

Moore county Hospital District Emergency Action Plan

MCHD Education Department

[Can This Really Happen](#)

Introduction

Disasters Can Happen in Less
Than a Second

Are We Ready!

Integration of Command Structure

- The MCHD Emergency Response Plan provides for the coordinated function of six critical areas during an emergency. These are:
 - Communication
 - Resources and assets
 - Safety and Security
 - Staff responsibilities
 - Utilities management
 - Patient clinical support activities.

(MCHD Policy # 8350-EC-4000)



(image from Bing images.com)

Processes to Notify Staff

- Within The facility
- MCHD pager system
- Over head audible page system
- Telephones
- Pagers
- Away from the Facility
- Telephones
- Cell Phones
- Pagers

Procedure

- If the Emergency is Internal
- The Person discovering the Emergency will notify the ER charge nurse at Ext 1801 and they will in turn announce the appropriate message over the internal public address system and call 911. The ER Charge Nurse will then activate the EOP and start the emergency phone notification procedure.

- If External Disaster

The ER Charge Nurse will be notified by radio or phone to expect incoming casualties. It may be necessary to create accommodations for a large scale influx of patients, documentation procedures , etc..

Procedure

- The ER Charge Nurse will activate the EOP and start the emergency phone notification procedure.
- The overhead announcement should be repeated twice as follows dial 5555 wait for tone then announce; *Attention please, The emergency operations plan is now in effect. The incident command center will be located in Cardio Rehab. All personnel report to your respective department supervisor for further instructions.*
- Once the EOP has been activated, the administrator or administrator on call will assume incident command and establish the incident command post in Cardio Rehab.

Procedure

- Only the administrator or administrator on call will have the authority to deactivate the EOP once the situation has been resolved.
- When the EOP is to be deactivated, the following announcement will be made; *Attention please, Emergency Operations Plan ALL Clear, Emergency Operations Plan ALL CLEAR.*
- Incident Command will follow National Incident Command (NIMS) and/or Hospital Incident Command (HICS) structures consisting of the following

Procedure

1. Command
 2. Operations
 3. Planning
 4. Finance/ Admin
 5. Logistics
- A visitor Control Center (VCC) will be set up in the hospital boardroom or other wise designated by the incident commander.
 - Families of casualties will be instructed to wait at the VCC until notified of patients condition.
 - Normal visiting hours will be suspended during the emergency/ disaster situation.

Procedure

- Visitors of patients currently within the facility will be instructed to remain with the patient whom they are visiting.
- Non-employee personnel will be directed to the VCC
- A hospital staff member will be assigned to the VCC
- A list will be generated which contains the visitors names in association with the patient about whom they are inquiring.
(VCC) in/out Log.
- Volunteers may be needed to escort visitors within the facility.
- When possible, telephone lines will be made available for out going and incoming calls.
- A Public Information Officer will be designated.

Procedure

- Public communications Center

A media control center for receiving outside calls and giving information to media personnel shall be set up in the Hospice/ HH meeting room or otherwise designated by the incident commander.

- Emergency communications equipment may include the following

- Regular Phone system

- Emergency Phone system located in the ED

- Two way radios, Located in the ED, ER Nursing managers office, Plant operations Directors office, EMS Directors office, All EMS carry on their person.

(MCHD policy # 8350-EC-4000)

Emergency communications Equipment Cont.'

- UHF talk about radios in the Emergency response Kit located in the Emergency Department admissions area in the black plastic case .
- Cellular Phones
- Over Head Public Address system.
- Activation of Amateur Radio communications Services from Amarillo Radio is located in storage room by on call board in the ER.
- Utilization of EMsystem to communicate with other hospitals / EOC's via the internet.
- Internal/external messengers or "runners" may be used to relay messages.

