

UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS

SUBJECT: EMERGENCY MANAGEMENT PLAN

Procedure No: EP-08-000

PROCEDURE STATEMENT

The University of Toledo Health Science Campus (UT HSC) shall have an Emergency Management Plan. UT HSC shall make every safe and reasonable effort to provide continuous service during an emergency (involving loss of certain utilities, for example) or disaster.

PURPOSE OF PROCEDURE

To meet the mandates of standard EC.4.10, and to provide a protocol for protecting lives in the event a disaster, of an internal or external nature, should occur.

PROCEDURE

The Emergency Management Plan in conjunction with the UTMC Emergency Operations Plan comprehensively describes how the organization will respond to emergencies within the organization or in its community that would suddenly and significantly affect the need for the organization's services, or its ability to provide those services. The Plan addresses four phases of emergency management activities: mitigation, preparedness, response and recovery. This Plan, as required by EC.4.10, has been developed with the input, expertise and involvement of the hospital's leaders, including those of the medical/clinical staff.

The planning process provides for:

- The conduct of a hazard vulnerability analysis to identify potential emergencies that could affect the need for the organization's services, or its ability to provide those services: the UTMC Hazard Vulnerability Analysis 2008 has been completed in a matrix format, has been reviewed by the UT HSC Safety & Health Committee, and is attached to this Plan;
- The establishment, in coordination with community emergency management planning, of priorities among the potential emergencies identified in the hazard vulnerability analysis for which mitigation, preparedness, response and recovery activities will need to be undertaken: the top six (6) priority emergencies identified in the UTMC Hazard Vulnerability Analysis 2008, and reviewed by the UT HSC Safety & Health Committee, are as follows:
 - Epidemic/Pandemic (Mass Casualty)
 - Tornado (severe thunderstorm)
 - Communication Failure
 - Winter Storm
 - Utility Outage
 - HazMat Exposure – Internal (campus)
 - Civil Disturbance (hostage situation)
 - Fire
- Identification of specific procedures to mitigate, prepare for, respond to, and recover from the priority emergencies: See the UT HSC Emergency Management Plan for Mitigation, Preparedness, Response and Recovery from Hazards and Threats in the Environment of Care 2008 for these details.
- Definition of and, where appropriate, integration of the hospital's role in relation to community-wide emergency agencies, including identification of the command structure in the community: The role of the University Medical Center in relation to community-wide emergency agencies is that of an active participant in designing, participating in and implementing community-wide emergency response protocols, and also to be an equally active participant in all drills, exercises and critiques designed to streamline and make more efficient regional efforts geared toward swift response to disasters. Integration of the hospital's role into community-wide emergency agencies is accomplished through membership of the hospital in the various public sector groups, task forces and committees charged with preparing for response to various emergencies. By playing an active role in emergency response planning, implementation, practice and post-incident analysis, the hospital is integrated into the overall community-wide emergency agency system as a major healthcare provider that will

serve as a treatment center when community-wide emergencies occur. The command structure in the community is clear: the Toledo Fire Department is the controlling agency that implements a community-wide emergency response to certain incidents, and also acts as the "trigger agency" for accessing the resources of larger entities, such as the Ohio Department of Health (ODH) and the Centers for Disease Control (CDC). The Toledo Fire Department has implemented and follows the Incident Command System (ICS) model of command-during-emergencies pioneered by the Los Angeles Emergency Management System. In addition, the Toledo Fire Department implements a regional area command system that brings together the incident command system structures of regional fire, police, and hospital and health department resources into one unified area command structure

