.edu), *Building Rules and Regulations* for additional information.

Building Access Responsibilities
Students, faculty, and staff have the responsibility to each other to maintain a safe and secure environment. Each student, faculty, and staff member will take responsibility by:

1. Using their access card to enter the College of Nursing.
2. Not propping or holding the door open for any length of time.
3. **Immediately reporting the loss of an access card** to the Customer Support Representative during day hours and the OSF Saint Francis Medical Center Security Office during evenings and weekends.
4. Not loaning their access card to anyone.
5. Not allowing anyone to enter the College of Nursing while they are entering or leaving the building.
6. Meeting all guests at the appropriate door for entry into the College of Nursing.
7. Explaining to family and friends the need for planned arrivals to the College of Nursing, hour limitations, and the policy for visitors and unexpected guests.
8. Reporting violations to the Customer Support Representative during day hours and the Resident Assistant during evenings and weekends.
9. Immediately reporting emergency situations to OSF Saint Francis Medical Center Security at 309-655–2131.

Building Access Card Problems

Card does not work: Between the hours of 7:00 AM and 6:00 PM, Monday through Friday, notify the Customer Support Representative by using the phone located outside the access doors (sixth floor, off Greenleaf, and the west patio door). After 6:00 PM and before 7:00 AM or on weekends, go to OSF Saint Francis Medical Center Security located on the main floor of the hospital. A picture ID must be presented to gain entry.

Misplaced or Forgotten Cards: Between the hours of 7:00 AM and 5:30 PM, Monday through Friday, notify the Customer Support Representative by using the phone located outside the access doors (sixth floor, off Greenleaf, or the west patio door). After 5:30 PM and before 7:00 AM or on weekends, go to OSF Saint Francis Medical Center Security located on the main floor of the hospital. A picture ID must be presented to gain entry. Students will need to complete the Misplaced/Forgotten Incident Report and will only be given three days to produce the card to one of the CSRs before the card is considered lost or stolen and is deactivated. The student will be responsible for obtaining a new access card at the student's expense ($20).

Lost or Stolen Cards: Immediately report that your card has been lost or stolen. Between the hours of 7:00 AM and 5:30 PM, Monday through Friday, notify the Customer Support Representative by using the phone located outside the access doors (sixth floor, off Greenleaf, and the west patio door) or calling 309-655-2217. After 5:30 PM and before 7:00 AM or on weekends, go to OSF Saint Francis Medical Center Security located on the main floor of the hospital or by calling 309-655-2131. A picture ID must be presented to gain entry. The student will be responsible for obtaining a new access card at the student's expense ($20). Students must complete a Lost/Stolen Incident Report.

OSF Saint Francis Medical Center Alerts

Bomb	If you receive a call or information that there is a bomb in or near the Medical Center, **Call Security** as soon as possible. Make detailed notes of all statements and demands – note information regarding the calls identification (accent, voice tone, background noise, etc.). Ask as many questions as possible for clues and keep caller on phone as long as possible. Note the time of call. Wait for further directions from Security. Refer to Appendix D.	5-3333 Security (In-house) emergency 655-2131 Security general phone number

Violence/ Hostage	**Notify Manager/Supervisor and Call Security** as soon as possible and advise of all known information. Violence in the workplace is not acceptable and will be addressed. Restrict access to area until help arrives. If you are a victim of a hostage taker, be calm, do as told, do not argue, and be observant. If there is a rescue attempt, drop to floor and remain there until all clear.	5-3333 Security (In-house) emergency 655-2131 Security general phone number

SFMC CON POLICIES - Saint Francis Medical Center College of Nursing Policies

Security Policies
In accordance with the Student Right to Know and Campus Security Act of 1990 and its 1997 revisions, Saint Francis Medical Center College of Nursing is required to publish and distribute an annual report of Campus Crime Statistics and Security policies to all students, employees, and prospective students and employees. In compliance with the Campus Security Act, Saint Francis Medical Center College of Nursing complies, tabulates, and publishes the "Campus Crime and Security Survey" which is required annually by the United States Department of Education by Section 485(a) and (f) of the Higher Education Act. See Saint Francis Medical Center College of Nursing Annual Report for reportable crimes and statistics related to these crimes.

In an attempt to educate faculty, staff, and students about personal safety, the College of Nursing sponsors a variety of programs throughout the academic year. These programs include discussions about topics such as acquaintance rape and self-defense.

Campus Security Department
Security for the College of Nursing is provided by the OSF Saint Francis Medical Center Security Department and Securitas, an outside security agency contracted by the OSF Saint Francis Medical Center to patrol the Allied Building during the late afternoon and evening hours. Security can be reached at 655-2131 (general phone number) or 5-3333 (in-house emergency.)

Safety Hints

Building and Residence
- Lock your door even if you will be gone for only a few minutes.
- Do not leave your keys in the lock unattended.
- Do not loan your keys, ID card, or College of Nursing Access Card to anyone.
- Do not offer to let someone you don't know well use your room.
- Do not "advertise" that you have items of value in your room.
- Small items of values in your room should be kept out of sight.
- Consider having your driver's license number engraved on all valuables for identification purposes.
- Report thefts immediately to the appropriate person (Resident Assistant or OSF Saint Francis Medical Center Security Department)
- Report the theft of checks or credit cards to you bank or Credit Card Company immediately and notify OSF Saint Francis Medical Center Security.
- All entrance doors to the residence are locked and should NOT be propped open.
- Residents planning to use the patio should remember to take their Access Card.
- Report any door, locks, or windows in need of repair to either the Customer Support Representative

or the On-Call Resident Assistant.
- Be alert to unknown persons loitering in or near the College of Nursing buildings. Note their description and inform the Customer Support Representative, faculty, staff, On-Call Resident Assistant, or OSF Saint Francis Medical Center Security immediately.
- Soliciting by door-to-door salespersons is prohibited by College of Nursing regulations. No one is allowed in the building for the purpose of making sales

At Night
- Avoid walking alone at night.
- Be conscious of your surroundings.
- Carry a whistle or personal alarm.
- Notify another person of your destination when leaving the College of Nursing.
- Maintain a tight grip on your personal property.

Walking, Jogging, or Biking
- Know your surroundings and neighborhood.
- Avoid vacant lots, alleys, constructions sites. Only use well-lit busy streets.
- Never hitchhike.
- Face traffic when walking so you can see the approaching vehicles.
- Have you key in your hand and ready as you get into your car or home.
- Wear comfortable shoes.
- Never walk, jog, or ride your bike alone or at night.
- If a purse or valuables must be carried, keep a firm grip on it. Hold it close to your body.
- Do not wear headphones.
- Use the buddy system in notifying each other of location.

Car Safety Tips
- Make sure your car is in good working order.
- Check your battery, tires, lights, steering, and brakes regularly.
- Learn how to make simple repairs to your car.
- If you go on a trip, plan out what route you are going to take before you leave. Leave this route with a relative or close friend.
- Keep windows up and doors locked.
- Park in well-lit areas.
- Be alert in parking structures.
- If you park in an attended lot, leave only your car key with the attendant.
- Always have a spare set of keys hidden somewhere on the car.
- Never put your address or phone number on a key chain.
- Do not leave valuables visible from the outside of the car.
- Always look in the back seat before you get into the car.
- If you work late at night, do not walk to your car alone.
- If you have someone give you a ride home, have them wait until you get into the residence before they leave.
- If you think you are being followed, go to the nearest open business, police station, or fire department.
- If your car breaks down, put up the hood and turn on flashers. If someone stops, have them call a relative, repair service, or police. Do not get out of the car to talk to them.
- If you are pulled over by an unmarked police car, be sure of the officer's identity.

- If you feel something is not right, put your flashers on and go to the next open business, slowly

Sexual Harassment Policy
The College of Nursing is committed to providing an environment in which faculty, students, and staff are treated with courtesy, respect, and dignity. The College of Nursing will not tolerate or condone any actions by any persons which constitute sexual harassment. Sexual harassment is defined as unwelcome sexual advances; requests for sexual favors; and other verbal, written, or physical conduct of a sexual nature by faculty or other personnel where such conduct is either made in an explicit or implicit term or condition for a specific grade, satisfactory achievement in a course, or employment, or where such conduct has the purpose or effect of substantially interfering with an individual's academic progress or work. A complaint of sexual harassment should be brought to the attention of either a Dean, Assistant Dean or the President. Such a complaint will be promptly and fully investigated and, if founded, subject to disciplinary action.

Sexual Assault Policy
For the purpose of this policy, sexual assault is defined as attempted or actual unwanted sexual activity including forcible and non-forcible sex offenses which occur on campus. Such conduct is prohibited by the College of Nursing and a violation is subject to disciplinary action according to the below policy, which is also found in the Student Handbook located at http://www.sfmccon.edu.
Information on sex offenders can be found at http://www.isp.state.il.us/sor.

Professional Conduct
1. <u>Students MUST maintain professional confidentiality</u>. Clients should not be discussed in the cafeteria, public places, at social functions, or with family and friends.
2. Students may not give information concerning clients or the clinical agency to newspaper reporters, lawyers, insurance agents or others not connected with the clinical agency. Refer these people to the instructor or appropriate person at the clinical agency.
3. Students may not act as witnesses to wills, baptisms, marriages, surgical or autopsy permits.
4. Students must observe OSF Saint Francis Medical Center or clinical agency regulations when visiting clients on a social basis. Students may not use their privileges as nursing students to access clinical areas or client information. Students are not to read patient records or provide care when visiting.
5. Students must promote a quiet environment in client care areas.
6. Students may use telephones in clinical agencies for professional purposes only and not for personal calls.
7. The student, when answering a clinical agency telephone, identifies the agency, unit and gives both name and title.
8. Students, with authorization of the instructor, may use the public address   System or audio pagers of the clinical agency.
9. Students should conduct all communications with physicians, clients and employees in a professional manner. Physicians are not to be called without first consulting with the instructor.
10. Students shall report to the instructor when arriving on the nursing unit and when leaving.
11. Students shall report any broken or defective equipment or supplies to the instructor or appropriate clinical agency personnel.

Un-professional conduct may also result in criminal proceedings under the law. Students are encouraged to report an incident of sexual assault to the appropriate campus personnel such as the President, Dean, or Counselor. The College of Nursing will assist the student in obtaining appropriate medical attention and will inform the Security Department of OSF Saint Francis Medical Center. The student will be encouraged to cooperate with appropriate law enforcement officers and will be supported in so doing by campus personnel. The student who has experienced a sexual assault will be encouraged and assisted in making arrangements for counseling with an appropriate counselor. The student may receive necessary physical care through the

Emergency Department. A student who resides in a dorm or study room of the College of Nursing will be assisted in moving to a different room/floor if desired.

The following procedure should be followed in the event of a sex offense:

1. Contact any administrative personnel of the College of Nursing or Resident Assistant, who will then initiate further procedures.
2. Report the incident to the College's President or Dean.

In the case of an on-campus disciplinary hearing for an alleged sexual assault in which both parties are students, both the accuser and the accused may present evidence. Both parties will be informed of the outcome of the disciplinary hearing and have the right to appeal according to the appeal procedure for disciplinary action. Disciplinary actions may include but not be limited to the following: loss of dorm/study room privileges, suspension, and or dismissal from College of Nursing. Please refer to the Sexual Assault section for additional questions.

Weapons Possession

The use, possession, or carrying of firearms, hard bullies, dangerous knives, explosives, or other dangerous weapons while on College of Nursing or OSF Saint Francis Medical Center property, or at College of Nursing sponsored or supervised activities is not permitted. The only exception is for authorized law enforcement officers or other persons specifically authorized by the College of Nursing or OSF Saint Francis Medical Center. Violation of this policy constitutes misconduct which is subject to disciplinary action including the possibility of dismissal.

Reporting Criminal Actions or Emergencies

To report criminal actions or concerns on campus, an individual should call the Security Department at 655-2131, or call 5-3333 from a in-house campus phone. Security will respond promptly, usually within 5 minutes. Security personnel will call the police department and will request the Customer Support Representative or On-Call Resident Assistant on duty to notify appropriate College of Nursing personnel. 911 should be called when urgent help is needed. By dialing 911, immediate and direct access is given to local police, fire, and ambulance services. When appropriate, the College will publish information regarding any current danger that reported criminal activity may be present.

Hostile Intruder/Violent Incident Guidelines

In a hostile situation, or one that is perceived as threatening violence, it is recommended that you follow the below guidelines. This information is to help in a critical situation and does not cover every possible situation.

- Stay calm and quiet.
- Call 911. If calling from an on campus phone dial 9-911.
- Leave the area quickly and orderly if safe to do so. Once outside of the building follow the direction of the emergency personnel
- If unable to leave the area lock yourself in the room you are currently in. If unable to lock the door, barricade door with available objects.
- Stay out of the vision of the violent individual.
- When communicating with the police, be prepared to provide them with the following information: location, situation, involved parties, weapons involved, and your name.
- Do not stay in the hallway.
- Do not sound fire alarm. People will attempt to evacuate, and leave the safe rooms to go to the hallway.
- Stay away from the windows.
- Keep the windows locked and blinds or drapes pulled shut.
- Turn off all lights and equipment.

Warning Signs of a Potential Hostile Intruder
- Physically or verbally assaults others.
- Threatens harm.
- Talks about killing others.
- Starts fights and confrontations.
- Loses temper easily.
- Constantly angry or agitated.
- Swears.
- Owns and carries weapons.
- Uncontrollable behavior.
- Withdrawn.
- Isolates or 'a loner.'
- Noticeable mood change.
- Relationships conflicted.
- Alcohol and/or Drug abuse.

Sources:
United States Department of Education http://www.ed.gov
Bradley University Campus Safety http://explore.bradley.edu
Rudolph Mason College Campus Safety http://www.rmc.edu

Bomb Threat

If you receive a bomb threat by telephone, try to remain calm and get as much information as possible from the caller. Call Security ASAP! Write down exact words
- Check for caller ID

ASK:
- When will the bomb explode
- Where is the bomb
- What does it look like
- What kind of bomb is it
- What will cause it to explode
- Did you place the bomb
- Why
- What is your name and address

NOTICE:
- Voice – male or female
- Approximate age
- Voice patterns, accents, distinctive voice sound
- Tone or attitude of voice
- Did it sound recorded
- Were there background noises or clues about location

Any items left in the College such as backpacks or purses are subject to search. Be prepared to assist law enforcement with the search of the building.

