

The Right Door for Hope, Recovery and Wellness

Chapter Title		Section #	Subject #
Human Resources		HR	512.2
Subject Title Emergency Management Plan – Workplace	Adopted 03/15/05	Last Revised 9/11/25	Reviewed 11/30/10; 4/28/10; 2/6/14; 2/17/14; 9/25/15; 4/26/16; 10/25/16; 8/10/17; 9/26/18; 10/3/18; 2/27/19; 3/13/20; 5/8/20; 3/2/21; 12/21/21; 1/5/22; 3/17/22; 8/30/22; 12/16/22; 3/31/23; 5/30/23; 7/24/23; 4/15/24; 5/3/24; 7/8/24; 11/21/24; 12/3/24; 4/14/25

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness.

1. Purpose

The purpose of the Emergency Management Plan is to ensure organizational preparedness in response to emergencies to assure the safety of staff, persons served and visitors.

2. Plan Monitoring and Evaluation

The Chief Financial Officer (CFO) shall be responsible for monitoring the implementation of the Emergency Management Plan on a regular basis and for annually evaluating the plan's overall effectiveness and recommending improvements to the Chief Executive Office (CEO) as appropriate or needed.

3. Site Description and Vulnerability

3.1. The Right Door for Hope, Recovery and Wellness is located at 375 Apple Tree Drive, Ionia, MI 48846. This office maintains staff to provide behavioral health services to the residents of Ionia County and maintains staff to provide administrative support and/or supervision to these services. This office is open Monday through Saturday in the Ionia Location. The Right Door for Hope, Recovery and Wellness operates on a 24-hour day basis by having after hours crisis calls routed through a

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contracted answering service. A staff person of The Right Door for Hope, Recovery and Wellness is on call and available to handle emergencies. There are satellite offices located at 7441 Storey Road, Belding, MI 48809 and 208 W Bridge Street, Portland, MI 48875.

3.2. The Ionia building is located off M-66 approximately one-half mile north of M-21. The Belding building is located off M-91 approximately one-half mile north of M-44. The Portland Building is located off Grand River Avenue approximately one mile north of I-96. Each Building may be susceptible to toxic fumes from chemical spills on the highway, bomb threats, biological terrorism, potentially violent people, fire, or tornados.

3.3. The Portland site may also be susceptible to floods due to its close proximity to the Grand and Looking Glass rivers. If a disaster were to occur on site, the primary concerns are injuries to persons served and staff, damage to equipment, and loss of vital records and equipment.

3.4. The Belding site does have confined spaces. A confined space is a place which is substantially enclosed (although not always entirely) and where serious injury can occur from hazardous substances or conditions within the space or nearby (e.g. lack of oxygen).

3.4.1. OSHA defines a confined space as being made up of 3 parts:

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3.4.1.1. Being large enough for an employee to enter and perform work,

3.4.1.2. Has limited or restricted means for entry or exit, and

3.4.1.3. Is not designated for continuous occupancy.

3.4.2. OSHA defines a permit-required confined space as containing all of the above plus one or more of the following:

3.4.2.1. Contains or has a potential to contain a hazardous atmosphere,

3.4.2.2. Contains a material that has the potential for engulfing an entrant,

3.4.2.3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross section, and/or

3.4.2.4. Contains any other recognized serious safety or health hazard.

3.4.3. Employees of The Right Door for Hope, Recovery and Wellness will not be permitted to enter the permit-required confined space. A sign reading, “Danger: Permit-required confined space” is located over

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the permit-required confined space. The permit-required confined space is located upstairs in the mechanical room behind a steel door.

3.4.4. A licensed and insured contractor may enter the permit-required confined space ONLY by providing us a copy of their confined space policy. Those without a permit-required confined space policy will not be allowed to enter the permit-required confined space.

4. Emergency Response – Internal

4.1. Responsibilities and Functions: Response to an emergency disaster affecting The Right Door for Hope, Recovery and Wellness is a cooperative effort between the organization and governmental authorities. Notification of an emergency situation/disaster may be received by telephone, email, or radio from local governmental authorities. Such notification shall be directed to the CFO or designee (clerical staff are considered a designee) by following the proper chain of command. This list identifies responsibilities and functions that shall be performed during an emergency situation/disaster. Primary responsibilities are:

4.1.1. The CFO, Access or designee shall notify staff of the emergency, designate the Emergency Operation Center, coordinate on-site responses, and implement protective actions as needed. All clinical staff are equipped with mobile technology that allows access to the Internet.