- Definition of a common (that is, "all hazards") command structure within the organization for responding to and recovery from emergencies, that links with the command structure in the community: The command structure in place at the hospital pivots off of the position of Administrative Coordinator (formerly Nursing Supervisor). Someone fills this position at all times. The Administrative Coordinator works in close consultation with the Administrator-on-Call (who is not on campus between the hours of 600PM and 600AM), and the senior Campus Police officer on duty (on campus 24/7), the Facilities Maintenance employee (on campus 24/7), and the Telephone Services operator (on campus 24/7). The Administrative Coordinator gathers relevant information regarding any emergency that may be occurring in the hospital, or which may affect the hospital's operations, and then, in consultation with Campus Police, Safety & Health and Nursing administrators, makes the decision to handle the emergency with in-house available resources, or to seek the assistance of outside emergency response agencies. If outside resources are sought, the senior Campus Police officer on duty or the head nurse in the Emergency Department will notify the command structure in the community by means of the 9-1-1 system to activate resources to protect and salvage the physical plant or to activate resources to treat large numbers of victims, respectively. With regard to recovery from emergencies, the Director of Safety & Health is empowered by the President of the University of Toledo and the Chairman of the Board of Trustees to take whatever steps are necessary (unilaterally, if need be) to protect life and property, and to stabilize any disaster situation until an expert response team for recovery efforts can be convened, a period of time that would not exceed 3-4 hours.
- Initiation of the procedures in the response and recovery phases of the plan, including a description of how, when, and by whom the phases are to be activated: See the UT HSC Emergency Management Plan for Mitigation, Preparedness, Response and Recovery from Hazards and Threats in the Environment of Care 2008 for this level of detail.
- Notification of emergencies to external authorities, including possible community emergencies identified by the organization (for example, evidence of a possible bioterrorist attack): The notification system for alerting the community of events specific to the hospital is the local 9-1-1 operator. If the hospital receives an influx of victims under circumstances that appear to be related to bioterrorism, the 9-1-1 organization is the "gatekeeper agency" that takes responsibility for notifying other local hospitals and/or the community at large.
- Notification of personnel when emergency response measures are initiated: For example, a Code Yellow (disaster) announcement is made over the public address system; SEE Code Yellow Policy. An overhead paging system that carries into all patient care buildings on campus exists to inform all employees quickly of an imminent disaster situation. Emergency notifications through UT Alert, e-mail and the UT website are also utilized.
- Identification of care providers and other personnel during emergencies: all UT HSC personnel are required to wear their UT HSC ID badge in order to gain entry into any disaster or emergency response area. Volunteers and visitors will be checked in through the hospital lobby.
- Identification and assignment of personnel to cover all necessary staff positions under emergency conditions: this is addressed in the Code Yellow policy detailing additional/ancillary roles that Environmental Services and Facilities Maintenance staff, for example, will play. These assignments are driven by the Hospital Incident Command System and management by objectives.
- Management of the following under emergency conditions:
 1. Patient care-related activities (for example, scheduling, modifying or discontinuing services; control of patient information; referrals; patient transportation): these issues are discussed and outlined in the Code Yellow

- policy (SEE Code Yellow policy).
2. Staff support activities (for example, housing, transportation, incident stress debriefing): there are existing protocols and procedures in place for UT HSC personnel who are required, due to an emergency, to be housed on the campus in, for example, severe weather situations: available patient care beds would be pressed into service to accommodate staff staying on the campus for several days; Campus Police staff and volunteers from the community exist to provide transportation to and from the campus when emergency conditions exist; and incident stress debriefing would be available from in-house medical staff as needed.
 3. Family support activities: Campus Police staff will work with local police and emergency response agencies to verify the safety of family members of employees who are required to remain at work, and on-campus housing arrangements will be made at UT HSC for employees required to work extraordinary hours; the UT HSC Educare Center is able to house children of employees overnight (or longer) in the event a major emergency strikes the community.
 4. Logistics relating to critical supplies (for example, pharmaceuticals, medical supplies, food, linen, water): these topics are discussed/outlined in the Code Yellow Policy. In the case of water, the hospital maintains close ties with local water suppliers, in the unlikely event that all water to the hospital would be lost. (Consult 96 hour charts.)
 5. Security (for example, access, crowd control, traffic control): Campus Police officers are assigned, per the Code Yellow Policy, to strategic areas in and around the command center, the ED and the triage area. In addition, officers are assigned to key traffic lanes leading to the disaster management area to ensure that only authorized personnel, emergency response personnel and victims are allowed to enter.
 6. Communication with the news media: the Office of Communication has specific plans and protocols in place for release of information to the media, location of family members and relatives of victims, and installation of extra communication capabilities.
 7. Evacuation of the entire facility (first horizontally and then, if necessary, vertically) when the environment cannot support adequate patient care, services and treatment: this is addressed in the Internal Evacuation policy. It is important to note that all attempts will be made to "manage in place" any emergency, so that evacuation is a last/least desirable resort. Should evacuation be necessary, the first choice would be to maintain patients and their care in a building adjacent to the hospital, if that could be accomplished safely.
 8. Establishment of an alternative care sites(s) that has the capabilities to meet the clinical needs of patients when the environment cannot support adequate patient care: Patients would be transferred to other buildings on campus as necessary, as outlined in the Internal Evacuation policy. In an extreme emergency, in which, for example, all power was lost, the decision to transfer patients to other local hospitals would be made by the appropriate medical personnel in conjunction with the Director of Safety and Health, the Director of Facilities Maintenance and Campus Police (See April 30, 2008 Northwest Ohio Hospital Compact regarding mutual aid among participating hospitals for provision of alternative care sites and services at those sites if hospital evacuation becomes necessary).
 9. Procedures that address, where applicable, transportation of patients, staff, and equipment to the alternate care site: the hospital would use on-campus transportation fleet resources for transportation of staff and equipment, and would enlist the assistance of Lifestar and MedCorp Ambulance for transport of patients. In addition, other area hospitals would lend transportation support as they are able, and the regional Emergency Operations Center (EOC) would coordinate patient distribution efforts, as outlined under Article III (3.1 and 3.2) of the NW Ohio Hospital Compact. In the event of a community-wide emergency in which MedCorp's resources would be unavailable, the local countywide emergency response management agency would be notified for assistance via the 9-1-1 communications network. In addition, UT HSC staff would be urged to use their own private means of transportation to get to the alternative site. The services of UT bus service and TARTA (local mass-transit entity) would be enlisted as another means of transporting non-critical patients to the alternative care site.

