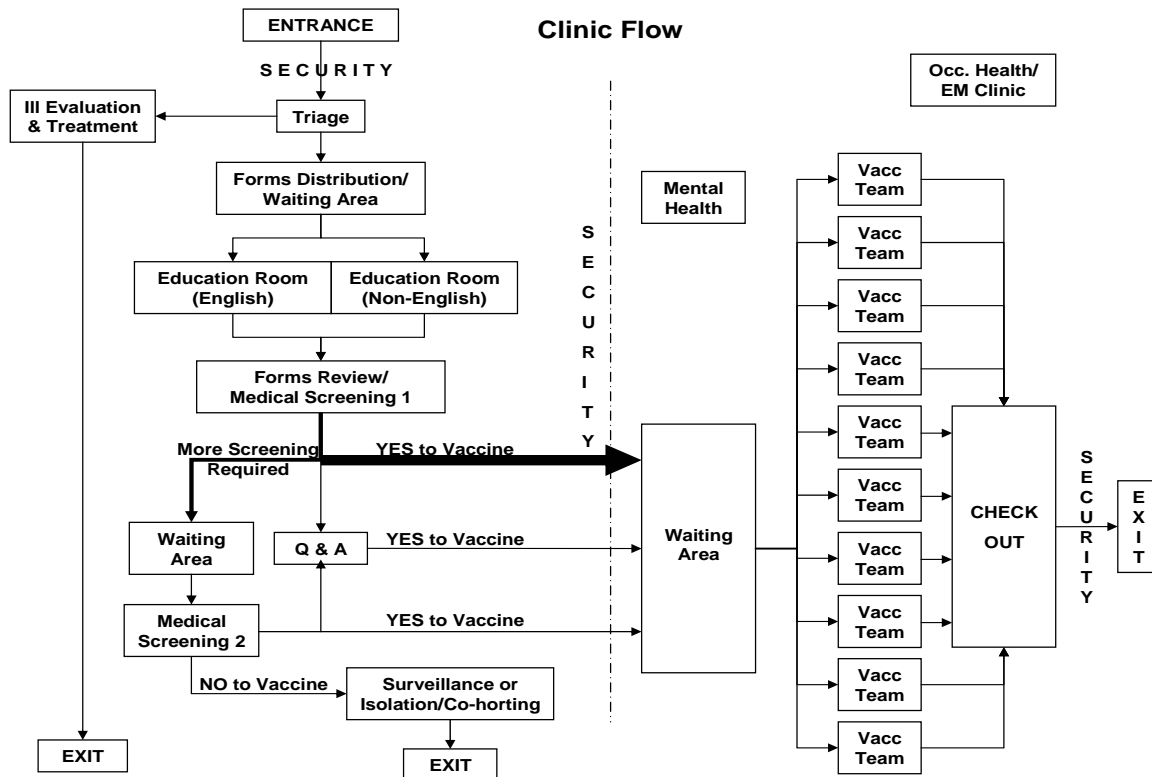


Mass Clinic Operations Drill

Clinical Flow Model Presented in "Tab B" of the *Public Health Emergency Response Plan*:



SUMMARY: A drill to test the effectiveness of a portion of the *Regional Public Health Emergency Response Plan* was held on October 13, 2004 at the Reynolds Middle School in Fairview. It was staffed by Clackamas, Multnomah, and Washington Counties as well as the Health Reserve Corps Volunteers. The objective of this Drill was to confirm that the clinical model presented in "Tab B" of the Response Plan (shown above) could process three hundred patients per hour through a vaccination scenario. The model did prove to be effective and adequately fluid to permit servicing the target rate and handle moderate surge capacity. There were some problems encountered in the clinical operations which resulted in the recommendations contained in this report to enhance the patient flow for any future drills or actual emergency operations.

DISCUSSION

This part of the Regional Bioterrorism exercise was performed as a separate and unrelated event to the main Regional Exercise held during the week of October 4, 2004. The Operations Team was organized to identify the efforts, plans and resources necessary to conduct the operation. This team consisted of the following members:

NAME	AGENCY	CHIEF TASK WITHIN EXERCISE
Christine Bernsten	Multnomah County	HRC Coordinator
Tim Donohue	Multnomah County	Division Supervisor
Marti Franc	Clackamas County	Clackamas County Coordinator
Kathryn Harris	Multnomah County	Site (Reynolds School) Liaison
Roberta Hellman	Washington County	Clinical Task Force Leader
Apryl Herron	Clackamas County	Education/Screening Crew Leader
Peggy Hillman	Multnomah County	Clinic Flow Leader
Kathleen Innes	Multnomah County	Logistics Section Chief
Althea Milechman	Multnomah County	Public Information Officer
Carol Opheikens	Clackamas County	Delivery Crew Leader
Gregg Russell	Washington County	Forms Team Leader
Virginia Schmitz	Multnomah County	Clinic Flow Leader

