



UNIVERSITY OF TOLEDO MEDICAL CENTER

EMERGENCY OPERATIONS PLAN (EOP)



Revision Date: 12/17/07
2/8/08
6/11/08

University of Toledo Medical Center Emergency Operations Plan

Objectives and Background

University of Toledo Medical Center has developed and implemented an emergency management program designed to:

1. Prevent or lessen the impact that a disaster may have on the institution and the community (mitigation)
2. Identify resources essential to disaster response and recovery and facilitate their access and utilization. (preparedness)
3. Prepare staff to respond effectively to disasters or emergency situations that affect the environment of care (response) and test response mechanisms
4. Plan processes for reestablishing operations after the incident (recovery).

Scope

This plan is designed to outline the basic infrastructure and operating procedures utilized to mitigate, prepare for, respond to, and recover from emergency situations that tax the routine operating capabilities of the Hospital.

For planning purposes, the current hazard vulnerability analysis is included as an appendix.

This plan covers all hospital facilities and areas and its comprehensive implementation is the responsibility of all hospital personnel. Off-campus Hospital business occupancies have developed separate plans for emergencies that may arise on those properties.

Framework and Planning

The Hospital recognizes that success of emergency response activities is due to an integrated effort by all functional areas of the Hospital and certain external agencies. In order to ensure coordination of Hospital and community resources allocated to the disaster response effort, the Hospital utilizes the Hospital Incident Command System (HICS) and establishes a command center, if warranted by the specific situation. The HICS model is compatible with the National Incident Management Systems (NIMS) and all training in the ICS system was based on the NIMS model and different members of the team have been trained to various predetermined levels by the Emergency Preparedness Committee.

- ICS700 – General Staff (Not expected to assume roles in ICS)
- ICS 100HC, 200HC & ICS700 – Managerial Staff (Expected to assume roles in ICS)
- ICS 100HC, 200HC, 300, 400, 700, 800 – Emergency Management Staff (Run ICS events)

The primary purpose of the incident command system is to provide administrative coordination and support for all Hospital resources allocated to the response effort and to establish effective

communication and coordination with external agencies that may assist in the response effort. All local acute care hospitals have adopted the HICS model.

HICS facilitates a flexible, “all hazards” approach to emergency management that can be adapted to respond to a variety of emergencies. The Emergency Preparedness Task Force recognizes that certain emergency situations are more likely to occur or to have an adverse impact on the hospital or the community. Therefore, as a part of its mitigation and preparedness activities, University of Toledo Medical Center conducts an annual hazard vulnerability analysis, designed to:

- Identify emergency situations that could occur in this environment
- Assess their potential impact on the institution and the community
- Assess the hospital’s preparedness to respond to and recover from them.

The hazard vulnerability analysis is used to assess the hospital’s current emergency management activities and to identify necessary changes, additional planning activities, and specific exercise scenarios. Because UTMC is a Level 1 trauma center; a tertiary and quaternary care center; and a primary receiving hospital for acute and critical disaster victims, program and contingency plan priorities have been developed in consultation with:

University of Toledo Main Campus
Hospital Council of Northwest Ohio (HCNO)
Lucas County Emergency Management Agency (LCEMA)
Metropolitan Medical Response System (MMRS)
Regional Medical Response System (RMRS)
Ohio Department of Health (ODH)
Ohio Hospital Association (OHA)
Toledo Lucas County Health Department

The Emergency Preparedness Task Force of the UTMC Safety Committee reviews UTMC’s hazard vulnerability analysis. Contingency plans, developed as the result of a hazard vulnerability analysis, are designed to guide personnel in the initial stages of specific emergency situations that may seriously overtax or threaten to overtax the routine capabilities of the Hospital. If an emergency situation warrants, the Hospital Emergency Incident Command System (HICS) will be activated and a command center will be established to coordinate and sustain response efforts.

The basic framework and specific contingency plans have been coordinated with other local hospitals to become a part of the City of Toledo Metropolitan Medical Response System (MMRS), Regional Medical Response System RMRS plan, domestic preparedness (WMD) plan, and the county’s general emergency operations plan (EOP).