10. The transfer of patient necessities (for example, medications, medical records) to and from the alternate care site: internal UT HSC resources and vehicles would handle this task. If UT HSC resources were unable to handle all essential elements of this task, the regional EOC would assist in coordinating transportation efforts.
11. Patient tracking to and from the alternate care site: This would be the responsible of the nursing manager on each unit, and would follow the system normally in place; that is, each nursing staff member being responsible for a designated number of specifically-identified patients.
12. Interfacility communication between the organization and the alternate care site: This would be accomplished and maintained via landline telephones, MARCS radios computer interface, mobile telephones and/or hand-held radios. In addition, the regional EOC and Hospital Council of Northwest Ohio would serve as a vital pathway for communications between the evacuated and the receiving hospital.
13. Processes for cooperative planning among hospitals that together provide and facilitate the timely sharing of information about essential elements of their command structures and control centers; names and roles of individuals in their command structures and command center telephone numbers; resources and assets that could potentially be shared in an emergency response; and names of patients and deceased individuals brought to their hospital to facilitate identifying and locating victims of the emergency: these necessary actions are discussed and covered in the NW Ohio Hospital Compact. The local Emergency Operations Center (9-1-1) would play a pivotal role in coordinating and organizing these efforts, since the local 9-1-1 /EOC acts as the main coordinating body for disasters requiring such extraordinary measures. With regard to names of patients and deceased individuals brought to the hospital: the Office of Communication will coordinate efforts with the Patient Information and Patient Tracking Officer so that the media and victims' families are keep abreast of the latest developments (See Code Yellow Policy, Section 8, A-c).
14. Re-establishment of usual operations following an emergency: See the Response and Recovery sections of the Emergency Management Plan for Mitigation, Preparedness, Response and Recovery from Hazards and Threats in the Environment of Care for specific descriptions of how re-establishment of normal operations would occur.

The Plan further identifies:

- An alternative means of meeting essential building utility needs (for example, electricity, water, ventilation, fuel sources, medical gas/vacuum systems) when the organization is designated by its emergency management plan to provide continuous service during an emergency: Contingency plans to provide alternative sources of essential building utilities in times of emergency conditions are fully described in the UT HSC Safety Manual, under Utility Systems policies (US-08-001 through US-08-003).
- Backup internal and external communication systems in the event of failure during emergencies: These needs are addressed in the Utility Failure Communication Policy (S-08-036) and the Back-Up Emergency Communication System Policy (S-08-038);
- Facilities for radioactive, biological, and chemical isolation and decontamination: The hospital has devoted significant time, personnel and financial resources to prepare itself for an NBC attack, including creation of a "quick-strike" first response team, and a second team that will be activated upon the arrival of more than 15 victims of an NBC attack. These issues are addressed in the Code Orange Policy described in this plan (EP-08-003).
- Alternate roles and responsibilities of personnel during emergencies, including who they report to within the organization's command structure, and, when activated, within the command structure of the local community: The Code Yellow policy states in several locations that employees should be prepared, when called in, to assume roles other than their normal work functions, if need be. For example, Environmental Services staff will be pressed into service in assisting Campus Police staff to lockdown campus buildings in an emergency situation, and Campus Police staff may be asked to assist in collecting all available stretchers or to assist in other inventory analysis tasks. All persons responding to or called in for an emergency will report to the Planning Chief at the first floor lobby of the hospital. The physician in charge of the Emergency Department when the emergency begins shall function as the Incident Commander, until such time (if any) when a more qualified or experienced person shall arrive. With regard to the command structure in the local community as it relates to

internal events at the hospital, in the event that an area-wide emergency leads to activation of the command structure in the local community, under that system a Toledo Fire Department battalion chief will act as the liaison between the hospital and the local community. The battalion chief will communicate at the hospital with ED and Campus Police staff, and those two departments' staff members will act as hospital liaisons/representatives to stay abreast of events that are developing in the local community.

