

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/03/2018
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NAME OF PROVIDER OR SUPPLIER BAART COMMUNITY HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MANGUM STREET, SUITE 300 & 400 DURHAM, NC 27701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{V 000}	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 10/3/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment, 10A NCAC 27G . 4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G . 4500 Substance Abuse Comprehensive Outpatient Treatment Program</p> <p>The client census was 448 at the time of the survey.</p>	{V 000}		
{V 114}	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p>	{V 114}	<p>BAART has revised its Emergency Plan (Safety Plan) that describes the timeframe for conducting disaster and fire drills: January, April, July, and October of each year. Drills will also be conducted when new employees are employed by BAART. The revised Safety Plan was made available to Staff during a Safety/All Staff Training held on October 5, 2018. A sign in sheet was distributed to Staff and filed in the Safety Binder. Staff was informed during the Training that the Safety Manual can be found at the Front Desk for review. The revised Emergency Plan includes the definition of a disaster drill and that the drill should be implemented prior to a real event occurring. Fire and disaster drills (Hurricane, Tornado, Storms) will be conducted on a quarterly basis. All Staff will have a review of the Safety Policy for fire/disaster and other drills on a quarterly basis, facilitated by the Safety Officer and a sign in sheet will be completed and kept in the Safety Binder following each drill.</p>	10/11/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Vicki Friel* TITLE **Regional Vice President** DATE **10/11/18**

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER BAART COMMUNITY HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MANGUM STREET, SUITE 300 & 400 DURHAM, NC 27701		
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{V 114}	Continued From page 1 Record review on 10/3/18 of the facility's fire drill log revealed the following: -9/30/18- no specific shift -8/7/18- no specific shift Record review on 10/3/18 of the facility's disaster drill log revealed the following: -No documentation of disaster drills. Interview with the Clinic Director on 10/3/18 revealed: -She thought staff were doing the fire and disaster drills. -She thought staff just recently did a drill related to the hurricane. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	{V 114}	A copy of the Emergency Safety Drill Report Form (including fire and disaster drills) will be completed by the Safety Officer and/or Clinic Director in the Safety Officer's absence. The .Clinic Director is responsible for the accuracy and completeness of the Safety Drills checklist form. The Clinic Director will sign and date the form once accuracy has been verified. A copy of the form will be maintained in the Safety Binder for the BAART location. A Hurricane drill was completed on 10/5/18 with staff and patients on site at the Clinic location. Documentation was completed for the Natural Disaster/Hurricane drill and filed in the Safety Binder. BAART will document the shift on which all fire/disaster and other drills occurred	10/05/18 10/05/18 10/05/18 10/11/18

BAARTCommunity Healthcare – BAART Durham
EMERGENCY RESPONSE PLAN
Site Specific Emergency Response Plan
(SSERP)

Rationale:

This plan was established so that Clinic staff might respond proactively to natural disasters, civil unrest or any emergency that might jeopardize the safety of employees and persons served, or potentially impair the Clinic's delivery of services.

Policy:

BAART Community Healthcare – BAART Durham considers the safety of employees and persons served a top priority. Our goal is a safe workplace where employees are trained in safety procedures for both routine and emergency situations. To accomplish this goal, the corporation reviews emergency response procedures annually and provides all staff with training in emergency response preparedness on a quarterly basis.

Each Clinic Director is responsible for reviewing and, where appropriate, revising, the emergency response plan each year. This Plan, called the Site Specific Emergency Response Plan (SSERP), describes in detail each of the procedures to follow in the event of an emergency.

Additionally, the Clinic Director, in collaboration with the Human Resources Department, is responsible for coordinating the following emergency preparedness drills in their respective facilities according to the following schedule (and detailed in the calendar in the front of the Policy Manual):

- January – Fire/Natural Disaster (Tornados, Hurricanes and Winter storms), Workplace Violence, Medical Emergencies
- April – Fire/Natural Disaster (Tornados, Hurricanes and Winter storms), Evacuation
- July – Fire/Natural Disaster (Tornados, Hurricanes and Winter storms), Power Failure
- October – Fire/Natural Disaster (Tornados, Hurricanes and Winter storms), Acts of Terrorism, (no gas service on property)

Drills will be conducted on weekends as well as during the week to ensure that all staff are adequately trained.