The group used Tab B of the *Regional Public Health Emergency Response Plan* as a guide to their efforts. A sketch of the clinical floor plan was created (Appendix A). The decision was made reduce the number of vaccination stations to see if less staff could still produce the desired results. Many of the members of this team had held some form of a “mass vaccination clinic,” and it was believed that the operation could be successful with six rather than ten vaccination stations. Next, the incident objectives were formalized to insure the goals of the exercise were clear, well-defined and understood by all (Appendix B). Then, the Site Profile (Appendix C) was completed to allow a full understanding of the facilities that would be used. Then the team developed a site *Communications Plan* (Appendix D) as well as an *Emergency/Evacuation Plan* (Appendix E). Finally, the clinical supplies and equipment list was determined by examining the details of the floor plan sketch and previewing the recommendations contained in “Tab B.”

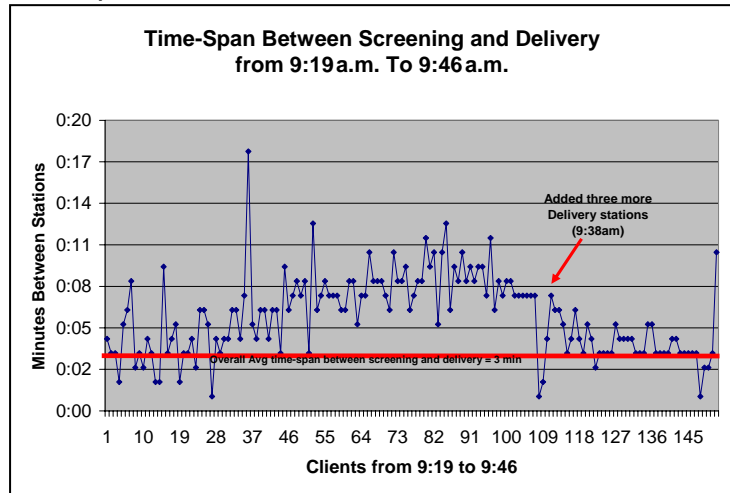
The floor plan was set up in the Gym on the evening prior to the event. The Mass Clinic was held on October 13, 2004. Staff arrived approximately 1 ½ hours early to allow for orientation and training. The first “patient” came into the Clinic at 9:08 and the last patient entered at 11:05. Within this approximate two-hour period, the clinic processed 590 patients. When considering the fact that there were some significant gaps of the flow of students into the clinic (see the Unit Activity Report in Appendix F), it can be established that the model could successfully sustain the rate of 300 clients per hour.

The Mass Clinic used a “fake” disease to avoid any misunderstanding within the community of the clinic site. A small flashlight was given instead of an injection or other medication at the Delivery Station. The Work Stations were all designed to allow enough complexity to simulate the time to: 1) distribute information/screening forms and fill-out the forms, 2) medically screen (with a second screening for 31% who had answered initial questions in a particular manner), 3) administer the vaccination (gift), and 4) check the forms for accuracy and completeness before the patient left. Time

was noted at every station in the clinic on the Clinic Worksheet (Appendix G). An analysis showed the following time spans between the clinical operations:

Between Station 1 and Station 2	5 minutes
Between Station 2/2A and Station 3	3 minutes
Between Station 3 and Station 4	1 minutes
Total Avg Time to complete Process	10 minutes

There were some problems encountered during this exercise which demonstrated the flexibility of the “Tab B” plans to allow for adjustments and real time solutions. The first problem that occurred was a sudden queue that formed between the Medical Screening Stations and the Delivery Station. The line started to grow outside the area that was provided for queuing. The Clinic Leadership immediately opened three additional Delivery Stations and the queue reduced almost immediately. The time span during this period went from an average of 2-3 minutes to an average of 8 minutes (see adjacent chart). The clinic had processed 109 patients in the first 15 minutes and this surge initiated the backlog. The



The remedy insured that when later surges entered the clinic, the queues would not form between the stations. Another difficulty that became apparent was that there was no means to identify a nurse (or other medical provider) who was working in a more “administrative” capacity among the staff. It took precious time to identify qualified staff who could be moved to deliver the “vaccine.”