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4.1.2. The CFO, Access or designee shall notify local governmental authorities of an on-site emergency situation/disaster. The CFO or designee will refer to the agency EAP for emergency phone numbers.

4.1.3. During an emergency, the CFO and/or Systems Architect, under the direction of the CFO or designee, shall organize and maintain the Emergency Operations Center with adequate communications capability.

4.1.4. The CFO, Access or designee shall determine the need to evacuate the building or seek protective shelter and shall implement recall procedures for all evaluated and/or sheltered persons. If evacuation is necessary, Access staff shall continue to provide essential services. For the purposes of this procedure, “essential services” shall be limited to crisis intervention services. In the event of evacuation of any of the offices or The Right Door for Hope, Recovery and Wellness, pre-assigned Health and Safety members, or designees are to immediately collect the sign-in/sign-out sheets for purposes of taking roll call in the designated evacuation area of each site.

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4.1.5. The Access manager or designee will instruct the contracted answering service to expect crisis calls through the duration of the evacuation.

4.1.6. CFO or designee will forward calls to the contracted answering service by IT or Access prior to their evacuation. In the case that the main phone equipment ails, the calls are automatically transferred to the back-up system, set to out-of-office mode, and transferred to the on-call service.

4.1.7. The CFO or designee shall assign responsibilities for directing people to designated areas for evacuation and/or shelter. These areas are marked on emergency exit maps posted throughout the facility.

4.1.8. Staff working with persons served at the time of the evacuation shall assist those persons served during the evacuation process. In the event that the person served refuses to evacuate or take cover, take the following steps:

4.1.8.1. Stay calm.

4.1.8.2. Ask another employee to assist.

4.1.8.3. If they still refuse, the employee shall evacuate or take cover.

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4.1.8.4. Notify emergency personnel of anyone who may have stayed in the building or refused to take cover.

4.1.9. The CFO or designee shall be responsible for accounting for all personnel at the evacuation assembly area(s) or in protective shelters.

4.1.10. The CFO or designee shall ensure that vital records are identified and protected during an emergency.

4.1.11. The CFO or designee shall implement decisions or directives from the landlord as appropriate.

4.1.12. When the situation has resolved, the CFO or designee shall complete an Incident Report documenting the emergency situation. The Incident report is to be turned in to the supervisor within 24 hours. The Supervisor will sign it and turn it in to the Facility Manager or RRO within 48 hours of the incident.

4.2. Emergency Warning/Communication: The Receptionist at each site shall be responsible for performing the emergency warning and communications functions. Primary responsibilities are:

4.2.1. Notifying persons served of cancelled appointments, if necessary.

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4.2.2. Establishing a message control system together with IS staff for logging messages received by and dispatched from the Emergency Operations Center.

4.2.3. Receiving and disseminating information about an emergency situation/disaster that has occurred or is imminent.

4.2.4. Activating the on-site warning system using any of the following options: overhead system, radio, email and/or using any type of communication equipment necessary to notify staff and persons served.

4.3. Emergency Assessment: The CFO or designee shall be responsible for performing the emergency assessment function. Primary responsibilities are:

4.3.1. Collecting and compiling information on the emergency situation/disaster.

4.3.2. Maintaining a written record of all events that occur, including actions taken, decisions made and by whom, personnel involved, costs incurred, etc.

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4.3.3. Displaying information in the Emergency Operations Center.

4.3.4. Assisting with the preparation of other reports as necessary, including an after-action report.

4.3.5. Documentation shall be reviewed by the Health and Safety Committee and/or Leadership, as appropriate.

4.4. Emergency Log and Incident Reports: In all emergencies and events, one of the responding staff members shall complete an emergency log documenting the details of the emergency. In the event an injury occurs, an incident report must also be submitted and turned into their supervisor within 24 hours. The supervisor is to sign the IR and turn it into the Facility Manager or RRO within 48 hours of the incident.

