

UNIVERSITY OF TOLEDO

SUBJECT: CODE GREEN - INTERNAL EVACUATION PROCEDURE Procedure No: EP-08-005

PROCEDURE STATEMENT

Specific procedures will be followed in handling the shelter in place/evacuation of parts of the university buildings and clinical buildings due to fire, tornado, utility shut-down or failure, bomb threat, or other emergency.

PURPOSE OF PROCEDURE

To provide efficient operation in decision making with maximum flexibility in the event of an emergency situation necessitating evacuation at the University of Toledo Medical Center or other campus buildings.

INFORMATION

This procedure complements the existing policies addressing the above, specifically:

| <u>Name</u> | <u>Procedure Number</u> |
|--|-------------------------|
| Code Orange – Chemical, Bio, Radioactive Contamination Incident..... | EP-08-003 |
| Code Red - Fire Response Procedure..... | LS-08-001 |
| Code Gray - Tornado Response Procedure | EP-08-002 |
| Code Black - Bomb Threats..... | EP-08-004 |
| Code Yellow – Mass Casualty/Disaster Procedure | EP-08-001 |

In the event of an emergency requiring extensive evacuation, or sheltering in place in a University of Toledo building an appointed Incident Commander and the ICS chain of command will help direct the decisions listed below, through consultation with area supervisors and the implementation of the Emergency Operations Plan.

- a) Who will be responsible for moving/transporting/directing of patients/victims and staff in the event of an evacuation, or where individuals can best be sheltered in place?
- b) How will individuals be moved horizontally, or vertically if they are bedfast and elevators cannot be used?
- c) Who will be responsible for accounting for all patients and staff?
- d) Who will be responsible for providing additional assistance to move large groups of patients or staff in the event an shelter in place/evacuation becomes necessary?
- e) What are the contingency plans for maintaining life support equipment in the event bedfast patients must be sheltered in place/evacuated?
- f) Who is responsible for assisting staff and students with physical limitations or handicaps? (See Section VII – Areas of Rescue Assistance)
- g) Who is responsible for providing/transporting medications, medical records, food, and other materials essential for the care of sheltered or evacuated patients?

PROCEDURE

I. GENERAL OBLIGATIONS

A. Employee

Each employee should be familiar with this procedure and the emergency procedures listed above. In addition, each employee, in the event this procedure should be activated, must be prepared to assume duties outside his/her normal job, under the Incident Command System.

B. College/Hospital Departments or Buildings

1. It is the responsibility of each department head and chair to have a detailed knowledge of all aspects of this plan and to serve as an advisor to his or her department.
2. In the event the activation of this procedure should become necessary, department heads and chairs will be the vital communications link between their departments and the Emergency Operations Center.
3. All department heads and chairs shall keep the University updated as to their home phone numbers, pager numbers, and back-up contacts.

II. DECISION TO EVACUATE CLINICAL AREAS

A. Rapid Evaluation of Situation

1. The rapid evaluation of the situation is led by the House Supervisor (or the Hospital Administrator/Chief Nursing Officer during normal business hours) at the direction of the authority having jurisdiction (AHJ) (Toledo Fire Department/Local Jurisdiction) The AHJ will also determine when a facility is safe for re-entry. This person should consult with the following:
 - a. Hospital Administrator/Chief Nursing Officer/Incident Commander (when appointed)
 - b. Health Science Campus Security Officer
 - c. The Medical Director
 - d. The Director of Environmental Health & Radiation Safety
 - e. The Administrator On Call
 - f. In the case of utilities failure or interruption, the Administrative Director for Facilities.
 - g. In the case of hazardous materials emergency, the Environmental Health & Radiation Safety Department.
2. The House Supervisor should formulate a decision and act immediately should this be necessary, and has the authority to activate the Emergency Operations Plan or portions of the plan.
3. Should rapidity of action be required, a decision would be made by the on-scene incident commander and the Medical Director, and Administrator On-Call would be contacted after the fact.

B. Decisions During the Course of Evacuation

An Incident Commander will be appointed under a variety of emergency procedures (i.e., Code Yellow, Code Orange, etc.), and that individual will be in charge of the response. Decisions to evacuate specific patients and to which locations will be made by the House Supervisor in close consultation with the Medical Director and following the general recommendation of the Administrator On-Call. In non-patient care areas of the campus, decisions about evacuation will be made by the authority having jurisdiction (Toledo Fire Department), in consultation with Environmental Health & Radiation Safety and the Director of Facilities or his designee.

C. Notification of Decision

The Incident Commander will be in contact with the House Supervisor, Health Science Campus Security Officer on duty and the telephone switchboard. He or she will also be responsible for notifying, and keeping abreast of developments, the Medical Director and the Administrator On Call. The Medical Director will, in general, be responsible for contacting other appropriate physicians (independent licensed practitioners) and keeping them up to date about developments.