Immediately after a drill is completed, the Clinic Director or designee will complete a written analysis which describes the conduct and effectiveness of the drill and forward it to the HR department for review and action.

Program(s): BCH Provider No(s): 10060NC

Person Responsible for Preparing Plan: Hilda Smith, MS, LCAS

Site Telephone: 919-683-1607 x9748

Site Name: Durham

Site Address: 800 N. Mangum Street, Suite 400, Durham, NC 27701

Clinic/Program Director(s): Hilda M. Smith, MS, LCAS

Reviewed By: _____ Date: _____

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A. INCIDENT COMMAND STRUCTURE.

Hilda Smith will be responsible overall for ensuring that the SSERP is developed, updated annually, and that employees are trained to execute the plan.

In the event of an emergency, the following individuals will assume authority of Clinic operations and have the title of Emergency Coordinator. It is presumed that the first named person below will serve as Emergency Coordinator; the other individuals listed here are to serve as backups. (i.e. The second named will serve if the first named is not able to do so, and the third named will take over if the second is also unable to serve.)

The designated Emergency Coordinator and the provisional replacements are selected on the basis of their demonstrated leadership abilities and the proximity of each individual's residence to the Clinic site.

Name	Work Phone/Home Phone	Location of Residence
First in-charge: <u>Hilda Smith</u>	<u>919-683-1607 x9748</u> <u>919-452-7201</u>	<u>Durham</u>
Second-in-charge: <u>Quinton Griffin</u>	<u>919-683-1607 x9747</u> <u>919-225-3515</u>	<u>Durham</u>
Third- in-charge: <u>Cindy Swartz</u>	<u>919-683-1607 x9745</u> <u>919-695-2483</u>	<u>Durham</u>

B. INTERNAL PROCEDURES.

1. Reporting Emergencies

Emergencies that pose an immediate danger to the safety and health of employees, patients and visitors should be reported as follows: The first employee to observe the emergency should call 911 or instruct someone else to call 911. If the facility needs to be vacated, follow the procedure for evacuation described in Section B-3.

Emergencies that may be reported without causing all employees, patients and visitors to evacuate should be reported by:

- a) Calling 911 for medical/police emergencies (e.g. an individual experiencing chest pains, assault in progress, etc.)
- b) Notifying the Emergency Coordinator about facility-related emergencies (e.g. a broken water pipe)

Employees should notify supervisors of any emergencies in which they are involved as soon as practically possible.

2. Supplies and Equipment

Quinton Griffin is responsible for maintaining and checking all emergency supplies and equipment twice annually in: May and November, and for replacing whatever is outdated, not functioning or missing.

The site emergency kits are kept in the reception area (Front Desk) and in the dispensary. The First Aid Kits are kept: with site emergency kits and in the dispensary.

Transistor radio and batteries are kept with site emergency kits at the reception area (Front Desk).

Flashlights are kept in dispensing office, Front Desk, medical exam room, counselors' offices, and supply closet.

A complete set of keys for the site are kept by Quinton Griffin, with an additional set kept in the dispensary accessible by Shawanda Barlow, LPN, Lead Nurse.

Other Emergency Supplies/Equipment first aid and other primary medical care supplies are located in exam rooms.

3. Evacuation

This site has a Building Fire Alarm. In addition, an alert will be announced over the loud speaker system by a designated member of the evacuation team. The evacuation team, composed of Clinic staff, will then be responsible for sweeping the building to ensure that everyone has evacuated the premises.

Members of the Evacuation Team for this site are: Hilda Smith, Quinton Griffin, Cindy Swartz, and Shawanda Barlow.

Evacuation monitors will be told by the Emergency Coordinator:

- 1) the area to be evacuated,
- 2) evacuation procedure to be followed,
- 3) exit routes to be used,
- 4) location to assemble following evacuation,
- 5) reason for evacuation.