4.5. Emergency Maintenance: The CFO or designee is responsible for coordinating the emergency maintenance function. Primary responsibilities are:

4.5.1. Controlling site systems (i.e., startup and shut down).

4.5.2. Coordinating operation of utility systems at the site and, if necessary, ensuring that all doors and windows are closed, and that the ventilation system is turned off.

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4.5.3. Coordinating emergency repair/power services as necessary.

4.5.4. Erecting barricades and other traffic/access control devices as necessary.

4.5.5. Assisting security personnel with the movement of vehicles and people at the emergency site.

4.5.6. Coordinating debris clearance and site cleanup as necessary.

4.5.7. Assisting with damage inspection and site re-entry recommendations.

5. Specific Emergency Situations – Internal

The following sections outline procedures for dealing with specific emergency situations. Each specific emergency will have unannounced tests/drills and education annually at each location. If possible, real situations will be used during a test/drill event.

5.1. Fire Response

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5.1.1. If a staff member encounters a fire on site, they must follow the **R.A.C.E.** fire procedures **before** attempting to extinguish and fire.

5.1.1.1. **Rescue:** Assist any persons served and/or visitors in immediate danger to evacuate the area.

5.1.1.2. **Alarm:** Pull the nearest fire alarm and contact 9-1-1. Clerical or designee will call 9-1-1 to ensure that the call has been made.

5.1.1.3. **Confine:** Close doors and windows to slow the spread of smoke and flames.

5.1.1.4. **Extinguish:** Extinguish the fire if it is small and you know how to operate a fire extinguisher.

5.1.2. If the decision is made to extinguish the fire, staff will use the **P.A.S.S.** procedure:

5.1.2.1. **Pull:** Hold the extinguisher firmly upright. Pull the pin on the handle.

5.1.2.2. **Aim:** Aim the extinguisher at the base of the fire. Stand 6-8 feet from the fire, no closer.

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5.1.2.3. **Squeeze:** Squeeze the handle to release the extinguishing agent.

5.1.2.4. **Sweep:** Sweep slowly in a side-to-side motion and move forward as the flame subsides.

5.1.2.5. **IF THE FIRST ATTEMPT DOES NOT EXTINGUISH THE FIRE< EVACUATE!**

5.1.3. In the event of an evacuation, pre-assigned staff members are to immediately grab the emergency supply box and collect the sign-in/sign-out sheets for purposes of taking roll call in the designated evacuation areas.

5.1.4. Staff, persons served, and visitors are to proceed to the gathering areas designated for each site:

5.1.4.1. **Ionis:** Southeast corner of the parking lot or in front of the building, gathering on Apple Tree Dr., whichever is closer.

5.1.4.2. **Belding:** Northwest corner of the parking lot.

5.1.4.3. **Portland:** Parking lot on the east side of Water Street.

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5.1.5. When emergency personnel deem it safe to reenter the building, the CFO, or designee, shall give the all-clear signal.

5.1.6. If evacuation from the building is not possible due to smoke or fire, staff are to remain calm and consider the following:

5.1.6.1. Close the door to the room.

5.1.6.2. Stuff cloths, towels, or other materials (preferably damp) under the door to stop smoke.

5.1.6.3. Open a window.

5.1.6.4. Exit through the window, if possible. If not possible, mark the window to notify emergency personnel that someone is in the building. If the decision is made to use the window punch tool, incorporate a high-thrust punch targeted at either of the upper corners of the window.

5.1.6.5. Stay close to the floor to reduce smoke inhalation.

5.1.6.6. Make noise so that others are aware that someone is in the room.

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5.2. Emergency Medical Event

Upon recognition of a medical emergency, staff shall activate the medical emergency response system:

5.2.1. The first staff member to discover the emergency shall call for help and initiate CPR/first aid as appropriate.

5.2.2. The second staff member shall contact 9-1-1.

5.2.3. A third staff member, if available, shall retrieve the AED from the reception area. If necessary, temporarily evacuate by standards. Please refer to sections 5.1.3 through 5.1.5 on evacuation.

5.2.4. When the individual is stabilized and/or EMS arrives on the scene, staff shall notify the appropriate parties identified by the emergency contact information in the personnel file (if the individual is a staff member) or in the medical record (if the individual is a person served).

5.3. Hostage Emergency

If staff or persons served are forcibly detained or threatened with harm, the CFO, Access or designee shall:

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5.3.1. Assess the situation and notify 9-1-1 for police intervention.