The UTMC currently has contingency plans in place to guide initial response to a variety of emergency events and these items are found in a variety of departments with responsibility for these plans. (Safety & Health, Facilities Maintenance and Infections Control Departments)

Code Yellow: Mass Casualty Incidents (Medical and Trauma) **ANNEX “A”**
Code Black: Bomb Threats **ANNEX “B”**
Code Orange: Hazard Materials Incidents (chem, bio and rad emergencies) **ANNEX “C”**
Code Gray: Severe Weather/Tornado **ANNEX “D”**
Code Adam: Missing Child and Infant Abduction **ANNEX “E”**
Code Red: Fire **ANNEX “F”**
Code Green: Evacuation and Shelter-in-Place **ANNEX “G”**

Code Blue: Medical Emergency Response Team **ANNEX “H”**
Code White: Snow/Ice Transportation Emergency **ANNEX “I”**
Code Brown: Missing Adult Patient **ANNEX “J”**
Institutional Lockdown Procedures **ANNEX “K”**
Infectious Disease Agents (Pandemic/Epidemic) **ANNEX “L”**
Utility Emergencies: Including Loss of Electrical, Communications, Steam, Water, Sewer,
Vacuum, Medical Gases **ANNEX “M” (Collectively represents Maintenance Procedures)**
Business Continuity Plan and Information Systems
Hostage situations & civil disturbances
Patient Surge and Alternate Care Sites (Under Community Response)

Through the 2008 hazard vulnerability analysis, the Emergency Management Subcommittee identified the following as posing the greatest risk, based on the probability of occurrence:

- Epidemic/Pandemic
- Mass Casualty Incident (Medical or Trauma)
- Civil Disturbance/Hostage Situation
- Large Internal HazMat Spill

The following pose significant risk, based on potential impact and the hospital or community’s low level of preparedness :

- Epidemic/ Pandemic Infectious Disease Outbreak
- Chemical Terrorism
- External Flood
- Communications Failure
- Fire

In addition, the Hospital has worked with the state bioterrorism committee, Hospital Council of Northwest Ohio (HNWO), the Ohio Hospital Association (OHA), the Lucas County Emergency Planning Committee (LEPC), the MMRS, the RMRS, and area/regional hospitals to establish state-wide mutual aid compacts and individual mutual aid agreements. The corresponding mutual aid plans are activated if UTMC or another area facility must be evacuated due to an emergency situation that affects the environment of care or needs additional resources in order to remain operational during emergency response.

Emergency Operating Procedures

In emergency situations, certain standing policies and procedures of the Hospital and rules and regulations of the Medical Staff may be waived by the Incident Commander, the Medical Care Director, or other first-tier incident command center staff to ensure that essential patient care can be rendered and that the facility can be secured.

For example, under normal circumstances, the individual patient receives the highest quality medical care that the Hospital is capable of providing. In an emergency situation that involves a mass influx of acute and critically injured patients, the philosophy may change to provide the best available medical care for the greatest number of patients.

CRITICAL STAFF CONSIDERATIONS

Roles of Key Personnel Assigned Under HICS

The Hospital utilizes the Hospital Emergency Incident Command System (HICS) to coordinate essential services and assign basic responsibilities during disaster response. This system is flexible and allows the Hospital to activate and organize a command structure based on the response needs of the actual event. In most cases, Hospital Administrators and other key staff will assume disaster response responsibilities consistent with their primary responsibilities.