<u>IF YOU ARE TOLD TO EVACUATE, TAKE YOUR NOTES WITH YOU</u>

If the threat came in a form other than a call such as a note:
- Notify Security immediately
- Report the time, location and content of the threat message as well as your location and phone number
- Stay on the line until you are told to hang up

<u>IF YOU ARE TOLD TO EVACUATE, TAKE THE NOTE WITH YOU</u>

IMPORTANT TELEPHONE NUMBERS
Dial 9 then your number to access an outside line from the College

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OSF Saint Francis Medical Center Security Department
     General phone line……………………………………………………….. 655-2131
     Emergency in-house phone line…………………………………………...5-3333
Emergency …………………………………………………………………….... 911
College Support Representative (CSR)
     Ground Floor ………………………………………………………… 655-2217
     6th floor……………………………………………………………….. 655-4125
     On-Call Resident Assistant (RA)/CSR Pager…………………………………497-5853
Administration …………………………………………………………...… 655-2201

SUPPORT SERVICES:
Saint Francis Medical Center College of Nursing
     Counselor ……………………………………………….………………655-7100
     Health Nurse ………………………………………………………….. 655-2221
     Crisis Intervention …………………………………………………….673-7373
Peoria Police Dept. (non-emergency number)…………………………………673-4521
Women's Strength/Rape Crisis Line …………………………………………... 691-4111
Center for the Prevention of Abuse…………………………………………… 691-0551
HOI Critical Incident Stress Management Team……………………………………655-2301
OSF Public Relations Communication………………………………...229-7175 or 634-8583

SECTION 305.110 CAMPUS THREAT ASSESSMENT TEAM

Saint Francis Medical Center College of Nursing's Campus Threat Assessment Team is comprised of the Campus Violence Prevention Committee and works in conjunction with OSF Saint Francis Medical Center Security Department, OSF Saint Francis Medical Center Emergency Management Committee, Saint Francis Medical Center College of Nursing Administration, and the Saint Francis Medical Center College of Nursing Campus Security Task Force. This committee will meet quarterly as needed to review the annual crime statistics report, and identify current safety trends. The team will promote zero tolerance on the campus and will educate all Saint Francis Medical Center College of Nursing students and employees about the college violence prevention strategies. Post-incident assessments will evaluate for effectiveness and response.

DEFINITIONS

Violent Individual: A violent individual is one who is actively engaged in killing or attempting to kill or harm people in a confined and populated area, typically through the use of intimidation, physical harm & firearms.

Characteristics of a Violent Situation: randomly selected victims, unpredictable, evolve quickly, and law enforcement is usually required to end the incident.

It is the purpose of this policy to educate employees and students how to respond to a violent incident in the area, how to respond when law enforcement arrives, and information to provide to law enforcement. It is establish a procedure in the event of a violent incident. Violent incidents may include assaults, workplace violence, and the use of a weapon.

How to Respond When a Violent Individual is in Your Vicinity
1. Call 9-1-1 when it is safe to do so if using an outside line. (9-9-1-1 if using a hospital house phone).
2. Evacuate – have an escape route and plan in mind, leave your belongings behind, and keep your hands visible.
3. Hide Out – hide in an area out of the shooter's view, block entry to your hiding place and lock the doors, and silence your cell phone and/or pager.
4. Take Action – as a last resort and only when your life is in imminent danger; attempt to incapacitate the shooter; act with physical aggression and throw items at the active shooter.

How to Respond When Law Enforcement Arrives
1. Remain calm and follow instructions.
2. Put down any items in your hands.
3. Raise hands and spread fingers.
4. Keep hands visible at all times.
5. Avoid quick movements towards the officers such as holding on to them for safety.
6. Avoid pointing, screaming or yelling.
7. Do not stop to ask officers for help or directions when evacuating.

Information you should provide to law enforcement or 9-1-1 operator
1. Location of the active shooter.
2. Number of shooters.
3. Physical description of shooters.
4. Number and type of weapons held by shooters.
5. Number of potential victims at the location.

References
Statewide Terrorism and Intelligence Center.

Campus All-Hazard Emergency Response and Violence Prevention Plan Pursuant to the Campus Security Enhancement Act of 2008.

Emergency Operation Plan
Revised: February 2016

OSF Saint Francis Medical Center Confidentiality Statement

This Emergency Operations Plan (EOP) is treated as a patient care record. Only those participating employees and agencies have the right to review this plan. This plan will not be shared with anyone not authorized to view it. ***Copies cannot be made of this plan.***

For further information, contact the Manager of Disaster Preparedness at 309-683-8365.

Any violation of plan confidentiality may be dealt with by disciplinary action.

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Section	TOPIC	References (Click on reference to view)

Section 10	**Resources and Assets**	• Hospital Resource Directory
		• Hospital Chem-Pack Activation Plan
		• EMS Chem-Pack Activation Plan
		• Region 2 Plan
		• OSF Saint Francis Medical Center and PALS Preschool and Kindergarten Community Emergency and Disaster Plan
		• Strategic National Stockpile (SNS) plan
		    o SNS Controlled Substance Waste Form
		• Hospital Dispensing & Vaccination Team (HDVRT)
		    o HDVRT SOG
		    o SNS Ventillator Guidelines
		    o Uni-Vent Quick Setup

Section 11	**Safety and Security**	• Bomb Threat
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		    o Child Identification Survey Form
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Section 12	**Staff Roles and Responsibilities**	• Hospital Identification • Disaster Privileging of Medical Practitioners • Request for Privileges in the Event of Disaster
Section 13	**Managing Utilities During Emergencies**	• Disaster Plan - Loss of City Water • Disaster Plan – Electrical Emergencies • Disaster Plan – Loss of HVAC Systems • Disaster Plan – Major Water Leak • Disaster Plan – Loss of Natural Gas • Disaster Plan – Loss of Phone System • Disaster Plan – Loss of Piped Oxygen • Disaster Plan – Loss of Sanitary Sewer • Disaster Plan - Loss of Medical Gas

Section	Topic	References (Click on reference to view)

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		• Chemical Spill Contingency Plan
		• Critical Incident Stress Debriefing
		• Interpreters Policy
		• Infection Control Plan for WMD / Epidemic / Pandemic
		• RCRA Hazardous Waste Management Plan
		• Alternate Care Sites within Medical Center
		• Alternate Care Sites outside the Medical Center
		• Alternate Care Site Locations – Appendix B
		• Mortuary Services Plan
		• Pandemic Plan
		• Pharmacy COOP
		• Region 2 Fatality Management Plan
		• Medical Gas MOA
		• Surge Plan
		• IT Downtime Policy
		• START Triage Algorithm
		• JumpSTART Triage Algorithm
		• START and JumpSTART Combined
		• Red Cross Patient Connections
		    o SFMC Plan for Patient Connections
		    o Agreement for use
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		    o Subject Information Request

Section 15	**Testing of the Emergency Operation Plan**	• SFMC Exercise EEG's • Exercise Review Policy

Section 16	**Tools**	• Electronic ICS Form
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		• IRG – Tornado
		• IRG- Earthquake
		• IRG – Hazardous Materials Incident
		• Job Action Sheets (all):
		    o Incident Commander
		    o Med Tech Specialist
		    o Operations Section Chief
		    o Logistics Section Chief
		    o Planning Section Chief
		    o Finance / Admin Section Chief

Section 1

Purpose

A. The purpose of the Emergency Operations Plan (**EOP**) is to describe the coordinated response and recovery to the wide range of natural and manmade events that may disrupt normal operations and require a preplanned response to internal and external emergencies and disasters. The Emergency Operation Plan

B. The (EOP) highlights the basic strategies and mechanisms Saint Francis Medical Center will use to mobilize resources and conduct activities to support emergency management efforts.

C. The intention of the emergency management program is:

- To provide maximum safety and protection from injury for patients, visitors, and staff.
- To attend promptly and efficiently to all individuals requiring medical attention in an emergency situation.
- To provide a chain of command to enable maximum use of resources.
- To maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- To protect property, facilities, and equipment.
- To satisfy all applicable regulatory and accreditation requirements

02. Scope / Applicability

A. The Emergency Operations Plan applies to patient care operations and support functions both at the hospital. The plan was developed as an "all hazards" approach to be adaptable to respond to a variety of scenarios that might occur. This Emergency Operation Plan consists of procedures and other reference data, as high-risk hazards identified by the Hazards Vulnerability Analysis (HVA).

B. ***This Emergency Operation Plan describes the processes for coordinating six critical areas including:***
   1. Emergency communications strategies.
   2. Managing resources and assets during emergencies.
   3. Safety and security during emergencies.
   4. Staff roles and responsibilities.
   5. Managing utilities during emergencies.
   6. Patient clinical and support activities during emergencies.

C. The Emergency Operation Plan and associated procedures and processes are designed to comply with the Joint Commission Emergency Management standard requirements and the National Incident Management System (NIMS) objectives.

D. Illinois Department of Public Health has designated Saint Francis Medical Center (SFMC) as the Regional Hospital Coordinating Center (RHCC) and Disaster Pod Hospital for Region 2. The Disaster POD hospital is the lead hospital in a region responsible for disaster coordination of medical response and information. They assess monitored and available beds (both pediatric and adult); assess the number of ventilators (adult and pediatric), special needs (e.g., decontamination) in the region and disaster bags available. SFMC is also a Level I Trauma Center, and actively participates whenever an Emergency Event occurs in the City of Peoria or any of the seven (7) counties that immediately surround the city (Fulton, Marshall, Peoria, Putnam, Stark, Tazewell, and Woodford Counties).

03. Definitions / Acronyms:

TERMINOLOGY	DEFINITION
All Hazards	The Homeland Security Presidential Directive defines "all hazards" as preparedness for domestic terrorist attacks, major disasters, and other emergencies.
Emergency	A dangerous event that normally can be managed by the Medical Center. An emergency can be internal and external disruptions, natural or man-made disasters, events or catastrophes that significantly disrupt patient care and treatment, or that results in sudden or increased demands for Saint Francis Medical Center.
Disaster	A crisis response beyond the scope of local resources. Disasters are distinguished from emergencies by the greater level of response required.
Emergency Management Agency (EMA)	A government agency whose function is to assist during an Emergency - may be local, state, or federal. Examples: IEMA - Illinois Emergency Management Agency; FEMA - Federal Emergency Management Agency; POEM - Peoria Office of Emergency Management.
Hospital Command Center:	The location where the Hospital Incident Command team coordinates activities during an emergency. It is managed using the Hospital Incident Command System (HICS).
Hospital Incident Command System (HICS)	The management system used to manage and coordinate activities during an emergency.
Illinois Department of Public Health (IDPH)	Government agency in Illinois that oversees healthcare.
Incident Commander	The person responsible for all aspects of an emergency response; including developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.
Job Action Sheet	Document that includes an identification title, purpose, to whom they report, and critical action tasks. Job Action Sheets include action steps listed by time periods and the format allows for personnel to document each action undertaken and record decision timeframes.
POD Hospital	The lead hospital in the EMS / Trauma region for disaster medical response.

COMMON ACRONYMS	DEFINITIONS
EOC	Emergency Operations Center
HCC	Hospital Command Center
HICS	Hospital Incident Command System
IC	Incident Commander
ICS	Incident Command System
JAS	Job Action Sheet
NIMS	National Incident Management System
RHCC	Regional Hospital Coordination Center

04. Hazard Vulnerability Analysis (HVA)

Process The Emergency Management Committee (EMC) conducts a hazard vulnerability analysis (HVA) of the medical center to identify human, technological and natural vulnerability risks. Facility-specific risks, hazards and vulnerabilities are identified based on the probability of the occurrence. Probability is determined by the historical frequency of events in the community

(e.g. fires, severe weather) as well as the consideration of the geographic location of the site to flood plains, major transportation routes and neighboring sites. The level of preparedness, which is defined by what resources are available, offsets severity of the Impact to the organization. A percentage is assigned to the hazard to make risk-based choices to address vulnerabilities, mitigate hazards, prepare for, respond to and recover from emergencies/disaster events. A summary of the results provides a way of prioritizing which hazards are in need of focus first and this drives the hazard specific planning. The Emergency Management Committee analyzes the risk assessment, evaluate the reports and approve actions to address identified issues to implement procedures and to focus resources and planning efforts in the appropriate area(s). The Hazard Vulnerability Analysis will be forwarded to Senior Administration and the Environment of Care (EOC) Committee for review. Approved document will then be sent to Quality/Safety Board for final approval.

A. Description of Area
1.   Medical Center Profile Geographical and Mitigation Data
   a) Located in an urban area near downtown Peoria.
   b) Campus of the medical center is located on approximately fourteen (14) acres in a predominately residential neighborhood.
   c) Campus is located approximately one mile from the Illinois River.
   d) The medical center is located near Interstate 74 and is served by the Peoria Mass Transit System.
   e) SFMC is located on the north edge of a major earthquake fault (New Madrid)
   f) A primary school, motels, and fast food restaurants are located near SFMC.

2.   Climate
   a) Typical central Illinois weather: higher temperatures and humidity in summer (60.1°F to 85.7°F), and cold winter temperatures in the winter (14.3°F to 36.6°F).
   b) Area is prone to springtime tornado activity.

3.   Traffic Variables
   a) Typical industrial area with heavy traffic patterns between 6:30-8:00 a.m. and 4:00-5:30 p.m.
   b) Should an Emergency Event occur that would require a large evacuation, many residents would use Interstate 74.

B. Hazard Vulnerability Analysis Findings and Summary
   Saint Francis Medical Center is vulnerable to the following hazards based on its geographical location:

HIGH RISK	DESCRIPTION
Mass Casualty	A trauma incident or a mass casualty incident (e.g. biological, chemical, explosion) could increase the risk due to Saint Francis Medical Center proximity to railroads, Wabash earthquake zone, Nuclear Power Plants and the General Wayne Downing Peoria International Airport.
Inclement Weather	Blizzard, extreme cold, ice storm, severe thunderstorm may cause difficulty for staff to get to work. Increase in SFMC census.
Tornado	Damage to the facility (e.g. flying debris), structural damage, and power interruption. Increase in SFMC census.
Earthquake.	An earthquake has the potential to cause extensive damage to buildings and result in multiple injuries from the following cascading events and secondary earthquake hazards including: landslides, floods, uplift, infrastructure failures and soil liquefaction. In addition, industrial emergencies such as fires, explosions, and hazardous material spills or a disruption of vital services such as water sewer, power, gas and transportation are likely as a result of a large earthquake.
Utility Failures	Electrical, sewage and water failures could occur as a result of mass casualties, inclement weather, age of building, fire, tornado, etc.

D. **Results -** The HVA results are shared with the following community agencies:

- Regional Hospital Command Committee RHCC(Regional Hospital Coordination Center)/POD Meetings

- Peoria County Health / Medical Preparedness Coalition

E. Communication with Community

The needed resources and vulnerabilities are communicated to the community response agencies so the capabilities of the community are identified and are in line with the community priorities. This process occurs at the time of the annual evaluation of the program and/or whenever the needs or vulnerabilities change. Roles and responsibilities are discussed; funds for lacking resources are solicited (e.g. ASPR); and joint training and exercises are conducted to work on a coordinated and effective response. Saint Francis Medical Center has developed procedures for each high-risk hazard. The procedures include specific measures to mitigate, prepare, respond and recover for each priority emergency. Responsibilities are also outlined

F. Contacted Agencies or Departments for Emergency Planning.

1. The following agencies or departments have been contacted and consulted, concerning OSF Saint Francis Medical Center Emergency Management Plan. Relationships with these agencies and departments will be maintained to keep the plan current within the scope of community emergency planning.

2. HVA Completed with the following agencies

Summary - Hazard Vulnerability Analysis

Purpose

The purpose of the Hazard Vulnerability Assessment is to rank the hazards in Peoria County. With the hazards ranked emergency management professionals can ensure that Peoria County is planning and preparing for these hazards. Additionally it will prioritize what hazards should be exercised for response and recovery. The 2016 HVA was coordinated by the Illinois Region 2 Hospital Coordinating Center.

Participant List

Discipline	Number of Responses
City Administration	4
County Administration	3
Education	9
Elected Officials	7
Emergency Communication	1
Emergency Management	3
Emergency Medical Services	4
Fire Department	10
Health Public health	10
• OSF Ambulatory/Outpatient	1
• OSF Healthcare	8
• OSF Saint Francis Medical Center	30
• Other	19
• Unity Point Ambulatory/Outpatient	17
• Unity Point Healthcare	8
• Unity Point Hospital	45
Law Enforcement	11
Long-term Care Facilities	2
Other	14
Private Employees	8
Social Service Agencies	4
Total	208

Summary

Methodology

The Peoria County Hazard Vulnerability Assessment was initiated via survey in November 2015. It was sent to a wide audience of community partners and they were encouraged to share the assessment with any individuals whom they felt it was relevant to. In total the assessment was completed by 208 individuals.

