**Office Emergency Plan Instructions:**

# Introduction

# OSHA requires that any office with more than 10 employees must have a written emergency plan, but it’s really a good idea for everyone. This manual helps address some of the problems we may encounter in our offices and is designed to help us protect ourselves and our patients in the event of emergency.

# This is not all inclusive and doesn’t give details on how to handle an emergency, but it does give you a starting place. All dentists should look around their individual offices and see what kind of emergency is likely to happen, and decide how to handle it. Then you can make your own emergency plan. This should be reviewed at the time of the annual OSHA update, and changes should be made, as needed. It’s also a good idea to document any training and note any changes made. New employees should be trained at the time they are hired when receiving other basic training.

# TAKE OUT ANY INFO THAT YOU DON’T USE/AGREE WITH/INTEND TO DO to

# avoid potential issues.

# *This information has been compiled with information from FEMA, the FBI, the ADA and other sources. Much of this information is taken specifically from a 2003 ADA publication: Emergency Planning & Disaster Recovery in the Dental Office by Donald Collins DDS MPH MBA, Mr. David Dwyer, Ms. Linda Kittelson-Keating RN MS, Ms. Marsha L. Mountz.*

# *The section on bomb threats, hostage situations, etc. are from various sources, including the FBI, the ADA, the DEA, security experts, etc. See if these sections are something you’re comfortable about including.*

# *And now for the legal stuff from Laney Kay and Entertaining Training, LLC:*

# *This manual is designed to be a starting point to help dentists put together an emergency plan in their offices. Any suggestions offered by me are only my opinion and should not be construed as advice, legal or otherwise. Nothing I say is intended to establish a standard of care or industry custom. Any specific questions, circumstances, or situations you are concerned about in your particular office should be addressed by your own attorney or medical experts.*

# *Take out any information that does not apply to your office, and make sure that every situation listed applies to your office and reflects the steps that you would like to take in the event of an emergency.*

**OFFICE EMERGENCY PLAN**

OSHA requires a written Emergency Plan for offices with more than 10 employees.

**Fire Plan:**

Here’s what OSHA says a fire plan should include: (29 CFR 1910.38(b)

* [Means of reporting fires and other emergencies](javascript:void();)
* [Evacuation procedures and emergency escape route assignments](javascript:void();)
* [Procedures for employees who remain to operate critical plant operations before they evacuate](javascript:void();)
* [Accounting for all employees after an emergency evacuation has been completed](javascript:void();)
* [Rescue and Medical Duties for Employees Performing Them](javascript:void();)
* [Names or job titles of persons who can be contacted](javascript:void();)

Not all of these are relevant for dental offices. For most offices, unless it’s a very small, easily extinguishable fire, no one’s staying back because nothing is that critical! We just need to get out safely, make sure the fire department’s been called, and check to make sure everyone is out of the building. If fire extinguishers are available in the office, make sure everyone knows where they’re located and how to use them. Also, make sure everyone knows they should not try to fight a large fire, they should just notify everyone and evacuate.

All exit doors must be clearly marked by light-up signs marked “EXIT” and they can’t be locked in a manner that makes them difficult to easily open (Ex: If it’s a double dead bolt that requires a key, the key needs to be immediately available). Doors that could be confused with an exit door should be marked “bathroom”, “Lab”, “not an exit”, to make exiting easier during an emergency. Don’t place materials, boxes, oxygen/nitrous tanks, in front of exit doors.

All fire extinguishers and smoke alarms should be checked monthly, and tested annually. Also, annually, make sure the placement of the extinguishers are still relevant. Batteries should be regularly changed in smoke alarms. Alarms and sprinkler systems should be regularly maintained. Many counties require a map of the building’s layout, with exits clearly marked, be posted in a centrally located area.

If there’s a fire, notify everyone and evacuate. If you’re in a high-rise or large building, pull the fire alarm as you evacuate. While evacuating from a fire, before you open a door, touch it to see if it’s hot. If it’s hot, look for an alternative exit. Even if it’s cool, open a door cautiously at first so you can look through it to see conditions. If there is a lot of heat or smoke, close the door and look for an alternative exit. If you still have water pressure, wet a towel and put it over your nose and mouth. Get on the ground and crawl if there is a lot of heat and smoke because the air is generally cooler and clearer closer to the floor. If you’re in a building with an elevator, do not use the elevator. The firefighters may be using it to transport equipment, and you could become trapped in it as the fire progresses.

Once you evacuate the building, make sure everyone is accounted before and move away from the fire. Never go back into a building that’s on fire and don’t try to fight a large fire.

Once you’re allowed back into the office after a fire, be careful of using electronic equipment that could have been damaged by the heat or water; you don’t want to start another fire or sustain an electric shock. Also, be careful of touching soot and ash, because it can be corrosive to skin and toxic to the body.

**Emergency Evacuation**

If a fire or a catastrophic event occurs, the building must be evacuated and the proper authorities must be notified. If your office is in a high-rise or large building, notify building security and activate any alarms, as necessary. (Pull the fire alarm, push a panic button, etc.)

Everyone should know that, in the event of an emergency, everyone should leave the building immediately. If you are in a high-rise or large building, coordinate your evacuation procedures with those of the building's management. In an emergency, do not use the elevators as they might be out-of-service.

Visitors and patients may not be familiar with evacuation routes and may need assistance while evacuating. People with physical limitations, elderly people and children may need help, as well.