Incident Command System

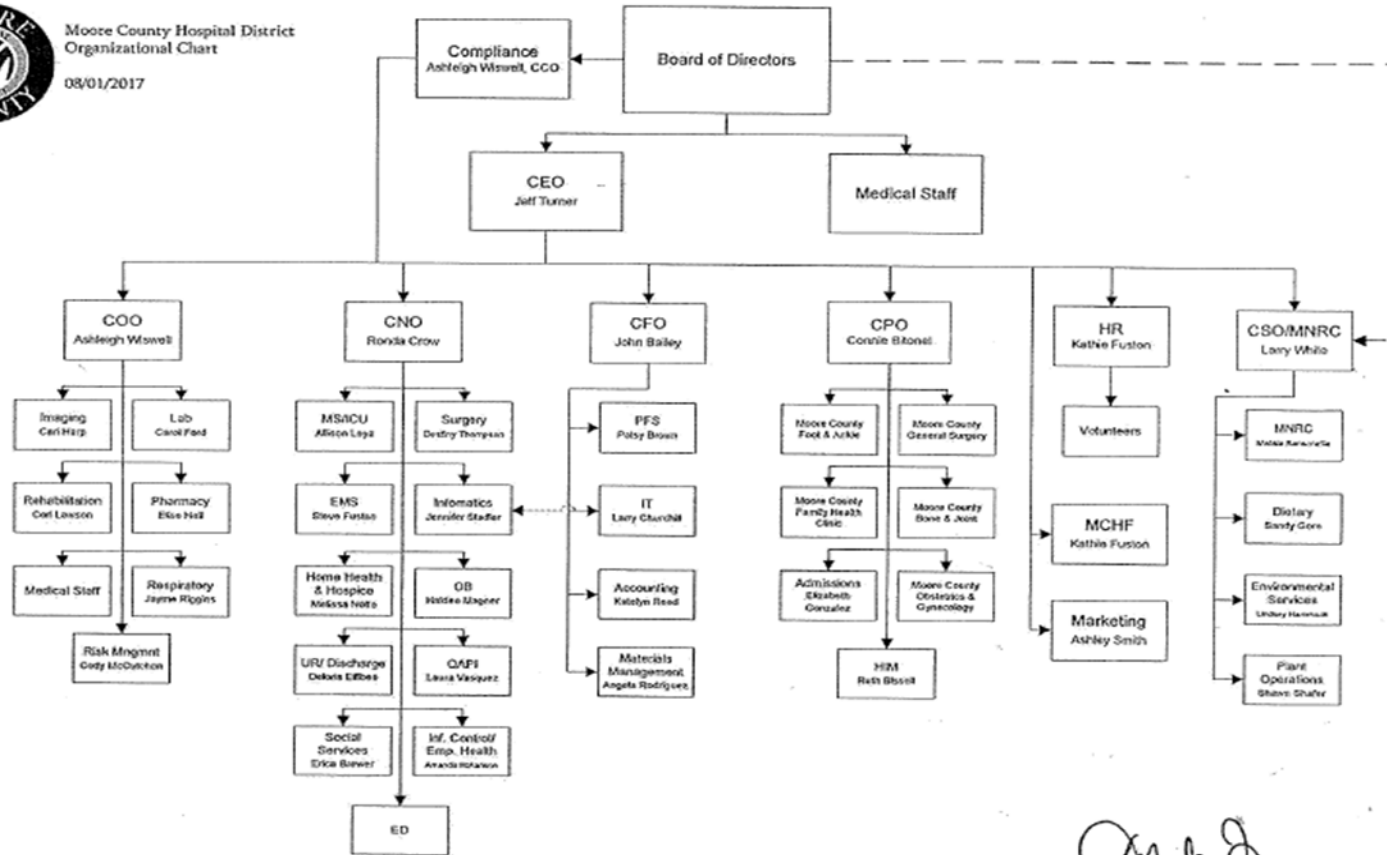
- The Incident Command System model is used to assure that each implementation of the response plan includes a level of staffing appropriate to the effective activation of the Emergency Response Plan.
- The management of command and operational staffing in the incident command model is based on the use of check lists and an organizational chart outlining the command structure elements.
- The organizational chart assists the incident commander in allocating available staff to fill the most critical roles/tasks

(MCHD Policy # 8350-EC-4000)

MCHD Organizational Chart



Moore County Hospital District
Organizational Chart
08/01/2017



Jeff Turner
Jeff Turner, FACHE, CEO

Assignment of Roles and Responsibilities

- Lines of Authority: The following persons in the order listed will be in charge:
 1. Administrator (or designee)
 2. Chief Nursing Officer (or designee)
 3. Nursing Supervisor on duty at time of disaster
 4. Emergency Department Supervisor.
- **Administrator:** (or designee)
- Verify the extent and nature of the disaster and obtain additional information.
- Authorize initiation of the EOP.
- Coordinate with local law, fire, EMS, and emergency response organizations.