The plan further provides for:

- An orientation and education program for all personnel, including licensed independent practitioners, who participate in implementing the emergency management plan: All new employees receive training and education on the Code Yellow response protocols in new employee safety orientation (held twice per month), and are further instructed in new employee safety orientation to make certain, when they report to their home department, that their supervisor educates them further, and in more detail, on their specific roles in the event of a Code Yellow emergency. In addition, actual Code Yellow practice drills are held at least twice yearly to test emergency response procedures in real-world exercises.
- Education addresses, as appropriate to the individual, specific roles and responsibilities during emergencies: Many specific roles for key staff are addressed and described in the Code Yellow policy, and discussed and outlined in new employee's safety orientation and in the annual computerized safety test that all current employees of the hospital are required to take.
- How to recognize specific types of emergencies (for example, the symptoms caused by agents that may be used in chemical or bioterrorist attacks): Emergency Department physicians and nurses receive this type of training as part of their professional education, and the Safety & Health Department has provided awareness level training to key persons who are most likely to be on the front lines of response in the event of a bioterrorist attack. In addition, the hospital has provided in-depth response training to a group of 15 persons who will act as members of the assessment and (if necessary) decontamination team for specific types of emergencies.
- The information and skills required to perform assigned duties during emergencies: These skills and information are provided prior to real-world emergency drills, are practiced, scrutinized and evaluated during the conduct of those drills, and critiqued immediately after the termination of a practice drill. Any deficiencies in training, required skills or knowledge and information are identified in the post-drill critique, and action plans to correct those deficiencies developed at that time.
- The backup communication system used during emergencies: These contingencies are addressed in safety policies US-08-001(Communications Involving Utility Failure) and S-08-038 (Back-Up Emergency Communications System Plan).
- How supplies and equipment are obtained during emergencies: The location of vital supplies and key/critical equipment are described in the Code Yellow policy (EP-08-001). When an emergency occurs, supervisory staff present at the command center would be responsible for facilitating the quick and efficient securing of needed supplies and equipment. Every emergency presents unique and varied circumstances, so therefore it is impossible and not practical to list all of the equipment and supplies that could be needed in an emergency, and their locations in the hospital.

RESPONSIBILITY: GENERAL

In an emergency which is so widespread as to be considered a disaster and/or involving mass casualties, all hospital employees are expected to report to the hospital for emergency duty when contacted. All employees must have and wear their UT HSC ID badge for identification, which will ensure them access into the main hospital, into which entrance will be restricted by Campus Police.

Employees may not necessarily be assigned to their regular duties. They may be asked to perform various duties that will be considered vital to the effective operation of the hospital. These assignments will be made by department managers/directors based on communications with the Command Center. During disaster situations it is crucial that employees remain calm and perform their duties efficiently, and be willing to be flexible and adaptable to circumstances as they develop and change.

RESPONSIBILITY: DEPARTMENTAL

Individual departments should be aware of emergency situations and their basic responses to/roles in the disaster plan. Departments that participate in the implementation of the emergency management plan should develop department-specific policies that address in detail their roles in a disaster situation.

EDUCATION

All new UT HSC employees receive safety orientation, upon their immediate employment at the University of Toledo Health Science Campus, to train them to respond to all reasonably foreseeable emergency situations.

Employees in departments that participate in the implementation of the disaster plan should be educated annually, in their department, on their roles in disaster response, and must also participate fully in all disaster or emergency drills.

Safety orientation, conducted every other week for all new employees (and current employees who choose to fulfill their annual safety education refresher training requirement in this manner) addresses roles and responsibilities of key personnel in a disaster or emergency, and the skills required to perform duties, backup communication systems, and how supplies and equipment are obtained.

Random surveys/verbal questioning are done during Environmental Safety Rounds to test employee knowledge of the disaster response/Code Yellow policy.

<u>SITUATION</u>	<u>DESCRIPTION</u>	<u>POLICY REFERENCE</u>
CODE YELLOW	Disaster: Internal or External	EP-08-001
PHASE I	Up to 15 victims being brought to MUO	
PHASE II	More than 15 victims being brought to MUO	
CODE GREY	Tornado or severe weather	EP-08-002
PHASE 0	Local tornado watch issued	
PHASE I	Local tornado warning issued	
PHASE II	Tornado sighted within 10 miles of MUO	
CODE BLACK	Bomb threat	EP-08-004
CODE WHITE	Snow/Transportation Emergency Plan	EP-08-008
CODE ORANGE	Radioactive contamination	EP-08-003
UTILITY FAILURE	Loss of electrical service	see Facilities Procedures
UTILITY FAILURE	Loss of steam pressure	see Facilities Procedures
UTILITY FAILURE	Loss of clinical vacuum pumps or medical gas compressors	see Facilities Procedures
UTILITY FAILURE	Failure of Air Handling Equipment	see Facilities Procedures
UTILITY FAILURE	Loss of water supply	see Facilities Procedures
INTERNAL EVACUATION	Code Green	EP-08-005
BACKUP EMERGENCY COMMUNICATION SYSTEM (ARES)		S-08-038

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