Additionally, when there are many stations to send clients, there is some confusion regarding exactly where they are supposed to go next, as well as *which* of the tables was available for service. There was also a learning curve problem for the staff since several of them did not fully understand the written job instructions given and reviewed with them just prior to opening the clinic. The training given to the staff also did not emphasize the “chain-of-command” priority in the Incident Command structure, so some staff did not know they were supposed to communicate with their Crew Leader to get the information they needed at their station.

When the staff reviewed other areas that needed improvement, they identified that waterless hand washing needed to be available throughout the clinic. They also agreed that in the case of a real event, where they would be expected to work a full shift, that there would have to be some type of child-care available, or many of them would be unable to volunteer. Finally, it was mentioned that the chairs used for the staff would need to be a little more comfortable for an extended clinic. The staff were surveyed (Appendix H), and they were generally satisfied with the overall exercise. The average rating on all questions on the survey by all respondents was 4.3 out of a possible 5.

RECOMMENDATIONS

With regard to “Tab B” of the Plan:

1. The Clinical design is practical and should be followed as closely as possible in future drills or a real event. The basic design is fluid and it will allow the processing of 300 clients per hour and permit a degree of surge capacity. Once properly staffed, the clinic handled a flow surge of 96 clients in a 15 minute period (384/hr) without any noticeable queue forming. Client flow will never be static and the clinic leadership should use the lulls in patient flow to insure that staff receive breaks during an extended clinical operation. The model will support this.
2. Future Drills and events should use the model sketch developed from this exercise at least as a starting point. Areas between the stations need to be as large as the facility will permit; but, the floor plan worked. It would be a time-saver in an actual event when time would be much shorter than in a planned drill.
3. Add a section in the *Mass Clinic Site Profile* form that insures the examination of any existing emergency plans at the host facility. It would provide better continuity to have one plan for the site rather than one for the visitors and one for the “regulars.” This would also insure that everyone knows where to go if there is an evacuation while the clinic is in operation.
4. Suggested supplies should be expanded to include Duct tape, laminated arrows, four colors of crepe paper, and 30 small flags or signaling devices.

With regard to Operations:

1. As staff check-in to the event, the first ones to arrive will need to help with the check-in process until the bulk of the manpower is there. A clinic to process 300 clients per hour takes about 90 staff to run it. The check-in process takes place within a half-hour to forty-five minutes. A queue is likely to develop.
2. Clinicians (Nurses, Practitioners, PA’s, and Doctors) should have a 6” to 10” horizontal stripe of silver duct tape applied on both the front and back of their vests. In a mass clinic, many people are coming together and there is no quick way to identify a clinician if the leadership needs to shift staff during the operation. This would allow an immediate identification of appropriate staff if such a need arose.
3. Color code the work stations so they are distinct. If a client is leaving a table outlined with red crepe paper and told to go to the blue one, there is little room for a misunderstanding. Placing laminated arrows on the floor could also help insure that the line moves properly.
4. Give staff small flags that they can waive to attract clients who are looking for available service. This is much simpler and more effective than hand waving which can be missed in a crowded room of people.
5. Waterless hand cleaner needs to be available at every workstation.
6. If at all possible, have at least some comfortable chairs for staff that will attend to any ergonomic concerns that may develop, as well as a respite area for them. In the event of a real emergency, volunteers of all ages and physical conditions have been known to come forward.

With regard to Training:

1. Orientation needs to better address the chain-of-command principle used in the Incident Command structure.
2. Job instructions need to use more graphics and less word to explain what needs to be done. The staff will be better able to understand and use instructions that show rather than just “tell.”

APPENDIX A

INCIDENT BRIEFING	Date Prepared: <div style="text-align: right;">9/13/04</div>
TASK NAME: Mass Clinic for Medication Dispensing	Prepared by: Operations Team
MAP/SKETCH:	
<ol style="list-style-type: none"> 1. Student participants will enter the Gym after receiving the Clinical Worksheet. Forms will be marked with the time the student picked up the form. 2. They will be directed to a table where they will fill in the information on the form. 3. They will be directed to the screening area where the Screener will review the form. The screener will enter the time the student brings them the form. If they have made a selected response, they will be directed to the secondary screening area for further inquiry. 4. If the participant must receive the second screening, the Screener will enter the time on the form when the student arrives. After this screening, the participant will be directed to the Gifting Area. 5. Once the forms have been examined by screeners the participants will arrive at the "Gifting Area" where the Delivery Team will mark the time of when the student arrives at that station, and then check over the Worksheet one last time. When everything has been examined, the Delivery Administrator will give the gift to the student and will note the serial number of the gift on the worksheet and then direct the student to the Check-Out Area.. 6. At the Check Out station, those staff will note the time the participant turns in the form and will then direct the students to the exit. 	