The assessment itself asked individuals to rank the probability, impact, and community preparedness for each of the identified hazards.

To rank the hazards the hazard vulnerability assessment followed the Kaiser Permanente HVA Tool.

Results

Rank	Hazard	Risk
1	Severe Thunderstorm	56%
2	Active Shooter	48%
3	Blizzard	44%
4	Ice Storm	44%
5	Tornado	44%
6	Extreme Cold	41%
7	Flood	41%
8	Mass Casualty Incident (Trauma)	41%
9	Extended Power Outage	37%
10	Extreme Heat	37%
11	IT Failure	37%
12	Wind Storm	37%
13	Terrorist use of WMD	26%
14	Earthquake	24%
15	Labor Shortage	24%
16	Large Scale Fire	24%
17	HAZMAT (Fixed Location)	22%
18	HAZMAT (Transportation)	22%
19	Large Scale Aircraft Incident	22%
20	Bridge Collapse (major interstate/county/township)	22%
21	Drought	22%
22	Fuel Shortage	22%
23	Civil Disorder	22%
24	Food Supply Contamination/Interruption	20%
25	Infectious Disease Epidemic	20%
26	Infectious Disease Pandemic	20%
27	Agricultural Disaster	19%
28	Water Service Disruption	19%
29	Landslide	17%
30	Mine Collapse/Sink Hole	17%
31	Pipeline Incident	17%
32	VIP Visit	17%

Section 5 - 96-Hour Capabilities and Sustainability:

SFMC uses pre-planning activity tools to conduct an inventory of assets and to identify sustainability periods. This process is used to determine how long the medical center can sustain operations when the community cannot support the hospital. In the event Saint Francis Medical Center, the Federal systems and the community are unable to support the medical center for at least 96 hours, the command team would assess critical supplies, medical care needs, staff resources and, in partnership with the Peoria Emergency Management Agency authorities, consider whether to close or evacuate portions or all of the facility or continue under altered standards of care. Factors that limit continued services include the lack of resources (e.g. water). The command team will make every effort to extend the use of the resources (e.g. conservation of resources, service reduction, partial staged evacuation and full evacuation if necessary).

Section 6 - National Incident Management System

A.   To align with the Federal, State and local entities, Saint Francis Medical Center integrated the NIMS elements into the organization's plan to provide an effective and efficient structure for preparedness, incident management, and emergency response. The NIMS elements grid that includes how SFMC meets the elements are included in NIMS folder. The Emergency Operation Plan and corresponding policies, procedures were developed to address the emergency management phases:

1. Mitigation - This phase of emergency management involving proactive efforts to minimize the severity and impact of a potential disaster and reduce the potential for an event to occur. Saint Francis Medical Center activities designed to reduce the risk and potential damage include:

   - Structural construction projects to mitigate the facilities by reinforcement, bracing, anchoring, bolting, strengthening or replacement of the building
   - Non-structural hazard mitigation efforts include segregated storage of hazardous materials in secondary containment; conformance to building and fire codes as well as inspection, testing and maintenance of emergency systems (e.g. UPS and back up of information systems data

2. The Preparedness phase involves the planning, and training exercises, equipment acquisition and other management activities that build Saint Francis Medical Center capacity to manage the effects of emergencies as well as mobilize essential resources.

3. The response phase involves putting preparedness plans into action. Saint Francis Medical Center mobilizes its resources and focuses on tactical activities to address a disaster event. The following response components include:

   - Assume Command and activation of the Hospital Command Center
   - Recall staff through the overhead page system, pagers, smart Web System etc.
   - Utilize the Hospital Incident Command System (HICS) to ensure there is a clear chain of command for effective management. Assign staff to hospital incident command staff positions and provide an initial briefing
   - Responders review incident action plans and obtain briefing(s). Work to meet incident objectives using procedures, checklists and forms. Initiate interim contingency plans to deal with system failures
   - Allocate scarce resources and coordinate with the local response agencies.
   - Request additional assistance from mutual aid partners (e.g. Regional Hospital Coordination Center), as well as the State.

   In the event that response efforts in the local community cannot support the hospital, the hospital will strive to continue to sustain services. The Medical center Command Team will assess the situation throughout the incident and determine whether evacuation or closures are feasible and reasonable based on the following criteria:

   a) Patient and staff safety
   b) Staffing ratios
   c) Resources and supplies availability
   d) Local Authority mandate (e.g. Unified Command)

4. Recovery involves those efforts to resume critical support functions, continue the provision of care, and secure reimbursement funds if appropriate. The facility procedures, job action sheets and forms include demobilization/recovery actions to restore the services to normal conditions based on the manageable patient census using normal staffing patterns and resources and/or when other community responders begin their demobilization. Once the systems are restored for resuming normal treatment, the incident is evaluated to identify opportunities for improvement and develop initiatives to mitigate the effects of future incidents

B. Staff Reporting Structure

Saint Francis Medical Center Emergency Operation Plan is based on these key organizational systems:

1. The Hospital Incident Command System (HICS) is utilized as an effort to coordinate with the community responders. The Incident Command System is adaptable to meet the size and complexity of an incident by using recognized lines of authority and the model is in direct correlation with the Peoria Emergency Management Agency, Fire Department, Police Department as well as neighboring hospital ICS structures. Staff report to the Incident Commander who is defined as being in charge of the response

2. The Multi-agency Coordination System systems provide interactive management components and the organizational structure of supporting agencies at the Federal, State, local, and regional levels through mutual-aid agreements and other assistance arrangements.

3. The Public Information System is used for communicating timely and accurate information to the public during emergency situations.

4. Unified Command is in place when more than one agency or organization has command responsibilities such as during a hazardous material release when the fire department, Environmental Protection Agency (EPA), water authority and the hospital work together to analyze information, and develop a common set of objectives

Section 7 - All Hazards Command Structure

The Hospital Incident Command System (HICS) is organizational and management framework used to execute a response to an incident/event and it is consistent with the emergency management system used in the community. The specific organizational structure established for any given incident will be based upon the needs of that incident and the Incident Action Plans will be developed as appropriate to the scope and duration of the incident. The ICS organizational structure described below is consistent with NIMS requirements and identifies key positions and lines of authority in the response to an internal or external disasters situation. An ICS organization is composed of the Incident Command (IC), Command Staff, and the general staff with functions as shown below.

Section 8 - Responsibilities & Authority

A.   The Manager of Disaster Preparedness is responsible for the overall management of the emergency management program including: program development; implementation and assessment; identification and control of risks; staff educational needs; and consultation, monitoring and assistance.

B.   The Manager of Disaster Preparedness serves as the Chairperson of the Emergency Management Committee.

C.   The Manager of Disaster Preparedness represents Saint Francis Medical Center at city, county, regional and state planning meetings and coordinates overall preparedness efforts at Saint Francis Medical Center.

D.   The Emergency Management Committee is a multidisciplinary improvement team, which includes administration, clinical (including physicians) and support staff who are responsible for implementing and maintaining the Emergency Operation Plan and associated procedures, the annual evaluation of the program, the Hazard Vulnerability Analysis, exercise documentation and performance improvement activities. The Emergency Management Committee reports to the Environment of Care Committee.

E.   Medical Staff and Administration ensure there is involvement with the organization leaders to plan and respond to emergencies.

F.   Department Managers are responsible for orienting staff to the department and facility-wide Emergency Operation Plan procedures. Managers are also responsible for the development and management of specific department disaster policies and procedures (as applicable), ensuring that they are evaluated and revised (as appropriate), verifying all staff are trained on their individual roles and responsibilities consistent with the disaster plan; and staff participate in the implementation of the plan.

G.   Employees are responsible for participating in training and demonstrate core competencies in the emergency management program. Employees must ensure their behaviors, work practices and operations are safe, and in accordance with departmental procedures, the provisions of the disaster plan, and clinical judgment.

Section 9 - Communications Plan

A. **Notifying Staff When Emergency Response Measures Are Initiated.**
1. The Activation and termination of this plan is under the authority and direction of the Incident Commander. The Incident Commander designees in order of preference are:
   - Daytime Administrator
   - Administrator on Call
   - Nursing Supervisor

   SYSTEM CODE AND ALERT NAMES
   OSF HealthCare will use the following code designations in all of our facilities:

   - **CODE BLUE**   Medical Emergency-Cardiac/Respiratory Arrest
   - **CODE RED**   Fire
   - **CODE ORANGE**   Hazardous Material Spill
   - **CODE PINK**   Infant/Child Abduction
   - **CODE SILVER**   Unauthorized person with weapon
   - CLEAR   Code or alert cancelled

   "**PLAIN LANGUAGE-CLEAR TEXT**" Script specific announcements

   Principles in establishing code designations:
   1. Code designations were largely determined by the level of standardization in existence in 17 states:
      - "Code Red" and "Code Orange" are used by all 17 states.
      - "Code Blue" is used by 16 states for medical emergencies. (Florida has a slight variation of Code Blue).
      - Nonetheless, not all states have the same standardization scheme; colors without universal standardization between states were avoided.

   2. There is a national trend towards the use of "**Plain Language – Clear Text**". This was adopted where suitable and where variation existed between states. All other OSF color codes (for example, "Code Green", "Code Purple", "Code White", etc.) will be converted to "**Plain Language – Clear Text**".

   A color code was selected in situations that could incite panic. Color codes for fires and unauthorized persons with a weapon were selected for this reason.

OSF Healthcare Standardized Emergency Codes
OSF Saint Francis Medical Center

Code Blue — Medical Emergency

- **Staff initiates Code Blue by activating the Code Button in the patient's room or by calling 5-2468**
- **Operator announces Code Blue & location**

Code Red — Fire or Fire Alarm

- Staff initiates Code Red by pulling the nearest fire pull box and calling 5-3333
- The operator announces Code Red & location three times

Code PINK — INFANT or CHILD ABDUCTION

- Infant/Child Abduction system alarms or staff discover missing infant/child
- Staff call 5-3333 to report CODE PINK
- The operator announces CODE PINK with description 3 times

Code SILVER — Unauthorized Weapon/Shooter

- Staff discovers situation and calls 5-3333
- The operator announces Code Silver three times and calls 911
- Implements the Lockdown Procedures per policy and keeps doors shut
- Do not intervene nor respond to area

Code ORANGE — Chemical Spill/Haz-Mat Spill-Internal

- Staff initiates when there is a hazardous materials/chemical spill or release
- Staff call 5-3333 ti report Code orange
- The operator announces Code Orange & location three times
- Clean-up of the spill/release completed by trained staff only.

Plain Language - Clear Text

Clear Language-Plain Text

- All other previous Alerts will use this format for communication
- One or all of the following will be used:
    - Reach Alert, Page, or Overhead

Alert	Clear Text Phrase	Overhead	Pager
CODE BLUE	CODE BLUE	Yes	
CODE RED	CODE RED	Yes	
CODE PINK	CODE PINK	Yes	
CODE SILVER	CODE SILVER	Dependent on situation	
CODE ORANGE	CODE ORANGE	Yes	
ALL CLEAR	All Clear-state event all clear	All Clear-"Weather alert all clear"	All Clear "Weather alert all clear"
ELECTRONIC MEDICAL RECORD	Electronic Medical Record Down	Electronic Medical Record Down-follow downtime procedure	Electronic Medical Record Down-follow downtime procedure
EVACUATION	Evacuation -(Horizontal, vertical, or complete) evacuation notice, all staff please move patients and visitors (state area to move **from** then area to move **to**)	Evacuation (Horizontal) -"Horizontal evacuation, 3rd floor south, all available staff please respond." Evacuation (Vertical) -"Vertical evacuation, 3rd floor south, all available staff please respond." Evacuation (Complete) -"Complete evacuation, all available staff please respond."	Evacuation (Horizontal) -"Horizontal evacuation, 3rd floor south, all available staff please respond." Evacuation (Vertical) -"Vertical evacuation, 3rd floor south, all available staff please respond." Evacuation (Complete) -"Complete evacuation, all available staff please respond."
EXTERNAL DISASTER HAZMAT SPILL	HazMat Spill outside of our facility; patient/s coming into our facility	"Decon Team Alert to ED:"	"Decon Team Alert to ED"
LOCKDOWN ACTIVATION	Lockdown	"Lockdown state (location)"	
MASS CASUALTY	Mass Casualty Disaster Alert-Phase 1 Notification of a possible disaster situation	Disaster Alert-Phase 1	Mass Casualty Disaster Alert-Phase 1
	Mass Casualty Disaster Alert-Phase 2 Verification of a possible disaster situation-review disaster plan	Disaster Alert-Phase 2	Mass Casualty Disaster Alert-Phase 2
	Mass Casualty Disaster Alert-Phase 3 Implement disaster plan and set up Command Center	Disaster Alert-Phase 3	Mass Casualty Disaster Alert-Phase 3
MISSING ADULT/PATIEN T ELOPEMENT	Missing Person	Missing Adult – "Person Missing (give description of patient)"	
SECURITY	Security Alert-(building/location if known, type of security alert, direction.)	Security Alert-Disruptive Behavior/Combative Person-"Assistance needed STAT to location" Security Alert-Explosive Device Threat-"Security !Пvü 〈Ǿ́	Security Alert-Disruptive Behavior/Combative Person-"Assistance needed STAT to 200 West Room 214" Security Alert-Explosive Device Threat-"Security Alert, explosive device threat."
SEVERE WEATHER	Severe Weather Alert (watch or warning and description) for x County until (expiration time).	Severe Weather Alert—"Blizzard Warning , Peoria County till 5:00 PM" Severe Weather Alert -" Tornado Warning, LaSalle County until 5:00 PM." Severe Weather Alert –"Thunderstorm Watch Tazewell County until 5:00 PM. "	Severe Weather Alert—"Blizzard Warning , Peoria County till 5:00 PM" Severe Weather Alert-"Tornado Warning, LaSalle County until 5:00 PM." Severe Weather Alert -"Thunderstorm Watch Tazewell County until 5:00 PM. "
UTILITY ALERT	Utility Alert -state problem or utility impacted	Utility Alert-"Power Outage" Utility Alert-"Electrical Failure 3rd Floor Hospital."	Utility Alert-"Electrical failure 3rd floor." Utility Alert-" Electrical Failure 3rd Floor Hospital"

EMERGENCY C-SECTION	Emergency C-Section	C-Section Team Alert	Emergency C-Section –"Emergency C-Section"
HEMORRHAGE	Hemorrhage	"Hemorrhage Team Room XX"	"Hemorrhage Team Room XX"
INCOMING CHEST PAIN PATIENT	Incoming Chest Pain Patient-*no overhead page*	"STEMI incoming to ED"	Incoming STEMI to ED-777 state ETA
INCOMING STROKE PATIENT	Incoming Stroke Patient	"Stroke Alert ED:	Incoming Stroke Patient-Page 333-state ETA
INCOMING TRAUMA PATIENT	Trauma Alert	Trauma Alert ED – state ETA if known	Trauma Alert ED – state ETA if known
PATIENT ASSISTANCE/ PATIENT IN DISTRESS	Assistance Needed If a patient/visitor faints call CODE BLUE	"Lifting Assistance needed at (location)"	
RAPID RESPONSE TEAM	Rapid Response Team (location)	"Rapid Response Team (location)"	

B. **Ongoing Communication of Information and Instructions to Its Staff**

1. Once the emergency response measures are initiated, additional staff may be called in by utilizing the Smartweb system and/or calling trees. During an area-wide disaster (e.g. inclement weather), the phones may be overloaded with calls or it may be impractical to call each staff member individually, therefore alternative communication methods include: a recorded Disaster Information Hotline message on 309-624-3189

   • Radio public service announcements
   • Announcements may be placed on the Saint Francis Medical Center website, www.osfsaintfrancis.org

2. Internal communication is accomplished by obtaining information from different departments by phone, two-way radios, briefings, intranet, e-mail, text-pagers or fax. Staff utilizes and completes the HICS forms to provide regular situation updates.