Once you’re out of the building, notify firemen about the presence of nitrous/oxygen tanks, and large amounts of flammable chemicals, etc. that may be in the building so that they can take precautions while fighting the fire.

**FIRE EMERGENCY**

When fire is discovered:

* Activate the nearest fire alarm (if installed)
* Notify the local Fire Department by calling

If the fire alarm is not available, notify the site personnel about the fire

emergency by the following means (check applicable):

* Voice Communication
* Texting
* Radio
* Yell down the hall
* Other (specify)

Fight the fire ONLY if:

* The Fire Department has been notified.
* The fire is small and is not spreading to other areas.
* Escaping the area is possible by backing up to the nearest exit.
* The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

* Leave the building using the designated escape routes.
* Assemble in the designated area (specify location):
* Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (check any that apply):

* Disconnect utilities and equipment unless doing so jeopardizes his/her

safety.

* Coordinate an orderly evacuation of personnel.
* Perform an accurate head count of personnel reported to the designated

area.

* Determine a rescue method to locate missing personnel.
* Provide the Fire Department personnel with the necessary information

about the facility.

* Perform assessment and coordinate weather forecast office emergency

closing procedures

* Area/Floor Monitors must:
* Ensure that all employees have evacuated the area/floor.
* Report any problems to the Emergency Coordinator at the assembly area.
* Assistants to Physically Challenged should:
* Assist all physically challenged employees in emergency evacuation

# Dental emergencies

# The ADA estimates that there’s around 3,000 medical emergencies in dental offices every year. Unfortunately, the number’s on the rise, mainly because our population is getting increasingly unhealthy and we’re living longer on top of that.

# Because we’re having more dental emergencies, and because there are more and more cases of people actually crashing and dying in dental offices, I really think that we need to work on our emergency preparedness. Also, because there are so many more cases of huge jury awards from wrongful death actions being brought against dentists.

# In a medical emergency, our job is to maintain our patients until help arrives, so it’s important to prepare your office before an emergency occurs. Make sure everyone knows her role in the event of an emergency (who calls the paramedics, who gets the emergency kits, etc.) so they can act quickly. In most states, all licensed professionals (doctor, hygienist, and assistants) must be certified in CPR, but it’s a good idea for everyone in the office. You never know when or where an emergency can occur.

# If a problem arises, notify the dentist immediately, and EMTs should be called, if necessary. Vital signs such as blood pressure, pulse, respiratory rate and body temperature should be monitored every few minutes. Have one person monitor the time because that can be very important. SO, write down what time the problem started, what time oxygen was administered, what time CPR is started, what time a defibrillator was used, etc. The dentist should make sure the patient is breathing properly and may administer oxygen, if necessary. If necessary, CPR should be administered by a properly certified individual.

# It’s important that every office is comfortable handling basic medical emergencies. I recommend that every office, once a month, have everyone bring in their lunch and have a short meeting about various emergencies and how to handle them. Risk management and medical emergency consultants actually recommend mock drills once a month where you pick one problem and make sure everyone knows how everything should be handled and what should be done and you just walk through the scenario.

# Make sure you have a sufficient emergency kit, and make sure it’s up to date. If you do IV sedation or general anesthesia, you have different requirements, of course, but you just need a basic kit for most dental offices. Medications like albuterol for asthma and epi-pens have a very set expiration date. When that date is passed, it’s no good. Make sure that the emergency kit is checked once a year, preferably at the same time (after you come back after Christmas vacation, or after Labor day, whatever works for your office). Some kits have an automatic update kit so you don’t have to worry about it. Whatever’s easiest for your office.

# Here’s what drugs need to be included in a basic emergency kit: oxygen, glucose, diphenhydramine (Benadryl), nitroglycerin, albuterol, aspirin and epinephrine. Make sure you have latex-free products, such as ambu bags and gloves.

# Some experts are recommending having Narcan in the emergency kit because of the opioid epidemic and potential risk of a patient overdosing while in the office.

# As far as defibrillators go, some states require them, some states require them for everyone, some if you administer certain types of anesthesia. Regardless, there are certain things you have to know about using a defibrillator.

# Check it every month to make sure everything is working properly, make sure pads aren’t expired (because they may not stick well), and make sure it charges properly.

# When you update your emergency kit every year, call the manufacturer of the defibrillator and make sure there are no recalls or problems. You might want to also to confirm the maintenance requirements and schedule to make sure nothing’s changed. According to the FDA, there have been 45,000 reports of the devices failing or malfunctioning since 2005. The vast majority of them were due to manufacturing problems, but some were because of improper maintenance, like battery failure. Manufacturers have recalled the devices 88 times in that period.

# Couple of helpful hints. The pads have to go directly on bare skin and they have to stick. If the skin is wet, they won’t stick and it won’t work. Also, it won’t stick if someone has a really hairy chest, so you may have to remove hair, so keep a disposable razor with the defibrillator. Also, keep a pair of sharp scissors in case you have to cut off some super spanx or some other clothing that’s blocking the skin. If a bra is in the way, you may have to cut it off. If someone has a big necklace or nipple piercings, those should be removed before shocking because they may cause burns (unless there’s no time. Also, if there are medication patches (like nitroglycerin patches) those should be removed.

# It’s also really important to take vital signs on a patient before you start to work on them. Statistics show that 50% of all medical emergencies occur after anesthesia is given, so it’s great if you can stop a problem before it happens.