APPENDIX B

INCIDENT OBJECTIVES	INCIDENT NAME: Mass Clinic	DATE PREPARED: 9/13/04								
OPERATIONAL PERIOD: October 13, 2004 9:00 – 11:00										
GENERAL CONTROL OBJECTIVES FOR THE INCIDENT The goal of this exercise is to successfully process 300 clients per hour through a mass-clinic module.										
WEATHER CONSIDERATIONS: Exercise is being held indoors so the weather should have a negligible to minimal impact.										
GENERAL/SAFETY MESSAGE: Exercise must conform to School's desire to not worry the student body or their parents: A very close liaison with Reynolds School (the site of the Mass Clinic) will be necessary at every step of the exercise. This Mass Clinic cannot use a "real" disease in case there is a misunderstanding regarding the fact that this is only a drill. Other references to clinical processes must be eliminated or modified, as well. On the other hand, all stations that would be used in a "true" mass-clinic, must involve the participants for the average length of time and complexity to insure that the rate of students processed will reflect what could be done in the case of a real event.										
ATTACHMENTS:										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> Organization List</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Disease Details</td> </tr> <tr> <td><input checked="" type="checkbox"/> Division Assignment list</td> <td><input checked="" type="checkbox"/> Area Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> Communications Plan</td> <td><input checked="" type="checkbox"/> Process Flow Chart</td> </tr> <tr> <td><input checked="" type="checkbox"/> Safety Plan</td> <td><input checked="" type="checkbox"/> Clinic Worksheet/Gift information</td> </tr> </table>			<input checked="" type="checkbox"/> Organization List	<input checked="" type="checkbox"/> Disease Details	<input checked="" type="checkbox"/> Division Assignment list	<input checked="" type="checkbox"/> Area Map	<input checked="" type="checkbox"/> Communications Plan	<input checked="" type="checkbox"/> Process Flow Chart	<input checked="" type="checkbox"/> Safety Plan	<input checked="" type="checkbox"/> Clinic Worksheet/Gift information
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<input checked="" type="checkbox"/> Safety Plan	<input checked="" type="checkbox"/> Clinic Worksheet/Gift information									
PREPARED BY:	APPROVED BY (INCIDENT COMMANDER):									