The Evacuation Monitors will begin the evacuation procedure if personal notification is being used. If the building alarm has already been activated, the Evacuation Monitors will sweep each floor (or area) to ensure full evacuation is accomplished. If they discover a person requiring first aid or rescue, they will inform the Medical Team Coordinator (see Section B-7) and continue their sweep.

The Emergency Coordinator will ensure that employees, patients and visitors with special needs know how to evacuate and have any assistance necessary to evacuate the building.

Unless otherwise directed, the evacuation routes are identified on the evacuation map(s) in Appendix A. Evacuation maps are also posted _____ in each office and room throughout the building.

Unless otherwise directed, all employees should immediately proceed to the Evacuation Assembly Area located: exit the building at the front or back of the Clinic and meet in the parking lot at the “emergency dumpster”.

The Emergency Coordinator will determine if it is safe to return into the building to search for the missing people. If the Fire Department is unavailable, searching will be done in tandem: both members of each pair should remain in eyesight of each other. (See B-8 Search and Rescue.) The Emergency Coordinator is responsible for tracking the employees who have re-entered the building.

4. Accounting for Employees

During and immediately after a building evacuation, an accounting of all employees will be done. After evacuating and upon reporting to the evacuation assembly area, Exit/Elevator Monitors will determine if any staff members are missing. Each staff member will also inform the Exit/Elevator Monitors if they had any visitors or patients in the building who are unaccounted for. This information will be communicated to the Emergency Coordinator, who will use the Employee Call Back Roster in the

Appendix and the information relayed to him/her from the direct reports to confirm which employees are missing.

The Emergency Coordinator will determine if it is safe to return into the building to search for the missing people. If the Fire Department is unavailable, searching will be done in tandem: members of each pair should remain in eyesight of each other. (See B-8 Search and Rescue.) The Emergency Coordinator is responsible for tracking the employees who have re-entered the building.

5. Natural Disaster Procedures (Tornados, Hurricanes and Winter storms)

IF THE CLINIC IS OPEN DURING A NATURAL DISASTER:

1. During a disaster, keep calm. Panic kills.

If you are indoors, stay there. Go to the inner most part of the building, a hallway or room without windows. Stay clear of windows and refrain from using phones and/or other electrical equipment.

If you are outside – get into a protected area. Stay away from underneath trees and power lines. If a tornado is sighted, lay in a ditch or as low in the ground as possible.

If you are driving a car – stop the car, get out and lay in a ditch. Do not stop on or under a bridge. Try to get your car as far out of the normal traffic pattern as possible. Do not stop under trees, light posts or signs.

AFTER A NATURAL DISASTER:

2. Check for injuries.

The Medical Director will coordinate examinations of injured employees. Medical staff and others who have CPR/first aid training will assist as needed.

- If anyone has stopped breathing, give mouth to mouth Rescue Breathing.
- Stop any bleeding injury by applying direct pressure over the site of the wound.
- Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- Cover injured persons with blankets to keep them warm. Be reassuring and calm.
- Wear shoes in all areas near debris and broken glass.
- Immediately clean up any spilled medicines, drugs or other potentially harmful materials.

3. Check for safety.

The Emergency Coordinator and the Medical Coordinator will check for safety. If both of these individuals are incapacitated or absent, the backup Emergency Coordinators will:

- Check utility lines and appliances for damage.
- Shut off electrical power at the control box if there is any damage to wiring.

In addition, staff should:

- Not touch downed lines, or objects touched by downed power lines, or electrical wiring of any kind.
- Check closets and storage cabinets. Open doors cautiously. Beware of falling objects tumbling off shelves.

IF CLINIC IS NOT OPEN AT THE TIME OF DISASTER:

The day before re-opening the Clinic, the Clinic Director should check his/her facility for safety (e.g. cracks, broken water pipes, loose wires, etc.) and determine the needs of the Clinic (e.g. generator) and whether or not the Clinic can be re-opened.

