

An analysis of exodus psychiatric hospital's plan if disaster happens

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The organization selected is Exodus Psychiatry Clinic, which is in the health care provision industry. The mission of the clinic is to provide comprehensive care for people with mental health issues. The clinic has 75 staff members ranging from doctors, to nurses, to subordinate workers. It has an average capacity of 250 in-patients and 50 out-patients at any given time. The following is a preparedness strategy plan outline to guide the clinic in the event of a disaster.

Program Management

Preparedness Policy

This clinic will design and implement a program that will steer the organization towards stability and recovery in the event that a disaster, natural or artificial, disrupts the normal functioning of this organization

Program Committee and Program Coordinator

The committee on disaster preparedness consists of two doctor, three resident nurses, the clinic manager and a safety officer. The clinic's safety officer is the coordinator of the disaster management program.

Program Administration

The committee on disaster preparedness directs the implementation of the preparedness program. However, the executive decisions are made by the clinic manger since she is the program administrator.

Planning

Risk Assessment

There are two types of disasters that could prompt the launch of the preparedness program. The first type is natural disasters such as hurricanes and earthquakes. The second type of risks that can cause the shift into the program is artificial disasters such as fire outbreaks (Kaji, Koenig, & Lewis,

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2007). The amount of risk needed to prompt the immediate launch of the program will depend on whether the disaster can cause physical injury to multiple people. However the possibility of losing public trust and services disruption could also constitute to a disaster.

Business Impact Analysis

Disasters will naturally negatively impact this organization since the success of the business is based upon the reliance on the maintenance of a tranquil atmosphere. Analysis of the damage done to the business aspect of the clinic will be done by the finance department. Issues to be focused on include the cost of physical damages to physical facilities, renovation costs and cost of patient mental health regression.

Hazard Prevention and Deterrence

Certain measures will be taken to reduce the probability of occurrence or escalation of disasters. Among them is the erection of posters and boards notifying people of the sequence of activities that they should engage adhere to during several hypothetical scenarios. Such disaster scenarios include fire outbreaks, terrorist attacks, earthquakes and hurricanes (Yun, Lurie, & Hyde, 2010). Moreover, hazardous materials that could exacerbate direness of emergency situations are ensured to be locked up in restricted areas to avoid mass contaminations. Disaster preparedness equipment such as fire hazards are also distributed within the clinic.

Risk Mitigation

The effects of risks that come with disasters are managed through several premeditated measures. Insurance is one of the measures and seeks to

compensate for damages and loses that the clinic would incur in disaster scenarios (Paton, 2003). The architecture of the facilities in the clinic moreover allows mobility of persons in varieties of ambulatory capacities. Psychiatric inpatients with predispositions to violence are moreover digitally tagged with radio frequency micro-detectors with the consent of their guardians so as to track them in the event that disasters release them into the population.

Implementation

Resource Management

Since disasters are bound to affect the clinics resources, the intact resources will have to be civilly utilized. In patients will be allocated the unaffected living space and expected to live in close quarters with each other. Medical supplies will be ferried in from an external facility in case the clinic's on-site storage is destroyed (Fiedrich & Rickers, 2000). Any communications needs will require the use of cell phones if the telephone cable is indisposed. Security needs will be outsourced from local authorities if the situation exceeds estimated limits

Specific Plans

Certain precise measures will have to be met so as to arrest the situation. For example, when the safety officer makes the emergency warning, all staff that will have completed their duties of the day are expected back at the clinic (Kaji, Koenig, & Lewis, 2007). A roll-call of the patients will be conducted to ensure their safety and the safety of the community. The insurance provider will be notified via the phone of the disaster's occurrence.

Local authorities will then be notified so as to dispatch any aid that could help arrest the situation

Employee Assistance & Support

All staff members on active duty will be expected to show up at the clinic in the event of a disaster even if their shifts were over. The chain of command among the staff will temporarily be waived so as to provide a natural approach in the management of the disaster.

Incident Management

The clinic is well prepared to respond to certain specific disaster incidences. Some of the threats that the clinic prepares for includes bomb threats, fire outbreaks, hurricanes and tornadoes, earthquakes and landslides. Each incident will receive specialized handling due to the difference in the types of risks they present. More specifically, incidents emanating from unmanageable patients will need the input of local law enforcement agencies.

Training

Training of the clinics personnel is conducted on a semi-annual basis so as to equip them with the skills and mindset to handle emergencies. Effective communication is a key topic discussed during the training since management of disasters requires the input of all affected stakeholders (Williams, Nocera, & Casteel, 2008). The use of disaster preparedness equipment such as fire extinguishers and hydrants is also provided to the staff. Emergency medical procedures such as CPR are also taught.

Testing & Exercises

Testing mainly presents itself in the form of drills. Each projected threat from bomb threats, to fire outbreaks, to earthquakes, to hazmat outbreaks has its drill. Once in every three months, an unannounced drill is performed to test preparedness in any of the projected threats

Program Improvement**Reviews and Corrective Actions**

The disaster preparedness program is reviewed after every quarterly drill so as to crosscheck it with previous drill performances. The effectiveness of the program is only maintained by improving on its weakest point. Thus, the program committee makes recommendations of certain actions that should be added to the training program to make it more effective.