APPENDIX C

Mass Clinic Site Profile

County: <input checked="" type="checkbox"/> Clackamas <input checked="" type="checkbox"/> Multnomah <input checked="" type="checkbox"/> Washington																																									
Site Name: Reynolds Middle School	Type of Facility: <input checked="" type="checkbox"/> -School <input type="checkbox"/> -University/College <input type="checkbox"/> -Community Center <input type="checkbox"/> -Mall <input type="checkbox"/> -Church <input type="checkbox"/> -Outdoor Area <input type="checkbox"/> -Other:																																								
Phone Number 503-665-8166 x-3548																																									
Street Address 1200 NE 201 st Ave Fairview, OR 97024																																									
Site Authority: George Rochat (Assistant Principal)																																									
Contact Person: George Rochat Phone: 503-880-3748 (cell) e-mail: george_rochat@reynolds.k12.or.us																																									
Back-Up Contact Person: N/A Phone: e-mail:	Law Enforcement Jurisdiction: Fairview																																								
On-Site parking available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Capacity: +100	Nearby Emergency Transportation Routes:																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Alternate Parking Facilities:</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> Address: N/A </td> <td style="width: 50%; padding: 5px;"> Address: </td> </tr> <tr> <td style="padding: 5px;"> Capacity: </td> <td style="padding: 5px;"> Capacity: </td> </tr> <tr> <td style="padding: 5px;"> Address: </td> <td style="padding: 5px;"> Address: </td> </tr> <tr> <td style="padding: 5px;"> Capacity: </td> <td style="padding: 5px;"> Capacity: </td> </tr> </table>	Alternate Parking Facilities:		Address: N/A	Address:	Capacity:	Capacity:	Address:	Address:	Capacity:	Capacity:	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sunset Highway (26)</td> <td><input type="checkbox"/> Hwy 217</td> </tr> <tr> <td><input type="checkbox"/> I-5</td> <td><input type="checkbox"/> Baseline</td> </tr> <tr> <td><input type="checkbox"/> I-205</td> <td><input type="checkbox"/> Tualatin Valley Hwy</td> </tr> <tr> <td><input checked="" type="checkbox"/> I-84</td> <td><input type="checkbox"/> Farmington</td> </tr> <tr> <td><input type="checkbox"/> MLK Jr Blvd</td> <td><input type="checkbox"/> Hillsboro</td> </tr> <tr> <td><input type="checkbox"/> Lombard</td> <td><input type="checkbox"/> Scholls Ferry</td> </tr> <tr> <td><input type="checkbox"/> Sandy Blvd</td> <td><input type="checkbox"/> Pacific Hwy</td> </tr> <tr> <td><input type="checkbox"/> East 39th Ave</td> <td><input type="checkbox"/> McLaughlin</td> </tr> <tr> <td><input type="checkbox"/> Foster Rd</td> <td><input type="checkbox"/> Molalla</td> </tr> <tr> <td><input type="checkbox"/> Burnside</td> <td><input type="checkbox"/> Beavercreek</td> </tr> <tr> <td><input type="checkbox"/> Powell</td> <td><input type="checkbox"/> Redland</td> </tr> <tr> <td><input type="checkbox"/> East 122nd Ave</td> <td><input type="checkbox"/> Sunnyside</td> </tr> <tr> <td><input checked="" type="checkbox"/> East 181st Ave</td> <td><input type="checkbox"/> Hwy 99E</td> </tr> <tr> <td><input checked="" type="checkbox"/> East Hwy 26</td> <td><input type="checkbox"/> Hwy 211</td> </tr> <tr> <td><input type="checkbox"/> Hwy 212</td> <td><input type="checkbox"/> Hwy 213</td> </tr> </table>	<input type="checkbox"/> Sunset Highway (26)	<input type="checkbox"/> Hwy 217	<input type="checkbox"/> I-5	<input type="checkbox"/> Baseline	<input type="checkbox"/> I-205	<input type="checkbox"/> Tualatin Valley Hwy	<input checked="" type="checkbox"/> I-84	<input type="checkbox"/> Farmington	<input type="checkbox"/> MLK Jr Blvd	<input type="checkbox"/> Hillsboro	<input type="checkbox"/> Lombard	<input type="checkbox"/> Scholls Ferry	<input type="checkbox"/> Sandy Blvd	<input type="checkbox"/> Pacific Hwy	<input type="checkbox"/> East 39 th Ave	<input type="checkbox"/> McLaughlin	<input type="checkbox"/> Foster Rd	<input type="checkbox"/> Molalla	<input type="checkbox"/> Burnside	<input type="checkbox"/> Beavercreek	<input type="checkbox"/> Powell	<input type="checkbox"/> Redland	<input type="checkbox"/> East 122 nd Ave	<input type="checkbox"/> Sunnyside	<input checked="" type="checkbox"/> East 181 st Ave	<input type="checkbox"/> Hwy 99E	<input checked="" type="checkbox"/> East Hwy 26	<input type="checkbox"/> Hwy 211	<input type="checkbox"/> Hwy 212	<input type="checkbox"/> Hwy 213
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Nearby Bus Routes: #77 (Halsey)	Translation Needs: Spanish, Russian, few others, but a portion illiterate in any written language																																								
Module Capacity: (#): >300 per hour will attempt to get 600-700 students for clinic	Other Population Demographic Concerns Many children in poverty; only one wheelchair handicapped person in group																																								
Where (in facility) can modules be operated: Main Gym																																									
This site's emergency plans reviewed (if applicable): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Plans reviewed, adopted and pamphlet created for exercise.																																									

APPENDIX D

Communications Plan

Staff Reporting

Checking In/Out

Team Leaders will instruct all staff to sign in and out upon entering and leaving the site.

Client Forms Control

Forms must have the time entered at each Time Stamp Station; these are:

1. At Forms Distribution
2. At Education Screening
3. At Medical Screening 2 (if directed to that station)
4. At the Gifting Area
5. At Check Out

All stations will ensure that the timepiece used to record the time on the client form has been synchronized at the beginning of the operational period.

Training

Clinic Supervisor will provide an overview of the Mass Clinic process and a general safety orientation to all staff before breaking them up into teams for individual instruction. The School Administrative Liaison will also address the Clinical Staff to orient them to important information regarding the host school. Team Leaders will provide instruction to all staff regarding the job(s) they will perform.