Assignment of Roles and Responsibilities

- Respond to the ICC once established
- Designate the Incident commander, disaster coordinator, public information officer, and other essential roles as indicated
- Notify the administrative team.
- Notify Moore County EOC 934-9520 or 911.
- **Chief nursing Officer:** (or designee)
- In a major disaster will preform the Administrator's functions if the Administrator (or designee) is unavailable.
- Assures notification of Nurse managers
- Assures that families of victims are notified as soon as possible. These calls may be made by the physician who treats the victim, the director of social services, the Chief Nursing officer or other designee.

Assignment of Roles and Responsibilities

- Works with Public Information Officer, to determine when victim information may be released to media outlets. The public information officer will coordinate the release of information to the media outlets.
- **Nursing Supervisor/ED Charge Nurse:**
- Responsible for activating the EOP upon notification of the disaster.
- **Safety Officer:**
- The SO has the authority of the IC to stop or prevent unsafe acts during incident operations.
- Responsibilities include.

Assignment of Roles and Responsibilities

- Assess and communicates hazardous and unsafe situations.
- Ensure a site safety health plan is developed.
- Develop safety measures or communication to assure personnel safety.
- Correct unsafe acts or conditions
- Maintain awareness of active and developing situations.
- **Public Information/Liaison Officer:**
- Report to the Incident Command Center
- Communicate with IC the representing agencies concerns and issues.
- Maintain contact with all involved agencies

(MCHD Policy # 4020)

Assignment of Roles and Responsibilities

- Prepare and include necessary information about agencies to the IC
- Develop and release information to the media, incident personnel, and other agencies as appropriate.
- Coordinate and get approval from IC prior to release of any information.
- Monitor the public's reaction to information.
- **Chief Financial Officer:**
- Assist in the Incident Command Center
- Will notify department heads according to recall list
- **Registration/Admissions Department Director or designee:**
- Assign admissions person to aid with discharge of hospital patients.

(MCHD policy # 4020)

Assignment of Roles and Responsibilities

- Assign personnel to triage area to aid in registration
- Assign staff to switchboard to aide in communication, if needed.
- **Information Systems:**
- Will be responsible for setting up the incident Command Center (IC) area: desk, chairs, computers, communication equipment, ect.
- **Dietary:**
- Department Head or designee will assign personnel to
- Prepare to serve nourishments to patients, personnel, and others as the need arises.
- Identify and prepare media area in dining area.
- Inventory available supplies and food and develop list of items needed . Provide said list to the materials Management Dept.

Assignment of Roles and Responsibilities

- **Inpatient Nursing:** units Department head or designee (after hours this is typically the Charge Nurse/Supervisor) will assign staff to:
 - Evaluate current status of the department, available staff, etc.
 - Coordinate flow, work and delegation of work assignments.
 - Evaluate patients in the inpatient care unit for level of care required.
 - Provide normal patient care and hygiene as appropriate.
 - Patients will be categorized as to their acuity and appropriateness for care in another area; such as, floor care, care at another acute care facility, stability for transport, transport needs, etc.
 - Evaluate patients and identify those patients who could safely be:
 - 1. Discharged
 - 2. Transferred to nursing homes

Assignment of Roles and Responsibilities

- 3. Transferred to another acute care facility
- Prepare for patient influx by notifying maintenance of number of extra beds needed and where to set them up.
- Vulnerable patient populations will be triaged and treated as per nursing guidelines.
- Assess need for extra supplies needed from Materials Management, Pharmacy, Laundry, and Dietary. Notify IC of needs.
- If internal disaster/emergency, prepare for evacuation of patients to safe area.
- Locate additional wheelchairs/stretchers.
- If communications are not available, periodically send messenger to Incident Command to provide/receive updates.