5.3.2. Report the location, persons involved, degree of immediate danger, and any other pertinent information.

5.3.3. Evacuate as many persons from the area as possible, maintaining a calm and orderly evacuation. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served and visitors in the building.

5.3.4. Cooperate with other authorities to provide important information.

5.3.4.1. Provide facility information to authorities, including exits, utilities, phones, and maps.

5.3.4.2. If a complete evacuation is necessary, fire evacuation procedures shall be followed, and reentry shall occur only after authorization by the CFO or designee.

5.4. Bomb Threat

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5.4.1. The person who received the bomb threat will obtain and record as many details as possible about the caller as well as the alleged bomb and its location using the Bomb Threat Checklist (located on the Intranet).

5.4.2. The staff person will immediately contact 9-1-1 for assistance, then notify the Access Department. One staff person in the Access Department will take the lead.

5.4.3. The Access staff person will provide further direction as per law enforcement directive (e.g. whether or not to evacuate the building). The Access staff person will direct Clerical Support based on that direction and announce to evacuate the building if that is warranted. The Access staff person will notify the CFO or designee of the situation. If evacuation is necessary, please refer to sections 5.1.3 through 5.1.5 on evacuation. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building.

5.4.4. If the threat is received via letter, the letter shall be preserved for police investigation. To preserve fingerprints, the letter shall not be handled after it is opened.

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5.5. Hazardous Materials

5.5.1. Procedure: The CFO, line of authority or designee shall be notified immediately of any hazardous material or chemical spills in the immediate area of the facility. The CFO shall contact the proper authorities as appropriate and shall follow recommendations for evacuation, closing of the facility or shutting off the heat, air conditioning or ventilation systems as appropriate. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building.

5.5.2. Definitions of hazardous material

5.5.2.1. Noninfectious hazardous material is defined as any chemical compound which is identified by the manufacturer as hazardous and which can be harmful to persons if handled incorrectly.

5.5.2.2. Infectious hazardous waste is defined as waste which epidemiological evidence indicates is capable of transmitting a dangerous communicable disease. Infectious waste includes, but is not limited to:

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5.5.2.2.1. Contaminated sharps or contaminated objects which could potentially become contaminated sharps.

5.5.2.2.2. Blood and/or bodily fluids.

5.5.2.2.3. Dressing and/or bandages that contain infectious waste or wounds which drain purulent material with or without a positive culture.

5.5.3. Hazardous material management

5.5.3.1. All hazardous materials shall be safely stored in approved containers or storage cabinets in the appropriate area.

5.5.3.2. Hazardous materials for cleaning, office use, and maintenance shall be identified. Manufacturer's instructions (labeling) on safe handling, storage, and disposal shall be noted. Cleaning products shall not contain chemicals harmful to the environment.

5.5.3.3. Instructions shall be distributed to all departments and services that use the hazardous materials. Hazardous Safety Data Sheets (SDS) shall be stored in the facility files and HR hallways as well as the Medication Services Department in Ionia.

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5.5.3.4. Filled Sharps containers will be sealed, documented, and stored in the appropriate area for pickup and disposal by the hazardous waste disposal service.

5.5.4. Safety Data Sheets (SDS)

5.5.4.1. Safety data sheets will be used in compliance with OSHA regulations to monitor chemical product use and to maintain a safe environment.

5.5.4.2. Safety data sheets are defined as detailed descriptions of various chemical products used by The Right Door for Hope, Recovery and Wellness. Descriptions include a comprehensive guide to chemical makeup, hazardous reactions, and uses.

5.5.4.3. The CFO or designee shall obtain SDS detailed descriptions of various chemical products used and shall be responsible for the collection, organization, distribution, and review of all SDS forms.

5.5.4.3.1. The Fiscal Specialist will obtain Safety Data Sheets (SDS) for new hazardous chemicals as part of the purchasing process. All petty cash and credit card receipts will be provided to the Fiscal Specialist in a timely manner.

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The Fiscal Specialist will reach out to the purchaser in the event the product name is unrecognizable on the receipt.

5.5.4.3.2. The Facility Manager or designee will assure all required Safety Data Sheets (SDS) have been placed in the SDS binders throughout the building and electronically uploaded into a shared SDS folder.