**Medical Emergency Mock Drill Checklist:**

Dental professionals should be competent to treat the following emergencies in the dental office:

* Syncope
* Angina/Chest Pain
* Airway Management/Apnea
* Asthma attack/Bronchospasm
* Breathing issues (related to COPD)
* Allergic reactions/Analyphylaxis
* Reactions to medications/overdose (valium, narcotics, anesthetics)
* Foreign body obstruction/aspiration
* Blood sugar imbalances (hyper- and hypo-glycemia)
* Hypertension/hypotension
* Hyperventilation
* Seizure
* Heart attack/myocardial infarction
* Sudden Cardiac arrest
* Stroke
* Bleeding problems

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*) we conducted a mock emergency drill with the entire dental team for the following condition (*checked above*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We discussed patient treatment, discussed each person’s duties during this type of emergency, made sure we had all medications and equipment necessary to treat this condition, made sure all emergency medications were current, made sure each person knew where all of the equipment was located, and walked through the actual procedures. Upon completion, we determined that our mock drill was:

\_\_\_ Satisfactory \_\_\_\_Unsatisfactory

Comments and follow up instructions:

Signatures of attendees:

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(The following info is compiled from various law enforcement articles and guidance, but please consult local law enforcement experts for further information and advice.)

# Workplace Violence

# Check out OSHA’s workplace violence page: <https://www.osha.gov/workplace-violence>

# Here’s OSHA’s publication on workplace violence prevention for healthcare workers: <https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

Although violence in dental offices is not common, it does happen. Workplace violence has become an issue in recent years. It’s important that everyone recognizes the potential for violence from employees, patients, criminals, and individuals involved in domestic situations.

OSHA’s "General Duty Clause" could be used to cite an employer who fails to take measures to prevent workplace violence. We are required to provide a safe workplace. So, if you know you have a situation that could be dangerous or volatile, you need to take actions to help prevent violence from occurring.

Employers should:

* + keep records of threatening or violent workplace incidents
  + conduct surveys/ask employees to determine if employees feel threatened, and to solicit employee input on the best way to reduce the threat of violence
  + make structural and procedural changes to protect employees from enraged people
  + Train workers to identify hazardous situations, manage agitated patients and family members, and to provide appropriate responses in emergencies
  + Make sure procedures are in place to properly dismiss patients who are abusive/potentially violent
  + establish procedures for handling witnesses/victims after an incident
  + use bright and effective lighting in buildings and parking structures
  + establish communications with the local police

If appropriate:

* install metal detectors to identify concealed weapons
* install alarm systems and panic buttons
* set up "time out" or seclusion rooms
* provide adequate staffing, particularly during times of increased patient activity and during restraining procedures
* provide enclosures, deep service counters, automatic locks for doors, or bullet-resistant glass to protect staff

A risk assessment should help a dentist figure out which of the above may be needed for their circumstance.

**From the ADA**: One sure way of heading off employee-on-employee violence would be to know more about a prospective employee during the initial hiring interview. Of course during the interview process an equally important consideration should be to not violate the numerous legal protections that applicants have against illegal discrimination when applying for work. The Americans with Disabilities Act and the Civil Rights Law should come immediately to your mind since willful violation of either law could result in serious financial penalties and/or other consequences to a dentist-employer.

There are many publications that can help a dentist learn about how to conduct lawful hiring interviews. Additionally, a dentist may wish to speak with his/her attorney about employers’ responsibilities under federal, state or local law.

If you believe a patient, employee, employee’s family member, or anyone else is a potential problem, don’t ignore it. Make structural or procedural changes that could make the workplace safer, dismiss violent, abusive patients, and don’t ignore abusive and disruptive behavior from anyone.

The following are some ideas that might help you to reduce the threat of violence, either from other employees, patients or others:

* + Require that workers report workplace violence including harassment, threatening, insulting or vulgar language. A dentist should demonstrate his/her commitment to prevent violence in the workplace. Be prepared to remedy a situation including discipline and proper termination of an employee who violates acceptable behavior. Dismiss abusive patients, being careful to do it properly to avoid abandonment issues
  + Become aware of the **early warning signs** in an employee that might indicate the potential for workplace violence, such as mood swings, detachment from others, erratic behavior, change in work habits, threats; signs of anxiety, irritability or depression. Ask yourself and employees if there have been threats of suicide? Or, unwanted sexual advance? Is nothing ever that person’s fault? Their perception is often that everyone is against them and nothing is related to their behavior.
  + If an injury results from workplace violence, it may need to be reported to OSHA. NOTE: any injury that causes hospitalization of more than 3 workers must be reported to OSHA within eight hours.)
  + You should have an employee handbook that covers the rules of behavior in your practice.

*Patient (or stranger)-on-employee violence* Although the dental practice is not a particularly dangerous place with regard to employee-on-employee violence, a few assaults on staff from outsiders do occur annually. Check with local police to learn more about crime in your practice's neighborhood. Perform an assessment of your community and closely evaluate for safety the area immediately surrounding your practice. Removing hiding places like bushes and improving lighting might better ensure physical security.

In the case of a patient harassing an employee and causing a hostile environment, the same policies against workplace violence should apply to them. That is, instances of harassment or abusive behavior or language from a patient to an employee should not be tolerated and should result in the patient’s dismissal from the practice. Make sure you dismiss the patient properly to avoid allegations of patient abandonment or discrimination.