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Plant Operations Department head or designee:
- Maintain full operation of all facilities.
- When necessary, identify sources of back up power, water, supplies, alternative communications devices, ect.
- Verify/assist in assuring that all entrances are secure.
- Access to the facility will only occur via the main entrance, and the Emergency Department.
- Set up extra beds in hospital if needed, as well as transport storeroom supplies and bring extra supplies from other areas.
- Assist with movement of victims from ambulance to triage.
- Coordinate with Law enforcement agencies to ensure a secure
- Work area for staff and patients.

Assignment of Roles and Responsibilities

- Maintain security of supplies, equipment, power plant, ect.
- Coordinate additional housing arrangements for surge capacity and Staff.
- This can be arranged in conjunction with CERT or the American Red Cross by providing shelter at local churches, schools, and community centers.
- **House Keeping and laundry Department Head:** (or designee)
- Will assign personnel to:
- Inventory available clean supplies and identify resources for additional linens, beds, pillows, blankets, ect.
- Assess current status of soiled linens, trash, ect.

(MCHD Policy # 4020)

Assignment of Roles and Responsibilities

- Identify methods for managing additional waste as generated by disaster.
- Clean receiving area, and clean rooms between cases in treatment areas.
- Be sure all hallways or traffic areas are clear of cleaning carts, equipment, ect.
- **Surgical Department:**
- Assess availability of surgical suites, personnel, supplies, and instruments; notify IC.
- Cancel non-emergency cases.
- Complete any cases in progress in a safe and expeditious manner as possible. (MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Identify and equip alternative areas where surgery could be preformed.
- Communicate with IC, ED triage area, lead surgeon, regarding OR availability.
- Assess anesthesia and drug supplies; make list of additional needs and notify IC.
- **Radiology: Director or designee:**
- Evaluate current status of the department, available staff, ect.
- Coordinate flow and work and delegation of work assignments.
- All non-emergent exams/procedures will be canceled or rescheduled
- Inventory equipment and supplies. Notify IC of needs.

Assignment of Roles and Responsibilities

- **Laboratory:** Department Director or designee will assign personnel to:
 - Evaluate current status of the department, available staff, etc.
 - Coordinate flow and work and delegation of work assignments.
 - All emergent procedures will take priority over routine procedures.
 - Inventory equipment and supplies. Notify IC of needs.
 - Obtain additional blood, equipment and supplies.
- **Materials Management:** Department Director or designee will assign personnel to:
 - Update inventory of supplies and equipment.
 - Prepare to supply all departments with needed supplies.
 - Identify runners or volunteers to deliver supplies

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Identify suppliers who can quickly supply additional materials.
- Coordinate receipt and distribution of arriving supplies and equipment
- **Pharmacy:** Department Director or designee will assign personnel to
 - Inventory equipment and supplies.
 - Contact drug suppliers that can provide emergency supplies.
 - Identify personnel to deliver needed meds.
 - Coordinate receipt and distribution of arriving supplies and equipment.
- **Respiratory Therapy:** Department Director or designee will assign personnel to:
 - Inventory equipment and supplies. Notify IC of needs.

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Identify suppliers who can quickly supply additional materials, ventilators and other equipment.
- Be prepared to assist in treatment areas.
- Locate all resuscitation equipment. Assure that it is in good operating condition and well marked.
- Evaluate status of in-house patients.
- Patients should be categorized as to their need for ongoing respiratory care. Consideration should be given to:
 - Level of expertise required in order to maintain a safe level of treatment, (i.e. can alternative personnel/family members provide/maintain treatments).
 - Frequency interventions are required, patients requiring life-sustaining intervention (i.e. ventilator dependent patients, etc.)

Assignment of Roles and Responsibilities

- Close communication with unit charge nurse will be required.
- Coordinate receipt and distribution of arriving supplies and equipment.
- **Physical Rehabilitation:** Department Director or designee will assign personnel to:
 - Prepare to accept walking wounded victims, and those who primarily need wound care.
 - Serve as runners.
 - Assist in other areas, etc.
 - Communicate availability to IC.
 - Locate any available wheelchairs, stretchers, beds and notify IC.