The Administrator On Call will also be kept up to date by the House Supervisor. The Administrator On-Call will also be responsible for keeping the Chief Operating Officer of the hospital, the President, and the Director of Communications abreast of developments.

In the case of utility interruption or failure, the Director of Facilities will assume the role of Infrastructure Branch Manager in keeping people abreast of the situation.

D. Possible Activation of Emergency Operations Plan (EOP)

Activation of the EOP may be required if there are multiple injuries in campus buildings/structures or among university staff, patients, students and/or visitors. A joint decision will be made concerning the activation of the EOP by Environmental Health & Radiation Safety, administrative/medical personnel, and HSC Security.

III. EVACUATION OF BUILDINGS WITH AMBULATORY INDIVIDUALS

Ambulatory individuals will be directed to the nearest stairwell for evacuation from location. They will be told where to congregate to ensure everyone was evacuated safely and is accounted for.

IV. EVACUATION STEPS AND PRIORITIES.

A. First Choice for Evacuation

The first choice for evacuation, if possible, is to move patients or staff laterally so that they remain on the same floor. The evacuated area should then be isolated and the entrance restricted by the Health Science Campus Security Department with, if necessary, Environmental Services personnel.

B. Second Choice for Evacuation

The second choice for evacuation, should this be necessary, is vertical evacuation. The locations for the vertical evacuations of patients and/or staff shall be made by the House Supervisor, in close consultation with the Medical Director and, if possible, the Administrator On-Call.

C. Third Choice for Evacuation

The third choice for evacuation is the evacuation to another building on campus, or complete evacuation from campus to another facility. In a situation such as this, all available personnel on campus, both hospital and college, should be prepared to assist where necessary. Should evacuation of the hospital be necessary, the building of choice would be Dowling Hall/George Isaac Center.

In the case of a residence hall evacuation, students will be relocated to other residence halls or to local motels. All other campus buildings will be relocated based on the incident.

D. Other Alternative, Shelter-in-place Alternate Care Facilities

If a situation presents itself where it may be more beneficial for the occupants to be sheltered in place, a decision will be made by the Incident Commander (Initially the House Supervisor) under the direction of the authority having jurisdiction (Toledo Fire Department). This may occur in situations of fire, structural instability, or a large chemical spill in the vicinity of UTMC.

The Incident Commander will immediately assign the HICS position of Infrastructure Branch Director. This individual has the required knowledge of the various building structures across campus and will create a team of investigators to determine the safest and most structurally sound area for sheltering in place if feasible. In addition, the Infra structure Branch Director will secure, repair and shore up any damaged areas such as windows and openings exterior to the building.

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: UTMC is part of the University of Toledo Health Science Campus, composed of hospitals, clinic facilities, and various college buildings. The Hospital itself is interconnected with all other buildings via underground and aboveground tunnel systems, separated by fire walls, operated on separate utilities systems, and supplied emergency power by separate generators. Therefore, if one section of the facility were rendered temporarily uninhabitable, an alternative care site could be established in another, similarly equipped section or building on the campus. Patients would be transferred to other buildings on campus as necessary. Specifically, UTMC has

worked with community partners to set up an Alternate Care Facility at the Collier or Sim Center Building where medical staff and students could assist with caring of relocated patients.

V. SPECIAL CONSIDERATIONS FOR NON-AMBULATORY INDIVIDUALS (Patients/Injured)(See Section VIII)

A. Patient Medications

In the event of total evacuation of the hospital or other clinical areas, the Pharmacy Department will coordinate efforts with nursing staff to ensure medications are matched appropriately with patients.

B. Medical Equipment

Biomedical Engineering will coordinate with all other available personnel including Nursing, Transport, Environmental Services, etc., to allow for the movement of critical medical equipment required by relocated patients.

C. Respiratory Care (Life Support) Equipment

In the event that patients are evacuated that require critical life support equipment (i.e., vents, O₂), the Department of Respiratory Care will coordinate with all available personnel to allow for the safe movement, relocation and sustainability of the patient population.

D. Medical Records

The Department of Health Information Management with nursing staff will be responsible for the timely and efficient movement of necessary patient health information to new patient holding areas.

E. Special Evacuation Equipment

1. Non-ambulatory patients/injured should be moved in existing transport devices (beds, stretchers, wheelchairs) if elevators are available.
2. If elevators are unavailable, special assist devices such as backboards and portable transportation devices (stokes baskets, baraslydes) will be used to transport patients down stairwells.
3. Paraslydes/baraslydes are located at the tops of hospital stairwells on the 7th floor and in the basement of the Emergency Department.

VI. KEY AREAS FOR EVACUATION

The locations for evacuated patients and staff will of course depend on the specific situation giving rise to the evacuation. Open spaces such as the Main Lobby, the Emergency Department lobby, the Hospital Cafeteria, the Library Cafeteria, and meeting areas of the university are preferred.