Team Leaders – (As per Job Description)

Greeters – (As per Job Description)

Education/Counseling – (As per Job Description)

Floater – (As per Job Description)

Gifters – (As per Job Description)

Check-Out [Forms Collection] – (As per Job Description)

Intra-Communications Plan

Between Clinical Teams

Clinical Staff may communicate via walkie-talkie using **Channel 3**. They will need to identify the station they are calling from and the station they are calling to. The use of standard radio protocol will be necessary. When one speaker is finished with a sentence or question; they should simply say "OVER" to signal the receiving party that they may talk. When communication has terminated, the speaker should just say the word "OUT" and this will clear the airway for other communicators.

With Security

Staff with radios may contact security by using **Channel 7** and summoning the available force to where a breach of security or other type of emergency occurs. Standard radio protocol will need to be followed.

With IC Chiefs – N/A

Language Communications Plan

English/Spanish/Russian –

Greeters and Floaters may direct clients who speak these languages to the proper station with the language competency required.

Other Languages –

Greeters and Floaters will direct clients who speak a language other than English, Spanish or Russian to the stations that have the Nextel Speaker phones to obtain a telephone interpretation.

APPENDIX D (Continued)

Communicating with Clients

General

As per job description

Reporting Escalating or Violent Behavior

If there are any violent or escalating behavior episodes in the clinic, staff will contact security (Channel 7) and report a "CODE 1." Security will contact the School Staff Liaison and they will deal with the person who is acting out according to school policy.

Report of Child abuse/neglect

If one of the students reports child abuse, child neglect or any sort of crime to any of the clinical staff, contact security (Channel 7) with a "CODE 2" report. The staff will identify their station and Security will contact the School Staff Liaison and they will come to the Station to escort the child from the exercise and interview them regarding the allegations in a private and comfortable atmosphere.

APPENDIX E

Power Failure / Natural Disasters

- Power Failure:

In case of a power failure

- Have flashlights ready for use at all times.
- Crew Team Leaders in tandem with the School staff will help evacuate all occupants to the primary gathering area.
- After evacuation of all occupants, the clinical staff will meet and discuss whether to continue the exercise or to dismiss non-essential personnel.

- Natural Disaster:

Generally speaking, natural disasters will announce themselves. There are procedures that can minimize injury and help in returning things to normalcy.

If the disaster is an earthquake: [Drop/Cover/Hold]

1. Remain calm.
2. Staff will call out "Drop"
3. If you are indoors, remain there.
4. All occupants will take shelter under a table if nearby.
5. Stay away from windows, doorways and bookshelves during the shaking.
6. After the shaking stops, all occupants should remain under cover or move to cover if it is safe. The Clinic Supervisor will communicate with the school liaison staff and assist with an evacuation if that is the safest plan.
7. If there are injuries, refer to the injury/illness section.
8. Team leaders should gather flashlights and First Aid Supplies while awaiting further instructions. **AFTERSHOCKS** are likely!
9. If the building is to be evacuated it will be announced by the School Staff Liaison or the Clinic Supervisor and communicated over the public address system, bullhorn, or other means available.

Bomb Threat

If you receive a bomb threat:

1. Remain calm.
2. If the threat is communicated over the phone, keep the caller talking.
3. Try to get important information by asking:
When will the bomb explode?
Where is the bomb? Which side of the building?
What does the bomb look like? How big is the charge? Who is calling?
Try to remember characteristics of the caller's voice: Male/Female, accents, age, clear/thinned speech etc.
Make a mental note of background noise such as music, motor, anything distinctive that might identify the location of the caller.
4. Notify the Clinic Supervisor and the School Staff Liaison; **DO NOT** use two way radios; Call 911; **DO NOT** notify anyone else.



When staff and occupants are advised of a bomb threat:

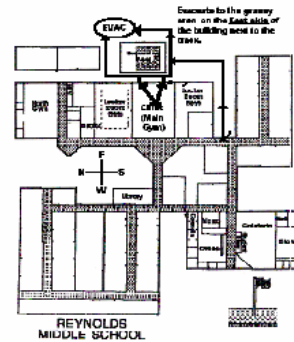
1. Do not touch anything that does not appear to belong. If a suspicious package or article is discovered, it should be reported to the Clinic Supervisor.
2. Do not actively search for the bomb, but make mental notes of anything unusual or out of place.
3. Evacuate the building only after being notified.
4. Do not return to the building without being notified to do so.