3. During an emergency or incident, standard terminology and plain language will be used for all communications.

C. **Notifying External Authorities of Emergencies**

The Hospital Incident Commander will assign a Liaison Officer to ensure external authorities are notified and necessary communication is maintained. The Liaison Officer will utilize the HICS Job Action Sheet and have redundant communication technologies available (e.g. phone, email, satellite phone etc.). The local Emergency Management Agency and other appropriate external agencies (e.g. police, fire) will be notified of any incident that overwhelms or has potential to deplete local resources. The Peoria Emergency Management Agency will be notified of the intent of discontinuance or disruption of services. Details are outlined in the Radio Communication Plan.

D. **Communicating with External Authorities once Response is initiated**

To ensure connectivity between the medical center and the regional area once response measures are initiated, the Liaison Officer will provide regular communication updates to the Peoria Emergency Management Agency (EMA) providing situation status and objectives, priorities and resource needs as well as resource availability (personnel and equipment). In addition, teleconferencing is utilized for communication updates.

E. **POD Hospital / RHCC Activation (IDPH or Regional Activation)**

OSF Saint Francis Medical Center is the Region 2 Disaster POD / RHCC Hospital. OSF Saint Francis Medical Center is responsible for coordination of hospital beds, transport status, medical response teams and medical resource allocation during a medical disaster within the region. Due to this responsibility the Hospital Incident Command System may have to be activated for disasters not directly affecting Saint Francis Medical Center.

POD \ RHCC Hospital Activation Process
OSF SFMC Notified of need for IDPH POD/RHCC Activation
1. Notify Disaster Preparedness Office via Medcomm
***With Disaster Preparedness Office Approval Continue to Step 2 ***
2. Notify House Supervisor or Administration
3. Notify EC Charge Nurse and POD #2 North Attending Physician
4. Notify PAEMS System Coordinator
**Evaluate need to activate Hospital Command Center (HCC) and Incident Management Team

F. **Communication with Patients Including Relocation to Alternative Sites**

Patient communication is coordinated through the Hospital Command Center.
1. Outpatients and their parents receive information through newsletters, Internet and media briefings.
2. Inpatients will receive briefings of pertinent information by flyers, meal tray updates, overhead page announcements, and/or the in-hospital closed circuit television channel).
3. If patients are relocated to an alternative site, patients and their families will receive regular briefings consistent with regulations regarding patient confidentiality information including:
a. The general condition of the patient.
b. The alternate care site name, address
c. The anticipated timeframe for relocation to the alternate care site.

Patient Tracking Manager and Public Information Officer will collaborate and are responsible for ensuring appropriate information is provided regarding the status of individual patients to appropriate requesting entities.

See Evacuation Plan for process for tracking patients and documenting relocation status.

G. **Communication with the News Media - Circumstances and Plans**

Saint Francis Medical Center maintains a cooperative relationship with the news media, which balances the public need for information with the responsibility to safeguard the patient's right for privacy. Communication is coordinated through the assigned Public Information Officer, therefore employees should not talk with members of the media unless it is authorized by the Public Information Officer (PIO) The PIO is responsible for developing informational summaries for reporters so that timely and accurate information is provided to the public during emergency situations. In addition, the PIO is the spokesperson for Saint Francis Medical Center and is responsible for media and public inquiries; rumor response and media monitoring. If the Joint Information Center (JIC) is established, the PIO will participate to address communication and public education efforts. The Media Information Center is located in the Strategic Communications Office and if that site is not available, the Laboratory Conference Room will be utilized.

H. **Communication with Purveyors of Essential Supplies**

In the event OSF Saint Francis Medical Center suffers from a Disaster or Major Emergency. The Logistics Section Chief and/or Operations Section Chief will reference the Region 2 Plan and contact the RHCC to request assistance in acquiring the medical equipment and supplies needed to assure continuous operations of the Medical Center.

I. **Communicating with HealthCare Organizations in the Geographic Area**:

Saint Francis Medical Center meets regularly with the Fulton County Local Emergency Preparedness Committee to ensure coordination and usage of common communication equipment and data sources to allow for communications when the infrastructures (e.g. phone lines, computer lines) have been impacted. Hospital Command Center Contact Information is utilized

J. **Essential Elements in Command Structures**

Cooperative planning with the Fulton County Local Emergency Preparedness Committee facilitates sharing of the following information: essential elements of the command structures, control centers, names and roles of individuals in their command structures and resources that can be shared. To ensure that the command structure information is current, the Manager of Disaster Preparedness is responsible for managing this task and keeping the most current information available in the Emergency Operation Plan Binder.

K. **Patients and Deceased Individuals**

The Peoria County Healthcare Coalition Committee planning includes the sharing of names of patients and deceased individuals brought to their organizations to facilitate identification and location of victims of the emergency. At Saint Francis Medical Center, patients and deceased individuals are identified and communicated to the Patient Information Officer and the American Red Cross if on site. The Mortuary Services Plan outlines third party communication protocols including the FBI, Peoria Police and the Public Health department. After approval by the Incident Commander, the Public Information Officer provides updates and briefings to staff, visitors, families and the news media. OSF - Management of Human Resources: Release of Information Policy provides details on what information can be released.

L. **Communication with Alternative Care Sites**

The Evacuation Plan outlines multiple areas on site suited as the designated alternative care site(s) to serve as overflow site for acutely ill patients who would otherwise be admitted to a hospital. The Command staff will determine, in collaboration with the community Emergency Management Agency, any off site alternative care sites that would meet the needs of Saint Francis Medical Center patients. Multiple modes of backup communication (e.g. fax, computer, phone, two way radio etc.) are available to keep the lines of communication flowing. The Hospital Command Center will provide the alternative care site with briefings as to the status of the operational capability, and the anticipated need for assistance to receive patients should it become necessary. See Evacuation Plan and Response/Recovery

M. **Backup Communication**

In the event that community infrastructure is damaged and/or Saint Francis Medical Center experiences a communication failure, redundant and alternative communication systems are in place and include:

- Voice systems: landline telephones, power fail (by-pass) telephones, cellular phones, UHF, VHF and ACU radios, STARCOM, Satellite Phone, MERCI 1 & 2, Medical Communication and amateur (HAM), handheld commercial two-way radios and GETS (a service that allows authorized federal, state and local government, and industry personnel to complete phone calls when normal or alternate telecommunication methods are unsuccessful).
- Runners and couriers
- Data systems include computers with modems on analog lines, computers on Wi-Fi to access and utilize email,
- Fax
- Equipment for receiving public broadcasts includes multiple televisions and AM/FM radios.
- Equipment for visual display of incident information includes projection screens, whiteboards, maps, and chart pads on easels.
- The Hospital Command Center houses preprinted HICS forms, Job action sheets, procedures; general office supplies, fax machine and a photocopier. Saint Francis Medical Center meets regularly with committees to ensure there is a coordination of common equipment and data sources in the event infrastructures (i.e. phone lines, computer lines) are negatively impacted. Common resources have been established with the local hospitals to be used during incident response.

****Cellular phones, UHF radios, and e-mail are not secure modes of communications. Any communications of sensitive nature or that may breach patient confidentiality should be conducted via in-house/ landline phones or person-to-person.

M. **Backup Communications (cont'd)**

Region 2 TICP (Tactical Interoperable Communications Plan)

VHF Radio

Channel	Frequency	Description
MERCI	155.34	Ambulance to Hospital Communications
MERCI 2	155.28	Designated for hospital to hospital communications
IREACH	155.055	Designated for communications among Illinois Public Safety agencies when no other direct means of communication is available.

STARCOM 21 Radio

Channel	Zone	Description
EMS	B	For communicating amongst all RHCC Hospitals
EMS R2	B	For communicating amongst all Hospitals in Region 2

Hospital MERCI (PL/CTCSS Tones)

1	Advocate BroMenn Medical Center	94.8	13	OSF Saint Francis Medical Center	167.9
2	Advocate Eureka Hospital	141.3	14	OSF Saint James Medical Center	118.8
3	Galesburg Cottage Hospital	107.2	15	OSF Saint Joseph Medical Center	210.7
4	Genesis Medical Center, Aledo	225.7	16	OSF Saint Luke Medical Center	136.5
5	Genesis Medical Center, Illini	110.9	17	OSF Saint Mary Medical Center	107.2
6	Graham Hospital	173.8	18	OSF Saint Paul Medical Center	146.2
7	Hammond Henry Hospital	229.1	19	Pekin Memorial Hospital	97.4
8	Hopedale Medical Complex	85.4	20	Perry memorial Hospital	179.9
9	Illinois Valley Community Hospital	162.2	21	St. Margaret's Hospital	162.2
10	McDonough District Hospital	100.0	22	Unity Point Health, Methodist	82.5
11	OSF Holy Family Medical Center	71.9	23	Unity Point Health, Proctor	230.0
12	OSF Saint Elizabeth Medical Center	97.4	24	Unity Point Health, Trinity	179.9

To view the complete plan please review the

Section 10 - Resources and Assets

A. **Obtaining Required Supplies at Onset of Response**

Key aspects of a disaster response are pre-designated in advance through the Emergency Management Committee. During an emergency response, the Hospital Command Center will coordinate the allocation of resources, based on need and priority. The management of Logistics is managed through the Logistics section within the Hospital Incident Command System.

1. The existing inventory will be utilized first upon activation of the HCC. The inventory is management throughout the year by Materials Management, Pharmacy, Food Services and Disaster Preparedness to ensure supplies are rotated an inspected for degradation
2. If additional resources are needed, supplies for disaster response (triage, decon, etc.) are stored in caches on-site.
3. Disaster credentialing policies for medical staff and other volunteers will be utilized to augment staff if needed through the Labor Pool and Credentialing Unit.
4. When the existing inventory of critical supplies are at minimal par levels, outside vendors will be contacted. The POD supplies will be accessed next and in addition the Peoria Emergency Management Agency can be contacted to facilitate access and distribution of additional supplies.
   ***See Region 2 Plan for details.

B. **Replenishing Pharmaceutical Supplies**

1. The pharmacy cache has Cipro and other drugs and medical supplies, which are housed in the facility and are available to the Pharmacists if needed. See SNS Deployment Plan for details.

2. The Strategic National Stockpile (SNS) of antibiotics, chemical antidotes, antitoxins, life- support medications, IV administration, airway maintenance supplies, and medical/surgical items can be accessed by Peoria Department of Public Health, if the State Governor approves.

3. The Pharmacy also maintains a COOP (Continuity of Operations Plan) with AmerisourceBergen. This is to allow uninterrupted service in case of a disaster. See: Pharmacy COOP Plan

C. **Replenishing Non-Medical supplies**

1. Food: A day supply of food is available on site to serve staff and patients.
2. Linen: A day par level is maintained on site. In addition, our supplier keeps extra linen stored in the area.
3. If additional drinking water is needed until normal service can be restored, see available vendors listed in the Resource Directory and Loss of Water Plan. In the event 96 hours of water is not available at the time of true need and the facility is unable to obtain additional supplies, a decision will be made (12-24 hours prior) to exhaustion of water resources by the Command Team to stage an evacuation.
4. Non-potable water.
5. Generators: The generators are located and housed in the Energy Center 1 & 2 Buildings to protect them from extreme environmental challenges such as inclement weather and earthquakes. The fuel tanks for the diesel system and support equipment are buried underground. They are double-walled as well and have a system to monitor for fuel leaks. The facility has between six to seven days of diesel fuel on site. In the event additional fuel is needed there is an agreement with a vendor to provide it.
6. Transportation resources on site include a fleet of 56 vehicles including four 12- passenger vans, sedans, minivans and other specialty vehicles.

7. Fuel for the transportation vehicles will be obtained by the four local gas stations in Peoria. In addition, there are corporate credit cards that can be used at other locations.
8. Available Personal Protective Equipment (PPE) resources are the SFMC Decontamination Team PPE Inventory and the Emergency Department PPE Inventory and listed in the Regional stockpile inventory. In addition, par levels for various equipment are maintained by the Central Supply Department.

D. **Managing Volunteers**

The Administrator on Call or Medical Staff Administration Director (according to policy – usually Incident Commander) is empowered to authorize volunteer caregivers to assist hospital staff in the event that the organization is unable to meet immediate patient needs without the volunteers. Chief Executive Officer (or designee) or Medical Staff President (or designee) is responsible for granting privileges to the Volunteer Licensed Independent Practitioners (LIP) and this is outlined in the Bylaws of the Professional Staff.

Before a volunteer practitioner (those licensed and those who are not licensed independent practitioners) is considered eligible to function as a volunteer the hospital obtains the volunteer's identification as outlined in Credentialing Medical Staff in the Event of Disaster Policy. This policy (#10040) also outlines processes for supervision, communication and management.

E. **Managing Staff Support Activities**

The Support Branch Director under the Logistics section manages staff support activities. Additional resources are requested through the Peoria Emergency Management Agency and POD. Current available resources include:

1. Housing for staff has been designated in College of Nursing/Conference rooms in medical center. Once those resources are exhausted, local hotels/motels will be utilized
2. The employee rehab area is designated as an area for the staff to relax and take breaks during the incident. This area can be located on the 7th Floor in Conference Rooms A & B
3. Transportation resources on site include on site, a fleet of 56 vehicles including four 12- passenger vans, sedans, minivans and other specialty vehicles
4. Utilizing the Critical Incident Distress Debriefing plan. Counseling is coordinated through the Critical Incident Stress Debriefing Team, utilizing Pastoral Care staff and specially trained team members.
5. Fuel for the transportation vehicles will be obtained by the four local gas stations in Peoria. In addition, there are corporate credit cards that can be used at other locations.

F. **Managing Staff Family Support Needs**

Saint Francis Medical Center strives to prepare staff personal readiness by encouraging staff to prepare for emergencies at home. One example is encouraging staff to have a readiness bag, plans for dependent care and blankets and boots in their vehicle.

Staff Family Support activities are under the jurisdiction of the Logistics section. Saint Francis Medical Center strives to prepare staff personal readiness by encouraging staff to prepare for emergencies at home.
1 College of Nursing will be utilized for housing of staff family if the need arises.
2 Childcare and elder care will be provided at the Pals Daycare (Greenleaf St).
3 To help our staff prepare for any type of a disaster, OSF Saint Francis Medical Center offers a course called "CRASH into Preparedness". This course is free to OSF staff members and teaches basic preparedness skills and activities.

G. **Potential Sharing of Resources and Assets with Other Hospitals** Saint Francis Medical Center and the community participate in exercises and community- based planning. To promote inter-operability, Saint Francis Medical Center representatives meet regularly to prioritize plans to support the community. This includes identifying the resources and supplies that will be available for an emergency response and comparing it with what they may need in an emergency. Gaps between on-hand resources and needed resources   are supplemented by:

1. Mutual aid agreements: EOP Binder
2. Contacts with vendors and suppliers of critical equipment and supplies are in place for selected resources. *See [Resource Directory](#)
3. Saint Francis Medical Center is the Resource Hospital for Region 2 as designated by the Illinois Department of Public Health, therefore has multiple resources on site.