Special consideration will be given to buildings such as Kobacker which include the Senior Behavioral Health Unit and the Child Inpatient Unit and require 24-7 lockdown facilities. If Kobacker should require evacuation and UTMC is available, the decision shall be made to relocate patients to the hospital. When circumstances require it, the suicide risk assessment will be utilized and patient supervision will be given.

VII. EVACUATION ASSISTANCE

Individuals requiring assistance should contact HSC Security at 419-383-2600. Departments may elect to have mechanical transport devices available to facilitate those persons requiring assistance.

VIII. TOTAL EVACUATION OF UTMC

If necessary, contact will be made with EMS and/or local ambulance companies to allow for the total evacuation of the ambulatory and non-ambulatory patients to the nearest healthcare establishment or alternate care facility.

A request will be made through auxiliary services and the current shuttle service operator for use of UT buses and vehicles to transport ambulatory patients to a safe location.

UTMC has signed a compact with other local healthcare providers to allow for the movement of patients, staff and supplies between facilities. In the event there is a need to totally evacuate a healthcare facility in Northwest Ohio an Area Command structure will orchestrate the movement of patients and supplies under the Regional Medical Response System.

In a full evacuation, the entire Medical Center would be evacuated. This would be a monumental task and would take a significant amount of time. Patients would be moved to another campus building, outside area, another hospital, or alternate care site. The Lucas County Emergency Management Agency (EMA) would be notified about the need to evacuate and assistance would be requested.

If a full evacuation is necessary, patients would be prioritized for transfer based on a number of factors, including:

- Their condition and complexity of care
- If they are ambulatory (with minimal or more assistance needed)
- If they are non-ambulatory
- Transfer location
- Method of transfer available

In the event that any evacuation is necessary (partial or full):

- A staging area may be identified as a first destination point where patients can be evaluated before internal or external transfer or discharge
- A labor pool may be established. Staff tracking is handled through Nursing Administration and will be utilized as necessary.
- All available staff will be utilized to safely move patients to another area
- Any appropriate method and equipment available will be used for patient transfer (bed, stretcher, Para/Baraslydes, fire blanket, 2 person carry, etc.)
- Any department specific plans for evacuation will be followed
- Anyone moving down a hallway needs to keep to the right
- Visitors and others (students, contractors, etc.) may be asked to leave the building
- Any needed medication, equipment, and supplies will be transferred to the new site if possible
- Patient clinical information will also be transferred with the patient
- Patient assistive devices (hearing aids, glasses, dentures, prostheses, etc.) and belongings will be transferred with the patient, if time permits
- If patients are in isolation, the appropriate precautions will be followed during their transfer and placement as much as possible
- After evacuation, secure the area as recommended
- If patients are transferred internally, their location will be tracked using the traditional internal methods
- If patients are transferred externally, the patient tracking system (EM Track) will be used.
- Additional details about master and individual patient tracking are available in the Emergency Operations Plan
- Patient families will be notified of the patient's condition and new location as soon as possible

Staging Areas

Patients will be staged at these areas or other areas as identified at the time of the incident:

Non-ambulatory patients- Main lobby, or Cafeteria.

Ambulatory patients and those to be discharged- Hospital Cafeteria and George Isaac Outpatient Surgery Center.

Air Medical Transport

The primary helipad is located West of the Emergency Department.
The secondary helipad is located in Lot 42A.

Transfer Sites for Full Evacuation

If at all possible, patients can be transferred directly to:

- Hospitals that are members of the 33 hospital consortium in Northwest Ohio

Patients can also be transferred to our on-campus evacuation sites in Dowling Hall, Kobacker Hospital and the Collier Building Alternate Care Facility (ACF). This could be used as a staging area if needed.

Evacuation Routes

If an evacuation is necessary, evacuation routes will be identified. These can be the identified fire evacuation routes or other routes as appropriate for the specific situation. Elevators will be used if possible.

STAFF DUTIES

General Department

- Make staff available for the Labor Pool as able
- Make supplies available for other areas as able
- Follow any department specific plans for evacuation
- Once your area has been evacuated, have someone do a walkthrough to ensure that all staff, patients, and others are gone
- Mark each closed room door with a sign or tape indicating it is clear
- Secure the area as directed by the department manager or designee, in consultation with Health Science Campus Security Shut off any utilities or medical gases as directed by the Facilities Department

Patient Care Unit

Working with the HICS Medical Care Branch (Operations Section), unit staff will:

- Identify the unit capability to receive patients from affected areas of the Medical Center
- Identify patients pending discharge or who could be discharged early
- Assess each patient's transfer needs
- Assess the current inventory of supplies and equipment, including those needed for patient transport
- Assist with the relocation or transfer of patients
- Ensure that medications are taken to the transfer site
- Send available patient records with the patient, or complete a Patient Transfer Form for each patient