Assignment of Roles and Responsibilities

- **Social Services:**
- All staff will report to Department offices.
- Department Director (or designee) will notify the IC of number of available staff.
- Coordinate with local pastoral care/ministerial alliance for immediate counseling of victims and family members of those affected by the emergency/disaster.
- **Quality Improvement/Risk Management - Utilization Review:**
- All personnel will report to the Quality Improvement/Risk Management offices.
- Department head or designee will report number of available staff to the IC.
- Coordinate additional volunteers as they respond to the facility, (i.e. MRC, DMAT, etc.)

Assignment of Roles and Responsibilities

- Report number and type of volunteers available to the IC. (Medical, non-medical, etc.)
- Provide identification and verification of Licensed Independent Practitioners, Volunteer Licensed Independent Practitioners, and Volunteer Non-Licensed Practitioners. Verification must be performed within 72 hours of the practitioners arrival to the hospital. If verification cannot be performed, it must be documented why not.
- Badges can be made if power is available.
- Verification can come from one of the following sources:
- A current picture identification card from a health care organization that clearly identifies professional designation.

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- A current license to practice.
- Primary source verification of licensure.
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal response organization or group.
- Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances.

• (MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster.
- **Infection Control Nurse:**
- Infection Control personnel will report to the Chief Nursing Officer.
- If the disaster is primarily of infectious disease origin, the Infection Control/Epidemiology nurse will report to the IC.
- **Health Information Management/Medical Records Department:** Director or designee will assign personnel to:
- Maintain casualty lists and assist with paperwork as needed in the Incident Command Center.

Assignment of Roles and Responsibilities

- Maintain current logs of patients who are treated and released, admitted, transferred, or who expire. (See appendix D, MCI Patient LOG).
- Coordinate with nurse leaders to provide the PIO with current status of numbers of patients, their condition, and their location (i.e. transferred, admitted, treated and released).
- **Nursing Home Administrator:**
- Responsible for the safety and/or transferring of all residents during an emergency/disaster.
- If the emergency/disaster does not affect the nursing home directly, the administrator would assign any available staff to the hospital area.

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- This should not affect the care of residents.
- Establish a childcare center and/or nursery in the community room for staff.
- Have staff provide patient care and hygiene.
- **Human Resources:** Department Director or designee will assign personnel to:
 - Coordinate existing hospital auxiliary volunteers.
 - Identify additional tasks that could be completed by volunteers:
 - Runners
 - Patient transport
 - Drivers (with type of vehicle available).
 - Other tasks as appropriate to the type of disaster.

Assignment of Roles and Responsibilities

- Grant disaster privileges to volunteer practitioners who are not licensed independent practitioners only when the EOP has been activated in response to a disaster and the hospital is unable to meet immediate patient needs.
- Verify certification of volunteer practitioner and confirm identity by;
 - Obtain valid government-issued photo identification
 - Current picture identification card from a health care organization that clearly identifies professional designation
 - Current license, certification, or registration
 - Create a temporary ID that clearly states VOLUNTEER PRACTITIONER and certification level.

(MCHD Policy 4020)

Assignment of Roles and Responsibilities

- Department heads (or their designees) shall be responsible for assigning roles and responsibilities to volunteer practitioners and directly monitoring their performance.
- Primary source verification of licensure, certification, or registration of volunteer practitioners who are not licensed independent practitioners will be recorded at time of registration/check-in. (See Appendix Q, Primary Source Verification Log).
- **RURAL CLINICS**
- All employees should report to the cafeteria for assignment.
- If deemed necessary by the CEO, the Rural Health Clinic may be utilized for minor injury treatment, (example: Cut, bruises, lacerations, etc. (MCHD Policy 4020)

Assignment of Roles and Responsibilities

- **HOSPICE/HOME HEALTH:**
- In case of a city wide disaster (tornado, ect) the first responsibility is to the home patients assigned to each employee. (See Appendix Q, Hospice and Home Health EOP).
- All employees should report to cafeteria for assignment.