5.5.5. Exposures and spills: Exposures to hazardous materials and waste will be treated in accordance with the agency's Infection Control Practices procedure, HR-513.1.

5.6. Biological Threats

5.6.1. When opening mail or upon encountering a suspicious package, staff shall be alert for the following common features of threat letters/packages:

5.6.1.1. No return address

5.6.1.2. Excessive postage

5.6.1.3. Handwritten or poorly typed address

5.6.1.4. Misspelling of common words

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5.6.1.5. Restrictive markings such as “Confidential”, “personal”, etc.

5.6.1.6. Excessive weight and/or feel of a powdery substance

5.6.2. If staff receive a suspicious package or letter or are inadvertently exposed to a powder from such a package or letter, staff should set the package or letter down gently. While staying in the same area, the exposed person should limit contact and exposure to others.

5.6.3. Other staff not in the immediate vicinity of the letter or package when opened shall leave the area.

5.6.4. Another staff person shall contact the CFO, line of authority or designee. The CFO, line of authority or designee shall call 9-1-1 and order the shutdown of the facility’s ventilation system.

5.6.5. All staff in the building shall remain until instructed to leave by the proper authorities. If evacuation is necessary, please refer to sections 5.1.3 through 5.1.5 on evacuation.

5.7. Severe Weather

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5.7.1. Upon notification of approaching severe weather, staff shall contact the CFO or designee.

5.7.2. The CFO or designee shall assess the situation. If a tornado warning for Ionia County is issued, use the agency intercom system as well as Microsoft Teams or any other internal media necessary to instruct staff and persons served to “Take Cover” due to severe weather. The receptionist will use radio, email, or any type of communication equipment necessary to notify staff and persons served to take cover, thus notifying employees in the community as well.

5.7.3. Staff shall immediately escort any persons served or visitors in their vicinity to the nearest “Safe Area” or interior room without a window, closing windows and doors along the way. Evacuation is not necessary. “Safe Areas” are defined as:

5.7.3.1. **Belding:** Bathrooms or interior rooms without a window.

5.7.3.2. **Ionia:** Main Hallway, Bathrooms, Staff Bathrooms, any of the small meeting rooms in the main lobby hallway, or any interior room without a window.

5.7.3.3. **Portland:** Bathrooms, hallway or any interior room without a window.

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5.7.4. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building.

5.7.5. An emergency supply box shall be stored in each Receptionist Area and shall include a flashlight and battery-operated radio.

5.7.6. Staff, persons served, and visitors shall remain in the designated area until the CFO or designee gives the “All Clear” signal. Once the CFO or designee at each site has taken cover in the “safe area”, they will continue to monitor the severity of the weather and location of the potential tornado area. After review, if the storm is travelling in the opposite direction of the site, the CFO or designee shall communicate the “All Clear + site location”. The CFO or designee will continue to monitor the severe weather for any changes after announcing the “All Clear”.

5.7.7. If injuries require medical attention, medical emergency procedure (section 5.2) shall be followed. In the event of an evacuation, please refer to sections 5.1.3 through 5.1.5 on evacuation.

5.7.8. In the event of a blizzard, ice storm, or snowstorm, the CEO, CFO, or designee shall assess the safety of driving conditions. The CEO, CFO, or designee shall assess the need for agency closure.

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5.7.9. When it is determined that the conditions of the roads are hazardous, the CFO or designee shall advise staff to use agency and personal vehicles at their own discretion.

5.8. Dealing with Difficult Persons

5.8.1. When a person's behavior becomes difficult/threatening, staff shall make every attempt to use skills and practice values of CPI Nonviolent Crisis Intervention, Care, Welfare, Safety, and Security. Staff shall follow the CPIU Verbal Escalation Continuum for appropriate responses to a person who is acting out.