RESUMPTION OF SERVICES:

All staff should report to work following a natural disaster unless the Clinic Director determines and notifies otherwise.

Post-emergency services will consist of dosing and limited counseling. Two dosing nurses and at least two support staff members must be on-site at the Clinic during open hours. The Clinic Director shall determine the minimum number of patients who can enter the building at a time, depending on the size of the space to begin with, and safety.

If telephone lines are inoperative, all staff are to show up at the Clinic site on the first regularly scheduled Clinic operating day following the natural disaster in order to coordinate the staffing of the Clinic with the Clinic Director. In the event that telephone lines are up and functional, the Clinic Director may select a number of staff to come in to work and will notify them by phone. Counseling time should be focused on helping patients cope with disaster-related issues.

IF THE CLINIC IS FORCED TO CLOSE OR OPEN AT A LATER TIME:

In the event that the Clinic is unable to open, due to safety reasons prohibiting entry into the building, i.e., a fire that would prohibit operation in the building, or any other unforeseen event that would prohibit the Clinic to open and function normally, including no nursing coverage to physically dose patients, patients will be instructed to go to SOUTHLIGHT HEALTHCARE – 919-832-7351.

In the event that the above Clinic is unable to open as well, i.e. Natural disasters that affects the entire region, such as snow storms, ice storms, tornados, or hurricanes. Patients would be directed to the nearest ED, and BAART staff, if able would assist hospital staff as much as possible in patient dosing. In the event that a natural disaster, or severe inclement weather would hinder the opening of the Clinic, patients would if at all possible, be notified the prior day of emergency/exception take homes, and to bring a lock box for that given dose.

Getting the message out to all active patients would be through: verbally by staff the prior day, written notices throughout the Clinic, and through TV/radio media via, WRAL.

Southlight Healthcare 2101 Garner Rd. Raleigh (919) 832-7351

Duke University Hospital ER 2301 Erwin Road, Durham (919) 684-8111

Durham Regional Hospital ER 3643 N. Roxboro Road, Durham (919) 470-4000

Instructions to patients regarding alternative dosing will be posted on the Clinic's front door.

The Clinic Director will select BAART staff to assist with dosing BAART patients at the alternative site.

COURTESY DOSING FOR OTHER PROGRAMS:

The Clinic will attempt to dose other program's patients, if necessary, during an emergency/disaster.

If another program Clinic is unable to open, our Clinic will attempt to provide space in our Clinic so that staff from the other program Clinic will be able to dose their patients.

Verbal orders will be accepted if written patient dosing information is not available.

If BAART is unable to acquire verbal dosing orders and/or the other program Clinic is unable to provide staff to dose their patients at our facility, patients will be evaluated and may be dosed up to 30mgs and will be instructed to return for an additional dose if necessary, up to 10mgs.

Lists of emergency dosing will be kept and copies sent to the patient's program, The NC State Opioid Authority, the NC State DHSR and Alliance Behavioral Healthcare.

6. Workplace Violence

In the event of a threat of violence in the workplace, the following procedures should be followed:

- You should report all threats of violence, both direct and indirect, as soon as possible to your supervisor, the Clinic Director or Human Resources at Administration. This directive includes threats by employees as well as threats by patients. In making this report you should be as specific and as detailed as possible.

- Do not place yourself in peril. You should report all suspicious individuals or activities to your supervisor, the Clinic Director or Human Resources as soon as possible.
- Remember, if you have reason to believe that a threatening individual is armed, call the police immediately. Do not try to intervene.

7. Power Failure

In the event of a power failure, the following guidelines should be followed:

- Immediately notify the senior person at the Clinic (Clinic Director, Office Manager/Safety Officer, Supervising Counselor, etc.);
- The senior person on-site will inform all staff via public address system, if possible. If no such system exists or is not functional due to the lack of power, a supervisor will walk around and let people know;
- Dispensing staff will promptly switch to manual dispensing and record keeping;
- Any counseling staff engaged in a counseling session with a patient will continue the session if lighting is available in the office. If no light exists in a particular counseling office, the counselor should end the session and escort the patient out of the building;
- The senior manager on-site will check each office space in the building to ensure no staff are present in unlighted work areas and all switches for electrical fixtures, including lights, fans, etc., are switched off;
- All staff will remain at the Clinic until (a) the end of the scheduled workday or (b) the senior manager on-site dismisses staff to leave.