The most likely places for bomb placement are public areas, restrooms, trashcans, plants, etc. Good housekeeping is important. Areas that are cluttered are hard to search.

Emergency Procedures Mass Clinic Exercise

10/13/04

Reynolds Middle School
1200 NE 201st Ave
Fairview, OR 97024
503-665-8166



Communications:

Fire/Emergency	911
School Admin Liaison	503-880-3748
Security	Channel 7
Clinical Communications	Channel 3

General Information

The Reynolds Middle School Mass Clinic exercise is concerned with the safety of individuals occupying the structure as a priority. The degree of safety depends, however, on the quality of the response to emergency situations. For your safety and the safety of others, please familiarize yourself with this pamphlet.

Take some time to notice all the evacuation routes, emergency exits, and locations of fire extinguishers. Please familiarize yourself with this important safety information immediately, and contact one of the Crew Team Leaders if you have any questions. These individuals make up the first line of effective emergency response in the case of fire or emergency.

- Crew Team Leaders will direct occupants safely out of the facility
- Security Staff will direct occupants from the exit doors.
- The School's Administrative Liaison or designee will be in charge of the evacuation process.

Evacuation

Evacuation may be required by various emergencies, including fire, bomb threats, toxic contamination, etc. Evacuation of the Reynolds School Gym building may involve all or just part of the facility. If you are instructed to evacuate the building, do so immediately.

All staff should assist in the evacuation of people with disabilities.

Do not wait for an evacuation order if you are in danger. Specific emergency situations may require different evacuation routes than those planned.

--The Primary Meeting Place after an evacuation is **THE GRASSY AREA ON THE EAST SIDE OF THE CAMPUS NEAR THE TRACK** (See Map)

The main evacuation exit is through the doors on the East side of the Gym. Any available exit from the building may be used as long as it is safe to do so. **DO NOT RETURN TO THE BUILDING UNTIL NOTIFIED!**

Injury/Illness



In case of Injury or Illness:

The first person to identify the situation should use their walkie-talkie to announce on **Channel 3**: "We need Medical Assistance to [the Station of injured party], Stat."

The senior medical person will be in charge until the School Nurse arrives. Other medically trained personnel will assist as directed. If language capability is needed, arrange for translators either in person or on a cordless phone. The medical person in charge will direct assisting staff to call 911 if necessary.

If 911 is called: Give the 911 Operator the location and nature of the injury/illness. Be sure to give the address (see front cover). If the injured or ill party requests that you contact their doctor or hospital, please do so.

If the illness/injury is part of a larger emergency, the injured/all people should be moved to safety. As long as it is safe to do so, medically trained staff should remain to render aid to victims of the situation. Evacuation of these injured/all persons should be in the same manner as people with disabilities.

Other Incidents

If a student becomes disruptive, contact security on the walkie-talkie (**Channel 7**) and report a "Code 1," then identify your location. Security will summon the School Staff Liaison to the area.

If a student reports any allegations of child abuse, neglect or any other crime, contact security on the walkie-talkie (**Channel 7**) and report a "Code 2," then identify your location. Security will summon the School Staff Liaison to the area.

If a School Lock-Down or Lock-in is announced, security will insure that all exterior doors are locked and that no one leaves. Clinical Staff will follow the direction of the School Administrator or designee.

Fire

[To report a fire call 911]

If the alarms sound:

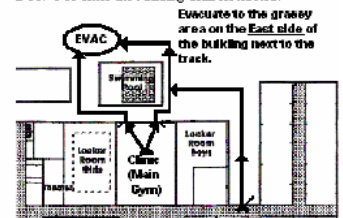
1. Alert everyone in your area.
2. Evacuate to the Primary Meeting area (East grassy area near the track) as per evacuation plan.
3. Crew Leaders and Security staff will ensure complete evacuation of the clinical facility.
4. If an attempt can safely be made to put out the fire, make the emergency calls first.
5. Use the closest fire extinguisher **only** if it is safe to do so.

DO's

DO evacuate if in personal danger (don't wait for the alarm).
DO assist anyone who requires help if you are able.
DO use the stairways only.
DO close the doors to slow the spread of the fire.
DO keep low when going through the smoke.
DO proceed to the Primary meeting place.
DO treat every fire alarm as a real event even if you believe it may be a drill.
DO evacuate as instructed in the evacuation plan.

DON'T's

DON'T use water on electrical or liquid fires.
DON'T use any elevators.
DON'T open hot doors. A fire could blast through an open door.
DON'T go back for your things.
DON'T panic. The building has a sprinkler system.
DON'T re-enter the building until instructed.



