

UNIVERSITY OF TOLEDO

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

PROCEDURE STATEMENT

Specific procedures will be followed in handling the 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 policy 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 – Disaster Procedure	EP-08-001

Each department shall have a department-specific procedure for evacuation from their unique area. That procedure shall address such issues as:

- a) Who will be responsible for moving/transporting/directing of patients/victims and staff in the event of an evacuation?
- b) How will individuals be moved 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 evacuation becomes necessary?
- e) What are the contingency plans for maintaining life support equipment in the event bedfast patients must be evacuated?
- f) Who is responsible for assisting staff and students with physical limitations or handicaps? (See Section VII – Areas of Rescue Assistance)

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, chair, building coordinator 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, chairs, building coordinators or their designees will be the vital communications link between their departments and the Emergency Operation Center.
3. All department heads, chairs, building coordinators 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 Administrative Coordinator (or the Hospital Administrator/Chief Nursing Officer, Building Coordinator or designee during normal business hours). This person should consult with the following:
 - a. Hospital Administrator/Chief Nursing Officer/Incident Commander (when appointed)
 - b. The Senior Campus Police Officer
 - c. The Medical Director
 - d. The Director of Safety & Health
 - 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 Safety & Health Department.
2. The Administrative Coordinator or Building Coordinator should formulate a decision and act immediately should this be necessary.
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 the Code Yellow Procedure, and that individual will be in charge of the response. Decisions to evacuate specific patients and to which locations will be made by the Administrative Coordinator 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 in consultation with the building coordinator, senior Campus Police officer, and the Director of Facilities or his designee.

C. Notification of Decision

The Incident Commander will be in contact with the Administrative Coordinator, Senior Campus Police Officer 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 and keeping them up to date about developments.

The Administrator On Call will also be kept up to date by the Administrative Coordinator. 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 Administrative Coordinator 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. The senior Campus Police officer will consult with administrative/medical personnel to make a joint decision concerning activation of the EOP, and in turn the Incident Command System (ICS).

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 Campus Police 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 Administrative Coordinator, 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. 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 buildings of choice would be: Dowling Hall and the Health Education Building. The Administrative Coordinator shall consult with the appropriate Building Coordinator regarding the implementation of the evacuation decision.

In the case of a residence hall evacuation, students will be relocated to other residence halls or to local motels.

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

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

Technology Support Services 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. Staffing Issues

See Work Interruption Contingency Plan Policy #S-08-013

F. 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.

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.

VII. AREAS OF RESCUE ASSISTANCE

Certain areas on campus may be designated as "Areas of Rescue Assistance". These are permanently assigned areas (labeled in Collier Building for example) where individuals requiring evacuation assistance are to go in the event of an evacuation. Departmental procedures should assign specific personnel to respond to these areas and provide assistance to those in need when egress routes or elevators are out of service. Departments may elect to have mechanical transport devices available in these areas to facilitate those persons requiring assistance.

VIII. ANNOUNCEMENT OF ALL-CLEAR/RETURN TO STATIONS

A. Decision

The decision of the all-clear should be made in the same manner as the decision to evacuate, that is, that the Administrative Coordinator, after consultation with the Senior Campus Police Officer, Medical Director, building coordinators 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 senior Campus Police officer on duty, the respective building coordinator, and the Administrative Director of Facilities, or his 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 Administrative Coordinator or building coordinator to the Senior Campus Police Officer who shall then instruct the switchboard operator or by other means (megaphone) to make the general announcement.

IX. EVALUATION

After each activation of this procedure, a detailed critique should be made and the report sent to 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, along with verification of all applicable telephone numbers and the contents of the policy.