CPI Verbal Escalation Continuum

<u>Acting Out Person</u>	<u>Staff</u>
Questioning (information seeking, challenging)	Give rational responses, stick to the topic, ignore challenges, set limits
Refusal (non-compliance, slight loss of rationalization)	Set limits
Release (emotional outburst, loss of rationalization)	Let them vent, remove audience or acting out person
Intimidation (nonverbally or verbally threatening)	Seek assistance, take threats seriously

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Tension reduction (drop in energy of acting out person)	Reestablish therapeutic rapport, use CPI Coping process
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- 5.8.2. When a person begins to act out in the intimidation stage of the CPI Verbal Escalation Continuum, staff will seek assistance and shall call 9-1-1 or use the “holdup” alarm when deemed appropriate for safety and security. Evacuate as many persons as possible, maintaining a calm and orderly evacuation. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building.
- 5.8.3. When a person served comes into the building by law enforcement personnel or other referral agents, the individuals providing the transportation for this person shall remain with the person and CPI Verbal Escalation Continuum will be followed.
- 5.8.4. The staff of The Right Door for Hope, Recovery and Wellness who are performing services outside of the building of The Right Door for Hope, Recovery and Wellness shall ensure their own safety by being familiar with surroundings, not entering facilities or homes where a dangerous situation presents itself and seeking assistance from law enforcement officials when necessary to assure personal safety of self and others.

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5.8.5. The involved staff person(s) shall document occurrences involving a person who is acting out on an incident report. The direct supervisor of involved staff will use CPI Coping Process with all staff members involved in an incident within 2 business days.

5.9. Threats made by persons served to staff members

5.9.1. Threats include:

5.9.1.1. Physical or the threat of physically violent actions

5.9.1.2. Stalking

5.9.1.3. Verbal and non-verbal threats.

5.9.2. Responses

5.9.2.1. Do:

5.9.2.1.1. Be calm in your demeanor and voice.

5.9.2.1.2. Be caring in your attitude. You should acknowledge the person's feelings, even if you don't agree with their perception of the situation.

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5.9.2.1.3. Be vigilant and aware of your surroundings and the people around you.

5.9.2.1.4. Maintain eye contact, but do not stare.

5.9.2.1.5. Alert your supervisor or the appropriate organizational personnel to the situation as soon as it is feasible. Evaluate each situation when entering a room or meeting with a client or visitor to determine if the potential for violence exists.

5.9.2.1.6. Keep an exit path open between you and the potentially violent person.

5.9.2.1.7. Remove yourself if the situation is getting out of control.

5.9.2.2. Do NOT:

5.9.2.2.1. Do not match threats with an aggressive person as this may escalate the situation. Do not give the person orders.

5.9.2.2.2. Do not act aggressively, for example, moving rapidly, speaking loudly, moving too close, or touching a person.

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5.9.2.2.3. Do not challenge statements the person is making as their view of the situation may be different than yours.

5.9.2.2.4. Do not isolate yourself If you feel the person may become violent.

5.9.2.2.5. And very importantly, do not ignore the situation, go with your “gut feeling”

5.9.3. Following any event of violence in the workplace, you should document the incident using an HR incident report form.

5.9.4. Document the date and time, the place, witnesses, and the details of the event.

5.9.5. Your supervisor/HR should be consulted as to whether law enforcement should be contacted.

5.9.6. Plan of Action

5.9.6.1. The employee/intern involved will follow up with their supervisor, HR, and CEO if needed to create a safety plan for the employee.

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5.9.6.2. Plan can include communication with person served on boundaries, change in provider, contacting law enforcement, providing additional staffing when person sees provider, or as advised by agency leadership or legal team.

5.10. Lockdown Evacuation

5.10.1. Access will determine if a situation warrants a lockdown or evacuation at The Right Door for Hope, Recovery and Wellness. Access shall report to Central Dispatch (9-1-1 or (616) 527-0400) the situation at hand and the severity if a lockdown is ordered. Access will contact the CEO or designee to inform of the situation. In the event that there is an Access person on site, the Access Supervisor or Manager of Special Services will be contacted to delegate if a situation warrants a lockdown or evacuation. After 5 p.m., the staff person will immediately contact 9-1-1 for assistance and further direction.

5.10.2. If the police are present during the evacuation or lockdown, staff shall follow their recommendations.

5.10.3. If the offending person has a weapon, staff should implement the active shooter/weapon procedure found in section 5.12.

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5.10.4. **External evacuation:** If an external evacuation occurs, the code “Evacuate the building” shall be announced overhead. The Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building. Reception shall be on the premises directing staff.

5.10.5. **Internal lockdown:** If an internal lockdown is determined, the code “Lockdown” shall be announced overhead. The instructions found below shall be used UNLESS a weapon is involved (if the offending person has a weapon, the active shooter/weapon procedure found in section 5.12 shall be followed). Each building and area shall follow their plan.