Staff Reporting

- Staff are charged with reporting for assignment during emergencies based on a specific hierarchy, and their roles
- Command Staff will report to the incident commander for assignment
- Line staff will report to their Department managers.
- Line staff not required at the department level will report to the manpower pool coordinator.
- Licensed independent practitioners will report to the medical staff office for assignment.
- The importance of planning for family care during emergency situations is emphasized prior to an incident as part of the organizations overall preparedness.

Staff Support Needs

- Procedures are in place to address the transportation and housing of staff that may not be able to get to or from the facility during an emergency or who may need housing and other services for their families.
- A procedure is also in place for incident stress debriefing.
- Staff involved in emergency operations is offered an opportunity to address incident related issues with qualified behavioral health professionals.

(MCHD Policy # 8350-EC-4000)

Management of Patient care Activities

- The Emergency Management plans include procedures for discontinuation of elective treatment, for evaluation of patients for movement to other units, release to home or transfer to other facilities as space is needed.
- Procedures for the Management of information about incoming patients and about current patients for planning
- Patient management
- Informing relatives and other pertinent individuals
- For transport of patients.
- Persons with disabilities should not be separated from any type of assistive device or service animals.

Emergency Service Access

- Plant operations personnel will keep the limited Emergency Department parking clear for emergency room patients and authorized vehicles only. Plant operation personnel are on-call as needed to patrol the Emergency Department parking and ambulance receiving area.
- If Needed, The Dumas Police will be called using the 911 system for emergencies between 5:00 pm and 8:00 am weekdays and at any time during weekends.
- If it is necessary to call the Dumas Police Department, the on call Plant operations employee should be digitally paged when time Allows.

(MCHD Policy # 4012)

External Security Agencies Law Enforcement

- Should additional security resources be needed, the administrator or administrator on call will notify Dumas Central Dispatch via phone, cell phone, VHF, or UHF radio to request law enforcement officers to facilitate additional security and patrol of the hospital and the immediate area.
- The lead officer, trooper, and/or sheriff deputy will report to the command center for consultation with the incident commander.
- They will coordinate and assign law enforcement personnel as necessary.

Evacuation

- Any Disaster or emergency event which directly affects Moore County Hospital District will require a decision whether to evacuate or not.
- The order to evacuate will be given by the Chief Executive Officer or his/her designee in the event of his/her absence.
- **Simple Evacuation:**
- A simple or partial evacuation involves moving patients/residents from a single dangerous room or wing.