In the event, resources/assets need to be shared with other hospitals, the Incident Commander at Saint Francis Medical Center is responsible for making the decision on whether resources can be shared and what quantities, after reviewing what resources are needed to maintain services at Saint Francis Medical Center.

H. **Potential Sharing Of Resources Outside of the Community**

Coordination of healthcare resources and assets outside of the operational area during an event is a State of Illinois EOC function and responsibility. The Peoria Emergency Management Agency (EMA) ensures that those who are located at the scene have the resources (i.e., personnel, tools, and equipment) they need for the response and also acts as a liaison between local responders and the State. Chempack is one of the mutual aid resources that may be deployed to other nearby sites.

I. **Transporting Patients, Meds and Equipment to Alternative Site**

In the event of a surge, all inpatient cases will be assessed for the ability to discharge early to increase the bed capacity. *See [Surge Capacity Plan.](#) Evacuation procedures for complete and partial evacuation of the hospital are current and are reviewed regularly. In the event of a fire or other internal emergency, patients will be relocated to another safe part of the hospital. *See [Evacuation Plan](#)

In the event the hospital is deemed unsuitable for continued occupancy or cannot support adequate patient care, the Incident Commander will authorize evacuation. The Operations section Job Action Sheet and the Evacuation Response Plan provides guidance for preparing patient records, medications, biomedical equipment and valuables for transfer as well as confirms the transfer and timeline with accepting hospitals. Evacuation sites are:

- Expanded Treatment Areas (ETA) – additional areas on campus or off-campus at locations owned or operated by the hospital for treating lower acuity patients, either admits or transfers from the hospital.
- Alternate Care Site(s) (ACS) – The Center for Health – Route 91 and The Center for Health – Glen Park will be utilized.
- Illinois Department of Public Health EMS Region 2 also has surge plans that include buildings/facilities. The Region also has a mobile 100-bed surge facility. Contact can be made thru OSF Medical Communications (MEDCOM) for Region 2 RMERT
- Agreements are also in place with AMT ambulance services and neighboring facilities to transfer patients as necessary and this is coordinated through the Peoria Emergency Management Agency.
- The transportation of resources including supplies, equipment, pharmaceuticals, patients and personnel, either to or from the facility will be done with the SFMC fleet of vehicles.

Transporting Clinical Information to Alternate Care site The Operations Section is responsible for providing patient information as appropriate and ensuring the family is notified of the patient transfer. The Planning section tracks patients and personnel to the alternate care sites. The HICS-254 Disaster Victim/Patient Tracking Form is used. Qualified hospital staff will accompany the patients. Periodic information sharing will occur between the hospitals receiving victims through telephone or other communication methods (e.g., internet). Saint Francis Medical Center staff will take appropriate steps to ensure patient information remains confidential even during emergency conditions.

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Section 11 - Safety and Security

A. **Internal Security and Safety Operations**
1. Security access, crowd control and traffic functions are managed through the Security Branch Director position of HICS. Depending on the type of incident, increased vigilance/patrolling; increased monitoring of ID badges and the securing of non-critical doors will be implemented.
2. Security personnel (approximately 30 FTE) may be augmented as required through 12 hour shifts.
3. Saint Francis Medical Center has a process for lock-down and shelter in place.
4. Patient belongings during a surge incident will be stored in a patient belonging bag with each patient.
5. In incidents of special circumstances (e.g. bomb, bioterrorism), chain-of-custody procedures will be followed. Evidence obtained from is stored locked with security staff.
6. The following mutual aid agreements are in place and are located in the EOP Binder.

B. **Identifies Roles of Community Security Agencies and Coordination**
1. The Security department works collaboratively with the Peoria Police department. The Peoria Police Department provides SFMC with prompt response when needed and also shares local crime statistics and informational warnings to ensure SFMC has current local information.
2. The Security Branch Director will identify material resources for rent or purchase (e.g. Barriers, fencing, and storage) and notify local EOC of the current situation.
3. Requests for community security functions will be placed through the Peoria Emergency Management Agency.
4. The Unified Command system will be established between Saint Francis Medical Center and the responding agencies to ensure a safe, effective response. In the event external law enforcement agencies are utilized, the Security Branch Manager will act as the liaison with the lead officer of the agency.

C. **Process for Managing Hazardous Materials and Waste - Radioactive, Biological and Chemical**

The Hospital is equipped to manage decontamination with specified chemical agents, provided the agent and concentration are known. See: Hazmat / Chemical - Emergency Decontamination Response Team

The Hospital has the capability for incident decontamination, using the decontamination showers and equipment. Selected ED staff is trained to provide decontamination.

- Radiological exposures are managed in partnership with the Radiation Safety Officer.

- Biological: Contaminated patients will be handled in the same manner as chemically contaminated patients once the contamination is known. Initial patients may enter the ED without knowledge of the contamination. Typically biological agents have a latent period and therefore patients presenting to the ED will no longer be contaminated and will need to be treated according to the agent involved. If the agent is communicable, the patient will be placed into an isolation room or placed with patients that have like symptoms and (or) diagnosis. See: Infection Control

- Contaminated patient belongings will be labeled and stored in lined trashcans that are labeled appropriately to avoid cross-contamination. These cans will be secured & labeled

- Hazardous waste procedures for labeling, storage and disposal are outlined in the RCRA Hazardous Waste Management Plan.

D.   **Control Movement of Individuals within Health Care Facility**

The lock down plan can be implemented to control admission to the entrance and other doors. Depending on the incident type, the Hospital Command Center will determine what controls (e.g. decontamination, isolation) will be put into place prior to patients entering the facility in regards to keeping the facility secure and safe. The Hospital has triage tags for use in emergency situations to identify, process, and triage patients and provide a means to identify clothing and other personal property. Incoming patient information will be transmitted from triage to the Hospital Command Center. Patient care updates will be transmitted to the Command Center using a logging system implemented at each treatment unit. The Patient Information Officer (PIO), working with Family Center staff will coordinate notification of the patient's family and release of patient information to family with the American Red Cross. Staff will wear SFMC identification tags. Volunteers will be provided with temporary identification.

E.   **Control Traffic Accessing the Health Care Facility**

1. Security will be responsible for external vehicular flow of traffic, which would prioritize emergency vehicles, and all other necessary traffic flow to the area, according to the hospitals disaster plan.
2. If more help is needed than can be provided by hospital personnel, local law enforcement agencies will be contacted for assistance. Additional officers are made available, if needs arise with the Peoria Emergency Management Agency.
3. In the event of closure or rerouting of streets, staff, patients and visitors will be notified by media press release with the local radio and television stations and local newspaper.

Section 12 - Staff Roles and Responsibilities

Assumptions_:_ While it is understood that our employees have responsibilities outside of the workplace. In a healthcare setting, our patients are dependent upon our staff. Our staff realize the role they play in safe patient care and must be prepared to meet those challenges even during times of crisis. OSF Saint Francis Medical Center encourages our staff to maintain a Family Emergency Plan including plans for the care of those that are dependent upon them (ex. elderly relatives, pets, children with special healthcare needs, etc.). OSF **_does not_** have plans in place to accommodate any extra persons or pets at the medical center during crisis.

A.   **Staff Roles are defined in the Emergency Operation Plan**

Roles and responsibilities of staff are outlined in the Emergency Operation Plan and the Hospital Incident Command System is used to ensure there is a clear chain of command for effective management. Positions are filled based on the size of the incident and Job Action Sheets are used for defining and performing a specific emergency response functional role. Incident Response Plans are also used during an incident, which list decision considerations specific to managing that situation by timeframe and complement the facility procedures.

B.   **Staff is trained for Assigned Roles**

1. The Emergency Management Committee designs drills and exercises with scenarios and objectives based upon findings from the hazard vulnerability analysis as well as from critiques from past exercises and/or actual events. These events provide staff with the opportunity to practice and train for their roles during an emergency.

2. Managers are responsible for the development and management of specific department disaster policies and procedures. Managers are also accountable for ensuring that the plans are evaluated and revised and verifying staff are trained on their individual roles and responsibilities during a disaster/emergency event.

3. In addition, NIMS training is provided to hospital personnel that would have a role in emergency preparedness, incident management, and/or emergency response during an incident as a means of preparing personnel to competently assume one or more roles based on situational need and available resources.

4. HICS is utilized, so when personnel are assigned to the various command positions they receive a briefing and a Job Action Sheet that outlines the responsibilities and actions for that specific assigned job function.

5. Staff receives new employee orientation as well as annual training (e.g. HealthStream).

C.   **Organization Communicates to LIP roles**

1. The Chief Medical Officer and/or the President of the Medical Staff represent the physicians in the Incident Command Structure.

2. Selected LIPS (e.g. Vice President and Chief Medical Officer have received, documented training on (HIC/NIMS, SFMC Emergency Operation Plan). More training sessions are in progress.

3. Licensed Independent Professionals have roles and responsibilities defined on job action sheets (e.g. Operations Branch pertaining to patient care).

D.   **Process for Identifying Care Providers during Emergency**

1. Employees are required to display their employee identification badges. If an employee does not have his/her badge or it cannot be located, temporary badges can be obtained through the Human Resources Department, upon verification that they are employees.

2. Personnel are assigned through the Hospital Command Center to cover positions and functions in the Hospital Incident Command System. Staff is provided with vests that clearly identify their HICS position title.

3. The Incident Commander is empowered to authorize volunteer caregivers to assist hospital staff in the event that the organization is unable to fully meet immediate patient needs without the volunteers. The credentials of volunteer providers will be verified through the Medical Staff Office.

Section 13 - Managing Utilities during Emergencies

A. **Alternative Means of Providing for Utilities** In the event that the utility is compromised or disrupted, procedures and contingency plans are detailed in the Emergency Operation Plan attachments for each specific utility. These plans are coordinated in advance to ensure to the extent practicable, there is uninterrupted service. External options and contracts for essential services are coordinated through the Hospital Command Center (Logistics section). The acquisition of equipment parts or outside contractors will be coordinated with the Support Branch.

1. City Water See Internal Disaster Plan – Loss of City Water
2. Electrical See Internal Disaster Plan – Electrical Emergencies
3. HVAC See Internal Disaster Plan - Loss of HVAC System(s)
4. Major Water Leak See Internal Disaster Plan – Major Water Leak
5. Natural Gas See Internal Disaster Plan – Loss of Natural Gas
6. Phone See Internal Disaster Plan – Loss of Phone System
7. Piped Oxygen See Internal Disaster Plan – Loss of Piped Oxygen
8. Sanitary Sewer See Internal Disaster Plan – Loss of Sanitary Sewer

Section 14 - Managing Patient Clinical and Support Activities

A. **The Clinical Activities: Patient Scheduling, Triage, & Assessment, Through Discharge**

1. Scheduling, modifying or discontinuing services is under the coordination of the Operations section. Patient care schedules are reviewed to determine if early discharges, elective surgeries can be postponed or alternative care would be more beneficial for the patient(s).
2. The Labor Pool located in the 700 Auditorium, may be activated to collect and inventory staff and volunteers at a central location. The Labor Pool & Credentialing Unit will receive requests and assign available staff as needed, and maintain adequate numbers of personnel to ensure patient care is appropriate.
3. The triage process generally occurs at the Emergency Department entrance to determine who needs further evaluation/medical care. The patient's treatment area and the severity of the injuries are documented on a triage tag. Simple Triage and Rapid Treatment (START) or JumpSTART Triage for pediatric patients is used to separate the patients into four groups:
    (See attached documents for START and JumpSTART algorithm)

- **Immediate (Red):** Patients need advanced medical care at once and are in critical condition and would die without immediate assistance
- **Delayed (Yellow):** Patients that are in stable condition but require medical assistance.
- **Minor (Green):** Patients need first aid and not in need advanced medical care
- **Deceased(Black):** Patient is not breathing and an effort to reposition the airway has been

B. **Hazardous Materials Decontamination Team**

The Hazardous Materials Decontamination Team is comprised of staff that has received training and has practiced decontamination procedures on receiving patients contaminated by hazardous material. All patients will be decontaminated before entering the Medical Center. Patients will be decontaminated prior to receiving care unless lifesaving interventions are necessary first.

C. **Clinical services for Vulnerable Populations**

1. Patients that have clinical needs (e.g. geriatric, chronic conditions) that fall outside of the scope of services or ability of the organization to care for them will be transferred to another healthcare facility with capable resources to provide appropriate care. In the event transferring a patient is not immediately possible, Planning and Operations will work together to obtain the appropriate resources (e.g. staff, medications for anxiety, etc.) to maintain appropriate delivery of care.
2. The activation of the HICS Mental Health Unit Leader will be implemented in the event patients present with mental health needs. SFMC will utilize the psychiatrists on call and PCS (Psychological Counseling Services) that will evaluate patients for psychiatric needs and appropriate placement.

D. **Personal Hygiene and Sanitation Needs**

1. The Operations Section Chief and Infrastructure Branch Director are responsible for hygiene and sanitation needs being met.
2. The Loss of Sewer Plan outlines procedures and The Loss of City Water Plan outlines plan of using antimicrobial soap and water, alcohol-based products.
3. Waterless bath packets stored on the units can be utilized when water service is lost. Infection Control will be utilized and involved in the decision making process.
4. Review the Loss of City Water Plan under Managing Utilities During Emergencies in the top of this EOP.

E.· Mortuary Services

The current morgue room L046A has capacity for 12 patients, 2 of those being pediatric, and if it needed to be augmented with morgue carts and hold 2 more. Saint Francis Medical Center has access to the Regional trailer that accommodates 52 bodies. Extra body bags are available through the POD/RHCC.

F. Documenting and Tracking Patient Clinical Information

The Casualty Care Unit Leader will coordinate triage and treatment activities. Once the patients are triaged, they are tagged with a triage tag, admitted and the clinical information is documented on the tag. This Triage Tag becomes a permanent part of the patient's medical record and should be maintained as such; each patient is assigned and identified by a unique control number. This number is printed on the triage tag; medical forms/requisitions; patient valuables envelope and patient wristband. The patients "may" be placed into Red Cross Patient Connections so that patients can be tracked across multiple hospitals. (See Red Cross Patient Connections attachments)

Information System downtime policies and procedures for managing clinical information will be utilized to document and track patient clinical information during in the event of an unplanned information technology system outage.

G. Vulnerable Populations in Disaster Events

OSF Saint Francis Medical Center recognizes that the needs of vulnerable populations differ from those not considered to be vulnerable during times of disaster. In order to offset further negative effects of the disaster, OSF Saint Francis Medical Center will make every effort to continue services to all patients, staff, visitors and others to the best of our ability through mitigation, preparedness, response and recovery

The following vulnerable populations are currently served by OSF Saint Francis Medical Center:
- Blind
- Deaf
- Non-ambulatory
- Geriatric
- Bariatric
- Children
- Pregnant and nursing women
- Non-English speaking
- English illiterate
- Chronically ill
- Diagnosed addictions
- Intellectually Disabled

Standard Operating Procedures/Polices/Guidelines have been developed to accommodate these groups during normal operations. All Standard Operating Procedures/Polices/Guidelines concerning these populations will be followed as closely as possible during all disaster events or incidents. In the event that the Medical Center must deviate in any way from Standard Operating Procedures/Polices/Guidelines due to the effects of the disaster, decisions to alter standards of care and decision-making protocols will be tracked, documented and reported in the Hospital Command Center at the approval of the Incident Commander.

