EMERGENCY MANAGEMENT

All facilities should meet applicable standards for the management of emergencies established by the Federal, state, and local government **(e.g., local fire, building, and licensing codes).**

All agencies **and clinics** must have written plans and procedures for the management of emergencies or disasters. Staff **must** have completed training and understand their roles in an emergency or natural disaster. This must be a delegate-, agency- or county-specific policy. (Program Guidelines 6.4, p.9) [29 CFR 1910.38]

Fire evacuation routes **must** be prominently posted **and staff must be able to identify emergency escape routes.** [29 CFR 1910.37]

Exits **must** be recognizable and free from barriers. [29 CFR 1910.37]

ANNUAL DRILLS

All agencies should conduct drills for medical emergencies, fire, bomb threats, and bioterrorism on an annual basis, and keep documentation of **these drills on file**. Local consultation can usually be obtained from the local fire and/or police departments.

EMERGENCY SERVICES

Non-Medical

- *Fire*
  - Know where the exits are. Post a diagram**(s)** in a highly visible clinic area showing location of exits and fire extinguishers.
  - **Staff should** know where fire extinguishers are and how to use them.
    - **The United States Department of Labor - Occupational Safety and health Administration provides a webpage on "Extinguisher Basics" at http://www.osha.gov/SLTC/etools/evacuation/portable_about.html including the following:**
      - **Fire and extinguisher operation**
      - **Types of fire extinguishers**
    - Local consultation can usually be obtained from the Fire Department.
- *Bombs/**Terrorism***
  - **Agencies** should have a policy in place regarding how to deal with bomb threats **or acts of terrorism**.
  - This policy should address whom to notify, what to do with clients in the clinic, evacuation of the building, etc.
  - Local consultation can usually be obtained from the Fire and/or Police Department.

Medical

- Each site must have arrangements for provision of services for emergencies that may arise outside of clinic hours, i.e., complications of contraceptive methods. (Program Guidelines 7.3, p.15)

  - Display emergency number(s) **outside** family planning offices, **in a place where clients can see the information when the building is closed. This information should be posted in both English and Spanish.**
  - At the time of initiation of a contraceptive method (hormonal, IUD, sterilization), the client should be given the emergency phone number and the procedure to follow in case of a contraceptive-related medical emergency occurring outside of clinic hours.

- Payment for Emergency Services- While the **agency** should help the client find potential resources for reimbursement of the referral provider; the **agency** itself is not responsible for the cost of this care.
- Reports of emergency services provided to clients outside the **agency** must be obtained by the **agency**, initialed and filed in the client's record.

* For medical emergencies that arise within the clinic, please refer to Section 2.15 - Medical Emergencies in the Nursing Manual.