5.10.5.1. **Belding:** Any persons in the lobby shall report to the lobby restroom, close the door, and lock the door. Any persons in the staff cubicle area should go to the kitchen area, lock the doors, turn off the lights, and position themselves under the counter. Any persons in an office with a lock shall remain in office areas. If a lockdown situation occurs but not an imminent threat, all parties in the Belding office should locate in the kitchen and notify Access.

5.10.5.2. **Ionix:** Any persons in the lobby shall report to the lobby restrooms, close the door, and lock the door. Staff and

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persons served should report to nurses' offices in the Medication Services hallway, bathroom with locks, inside the Hub away from all windows, any inside office in Outpatient, or the hall in the Outpatient hallway between two locked doors.

5.10.5.3. **Portland:** Staff and persons served need to go to an office with a lock on the door to the bathroom hallway, locking the doors. Staff and persons served need stay as far away from windows as possible within the office. Hide underneath furniture.

5.10.6. Staff present shall take steps to keep persons served and themselves safe at all times.

5.11. Utility Failure

5.11.1. When utilities fail or a power outage occurs, a generator will continue to provide power to the primary network servers and phone system in the main server room. In the satellite sites of Belding and Portland, a battery backup will allow a limited duration of power to networking equipment and desk phones. Should any site have a prolonged outage, the remaining active sites may still utilize the network and manage/coordinate phone traffic.

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5.11.2. Staff will notify the CEO or IT department of the power loss. The IS director will shut down the mainframe to avoid programs crashing. The Electronic Health Record, email, calendars, and SharePoint records are web based.

5.11.3. Clinical staff may report to satellite offices or, if authorized, work from home.

5.11.4. All clinical staff are equipped with mobile technology that allows access to the internet.

5.11.5. The CFO will notify the CEO of the power loss. The CFO or designee will notify the electrical company of outage by referring to the agency EAP for emergency phone numbers.

5.11.6. The Mobile Crisis Team/Access will be relocated to a satellite office until power is restored.

5.11.7. If a power outage occurs in a satellite office, staff shall have the option of working from the Ionia office or from home, as authorized.

5.11.8. If all agency locations are under a power outage, the CEO will provide direction to keep the office open or closed. If the building is to be closed, follow the agency closing policy/procedure.

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5.11.9. If the power outage is due to a disaster, then the disaster plan will be enacted.

5.11.10. The CFO or IT department will announce that the power has returned via email and Teams-Emergency Alert Chat Channel.

5.12. Active Shooter/Weapon

An active shooter is an individual or individuals actively engaged in killing or attempting to kill people in a confined and populated workplace. The following procedures will be followed at all locations of The Right Door for Hope, Recovery and Wellness during and after an active shooter incident. All employees, visitors, and persons served should follow these general principles in the event of an active shooter incident:

5.12.1. **RUN** (evacuate)

5.12.1.1. If there is an accessible escape path, attempt to escape by exiting the building. If possible, the Receptionist shall gather the emergency supply box, sign-in sheets, appointment books/lists or other items to identify staff, persons served, and visitor in the building.

5.12.1.2. Lead visitors to safety.

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5.12.1.3. Evacuation should occur whether others agree to follow or not.

5.12.1.4. If possible, prevent others from entering an area where an active shooter may be.

5.12.1.5. Use a window punch when necessary in outside offices.
Choose a corner of a window and hit it hard until it breaks.

5.12.1.6. Run to a safe area until the building has been secured.

5.12.2. **HIDE**

5.12.2.1. If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

5.12.2.2. Lock the door and blockage it with heavy furniture to prevent an active shooter from entering your work area.

5.12.2.3. Hide.

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Subject Title Emergency Management Plan – Workplace	Adopted 03/15/05	Last Revised 9/11/25	Reviewed 11/30/10; 4/28/10; 2/6/14; 2/17/14; 9/25/15; 4/26/16; 10/25/16; 8/10/17; 9/26/18; 10/3/18; 2/27/19; 3/13/20; 5/8/20; 3/2/21; 12/21/21; 1/5/22; 3/17/22; 8/30/22; 12/16/22; 3/31/23; 5/30/23; 7/24/23; 4/15/24; 5/3/24; 7/8/24; 11/21/24; 12/3/24; 4/14/25

5.12.3. **FIGHT**

At your discretion, attempt to disrupt or incapacitate the active shooter by acting as aggressively as possible against them, throwing items and improvising weapons, yelling, and committing to your actions because your life may depend on it.