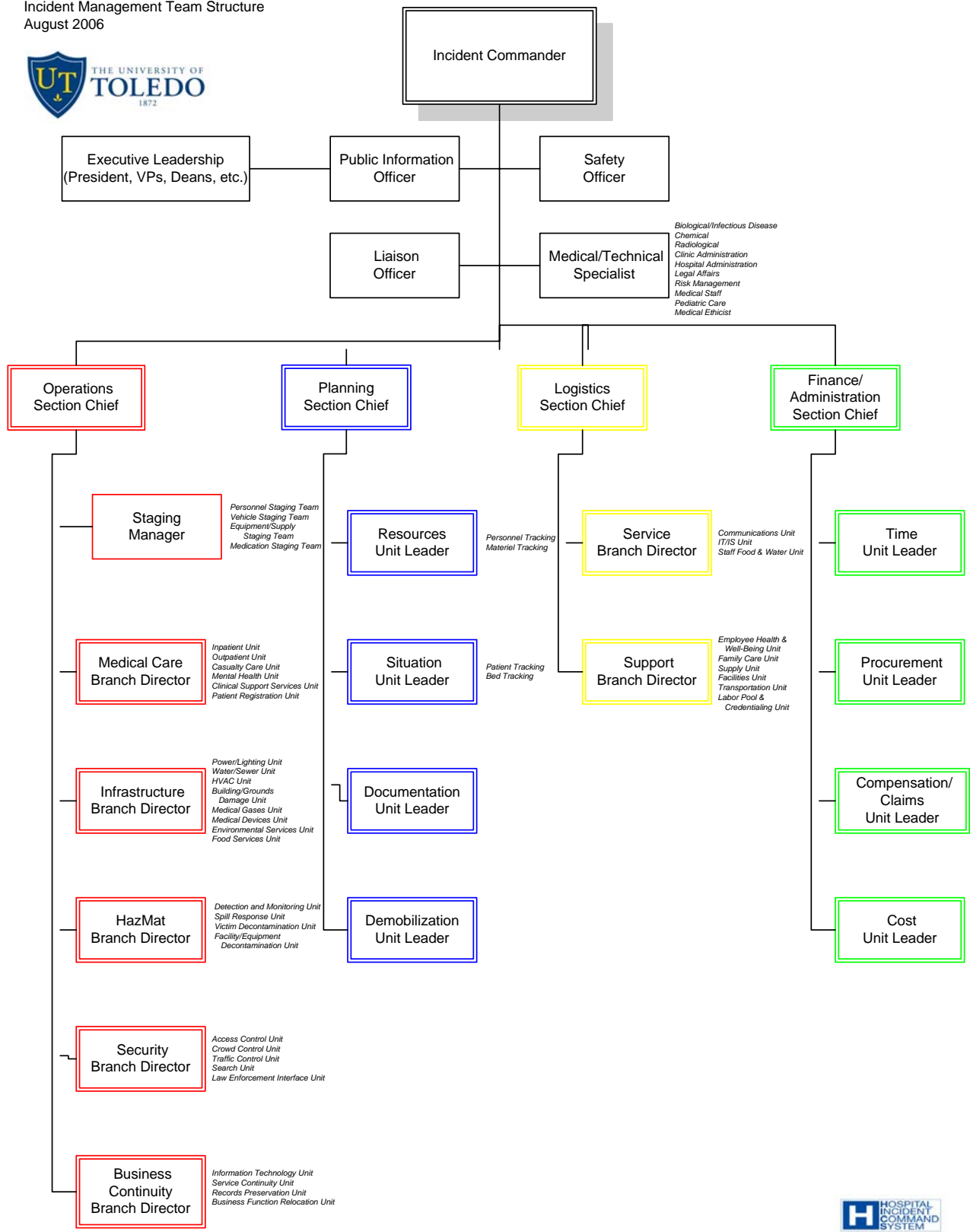
The basic HICS structure, utilized at UTMC is as follows:

- Incident Commander—The Administrative Coordinator, or the Administrator-on-call assumes the role of incident commander. After consultation with other Command Center staff, the Administrative Coordinator or Administrator-on-call may relinquish responsibility to another more qualified Incident Commander based on the nature of the emergency. The incident commander organizes and directs the Command Center and provides overall direction for hospital operations. To ensure appropriate coordination and documentation of disaster response activities, the incident commander may assign the following functions to members of the Administrative or Support staffs.
- Safety & Security Officer—Identifies and takes steps to mitigate factors that may affect the safety of Hospital responders. Organizes and enforces scene/facility security by restricting building and grounds access and directing traffic.
- Liaison Officer—Establishes contact and works with external agencies responding to the disaster.
- Public Information Officer—Establishes a public information center away from the Command Center and provides official information to the media. The Public Information Officer will coordinate release of patient information with the Command Center.
- Medical Specialist—Various individuals with technical expertise related to emergency event serving in a consultative role to Command Staff.
- Executive Leadership—Various executive staff including President, VP's, Provosts, Deans, Chairman whose departments may be directly impact by the emergency event.
- Operations Chief—Organizes and directs activities to ensure that the goals and assignments of the Command Center are carried out and that all necessary patient care and support functions are appropriately staffed.
- Logistics Chief—Organizes and directs maintenance and supply operations to ensure that patient care and support services have the supplies, equipment, and utilities necessary to perform essential functions.
- Finance Chief—Tracks expenditures for cost recovery and to ensure that funds can be allocated for special purchases essential to disaster response.