**IF AN IMMEDIATE THREAT OF WORKPLACE VIOLENCE EXISTS**

**CALL POLICE!!**

According to the ADA, the following recommendations might help certain dental practices reduce the threat or occurrence of patient (or stranger)-on-employee violence in the dental workplace when there is a threat:

* Be aware of which heavy or pointed objects in the reception area could be used as a weapon. If possible, remove these potentially threatening objects.
* Consider implementing physical security improvements: Examine doors and locks, lighting in the parking lot, fencing, or removing landscaping that might give cover to criminals.
* Bank often and handle cash away from the view of onlookers.
* If necessary, install foot-controlled panic buttons that are connected to police.
* Seconds could count in an attack. Make sure that staff know what to do and who to call following an assault or robbery.
* Secure the entrance to the inner dental suite with key-control or by electronic access. Limit visitors to the back areas of the dental suite. Design treatment rooms to have dual exits.
* Don't leave an employee alone with an agitated patient.
* Avoid isolation. Site a new practice in a busy area such as on a professional or retail concourse or near a busy street.
* Get to know business owners and workers in your area who might call police in an emergency should they notice a threatening situation in or near your office.
* At the end of the day, everyone should depart together. Avoid leaving an employee alone in the office to "finish up..." without, at least, first securing the doors.
* If you provide dental care in a hospital or nursing home, or if you bring institutionalize patients to your practice for treatment, there is a greater threat of patient-on-employee violence due to the large number of emotionally disturbed patients held in institutions. A dentist might need to heighten vigilance and institute appropriate policies and training to prevent violence upon dental staff members.
* Provide patients with appropriate anesthetics during dental treatment and necessary pain-killers for their at-home use. Unintended insensitivity to a patient's pain could potentially cause an emotionally disturbed patient to react violently. Routinely monitor patients for emotional stress and be prepared to call police if necessary. Police would much prefer to be called before a bad situation with a patient in your practice becomes life threatening.
* Avoid storing controlled substances or large amounts of cash or gold alloy in the practice. Cash and gold alloy stored in the practice could invite robbery and assault. If you must store these items on site, consider installing a vault or office safe.
* Practice lawful collection procedures that prohibit threats of violence, obscene or profane language, or that use repeated telephone calls to annoy and that could provoke reprisal.
* Prohibit staff members from meeting with patients alone in the office during off-hours.
* A dentist is usually not required to come into the office after hours to treat a dental emergency involving a non-patient of record. However, if the dentist wishes to respond to a stranger's immediate need to see a dentist, but remains suspicious about meeting a stranger alone in the middle of the night, it might be a good idea to first telephone the police and ask that a police officer come to the practice while the stranger is being treated. Wait in your automobile for the police to arrive before going into the dental suite with the stranger.
* Do not permit instances of harassment, abusive language, or threats from patients upon employees; or among employees; including from dental associates upon subordinates.

An effective "violence prevention" program for a typical business including a dental practice should include 1) the dentist’s commitment to preventing violence in the workplace; 2) an analysis of the workplace and community (risk assessment); 3) risk prevention and control; 4) training of the staff so that they can act fast and appropriately in an emergency; and 5) practice (i.e. routine drills) that hone various emergency response skills. Above all, a dentist should have fair, clear policies about sexual harassment, possession of firearms on company property, security, fitness for duty and substance abuse matters.

If you learn that an employee feels threatened or there is an incident of workplace violence, you may need to investigate: **What** happened; **Who** was involved; **Where** it happened; **When** it happened; **Why** it happened; and **How** it happened in order to determine how to remedy the situation or know what to do to prevent repeat violence.

In summary, prevention, vigilance and training could be your best allies for combating workplace violence. Develop a zero-tolerance policy, inform employees and place into your employee handbook. Indicate that all instances and allegations of workplace violence will be investigated and remedied immediately, if necessary.

**Bomb Threat**

*Bomb threat* Bomb threats are also a potential issue. The staff member who receives the threatening call should pay attention to what the caller says, the time of the call and to the particular demands of the caller. Pay attention to the person’s voice and any background sound that might later help the police identify the caller or from where the call might have originated. Be sure the caller is asked when the bomb will go off. Remain calm and attentive, but quickly inform the dentist. Depending on the circumstance, the dentist may determine the need, if any, of evacuating the dental facility and informing other building tenants of a threat, and calling authorities.

A bomb threat is not a joke, although many cases involve kids being idiots. Calling in a bomb threat may carry serious criminal charges and consequences. A dentist and staff members should treat a bomb threat seriously and may be directed by authorities to begin an immediate search. Do a quick check and if you see a suspicious package is found, do not touch, move or jar the object; if it’s a pack or bag, do not unzip it. Then get out. All persons should exit the building to a safe distance in accordance with the emergency plan or as directed by authorities. In general, avoid using the elevators during an emergency. Use the stairs instead. The bomb squad that arrives will determine when it is safe for occupants to return to the building.

**Hostage situation**

A "hostage" situation involving the dentist, patients or dental staff member requires that everyone remain calm. Many cases involve domestic situations with a patient or coworker. If it is possible to call police without jeopardizing yourself or others, you should do so.

On the other hand, if you or the staff are held captive by criminal extremists and you cannot call police, assume that outsiders eventually will know that a hostage situation exists and call the police for you. Avoid heroics. Most incidents end, within a few hours, with the safe release of all hostages and the surrender of the hostage taker.