8. Hazardous Spills

The Emergency Coordinator and provisional emergency coordinators are responsible for knowing what chemicals their employee may store on site and where they are stored.

In the event of a hazardous spill, first call 911, then contact the NC Division of Emergency Management: 919-733-3300.

The Emergency Coordinator will determine if the area/site is safe for occupancy. If not, evacuation procedures will be initiated.

9. Building Safety

Emergency Lighting is located throughout the Clinic.

There is no gas service into this facility.

The Main Water Valve is located to the right of the main entrance to the Clinic.

The Steam/Boiler shut off is located (not applicable).

The tools necessary to turn off the steam are located (not applicable)

The electrical fuse box/circuit breakers are located A) to the immediate right of the women's restroom located at the start of the hallway to the left of the lobby, in the East wing and B) at the northeast corner of the Western wing's hallway intersection.

If electrical wires are shorting or sparking, turn off electricity.

Fuel Pumps are not on site. *(Please note below if your site is an exception.)*

10. Triage and Medical Care

The medical team for this site will be coordinated by Kenneth Schooff, MD.
If Medical Director is present on site he/she will supervise medical team coordination.

If he/she is not available, Suzanne Gilden-Chiang, PA, will coordinate the team.

The team will be composed of: Suzanne Gilden-Chiang, PA, Shawanda Barlow, LPN, and other available dispensary staff nurses if available.

The Emergency Coordinator and Evacuation Team will inform the Medical Team Coordinator of the location of all persons requiring medical treatment.

The Medical Team Coordinator will designate an area for the treatment of casualties.
If necessary, a separate area, preferably away from the treatment area, will be designated as a morgue.

The closest medical facilities are listed below:

Name	Location	Phone No.
<u>Lincoln Community Health Center</u>	1301 Fayetteville St., Durham	<u>(919) 956-4000</u>
<u>Duke University Hospital</u>	2301 Erwin Road, Durham	<u>(919) 684-8111</u>
<u>Durham Regional Hospital</u>	3643 N Roxboro St # 61, Durham	<u>(919) 470-4000</u>

The Medical Coordinator will organize the triage and treatment functions to ensure that all casualties are evaluated and treated in an expeditious and appropriate manner.

The Medical Team will use *Simple Triage and Rapid Transports* (START) guidelines for the triage of mass casualties. Below are the general START guidelines:

START Primary Triage

Primary Triage is to be provided by the Medical Team. Recognizing that situations of emergency frequently entail limited resources, and that survival of some of the injured might hinge on immediate medical attention, patients will be ranked according to the severity of their injuries by the Medical Team during primary triage. In order to prioritize the treatment to be given, a rapid survey of each victim must be done as minimal first aid is administered. Patients will be marked on the forehead with one of the following numbers, according to this key:

Priority Number	Description of Injuries
1	Requires immediate attention
2	Medical attention is urgent, but might be delayed
3	Minor injuries that require first aid
4	Presumed dead

Place only one of these numbers (rather than any text or textual description) on the forehead of each patient. Alternatively, triage tags might be used to rank the patients.

Non-prioritized individuals (walking wounded/worried well) are to be directed to the designated treatment area with the assistance of available personnel. This category of casualties can wait until the more seriously injured victims have been treated. Still, they must be evaluated and monitored as soon as possible, and if necessary, transported to a medical treatment facility when transportation becomes available. The Medical Team Coordinator will ensure that the following information is maintained for any individuals transferred to a medical treatment facility.

- Name of the patient.
- Location to which they were transferred.
- Name of the organization or individual responsible for transferring the individual.
- The status of the patient's injuries at the time of the transfer.