Evacuation

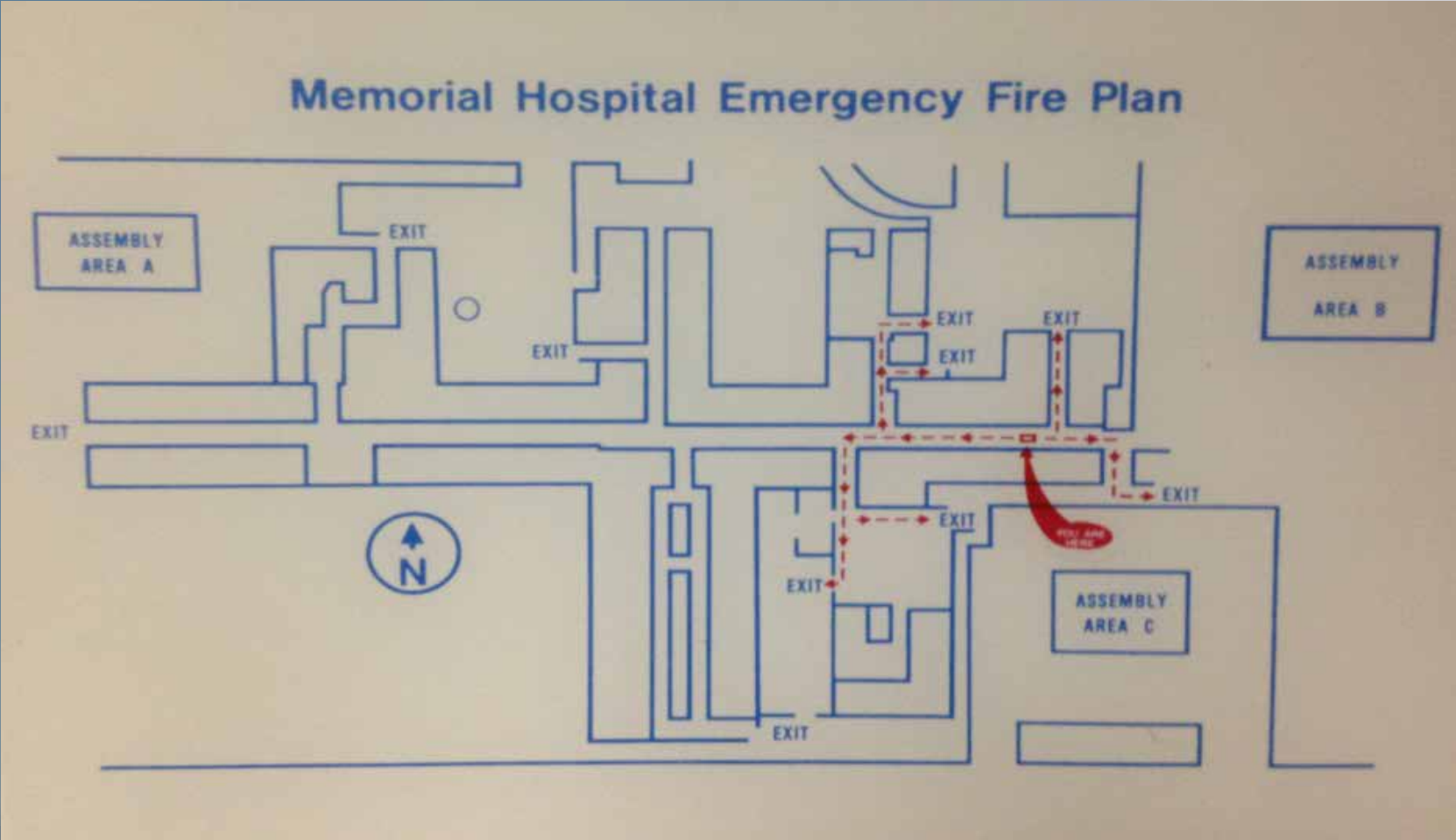
- **Total Evacuation**
- Total evacuation is the lateral moving of all patients /residents from a wing or the entire facility to the outside grounds or an adjacent protected area, which is safe and which is likely to remain so.
- When the decision to evacuate has been made, all available personnel will assist the patients in leaving the building and assembling in loading areas.



Evacuation Locations

- The following facilities have written agreements with MCHD and MNRC in the event of an emergency disaster in which the facility would need to evacuate all staff, patients, and residents to a safe environment.
- The First Baptist Church
- The First Street Church of Christ
- Alternate Care Sites.
- Moore county Community Building
- Dumas High School Gym
- Dumas Jr High School Gym
- To do so may require involvement of the Red Cross (376-6309)
- (MCHD Policy # 4010)

Assembly Areas for Emergency Fire Evacuation



Evacuation Procedure

- Post someone at each exit door to maintain order
- Patients or residents, who are in immediate danger, including those who may become in danger will be moved first.
- Ambulatory patients/residents will be moved next, they will be instructed to line up outside their rooms, form a chain by holding hands, and follow a lead nurse into a safe area.
- All non-ambulatory patients/residents will be moved by bed, stretcher, blanket, wheelchair, or other conveyance to the nearest and safest protected area.
- Carry patients/residents as a last resort, if no other way is available in order to escape a dangerous areas.

(MCHD Policy # 4010)

Evacuation Procedure

- All rooms will be checked for stragglers, and all doors and windows closed.
- **Use Blankets for**
- Smothering a fire
- Dragging a patient/resident from a room
- Making a stretcher with or without poles
- Remain alert for further instructions.
- Should it be necessary to evacuate patients/residents to another hospital, the following will be in effect.
- **Transportation**

Phone Fire Department, Police Department, American Red Cross,

(MCHD Policy # 4010)

Evacuation Procedure

Taxis, Ambulance and Civil Defense.