The status of all patients will be assessed during disasters for possible discharge, transfer or change in level of care. Decisions to discharge transfer or change the level of care will be made by licensed and credentialed clinical staff, and will be tracked, documented and reported in the Hospital Command Center.

In the event that vulnerable persons not normally served by the Medical Center are admitted to the hospital during disasters, all efforts will be made to provide the best level of care with available resources.

Section 15 - Testing the Emergency Operations Plan

A. **The Organization Tests Its Emergency Operation Plan Twice a Year** Drills and exercises are conducted at least two times each year, either in response to an actual emergency or in a planned exercise. Documentation is located in files in the Disaster Prep Office

B. **Conduct At Least One Exercise A Year That Includes Patient Influx.** To ensure staff gains the opportunity of preparation for an emergency, at least one drill scenario includes an influx of patients. This process allows staff to practice using the disaster plan as well as teaches them how to handle multiple patients when they are working in unusual conditions.

C. **Exercise Scenarios Are Realistic and Related to HVA Priorities** the Emergency Management Committee design drills and exercises with scenarios and objectives based upon findings from the hazard vulnerability analysis as well as from critiques from past exercises and/or actual events. In addition, Saint Francis Medical Center participates in exercises designed by the local community that have scenarios based on risk in the geographical location.

D. **Planned Exercises**, an Individual Monitors Performance During planned exercises the hospital designates an "Evaluator" to observe at least the following core performance areas on the Emergency Exercise Evaluation Form:

- **Communication** including the effectiveness of communication both internally, as well as outside of the medical center with emergency response agencies; public health and other healthcare organizations within the community
- **Resource mobilization and availability**. This includes assets, personnel protective equipment and supplies.
- **Safety and security**
- **Event notification** including activation of the Hospital Incident Command System (HICS), notification of staff and external authorities, and staff roles and responsibilities.
- **Patient management** including triage activities, patient identification and tracking and support, staff roles and responsibilities
- **Utility Systems**
- **Patient, clinical and support care activities**
- **Exercises Are Critiqued to Identify Deficiencies and Improvement** Once the exercise is concluded, it is critiqued through a multi-disciplinary process that includes administration, clinical (including physicians) and support staff. If any deficiencies or improvements are identified, the emergency operation plan is modified. In the event substantive resources cannot be accomplished by the next planned exercise, interim improvements are put into place until final resolution. The findings from the critiques including strengths and weaknesses are communicated to the Emergency Management Committee with Medical representation.

Alternate Care Sites Plan

Appendix B

Alternate Care Site Locations

OSF Center for Health - Route 91
8600 Illinois 91
Peoria, Illinois 61615
(309) 683-5000
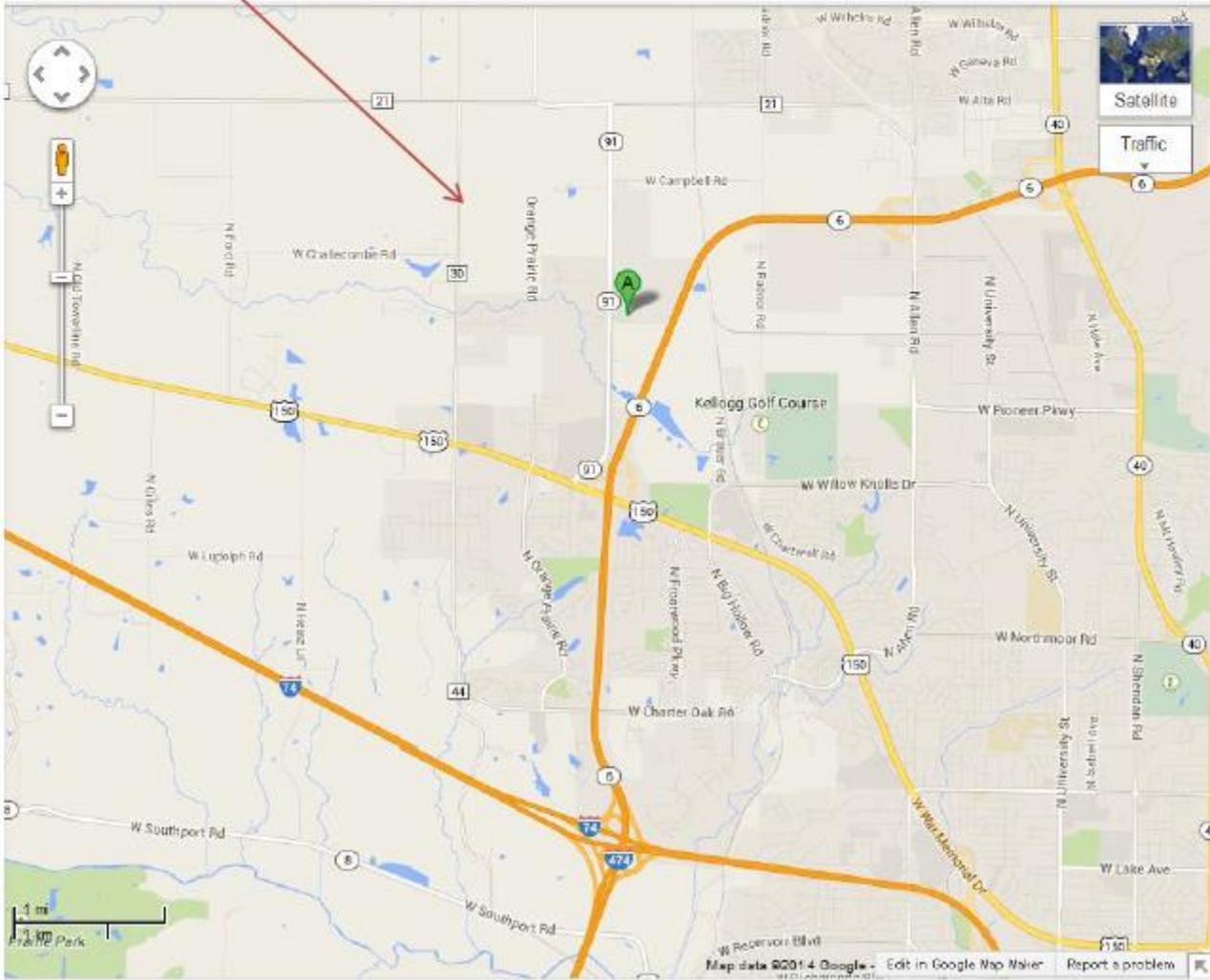
OSF Center for Health - Glen Park
5114 North Glen Park Place
Peoria, Illinois 61614
(309) 683-2428
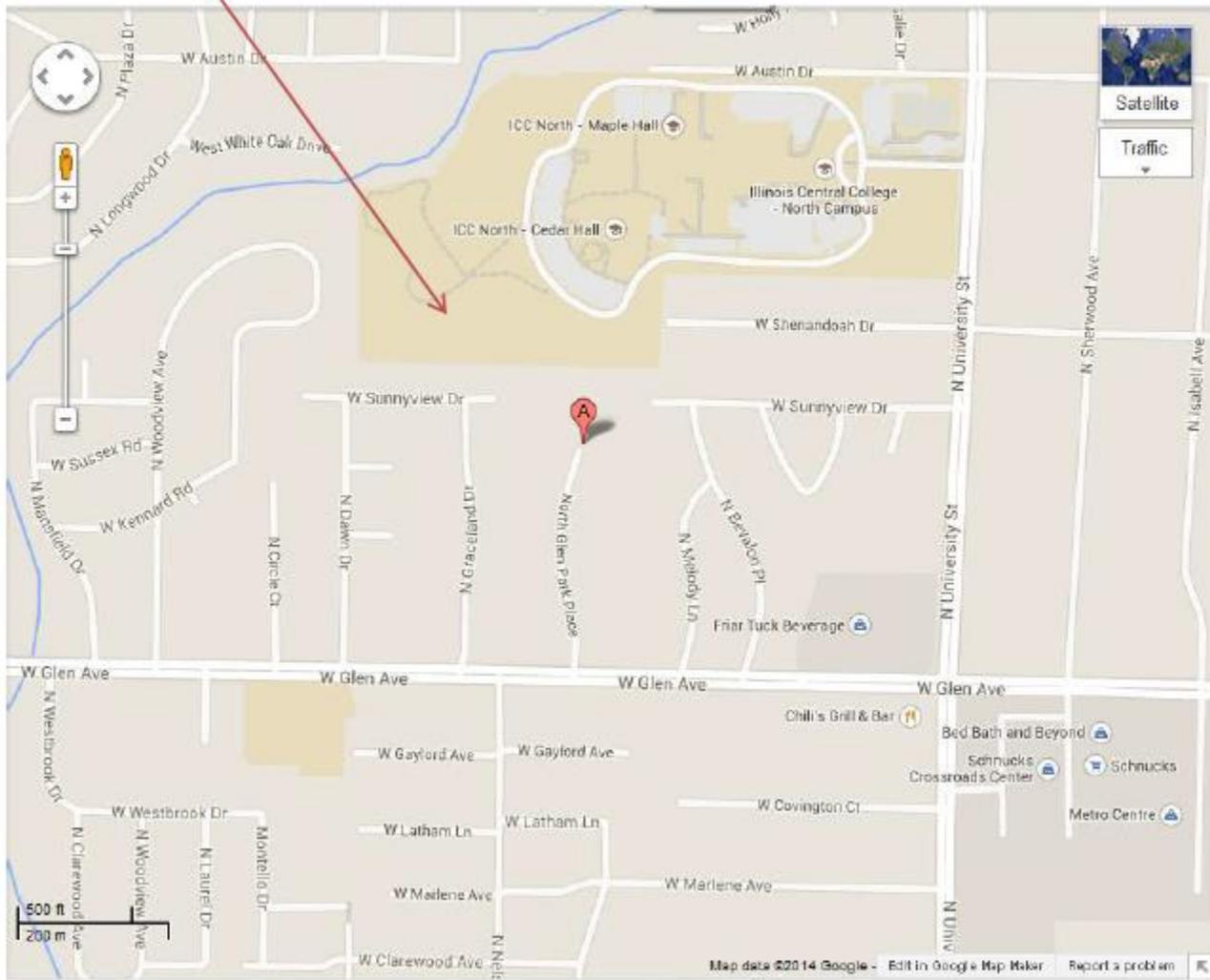
Appendix C

SFMC College of Nursing
Emergency Preparedness Plan (Business Hours)

```
                        Security Department
                               |
        +----------------------+----------------------+
        |                      |                      |
Dean of the Graduate      President          Dean of the
   Program                              Undergraduate Program
        |                      |                      |
College Health Nurse    College Counselor    Simulation Lab
        |                                      Supervisor
        |                                          |
Assistant Dean, Support Services          Activate Telephone Tree
        |
     CSR Desk
```
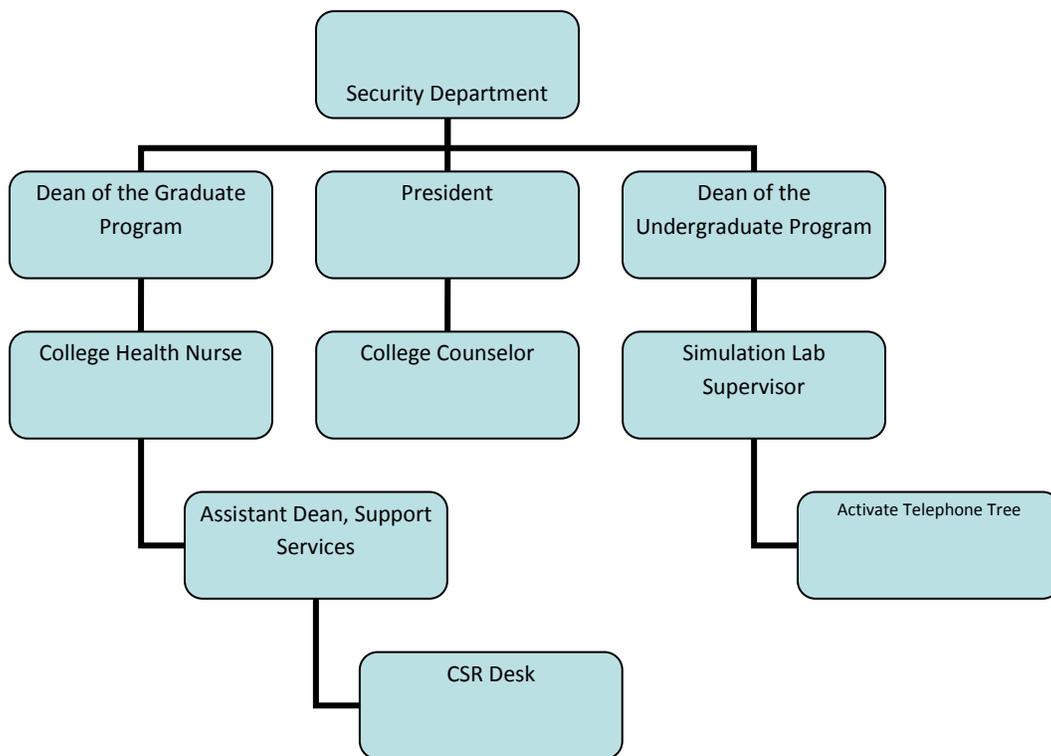
SFMC College of Nursing
Emergency Preparedness Plan (Non-Business Hours)

```
                        President
                            |
        +-------------------+-------------------+
        |                   |                   |
Dean of the Graduate    Dean of the       College Counselor
   Program             Undergraduate            |
        |                   |                    |
College Health Nurse   Activate Telephone   Resident Assistants
        |                  Tree                  |
Assistant Dean,                             Dorm Residents
Support Services
```

59
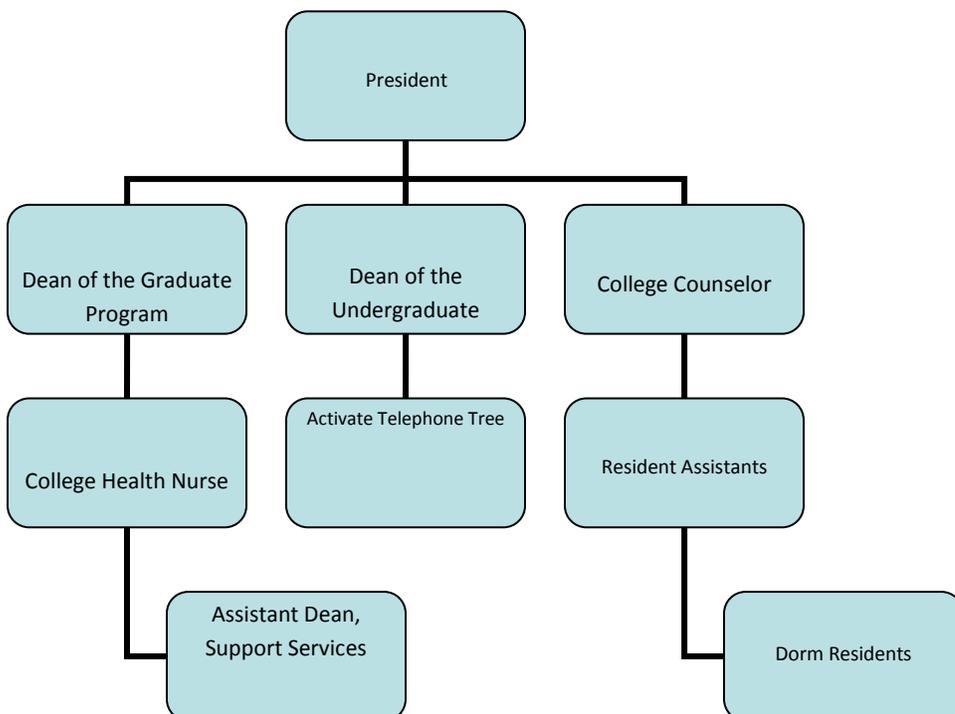
Security
Department Procedures

Subject: **Bomb Threat**	Number: **S080115**	Date Effective : **March 2008**
	Supersedes number: **N/A**	Previously issued:
	Approved by: *SKIP AWES*	Approved by: *Robert Anderson*

I.   **POLICY**

The Bomb Threat Policy shall establish policy and regulation for responding to a bomb threat that could have an affect on patients, visitors, staff, and property.