While held captive, do not draw attention to yourself or attempt to approach individual(s). Stay calm and maintain your composure. Follow all your captor’s instructions and only speak when spoken to. You don’t want to be labeled as a threat or a trouble maker. The more distance between you and them, the better. Don't attempt to disarm a gunman, if it is used, or use intimidation or threaten consequences in a way that might intensify the situation. Follow instructions, if possible.

If you must speak to your captors during a siege, it is probably best to avoid eye contact even as you attempt to closely examine features of your captors in case a description needs to be given later to the police. Keep your hands visible. If you must move around, utilize smooth, purposeful movements that are easily understood. Sudden moves could get you or others injured or killed.

Experts suggest that in a hostage situation it is best not to get into arguments or disagreements with your captors. Try to be empathetic without becoming necessarily sympathetic to whatever is their cause. If the dentist or staff member must respond to an inquiry from the hostage takers, try to reply in a steady, cool voice. A hysterical response could increase the emotional tension on both sides.

If you feel like a rescue operation is imminent, quietly get on the ground or behind a barrier. During a rescue attempt, rescuers can’t always tell the good and bad guys apart. And you definitely don’t want to get caught in the crossfire.

If a "hostage" situation is in fact, an armed robbery and you or someone else has what a gunman wants, you probably should cooperate and turn over whatever cash or valuables are demanded. Most likely, these items can easily be replaced and are not worth risking a human life.

**Active shooter:**

**According to the FBI**, an active shooter is an individual actively engaged in killing or attempting to kill people in a populated area. These situations have happened in schools, shopping malls, businesses, streets, and other public venues. These situations are dynamic in nature and require immediate action by law enforcement personnel to stop the shooter.

Some Guidelines for Responding to Active Shooter. How one responds at an active shooter situation will be determined by the specific circumstances of the encounter. If you find yourself involved in an active shooter situation, try to remain calm and use the following guidelines as a strategy for survival.

If you ever find yourself in an active violence/active shooter situation, the simplest thing to remember is Run, Hide, Fight!

**Run**- If you hear something that sounds like shots, or firecrackers, leave immediately. Get away from the threat, leave your belongings behind. Evacuate immediately, save yourself, and help others if possible. Call 911 when safe.​​

**Hide**-If evacuation is not possible, find a place where the active shooter is less likely to find you. If you are in a building, find a room where you can lock and barricade yourself inside using any equipment or furniture items. Silence your cell phone and remain quiet. Call 911 to alert authorities to the situation and possibly to the active shooter's location.

Think Cover vs. Concealment-Concealment may hide you but cannot stop a bullet, such as curtains. Cover will hide you and may stop a bullet, such as concrete and steel.

**Fight**-As a last resort and only if your life is in immediate danger, should you attempt to disrupt or incapacitate the active shooter by acting as aggressively as you can. Use any items as a makeshift weapons. If you are with others, work together to stop the threat. Whatever you do, commit to your actions.

What you should expect from responding law enforcement to an active shooter

* Police are trained to proceed as quickly as possible to the sound of the gunfire; their purpose is to stop the shooter(s).
* Officers may be in plainclothes, patrol uniforms or SWAT Uniforms armed with long rifles, shotguns and handguns.
* Do as the officers direct you and keep your hands visible at all times.
* If possible, tell the officers where the shooter(s) was last seen and a description of the shooter(s).
* Also be aware that the first responding police officers will not stop to assist injured people. Others will follow to treat the injured. First responding officers are trained to proceed as quickly as possible to the gunfire and to stop the shooter(s).
* Keep in mind that once you are in a safe location, the entire scene is a crime scene. The police usually will not let anyone leave until the situation is completely under control. Police may ask for your statement of what you heard and observed. Please cooperate with the police.

**TELEPHONE BOMB THREAT CHECKLIST**

INSTRUCTIONS: Be calm, courteous and don’t interrupt.

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CALLER'S IDENTITY SEX: Male \_\_\_\_\_ Female \_\_\_\_ Adult \_\_\_\_ Juvenile \_\_\_\_ APPROXIMATE AGE: \_\_\_\_\_

ORIGIN OF CALL: (Caller ID info plus any info they tell you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOICE CHARACTERISTICS: Accent? What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Loud \_\_\_ High Pitch \_\_\_ Raspy \_\_\_ Intoxicated \_\_\_ Soft \_\_\_ Deep \_\_\_ Pleasant

\_\_\_\_ Nervous \_\_\_\_ Mad/Irritated \_\_\_ Calm \_\_\_ Rational \_\_\_ Coherent \_\_\_ Deliberate

\_\_\_ Righteous \_\_\_ Angry \_\_\_ Irrational \_\_\_ Incoherent \_\_\_ Emotional \_\_\_ Laughing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_ Fast \_\_\_ Distinct \_\_\_ Stutter \_\_\_ Slurred \_\_\_ Slow \_\_\_ Distorted \_\_\_ Nasal

\_\_\_\_\_\_\_\_\_\_\_\_ Other

BACKGROUND NOISES \_\_\_ Local \_\_\_ Foreign \_\_\_ Race \_\_\_ Not Local \_\_\_ \_\_\_ Factory \_\_\_ Machines \_\_\_ Music \_\_\_ Office \_\_\_ Machines \_\_\_ Street \_\_\_ Traffic \_\_\_ Trains \_\_\_ Animals \_\_\_ Quiet \_\_\_ Voices \_\_\_ Airplanes \_\_\_ Party \_\_\_ Atmosphere

BOMB FACTS: Pretend you have a bad connection and can’t hear to keep the person talking. If caller wants to talk, ask questions like: When will it go off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certain Hour \_\_\_\_ Time Remaining Where is it located? Building Area

What kind of bomb? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What kind of package?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How do you know so much about the bomb?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your name and address? If building is occupied, inform caller that detonation could cause injury or death. Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial \*57 (if your phone system has this capability). Listen for the confirmation announcement and hang up. Call 911 and relay information about call. Did the caller appear familiar with the building (by his/her description of the bomb location)?

Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist. Notify your supervisor immediately.

# SEVERE WEATHER AND NATURAL DISASTERS

# Tornado:

# • When a warning is issued by sirens or other means, seek inside shelter.

# Consider the following:

# Small interior rooms on the lowest floor and without windows,

# Hallways on the lowest floor away from doors and windows, and

# Rooms constructed with reinforced concrete, brick, or block with no

# windows.

# Stay away from outside walls and windows.

# Use arms to protect head and neck.

# Remain sheltered until the tornado threat is announced to be over.

# Earthquake:

# Stay calm and await instructions from the Emergency Coordinator or the

# designated official.

# Keep away from overhead fixtures, windows, filing cabinets, and electrical

# power.

# Assist people with disabilities in finding a safe place.

# Evacuate as instructed by the Emergency Coordinator and/or the

# designated official.

# Flood:

# If indoors:

# Be ready to evacuate as directed by the Emergency Coordinator and/or

# the designated official.

# Follow the recommended primary or secondary evacuation routes.

# If outdoors:

# Climb to high ground and stay there.

# Outdoors:

# • Avoid walking or driving through flood water.

# • If car stalls, abandon it immediately and climb to a higher ground.

# Hurricane:

# The nature of a hurricane provides for more warning than other natural

# and weather disasters. If there is a hurricane warning for your area, in the days before evacuation, move equipment/charts/computers, etc. to a protected area and/or higher ground. Secure additional backups away from the storm area (HIPAA compliant cloud backup, etc.) Prepare the office for a hurricane.

# Blizzard:

# If indoors:

# Stay calm and await instructions from the Emergency Coordinator or the

# designated official.

# Stay indoors!

# If there is no heat:

# Close off unneeded rooms or areas.

# Stuff towels or rags in cracks under doors.

# Cover windows at night.

# Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.

# Wear layers of loose-fitting, light-weight, warm clothing, if available.

# Bio-terrorism / Chemical Agents

Let’s be honest…we’re not exactly the main targets of a bioterrorism attack. However, dentists are healthcare providers, and should know the basics about the topic in the event a situation arises in the community. Plus, you never know if your office could somehow catch the attention of a freak who has access to bioweapons. So, here’s some basic information.

The main pathogens that can be weaponized are: Anthrax, Botulism, Plague*,* Smallpox, Tularemia and Viral hemorrhagic fever. There are others that are not as well known, so we’ll deal mainly with these.

Chemical agents could include nerve agents such as Sarin, chemicals that blister the skin, such as mustard gas, and gases that can injure the lungs, such as cyanide, and chlorine).

For more specific information about bioweapons from the CDC: <https://emergency.cdc.gov/bioterrorism/>

We see some oral manifestations of these diseases:

|  |  |
| --- | --- |
| **Biological Disease** | **Indications in the Mouth** |
| Anthrax | Ulcerations |
| Botulisms | Ulcerations, difficulty in swallowing |
| Plague | Bloody sputum |
| Smallpox | Vesicles and ulcerations |

**Facts about Anthrax**

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis.* Anthrax most commonly occurs in hoofed mammals and can also infect humans.

Anthrax can be contracted by inhaling it, eating it, or by handling infected animal products. When used as a weapon, it can be made into a powder that can be inhaled or can be put into food or water. Symptoms usually occur within 7 days after exposure.

Initial symptoms of inhalation anthrax infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

The intestinal form of anthrax is caused by ingesting contaminated food or water. It causes serious inflammation of the intestinal tract, and early symptoms include nausea, loss of appetite, vomiting, and fever. As it progresses, the symptoms intensify and the patient may experience abdominal pain, vomiting of blood, and severe diarrhea.

If a person is exposed, antibiotic treatment should be started immediately. Anthrax is generally susceptible to penicillin, doxycycline, and fluoroquinolones. There is a vaccine available, but it’s not recommended for the general public at this time.

**Handling of Suspicious Packages or Envelopes**

If you receive a suspicious package with powder in it:

* Do not shake or empty the contents of a suspicious package or envelope.
* Do not carry the package or envelope, show it to others, or allow others to examine it.
* Put the package or envelope on a stable surface; do not sniff, touch, taste, or look closely at it or any contents that may have spilled.
* Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
* Wash hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
* If at work, notify a supervisor (the dentist), a security officer, or a law enforcement official. If at home, contact the local law enforcement agency.
* If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give the list to both the local public health authorities and law enforcement officials.

#### Facts about Botulism

Botulism is a muscle-paralyzing disease caused by a toxin made by the bacteria *C. botulinum.* Normally, when you hear of botulism, it’s caused by improperly canned foods, but the toxin can be used as a weapon.

There are three main kinds of botulism:

* Foodborne botulism occurs when a person ingests the botulism toxin. Illness can occur within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient.
* Infant botulism occurs in a small number of susceptible infants each year who harbor C.*botulinum* in their intestinal tract.
* Wound botulism occurs when wounds are infected with C. *botulinum* that secretes the toxin.