11. Search and Rescue

If necessary, the Emergency Coordinator or a Search and Rescue Representative will determine if the Fire Department is available to assist with rescues. The Fire Department Dispatch numbers are 911, (919) 560-424. Only when the Fire Department is unable to assist with rescues will Search and Rescue representatives perform rescues. In general, the Fire Department will respond quickly. It is likely that only when a Level III Emergency of catastrophic magnitude occurs will the Fire Department be unable to respond.

Employees who serve as Evacuation Monitors and have search and rescue training can serve as Search and Rescue representatives. When performing search and rescue, the focus of the building sweep is to search for people trapped and/or injured by building debris or fallen furniture. Additionally, the Medical Team Coordinator may inform the Search and Rescue representatives of persons who are trapped and were located in the initial building sweep.

Before entering the building, the Search and Rescue representatives should:

- inspect the overall exterior for overhangs above the entry, major shifts in the building structure, or structural cracks which would indicate it is unsafe to enter.
- evaluate the extent of cracks and splinters in door frames, the walls, and the ceilings. If the building appears unsafe, the Search and Rescue Representatives should not enter.
- cautiously open doors. Before opening any door, use the back of your hand to gauge its surface temperature. If it is hot, do not enter. If it is cool, carefully open the door. This process should be repeated every time a door is encountered.

After entering the building, the Search and Rescue Representatives should:

- Be aware of objects with the potential to fall in the event of an aftershock.
- Pause occasionally and call out "Is anyone there?"
- Systematically search each room while staying within visibility of their partner
- Use flashlights and stay in contact with the walls if the rooms are dark.

The following list of "Do's and Don'ts" should be observed when performing search and rescue:

DO:

- Be careful how you move debris from the vicinity of a casualty.
- Make sure that stretchers are properly blanketed so that the casualty has the maximum amount of warmth and comfort.
- Keep off wreckage as much as possible and leave it undisturbed or the "neutral void" may be destroyed by further collapse.
- Use heavy work gloves when removing debris by hand.
- Remember to exercise great care when using sharp tools in debris.
- Walk as close as possible to the wall when on damaged stairs and upper floors.
- Work in pairs.

DON'T:

- Smoke or strike matches; there might be an undetected gas leak.
- Crawl over debris or disturb parts of the damaged structure unless you are compelled to by circumstances.
- Pull timber out of the wreckage indiscriminately as you may cause further collapse.
- Enter dangerous places without informing the other members of your party.
- Touch loose electric wiring.
- Throw debris aimlessly on one side -- you may have to move it again.

12. Building Security and Reoccupation

After all staff members and others have been evacuated, the Emergency Coordinator will lock the doors of the building to ensure that people do not attempt to re-enter the building unless it is determined safe to do so.

The Emergency Coordinator is responsible for evaluating the safety of the building or coordinating the assistance of outside agencies to evaluate the safety of the building. To perform this function, the Emergency Coordinator should have training (e.g., local Fire Dept. Neighborhood Emergency Response Training). This evaluation must be performed before employees and others are admitted back in the building.

If it is determined that limited access to the building is warranted, re-entry will be done in pairs. Hard-hats may be needed.

13. Securing of Property/Minors

If the building is not to be re-occupied, the Emergency Coordinator will be responsible for the overall securing of the property.

Under the direction of the Emergency Coordinator, Quinton Griffin will be responsible for securing medical records, and Shawanda Barlow and available dispensary staff will be responsible for securing on-site emergency pharmaceutical supplies.

The procedure for handling minors not in the company of a parent or guardian is as follows:

- Emergency Coordinator will designate a responsible staff person to provide temporary care for minors as needed until parents, family members, or guardians can be located, or,
- Arrange for interim care through Police/Sheriff departments and/or Social services department.

The Emergency Coordinator will notify the NC State Opioid Authority, the Health Services Director of CSAS, Alliance Behavioral Healthcare, and Vicki Friel, Vice President Operations, BAART, of the emergency, any casualties, and the status of the site.