II.   **PURPOSE**

It is the purpose of the OSF Saint Francis Medical Center Security Department to ensure the protection of patients, visitors, staff, and OSF property when a bomb threat exists. There are three alternative decisions to be made; 1. Ignore the threat 2. Evacuate immediately 3. Search and evacuate if warranted.

III.   **DEFINITIONS**

An emergency exists when any threat regarding a bomb in or near the Medical Center is received. Bomb threats are delivered in a variety of ways. The majority of threats are called in to the target. Occasionally these calls are through a third party. Sometimes a threat is communicated in writing or by a recording. Whatever the reason for the report, there will certainly be a reaction to it.

IV.   **PROCEDURE**

A. In the event you are notified via telephone call that a bomb threat has/or might be placed at the Medical Center:

1. Begin and complete the Bomb Threat Checklist.
2. Keep the caller on the line as long as possible.
3. Ask caller the location and detonation time.

4. Inform the caller the building is occupied and detonation of a bomb could result in death or serious injury to innocent people.
5. Pay attention to the voice (inflection, male/female, etc.).
6. Report the information immediately to the Peoria Police, Fire Department, Operators/Medical Communications, Administration and Director of Security.
7. Remain available as law enforcement will want to interview you.

B. In the event a written threat is received:
   1. Save all materials including any envelope or container.
   2. Make every effort to retain evidence such as fingerprinting, handwriting or typing, paper and postal marks.
   3. Review video cameras for possible delivery of item.

C. Suspicious Packages
   1. Under no circumstances should anyone move, jar or touch a suspicious object or anything attached to it.
   2. Report the location and an accurate description of the object to the police department.
   3. Identify the danger area and block off with a clear zone using the information from the Bomb Threat Stand Off Card, including floors below and above object.
   4. Check to see that all doors and windows are open to minimize primary damage from the blast and secondary damage from fragmentation.
   5. Evacuate the building if necessary.
   6. Do not permit re-entry into building until device has been removed/disarmed and the building declared safe for re-entry.
   7.3 If absolutely necessary, place sandbags or mattresses, never metal shields, around the suspicious object. Do not attempt to cover the object.

V. **SPECIAL INSTRUCTIONS**
   Please refer to Emergency Operation Plan EC.411-4.18

VI. **ATTACHMENTS**
   1. Room search – stop and listen.
   2. Divide room by height for search.
   3. Search room by height and assigned area, overlap for better coverage.
   4. Search internal public areas.
   5. Search outside areas.
   6. Telephone bomb check list.
   7. Suspect letter and package indications.
   8. Bomb threat stand-off card.

VI. **REFERENCES**

   1. Department of the Treasury – Letter and Package Bomb Detection Techniques Form ATF P3320.5 (8/96)
   2. Department of the Treasury – Bomb and Physical Security Planning
   3. Bureau of Alcohol, Tobacco and Firearms – Suspect Letter and Package Indicators
   4. Homeland Security (2011) – Bomb Threat Stand-Off Distances

ATF BOMB THREAT CHECKLIST

Exact time of call _____

Exact words of caller _____

_____

_____

QUESTIONS TO ASK

1. When is bomb going to explode? _____

2. Where is the bomb? _____

3. What does it 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. Where are you calling from? _____

9. What is your address? _____

10. What is your name? _____

CALLER'S VOICE (circle)

Calm	Disguised	Nasal	Angry	Broken
Stutter	Slow	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Excited
Stressed	Accent	Loud	Slurred	Normal

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks: _____

_____

Person receiving call: _____

Telephone number call received at: _____

Date: _____

Report call immediately to: _____
(Refer to bomb incident plan)
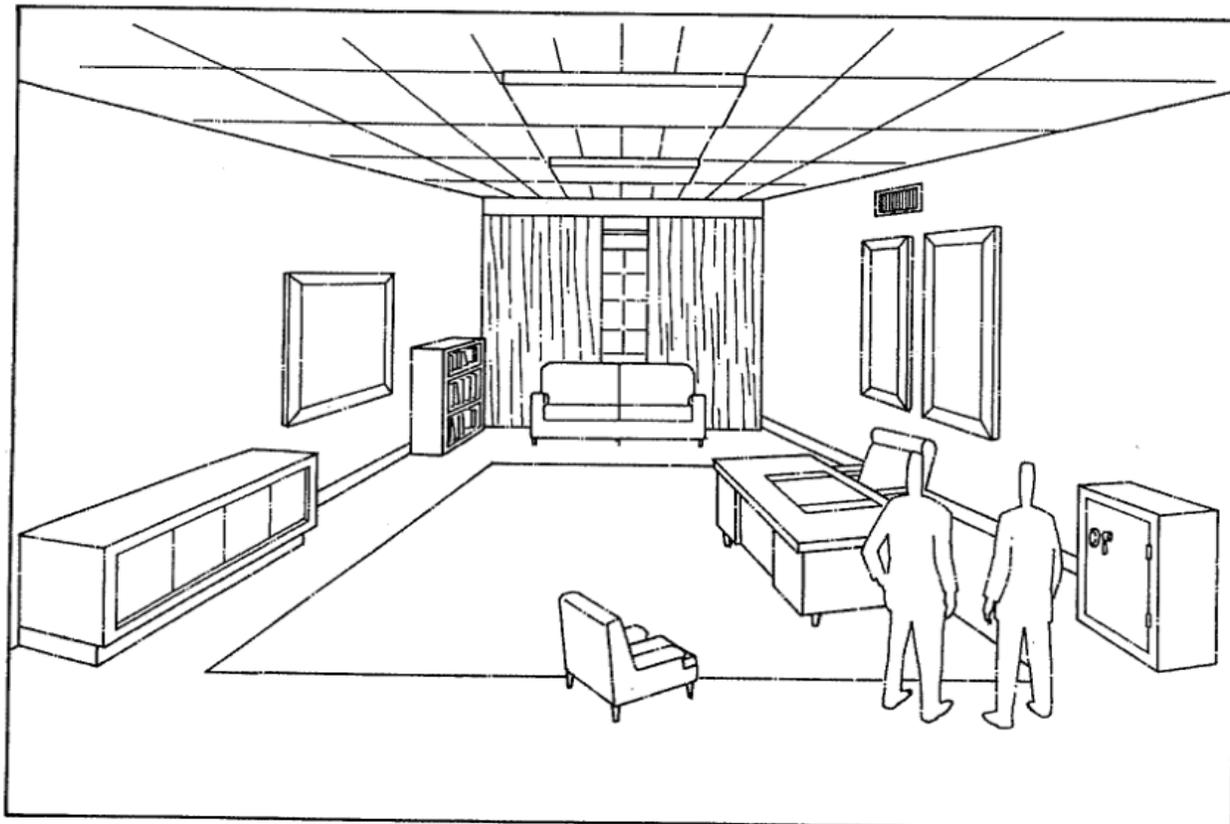
#1 ROOM SEARCH-STOP, LISTEN

4 FALSE CEILING

3 TO CEILING

2 WAIST TO CHIN

**1** FLOOR TO WAIST

#2 DIVIDE ROOM BY HEIGHT FOR SEARCH

64

#3 SEARCH ROOM BY HEIGHT & ASSIGNED AREA,
OVERLAP FOR BETTER COVERAGE
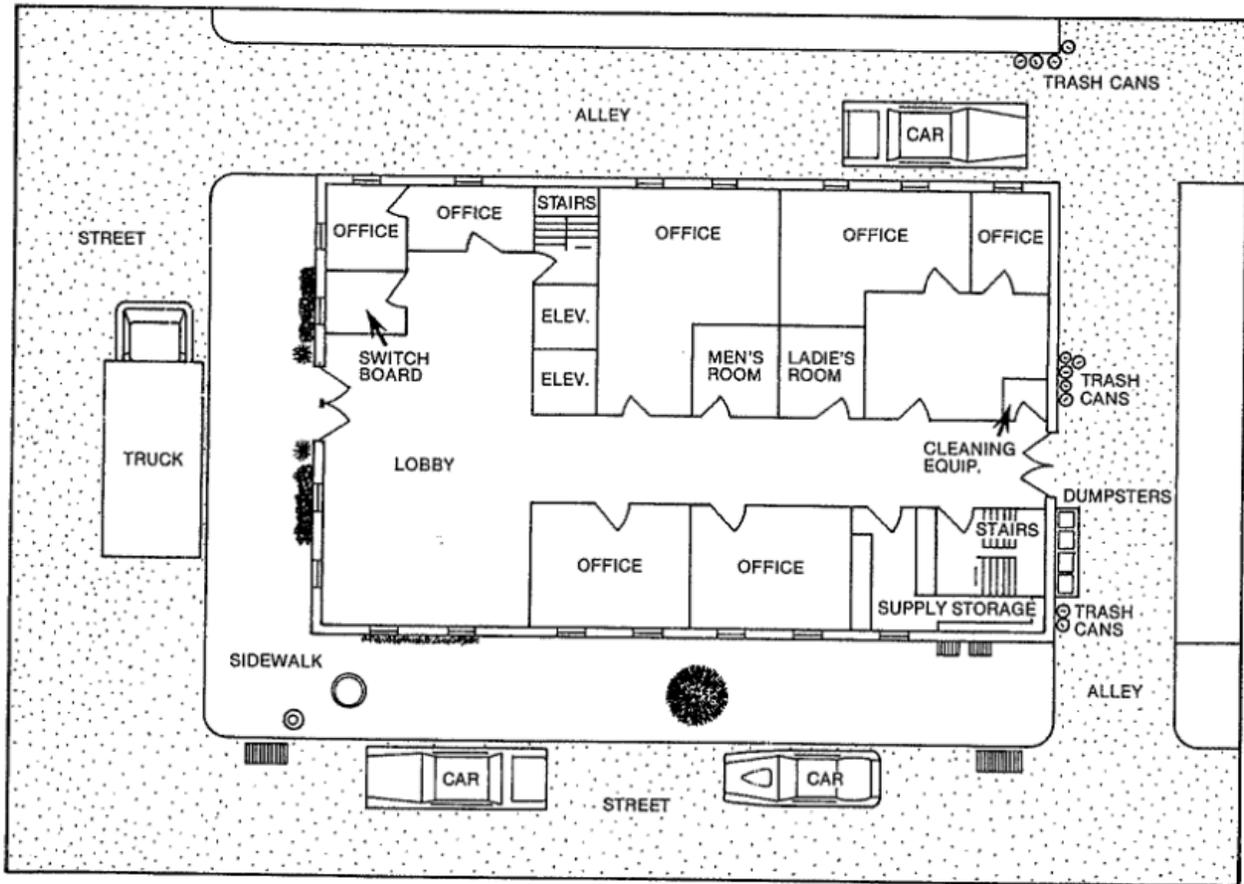
#4 SEARCH INTERNAL PUBLIC AREAS
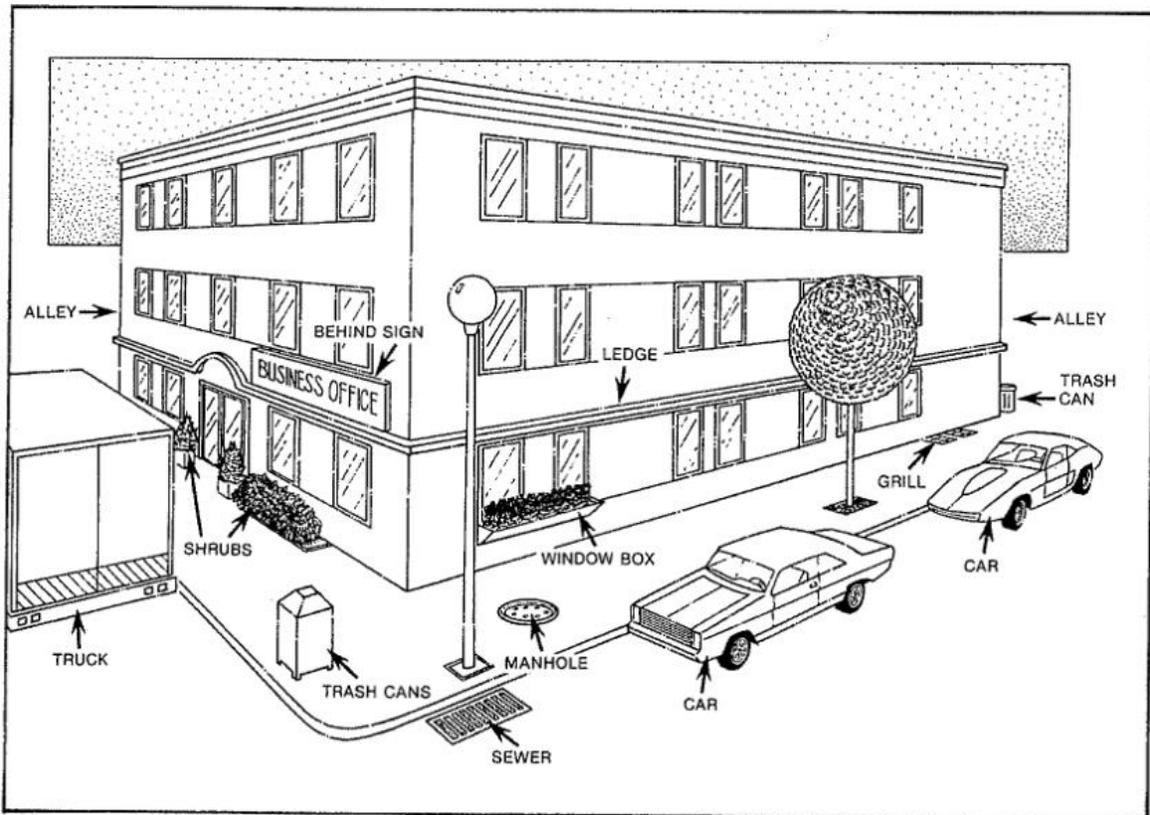
#5 SEARCH OUTSIDE AREAS   *U.S. Government Printing Office: 1998 - 620-544/90788

66

BOMB THREAT STAND-OFF CARD

Threat Description		Explosives Capacity	Mandatory Evacuation Distance	Shelter-in-Place Zone	Preferred Evacuation Distance
	Pipe Bomb	5 lbs	70 ft	71-1199 ft	+1200 ft
	Suicide Bomber	20 lbs	110 ft	111-1699 ft	+1700 ft
	Briefcase/Suitcase	50 lbs	150 ft	151-1849 ft	+1850 ft
	Car	500 lbs	320 ft	321-1899 ft	+1900 ft
	SUV/Van	1,000 lbs	400 ft	401-2399 ft	+2400 ft
	Small Delivery Truck	4,000 lbs	640 ft	641-3799 ft	+3800 ft
	Container/Water Truck	10,000 lbs	860 ft	861-5099 ft	+5100 ft
	Semi-Trailer	60,000 lbs	1570 ft	1571-9299 ft	+9300 ft
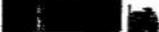
Homeland Security