#### With food-borne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food. Symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, muscle weakness that starts high and then progresses downward through the body: Starts at the shoulders, then upper arms, lower arms, then down to the lower body. If the breathing muscles are paralyzed, the person can suffocate unless the person is placed on a ventilator.

* Botulism is not spread from one person to another. Foodborne botulism can occur in all age groups.
* The CDC maintains the antidote for botulism. The earlier the antitoxin is administered, the more effective the treatment. Most patients recover, but it can take weeks to months of care.

#### Pneumonic Plague

Plague is an infectious disease of animals and humans caused by the bacterium Yersinia pestis. The form that most of us are familiar with is the bubonic plague that killed over 20 million Europeans in five years in the 1300s. It is found in rodents and their fleas and is transmitted through flea bites in many areas around the world. Today it is treatable and approximately 5,000 cases occur annually around the world.

Pneumonic plague occurs when *Y. pestis* when people breathe in infected respiratory droplets from face to face contact with a sick person. In a bioterrorism attack, the aerosolized bacteria could be released into the air. The first signs of illness in pneumonic plague are fever, headache, weakness, nausea and cough productive of bloody or watery sputum. The pneumonia progresses over 2 to 4 days and may cause septic shock and, without early treatment, death.

Person-to-person transmission of pneumonic plague occurs through respiratory droplets, which can only infect those who have face-to-face contact with the ill patient.

Early treatment of pneumonic plague is essential. Several antibiotics are effective, including streptomycin, tetracycline, and chloramphenicol, but there is no vaccine against plague.

Prophylactic antibiotic treatment for 7 days will protect persons who have had face-to face contact with infected patients.

#### Smallpox

Smallpox infection was eliminated from the world in 1977, but there are samples kept in labs in a few places in the world.

Smallpox is caused by variola virus. The incubation period is 7 to 17 days, but usually 12 days following exposure. Initial symptoms include high fever, fatigue, and head and back aches. A characteristic rash, most prominent on the face, arms, and legs, follows in 2-3 days. The rash starts with flat red lesions that evolve at the same rate. Lesions become pus-filled and begin to crust early in the second week. Scabs develop and then separate and fall off after about 3-4 weeks. The majority of patients with smallpox recover, but death occurs in up to 30% of cases.

Smallpox is spread from one person to another by infected saliva droplets that pass during face-to-face contact. Persons with smallpox are most infectious during the first week of illness, because that is when the largest amount of virus is present in saliva. However, some risk of transmission lasts until all scabs have fallen off.

#### Routine vaccination against smallpox ended in 1972. The level of immunity, if any, among persons who were vaccinated before 1972 is uncertain; therefore, these persons are assumed to be susceptible.

Vaccination against smallpox is not recommended to prevent the disease in the general public at this time, and therefore is not available.

In people exposed to smallpox, the vaccine can lessen the severity of or even prevent illness if given within 4 days after exposure. Vaccine against smallpox contains another live virus called vaccinia. The vaccine does not contain smallpox virus.

The United States currently has an emergency supply of smallpox vaccine. There is no proven treatment for smallpox but research to evaluate new antiviral agents is ongoing. Patients with smallpox can benefit from supportive therapy (intravenous fluids, medicine to control fever or pain, etc.) and antibiotics for any secondary bacterial infections that occur.

# Chemical Spill

In the event of a major chemical spill involving the release of hazardous gas into the atmosphere from a nearby manufacturing facility, rail yard, nuclear plant, etc. you may receive an emergency warning to evacuate or to take cover indoors. In most cases, if it is too late to leave the area or you are not asked to do so, seek the best available shelter to avoid any harmful fumes.

Stay inside and, if necessary to protect your breathing, cover your nose and mouth with a damp hand cloth or towel. Turn off heating/cooling/ventilation systems so you don’t suck outside air into the office. Wait indoors until informed that you hear that the danger is over. Many chemical vapors are heavier than oxygen, so staying away from the floor may be a good idea. If possible, seal your doors and windows.

If you have skin contact with a dangerous chemical, you may need to remove your clothing and flush your skin and eyes with water. Do not pull contaminated clothing over your head, use scissors to cut them away and avoid touching contaminated areas. Place the clothing first into a plastic bag; seal the bag; then, place into a second plastic bag that you also seal.

A chemical spill is considered hazardous to a community if:

* It is flammable, highly reactive, or explosive.
* It generates harmful vapors or dust particles that affect eyes or lungs.
* It is corrosive and attacks skin, clothing, equipment, furniture or facilities.
* It is poisonous by ingestion or absorption.
* It is radioactive.

Any small spills in the office should be handled as directed on the chemical’s SDS sheet.

# Natural Disaster: Floods

Many communities throughout the U.S. are prone to flooding. Floods may occur following spring rains, heavy thunderstorms or winter snow thaw. A dam failure could produce a catastrophic flood.

***Before a flood occurs*** If possible, a dentist or the building owner should consider turning off all equipment from the main power cut-off switch and closing the main gas valve into the facility. If there is sufficient warning, consider moving patient records, computers, easily moved equipment, furniture or supplies to a higher floor or to a location outside of the expected flood area. In an emergency situation, be prepared to abandon the building if necessary or if requested to do so by authorities. Relocate immediately to higher ground out of reach of the flood.

*During a flood* A good idea during a natural emergency is to continue listening to local radio for news updates about the disaster or for instructions about what to do, where to go or what places to avoid during the emergency.