Following are tasks which will need to be completed in order to secure equipment and otherwise make the site safe in the event of an emergency:

<u>Tasks</u>	<u>Location</u>	<u>Estimated Cost</u>
	<u>All task locations 800 N. Mangum Street, Suite 400, Durham, NC</u>	
<u>Turn off electrical circuit breakers if indicated.</u>		<u>Unknown</u>
<u>Call police and/or fire departments if needed.</u>		<u>Unknown</u>
<u>Check Clinic for injured-notify emergency medical care providers as needed</u>		<u>Unknown</u>
<u>Evacuate all patients/staff not seriously injured</u>		<u>Unknown</u>
<u>Inspect facility and lock down</u>		<u>Unknown</u>
<u>Inventory controlled substances and other pharmaceuticals as needed, secure in safes.</u>		<u>Unknown</u>
<u>Assist emergency personnel as needed to evacuate all seriously injured persons.</u>		<u>Unknown</u>
<u>Account for all staff and patients to ensure that no-one has been left behind.</u>		<u>Unknown</u>

Conduct final inspection of premises, set alarm systems, exit premises and lockdown facility.	Unknown
Ensure all persons have adequate transportation from site.	Unknown
Assign security staff to monitor site as needed.	Unknown

For further information or explanation of duties, please contact: Hilda Smith, Clinic Director at 919-683-1607 x9748.

C. EXTERNAL PROCEDURES.

1. Emergency Response

Following is the planned response to different levels of emergencies in which the site remains usable.

Level I - Emergency of Limited Scope: Services following the emergency to be provided to on-going patients will include:

- medication dispensing services-Clinic director or designee will arrange for each patient enrolled in treatment to receive his/her narcotic replacement therapy medication-either at the program site, at a temporary site, or at another program site.
- emergency counseling/supportive services-Clinic director or designee will arrange for each patient in need of such services to receive counseling and referrals as necessary.
- emergency medical services: Clinic director or designee will arrange for each patient enrolled in treatment to receive emergency medical services on site, or refer such cases to the proper medical facilities capable of providing treatment as needed, or directly arrange for emergency services via 911 calling (identify and explicate).

The Emergency Coordinator will ensure that staff receive debriefing and other support services as need.

Level II - Moderate to Severe Emergency: Services following the emergency to be provided to on-going patients will include:

- medication dispensing services-Clinic director or designee will arrange for each patient enrolled in treatment to receive his/her narcotic replacement therapy medication-either at the program site, at a temporary site, or at another program site.
- emergency counseling/supportive services-Clinic director or designee will arrange for each patient in need of such services to receive counseling and referrals as necessary.
- emergency medical services: Clinic director or designee will arrange for each patient enrolled in treatment to receive emergency medical services on site, or refer such cases to the proper medical facilities capable of providing treatment as needed, or directly arrange for emergency services via 911 calling (identify and explicate).

The Emergency Coordinator will ensure that staff receive debriefing and other support services as needed.

Level III - Catastrophic Emergency: The Emergency Coordinator will survey the site for damages, injuries, deaths and available resources, and will determine the appropriate response.

- The program will coordinate with the Health Department and other City Departments to respond to the emergency with whatever resources remain.
- The program will request mutual assistance.
- Depending on resources, the program may deploy available staff either to specific locations in order to provide services for surviving mental health patients or to mass care shelters and other incident specific sites to provide disaster crisis counseling and substance abuse services.
- Debriefing services will be made available as resources permit.

2. Participation in Division Response

See Page 16 for staff who will be available to participate in the Program Emergency Response.

3. Personnel

It is the responsibility of every employee to:

- report to work,
- communicate with supervisors regarding their situation,
- inform their supervisors regarding how they may be reached in an emergency,
- learn what his/her role will be in the event of an emergency.

It is the responsibility and prerogative of management to reassign workers to alternate work schedules and duties during an emergency. Employees will be sent home from work with compensation during an emergency when management determines that 1) it is unsafe to continue working and it is not feasible to reassign to another location immediately or, 2) the employee has sustained injury and should be relieved of duty. Compensation will be for the remainder of the work shift unless otherwise specified.

BCH/DURHAM STAFF LIST

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