Blast Card Overview for JPO
FOR OFFICIAL USE ONLY

WARNING! Suspect Letter and Package Indicators

EXCESSIVE OR NO POSTAGE

MAILED FROM FOREIGN COUNTRY

RIGID OR BULKY ENVELOPE

ADDRESS:
- BADLY TYPED OR WRITTEN
- MISSPELLED
- TITLE WITH NO NAME
- WRONG TITLE WITH NAME

PERSONAL

G ENER AL GU N N
FT. DI XON N. Y   1 350 7 8

SpecIAL
D Eli veRY

NO RETURN ADDRESS

RESTRICTIVE MARKINGS

STRANGE ODOR

LOPSIDED PACKAGE

OVERNITE DELIVERY

G ENER AL GU N N
FT. DI XON N.Y   350 7 8

PROTRUDING WIRES

OILY STAINS ON WRAPPER
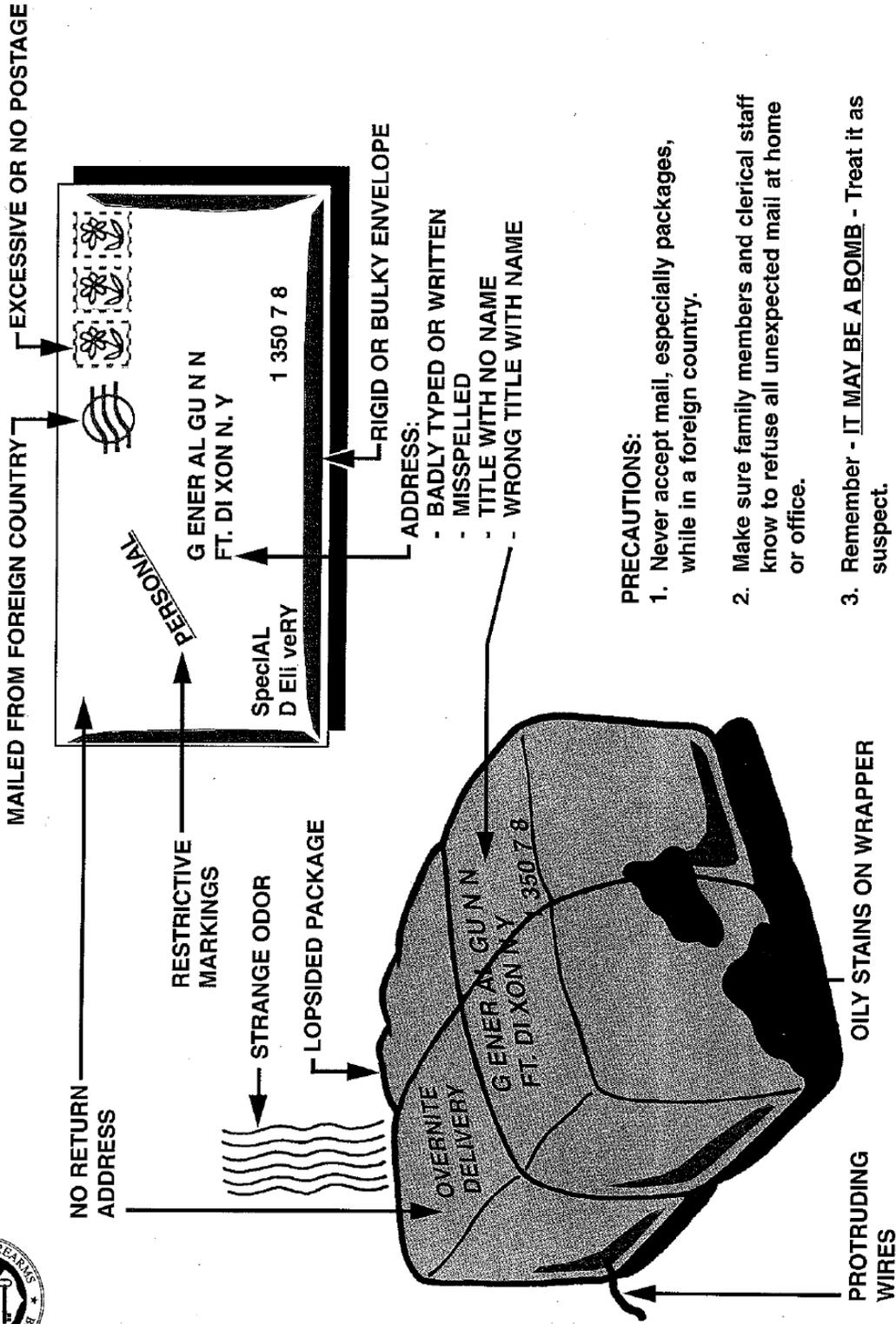
PRECAUTIONS:
1. Never accept mail, especially packages, while in a foreign country.

2. Make sure family members and clerical staff know to refuse all unexpected mail at home or office.

3. Remember - IT MAY BE A BOMB - Treat it as suspect.

FOR MORE INFORMATION ON BOMB SECURITY OR BOMB THREATS, CONTACT YOUR LOCAL ATF OFFICE.

ATF I 3324.1 (6/95)

BUREAU OF ALCOHOL TOBACCO AND FIREARMS

Appendix E

Security Department Procedures

Subject: **LOCKDOWN**	Number: **S080116**	Date Effective : **MARCH 2008**
	Supersedes number: **N/A**	Previously issued:
	Approved by:	Approved by:

I.   POLICY

The Lockdown Policy shall establish policy and procedure for   responding to the order of Lockdown of the Medical Center or area.

II.   PURPOSE

In the event of a major disaster or any event where it becomes necessary to "Lockdown" the Medical Center or any area within the Medical Center, OSF Saint Francis Medical Center Security Department will respond to a request from Administration or the Hospital Incident Commander to secure areas whenever the ability to continue operations is threatened due to security or contamination.

III.   DEFINTION

A Lockdown is the ability to control where someone enters and exits the facility or area. During a Lockdown, access to the Medical Center, Emergency Department (ED), parking, and traffic may all be controlled. Controlled may mean either by a locked door or the physical control by an Officer or designee.

IV.   PROCEDURE

A. 1st Shift

1. Security Dispatcher will announce where the Lockdown will occur.

2. Security Dispatcher will initiate the Lockdown Procedure Check Off List and log initiated date and time, and time locked and who secured the door.

3. Security Dispatcher will secure the Glen Oak Entrance and the 1400 doctor's door.

4. The ED Officer will secure the ambulance entrance and pedestrian entrance at the Emergency Department.

5. The ED 2 Officer will secure the Shuttle Lobby entrance, P.O.B. front doors, and North Deck walkway fire door.

6. The Parking Lot Officer will secure the North Building front doors, Forest Park rear doors, Cardiology doors, Hillcrest (facing MP2) door, and Hillcrest (circle drive) doors.

7. The Sergeant/Acting Sergeant will secure the Learning Center (facing MP3) door. In the event the Sergeant or Acting Sergeant has Patrol, they will secure all of the doors that the Patrol Officer secures.

8. The Patrol Officer will secure the G-200 South Entrance door, G-400 Compactor doors, G-500 Garbage doors, G-500 Receiving overhead door, 1500 (old smoking area) doors, North Building West (facing 1500 employee entrance) door, and the 1500 Employee Entrance Door (St. Clair Entrance) where the Patrol Officer will allow only employees to enter. OSF employees will need to show their OSF identification to gain entrance to the Medical Facility.

9. All Officers will call into the Security Dispatcher after each door is secured.

B. 2nd Shift

1. Security Dispatcher will announce where the Lockdown will occur.

2. Security Dispatcher will initiate the Lockdown Procedure Check Off List and log initiated date and time, and time locked and who secured the door.

3. Security Dispatcher will secure the Glen Oak Entrance and the 1400 doctor's doors.

4. The ED Officer will secure the ambulance entrance and pedestrian entrance at the Emergency Department.

5. The ED 2 Officer will secure the Shuttle Lobby entrance, P.O.B. front doors and North Deck walkway fire door.

6. The Parking Lot Officer will secure the North Building front doors, Forest Park front doors, Forest Park rear doors, Cardiology doors, Hillcrest (facing MP2) door, and Hillcrest (circle drive) doors.

7. The Sergeant/Acting Sergeant will secure the Learning Center (facing MP3) door. In the event the Sergeant/Acting Sergeant has Patrol, they will secure all of the doors that the Patrol Officer secures.

8. Patrol Officer will secure the G-200 South Entrance door, G-400 Compactor doors, G-500 Garbage doors, G-500 Receiving overhead door, 1500 (old smoking area) doors, North Building West (facing 1500 employee entrance) door, and the 1500 Employee Entrance Door (St. Clair Entrance) where the Patrol Officer will allow only employees to

enter. OSF employees will need to show their OSF identification to gain entrance to the Medical Facility.

9. All Officers will call into the Security Dispatcher after each door is secured.

C. 3rd Shift

1. Security Dispatch Officer will announce where the Lockdown will occur.

2. Security Dispatcher will initiate the Lockdown Procedure Check Off List and log initiated date and time, and time locked and who secured the door.

3. Security Dispatch Officer will secure the Glen Oak entrance.

4. The ED Officer will secure the ambulance and pedestrian entrance at the Emergency Department.

5. The ED 2 Officer will secure the Shuttle Lobby entrance and (depending on the time) the Hillcrest Entrances.

6. The Parking Lot Officer will secure the Receiving Overhead door and maintain a post at the ED parking lot entrance.

7. The Sergeant/Acting Sergeant will secure the North Deck walkway door.

8. The Patrol Officer will secure the 1500 rear doors (old smoking area) and the 1500 employee entrance (St. Clair Entrance) where the Patrol Officer will allow only employees to enter. OSF employees will need to show their OSF identification to gain entrance to the Medical Facility.

9. All Officers will call into the Security Dispatcher after each door is secured.

V. SPECIAL INSTRUCTIONS

None

VI. ATTACHMENTS

A. Lockdown Procedure Check Off List

B. OSF Door Schedule

VII. REFERENCES

None

OSF Door Schedule

Location	When Locked	When Unlocked	By Whom	Camera	Key
North Building (5 doors)					
Front Doors	2000	0630 (except wk.ends & holidays)	Security	No	allen
East Side (convent side)	Always	Never		No	
South (facing MP3)	Always	Never		No	
West (facing Main house)	2300	0500 (except wk.ends & holidays)	Security	No	allen
Front (stairway to basement entrance)	Always	Never		No	
Main House (18 doors)					
1500 employee entrance	Never	Always		Yes	allen
1500 (old smoking area)	Never	Always		No	allen
1500 Priest doors	Always	Never		No	
1400 Southeast stairway	Always	Never		No	
1400 cafeteria exit {patio}	Always	Never		No	
G-500 receiving overhead	2300	0500	Security	No	key
G-500 garbage doors	2400	0500	Security	No	dead bolt
G-400 compactor doors	2300	0500	Security	No	allen
G-300 South Entrance	2300	0500	Security	Yes	allen
G-300 South stairwell (facing CON)	Always	Never		No	
G-300 South stairwell (facing gerlach)	Always	Never		No	
G-200 Lithotripsey dock overhead	Always	Never		No	key
G-200 Lithotripsey dock side door	Always	Never		No	key
1200 Stairwell (facing MP2)	Always	Never		No	
Cardiology doors	2000	0500 (except wk.ends & holidays)	Security	Yes	
Glen Oak Entrance	Never	Always		No	allen
1400 Doctors doors (facing chapel)	2000	0500	Security	No	allen
North Dock walkway fire door	Never	Always	Security		# 455
Butler Building (3 doors)					
Learning Center (facing MP3)	2000	0800 by Staff	Security	Yes	allen
Freight Elevator (leads to LL1)	Always	Never			
Carpenter Shop (facing MP3) hillside	Always	Never			
Gerlach Building (11 doors)					
Hillcrest (facing MP2)	2400	0500	Security	No	allen
Hillcrest (basement facing MP2)	Always	Never			
Hillcrest (facing main house)	2400	0500	Security	No	allen
Hillcrest (facing Spalding)	Always	Never			
Shuttle Lobby	Never	Always		Yes	key
LL-2 SPD rear exit (facing Berkley)	Always	Never		No	
Emergency Dept. (ambulance doors)	Never	Always		Yes	electric
Emergency Dept. (triage)	Never	Always		Yes	electric
Gerlach North exit (facing Milestone)	Always	Never		No	
West Stairway (exit only)	Always	Never			
South Stairway (exit only)	Always	Never			
P.O.B. (5 doors)					
Front Doors	2000	0500 (except wk.ends & holidays)	Security	No	key
Rear Sliding Doors	Always	Never	Security	Yes	electric
Receiving Door	Always	Never			key
West stairway	Always	Never		\	
East stairway	Always	Never			
M.R.I. (2 doors)					
Loading dock doors	Always	Never		No	
EAST (exit only)	Always	Never		No	
Forest Park (6 doors)					
Front Doors	2000	0500	Security	No	allen
Rear Sliding Doors	2000	0500	Security	Yes	electric
Rear Digestive Disease	Always	Never		No	
Oncology EXIT ONLY	Always	Never		No	
West maintenance door	Always	Never		No	
West maintenance door	Always	Never		No	

Total Doors
50

OSF Security
Lockdown Procedure
Check off List

Date _____

Time _____

Officer _____

North Building	Normally Locked	Normally Unlocked	Locked Weekend	Time Locked	Who secured Name
Front Doors	2000	0630	Yes		
West (facing Main house)	2300	0500	Yes		
Main House					
1500 emp.entrance	Never	▓▓▓▓	No		
1500 (old smoking area)	Never	▓▓▓▓	No		
G-500 receiving overhead	2300	0500	No		
G-500 garbage doors	2400	0500	No		
G-400 compactor doors	2300	0500	No		
G-300 South Entrance	2300	0500	No		
Cardiology doors	2000	0500	Yes		
Glen Oak Entrance	Never	▓▓▓▓	No		
1400 Doctors door (facing chapel)	2000	0500	Yes		
North Deck walkway fire door	Never	▓▓▓▓	No		
Butler Building					
Learning Center (facing MP3)	2000	0800	Yes		
Gerlach Building					
Hillcrest (facing MP2)	2400	0500	No		
Hillcrest (facing main house)	2400	0500	No		
Shuttle Lobby	Never	▓▓▓▓	No		
Emergency Dept. (ambulance doors)	Never	▓▓▓▓	No		
Emergency Dept. (Triage)	Never	▓▓▓▓	No		
P.O.B.					
Front Doors	2000	0500	Yes		
Forest Park					
Front Doors	2000	0500	No		
Rear Sliding Doors	2000	0500	No		

Appendix F

Campus Threat Assessment Process Flow

Identify Person of Concern → Conduct Initial Screening → Imminent Situation? — Yes → Alert Law Enforcement; No → Conduct Triage → Concerns? — Yes → Close and Document Case; Yes → Conduct Full Inquiry → Make Assessment → Poses a Threat? — No → In Need of Help? — No → Close and Document Case; Yes → Implement Referral or Assistance Plan; Yes → Develop and Implement Management Plan → Monitor The Plan → Refer & Follow-up → Close and Document Case