APPENDIX F

UNIT LOG	INCIDENT NAME: Mass Clinic	DATE: 10/13/04
UNIT NAME: Reynolds School Mass Clinic	DIVISION LEADER: Tim Donohue	OPERATIONAL PERIOD: 10/13/04 9:00am to 11:00am
ACTIVITY LOG		
TIME - MAJOR EVENTS -		
7:00	Arrived at site	
7:30	Check-in station bottleneck-Added staff to Check-in function.	
8:01	Orientation – Welcomed participants and observers. Outlined the clinic flow and instructed participants on the just-in-time training process. Reviewed the Emergency procedure pamphlet given to all.	
8:12	Everyone in the clinic area addressed by George Rochat, Vice Principle of the Reynolds Middle School. Safety plans discussed.	
8:16	Had participants break into their work groups for job task orientation and training.	
8:57	Called all participants to report to their stations.	
9:08	First students arrived at the clinic.	
9:33	Observed serious backlog queue at the gift delivery station.	
9:37	Pulled two RN's from the "Float" pool and an NP who was the Safety Officer for the exercise to act as Delivery Administrators and relieve the backlog.	
9:52	No clients in the clinic process (the students were not coming).	
9:53	More students started to arrive and fill the clinic once more	
10:08	After one hour, the counter at the door of the clinic had counted 323 students had entered the clinic.	
10:28	Students, again, had stopped coming to the clinic. The queue was empty up to the Gift Delivery.	
10:29	Students started to arrive again.	
10:35	Counter at the front door had counted that 441 students had come so far.	
11:05	Last of the students had entered the clinic (no more were scheduled to come).	
11:18	Announced that work crews should break up into teams and evaluate the exercise.	
12:00	Discussed what went well and what needed improvement with the entire group. Discussion led by Clinic Observers. Organized core group to compose message to the students of the school expressing our thanks as well as some questions for them to get some valuable feedback on their experience.	
12:30	Dismissed group and started disassembling the clinic.	
12:50	Left the clinic site.	
PREPARED BY (NAME AND POSITION): Tim Donohue Division Supervisor		

APPENDIX G

CLINIC WORK SHEET

Name _____ Today's Date _____

Date of Birth _____ Grade in School _____

House Name in School _____

Sex: Male Female

Do you have a dog?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	-----
Do you have a cat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	-----
Do you have a brother or sister?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	-----
Do you have a bicycle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is your favorite color? _____

What is your favorite fruit? _____

What is your favorite ice cream? _____

What is your favorite vegetable? _____

What is your favorite sport? _____

What is your favorite movie? _____

What color are your eyes? _____

Clinic Staff Use Only:

TIME 1 _____

Gift given? Yes No

TIME 2 _____ / **TIME 2A** _____

COLOR PREFERENCES: ___/___/___/___/___

TIME 3 _____

Lot # _____

TIME 4 _____

Value of Gift: \$ _____

Date Gift given: _____

Gift Administered By: _____

APPENDIX H

MASS CLINIC EVALUATION FORM

Agency/Organization: (please circle one)

Clackamas County Multnomah County Washington County Health Reserve Corps

My role in this exercise: _____

Please evaluate your experience on a scale of 1-5, with 1 being low and 5 being high. Circle the appropriate number. Any comments you add will be very helpful.

- | | |
|---|-----------|
| 1) My knowledge of how mass clinics operate has been enhanced as a result of this exercise. | 1 2 3 4 5 |
| Avg = 4.2 | |
| 2) The layout and flow of patients at the mass clinic was efficient. | 1 2 3 4 5 |
| Avg = 3.6 | |
| 3) I knew who I worked for (name, if known _____). | 1 2 3 4 5 |
| Avg = 4.3 | |
| 4) I knew or quickly learned my role and what was expected of me at the mass clinic. | 1 2 3 4 5 |
| Avg = 4.6 | |
| 5) The "just in time" training gave me sufficient information and knowledge to do my role assignment well | 1 2 3 4 5 |
| Avg = 4.1 | |
| Communications with those I worked with were adequate. | 1 2 3 4 5 |
| Avg = 4.4: | |
| 6) My colleagues were committed to doing quality work. | 1 2 3 4 5 |
| Avg = 4.8 | |
| Overall, this a positive learning experience. | 1 2 3 4 5 |
| Avg = 4.7 | |

AVERAGE FOR ALL QUESTIONS BY ALL STAFF = 4.3