Patient Transport

Working in conjunction with the HICS Staging Manager (Operations Section), Patient Transport staff will:

- Designate an area for the staging of patient transport equipment
- Collect patient transport equipment and deliver it to the staging area
- Track the receipt and dispatch of patient care equipment as directed

Health Science Campus Security

Working with the HICS Security Branch (Operations Section), Health Science Campus Security staff will:

- Initiate expanded access control measures
- Implement appropriate traffic control measures
- Secure elevators for vertical transport if authorized by the Toledo Fire Department (TFD)
- Identify exits to be used for evacuation (with input from the TFD)

Dispatch Center

Working with the HICS Service Branch (Logistics Section), Dispatch staff will:

- Announce implementation of the Evacuation Plan using available communication methods
- Announce situation updates as directed
- Communicate with outside agencies as appropriate

Communications

Working with the HICS Service Branch (Logistics Section), Communications staff will:

- Assist with calling in staff as requested
- Route calls around affected areas
- Refer patient inquiry calls to other source as directed (e.g., Patient Family Support Center)

Emergency Department

Working with the HICS Medical Care Branch (Operations Section), Emergency Department staff will:

- Determine the ability of the department to provide emergency and trauma services
- Ensure that any decisions about reduction or discontinuation of services are relayed to the appropriate external facilities

Facilities Management

Working with the HICS Infrastructure Branch (Operations Section), Facilities staff will:

- Shut off any appropriate utilities and medical gases
- Assist with the operation of elevators being used for vertical transport
- Provide generator or other power source to alternate care area if established on grounds

Respiratory Care

Working with the HICS Medical Care Branch (Operations Section), Respiratory Care staff will:

- Assist with the preparation of ventilator patients for relocation or transfer
- Coordinate provision of available oxygen cylinders to critical patients (those receiving mechanical ventilation or requiring high levels of oxygen support)

Patient Registration

Working with the HICS Resources Unit (Planning Section), Patient Registration staff will:

- Coordinate lists of patients to be discharged or transferred
- Track patients transferred externally using the EMTrack system
- Track the internal transfer of patients assigned to unaffected beds in the Medical Center or to alternate care sites on grounds

Medical Records

Working with the HICS Medical Care Branch (Operations Section), Medical Records staff will:

- Establish a mechanism for the communication of appropriate patient information to receiving healthcare facilities or agencies
- If it is not possible to send the entire patient record to the receiving facility, UTMC will send whatever parts of the record are available
- Assist patient care units with completing a Patient Transfer Form for each patient

Pharmacy

Working with the HICS Medical Care Branch (Operations Section), Pharmacy staff will:

- Assess current inventory and capabilities
- Provide basic pharmaceutical products during the immediate phase of relocation or evacuation
- Print hard copies of current patient medication records for the patient transfer records

Distribution

Working with the HICS Resources Unit (Planning Section), Distribution staff will:

- Assess current inventory and capabilities
- Provide staging areas with supply carts and supplies as needed
- Provide supplies to alternate care sites as directed

Nutrition Services

Working with the HICS Infrastructure Branch (Operations Section), Nutrition Services staff will:

- Assess current inventory and capabilities
- Provide drinking water, juice, and basic nourishment to staging areas or other sites as directed

IX. SPECIAL CONSIDERATIONS FOR KOBACKER

Working with the HICS Infrastructure Branch (Operations Section), Nursing staff will:

- Assess current inventory and capabilities
- Provide drinking water, juice, and basic nourishment to staging areas or other sites as directed

ANNOUNCEMENT OF ALL-CLEAR / RETURN TO STATIONS / RECOVERY

A. Decision

The decision of the all-clear should be made in the same manner as the decision to evacuate, that is, that the House Supervisor, with direction from the authority having jurisdiction (Toledo Fire) and after consultation with Environmental Health & Radiation Safety and the Administrator On-Call, and in the case of utilities, the Director of Facilities should conclude that the emergency is over. Decisions to announce an all-clear in non-patient care buildings of the campus shall be made by the Environmental Health and Radiation Safety and the Administrative Director of Facilities, or his/her designee. If the EOP is activated, the decision will rest with the appointed Incident Commander.

B. Announcement

The announcement of the all-clear shall be conveyed by the House Supervisor to Health Science Campus Security who shall then instruct the switchboard operator or by other means (megaphone) to make the general announcement.

X. EVALUATION

After each activation of this procedure, a detailed critique should be made and the report sent to the Emergency Preparedness Task Force of the Safety & Health Committee as soon as is feasible. This critique should include those people who were involved in decision-making and implementation of the procedure, and any improvements that should be instituted.

4/3/2017
4/3/2018
12/20/18
4/4/2019
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12/21/2020
12/7/2021
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