Do not attempt to walk, swim or drive an automobile through swift-moving water. As little as six inches of fast-moving flood water can knock a person down. Two feet could float an average-size car.

*After the flood* Do not return to the office until it is safe to return. Downed power lines can cause electrocution, and they are not always visible. Other hazards can be snakes and gators in some areas and hazardous footing.

DO not enter a building that has sustained structural damage or has been washed off its foundation, because they can collapse.

All flooded buildings should be inspected for asbestos and lead paint before any demolition begins. Asbestos was used as pipe insulation, in roofing, in floor tiles and on ceilings and drywall and disturbing it can shed fibers that can be inhaled. Asbestos can cause cancer and other fatal lung diseases, so strict guidelines are followed when removing it. Lead pain can cause neurological and kidney damage, so removing it improperly or sanding surfaces with lead based paint can cause severe damage if inhaled.

*Mold and spores* When the flood waters recede, mold can grow rapidly, especially in the summer months. Proper PPE must be used when removing moldy materials to avoid possible permanent organ damage.

*Patient records* IF you use primarily paper records, floods can cause a huge liability issue. Without original records, if a malpractice claim arose, not having an original record is a huge issue. It can also cause HIPAA issues, since patients must be given copies of their records upon request and we are supposed to have plans to protect patient information in place. Plus, protecting records allows us to get up and running again as quickly as possible.

In a disaster, a practice has to take actions to reasonably protect the patient treatment information (dental health records) in its possession, whether the information is in an electronic or a paper format. Having a written emergency action & disaster recovery plan show that you’re making an effort to help protect the dental record. Also, if you have notice that a flood is possible, moving the records to a safe location is a great idea.

*Recovering wet dental records following a flood or fire* Use gloves when handling wet records. The CDC doesn’t recommend disinfecting them, just drying them, since gloves protect any non-intact skin from contact.

The Northeast Document Conservation Center ("NEDCC") in Andover, Massachusetts offers great advice on restoring records after a disaster: <https://www.nedcc.org/working-with-nedcc/disaster-assistance>

In general, soaked paper records begin to deteriorate within 3 hours and may completely dissolve in 4-5 days. To prevent deterioration, important water-damaged paper records should be frozen and freeze or vacuum dry, according to experts, within the first 10 hours. The process can be highly successful in saving wet records.

Put on the air conditioner and use dehumidifiers to reduce mold growth. Don’t put wet records in plastic bags because that will also increase mold growth.

A simpler, though less effective method for recovering a small number of wet paper records before molds or mildew set in is called "interleaving." Basically, absorbent sheets/paper towls are placed between the wet sheets in order to assist the drying process.

If the wet sheets are still readable, you can also photograph each sheet before they deteriorate.

*Supplies, instrument and equipment:*  All instruments must be removed from flood soaked packs, reprocessed and sterilized in new packs.

Once the water recedes, contact your dental equipment dealer for more information about inspecting and reconditioning damaged dental equipment. Some equipment can be reconditioned, some motors can be replaced, upholstery can be replaced, etc., which can be considerably cheaper than buying new equipment.

Make sure you’re not under a boil water advisory before using tap water. If necessary, allow at least 5 minutes of boiling time to make suspicious water safer for use (see Boil-water Advisories in the section that follows).

To inspect the practice following a flood that came into your office, wear protective clothing. However, don’t wear those clothes home because floodwaters often contain chemicals and sewage. Swallowing flood water or getting it into cuts or scrapes, or into the eyes or mouth. can cause serious illness.

A tetanus vaccination might be needed (depending on an individual's vaccination history) if broken skin has come in contact with floodwater. Check with your personal physician if exposed.

Resume normal patient care using tap water only after the water supply is declared safe by authorities. However keep in mind, that in addition to water for sinks and drinking fountains, the high speed dental hand- piece, water spray and the ultrasonic dental scaler---all usually use tap water that could have become contaminated during the flood. Follow your manufacturer's recommendation for clearing lines and sterilizing these items.

# Boil-Water Advisories

The following information is from the CDC:

#### While a boil-water advisory is in effect:

* Water from the public water system should not be delivered to the patient through the dental unit, ultrasonic scaler, or other dental equipment that uses the public water system until the boil-water advisory is canceled.
* Patients should not use water from the public water system for rinsing but should use water from alternative sources, such as bottled or distilled water
* Dental workers should not use water from the public water supply for hand washing. Instead, antimicrobial-containing products that do not require water for use, such as alcohol-based hand rubs, can

be used until the boil-water notice is canceled. These products have been reviewed and cleared for marketing by the U.S. Food and Drug Administration ("FDA").

## When the boil-water advisory is canceled:

* First, incoming public water system water lines in the dental office should be flushed (i.e., cleared of contaminated water). All faucets in the dental setting should be turned on completely for at least 30 minutes, including water lines to dental equipment that uses the public water system.
* After the incoming public water system water lines are flushed, dental unit water lines should be disinfected. The dental unit manufacturer should be consulted to determine the appropriate procedures to disinfect the dental unit water lines.

Because water from the affected public system should not be delivered to the patient during a boil-water advisor, many dental procedures cannot be performed. Alternative water sources, such as separate water reservoirs that have been cleared for marketing by the FDA, can be used. However, if the alternative water source were to flow through a dental unit previously connected to the affected public water supply, the dental unit water lines should first be flushed and disinfected according to the manufacturer's instructions.