5.12.4. Contact Law Enforcement

5.12.4.1. If you can run or hide, take the following steps:

5.12.4.1.1. Keep calm.

5.12.4.1.2. Contact law enforcement if it is safe to do so.

5.12.4.1.3. Dial or text 9-1-1

5.12.4.1.4. If you cannot speak, leave the phone line open to allow the dispatcher to listen to the incident.

5.12.4.1.5. Do not assume someone else has called.

5.12.4.2. Once law enforcement arrives:

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5.12.4.2.1. Immediately raise hands and spread fingers.

5.12.4.2.2. Follow officers' directions.

6. External Comprehensive Health and Safety Inspections

The Right Door for Hope, Recovery and Wellness will complete external health and safety inspections annually at each office location. The resulting recommendation(s) on areas for improvement will be addressed as required.

7. County-Wide Emergency Preparedness

7.1. The Right Door for Hope, Recovery and Wellness, under specific direction of its CEO or designee, shall participate in the county-wide emergency preparedness by supporting the Ionia County Emergency Operation Plan. Please refer to the Disaster Plan for The Right Door for Hope, Recovery and Wellness.

7.2. The Right Door for Hope, Recovery and Wellness is a part of Annex J Human Services Annex. The purpose of the Emergency Operation Plan and the role of The Right Door for Hope, Recovery and Wellness is:

7.2.1. To organize, coordinate, and direct all emergency responses of mental health for Ionia County.

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7.2.2. To provide education and consultation regarding the mental health aspects of a disaster.

7.2.3. To relieve additional stress in the event of a disaster and to forestall or diminish any future emotional difficulties as the result of a disaster.

7.2.4. To focus on marked changes in family and community life which may follow in the wake of a disaster.

7.3. Concepts of Operation: Command and Control

The Director of Ionia County Department of Social Services represents and coordinates the Human Services Annex (Annex J) and his/her operational location shall be at the Emergency Operations Center (EOC). When the County Emergency Services Coordinator activates the County Emergency Operation Plan (EOP), the CEO or designee of The Right Door for Hope, Recovery and Wellness shall report to the EOC and to the Human Services Annex.

7.4. Ongoing Operations/Continuity Plan

7.4.1. Coordination and collaboration shall be ongoing with other agencies and services throughout the county in an effort to identify and provide services for the emotional needs of the county population.

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7.4.2. The Right Door for Hope, Recovery and Wellness owns and/or operates vehicles during the normal course of business, some of which can accommodate wheelchairs. These vehicles shall be available for use as emergency transportation.

7.4.3. Services shall be provided through a triage system, giving special attention to high-risk groups such as children, the elderly, and disadvantaged. Mental health professionals may be assigned to emergency rooms, morgues, and other places where victims would likely congregate in the first stage of a disaster. Later, workers may be assigned to preplanned stations and shelters.

7.4.4. Should a facility be deemed unsafe for continued operations, the CEO or designee will notify staff, persons served, and the community at large of alternate locations of operations. This may include the use of another The Right Door for Hope, Recovery and Wellness facility, mobile-based services, alternate community space, and telecommuting options for staff.

7.5. Communications

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There shall be telephone communication from the Emergency Operations Center (Located at Central Dispatch) to the field. Agency cell phones and email may also be utilized.

7.6. Plan Preparedness and updating Responsibility

- 7.6.1. The CEO or designee shall be responsible for the preparation, implementation, and update of the mental health portion of the Human Services Annex for the county plan, plan execution, and maintenance.
- 7.6.2. The CEO or designee shall participate in county-wide emergency preparedness drills and trainings.
- 7.6.3. During a disaster, direct mental health services shall be provided as needed and coordinated throughout the Human Services Annex.
- 7.6.4. Following a disaster, The Right Door for Hope, Recovery and Wellness in coordination with other organizations shall continue to focus on the special needs created by the crisis by providing outreach services as well as individual group counseling.

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Kerry Possehn, Chief Executive Officer	Date		