- Consider volunteer privately owned vehicles and the Dumas Intermediate School District for use of buses to transport ambulatory patients.
- Activate mutual aid agreements for transport.
- Notify Attending Physicians of Pt new location
- Notify HIM Department for transfer of records to other hospital if Pt evacuated to other facility.
- Notify Pharmacy
- Notify patient/resident relatives
- Transport of property in large plastic bags

(MCHD Policy # 4010)

Radiological, Chemical, Biological Exposure, Decon, and Isolation

- In the event an incident occurs that includes contamination by Radiological, Chemical, or Biological Exposure of victims and/or other personnel, the following procedures will be followed.
- Notification that CBRNE agents are involved should come from the Fire Department, EMS, and/or Police Dispatch.
- ER Charge nurse should immediately notify the Administrator/ Administrator-on-call, Director of Plant Operations and Safety officer.
- Only HAZ-MAT trained individuals with protective clothing will be allowed to operate the decontamination shower.
- MCHD should contact the Dumas Fire Department as soon as
- Possible for help. (MCHD Policy #4018)

Radiological, Chemical, Biological Exposure, Decon, and Isolation

- All victims, EMS Personnel, Fire Department Personnel and all others coming in contact with chemicals will have to be decontaminated entering the ER.
- A portable Shower, PVC stretchers, water heater, air mover, and mobile generators are located in the EMS Storage/ maintenance building.
- These items can be used for decontamination procedures.
- Table of items is in the Emergency Preparedness packet that will be in each department.
- Special Note! The Dumas Fire Department has a unit with warm water to start on Decontamination's.

Nurse Call System

- The following action is to be taken in the event of failure of the nurse call system.
- Plant operations will take the necessary steps to correct any failures of essential equipment or notify the proper service or persons when repair is beyond the capabilities of Plant operations.
- After determining the repairs cannot be made in a timely manner or beyond the scope of in-house capabilities, call Ideacom/ 355-7466.
- Notify Directors of departments that are affected.
- Inform Directors how long department will be affected.

(MCHD Policy # 4008)

Nurse Call System

- Nursing Responsibilities
- All Patients will be immediately informed of call system outage
- Nursing units will assign runners to circulate halls listening for patients who need assistance.
- After repairs are made, notify all departments that the nurse call system is operating.

(MCHD Policy # 4008)

Telephone System

- Plant Operations will obtain Walkie-talkies and take one to Administration and message center.
- If main switch is down access can be made with cell phones throughout the facility.
- Message center will be set up in conference room
- Runners will be assigned by Human Resources
- Plant operations will Notify Department directors of affected departments approximately how long this will affect that Department.
- May contact Dumas Police Department via radio communications for help reaching Physicians and outside agencies.
- All patients will be informed of outage (MCHD Policy # 4008)

Plan Activation Worksheet

Emergency Preparedness	 Plan Activation Worksheet	Effective Date: 1/09	Supersedes: ALL PRIOR
NUMBER: 4003		Page 1	

Plan Activation Worksheet

Drill Actual Emergency/Disaster MCI

Date: _____ Time: _____

Type of Emergency/Disaster: _____

Name of Administrator Notified: _____

Time Administrator Notified: _____

Location of the Disaster: _____

How was Disaster Plan activated? _____

Where were the following areas located?

Incident Command _____

Triage _____

Media Relations _____

Morgue _____

Communication with:

Law Enforcement, Police, Sheriff, DPS, FBI (Central Dispatch 935-2151)

Fire

Other Hospitals

- Golden Plains (806) 273-1100
- Dalhart Hospital District
- Coon Memorial Hospital: (806) 244-4571
- Coon Memorial Nursing Home: (806) 244-8555
- BSA (806) 212-2000
- Northwest Texas Health System (806) 354-1000
- VA (806) 355-9703
- Other _____

Which of the following communications methods were used?

Cell Phones 2 Way Radio Telephone Other _____

Amateur Radio Emergency Services (ARES)

Conclusion

- The members of our community are depending on us
- The organization we exercise in the execution of our disaster plan can make the difference between attending to the needs of our community and letting people who need help slip through the cracks.

Just another day at the Plant ?

[Just another Day at the plant](#)

References

- MCHD Policies
- 8350-EC-4000
- 4002
- 4003
- 4008
- 4010
- 4011
- 4012
- 4013
- 4018
- 4020