- Planning Chief—Develops and presents an action plan for sustaining operations given the disaster scenario at 4, 8, 24, and 48 hours from the time of the incident. Various hospital directors and managers have been trained to assume this role.

A pictorial representation of the HICS model is located on the following page.

Hospital Incident Command System
 Incident Management Team Structure
 August 2006



Staff Roles

During a disaster situation, all Hospital personnel and designated Medical Center personnel are considered essential to the operation of the Hospital. The HICS model allows for easy expansion of the basic incident command structure to include additional personnel assignments designed to accommodate the needs of specific disaster situations. Designated staff will be assigned to fill HICS positions and have been trained to assume these roles.

The contingency plans establish and outline the role of some employees during specific emergency situations. In some emergencies, the Hospital may establish a personnel pool to supplement or staff essential response or operating functions. In those situations, employees may be assigned responsibilities commiserate with their abilities but outside their normal job responsibilities. (See Annex "A" Code Yellow for additional staffing information)

Identification of Hospital Personnel

All Hospital employees are required to wear their medical center identification badges during disaster response activities. If the Institutional Lockdown Procedure is implemented employees who report to the Hospital for disaster response and are not wearing their ID badges may be issued a temporary badge by UTPD, once their identities and role in the response effort has been verified.

Employees who are assigned key roles in the HICS are issued identification vests, designed to clearly identify their role in the response effort.

Emergency Credentialing

In circumstances in which the emergency management plan has been activated and additional healthcare professionals are required to meet response need, the chief executive officer, chief of staff or their designee(s) of the UTMC may grant emergency privileges. This would be including but not limited to physicians, dentists, and allied health professionals.

The chief executive officer, chief of staff or their designee(s) will verify the Ohio License in the following manner:

- A current copy of the pocket Medical License and current valid driver's license or photo ID.
- A valid hospital picture ID.
- Ohio Medical Licensure Board web site if access is available.
- Ohio Medical Directory
- ID that certifies the individual is a member of a Disaster Medical Assistance Team (DMAT).
- ID that certifies a state, federal, or municipal entity has granted the individual the authority to administer patient care under emergency circumstances.
- Presentation by a current hospital or medical staff member who can vouch for the individual's identity.

The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion. The licensed independent practitioner (LIPs) granted emergency privileges would have privileges within his/her own specialty. They will be assigned to a specific department relating to their specialty. They will report

to that department chair or designee(s) under the incident command structure for patient care assignments and supervision.

Volunteer healthcare professionals will be granted privileges only for the duration of the emergency; once the situation is under control their emergency privileges will expire at the discretion of the chief executive officer, chief of staff or their designee. The Hospital will establish a credentialing center to process volunteers in the Medical Staff Office.

Staff and Family Support

Because all Hospital personnel and certain Medical Center personnel are considered essential during emergency response situation, the Hospital recognizes its responsibility to provide meals, rest periods, psychological, and other personnel support. In addition, the Hospital recognizes that providing support, such as communication services and dependent care, to employees' families during emergency situations allows employees to respond in support of the essential functions of the Hospital.

The Logistics Section Chief, working through the Support Branch Director and his/her unit leaders will initiate support programs and activities, based on the demands of the specific emergency. Contingency plans for specific needs that can be anticipated have been established and tested during drills or actual plan implementations. These include, but are not limited to:

- Emergency child care
- Emergency transportation
- Staff/family lodging and meals
- Psychological and bereavement counseling (Provided jointly through Department of Psychiatry and Pastoral Care)
- Staff/family prophylaxis or immunization
- Initiating Emergency Response and Notifying Staff

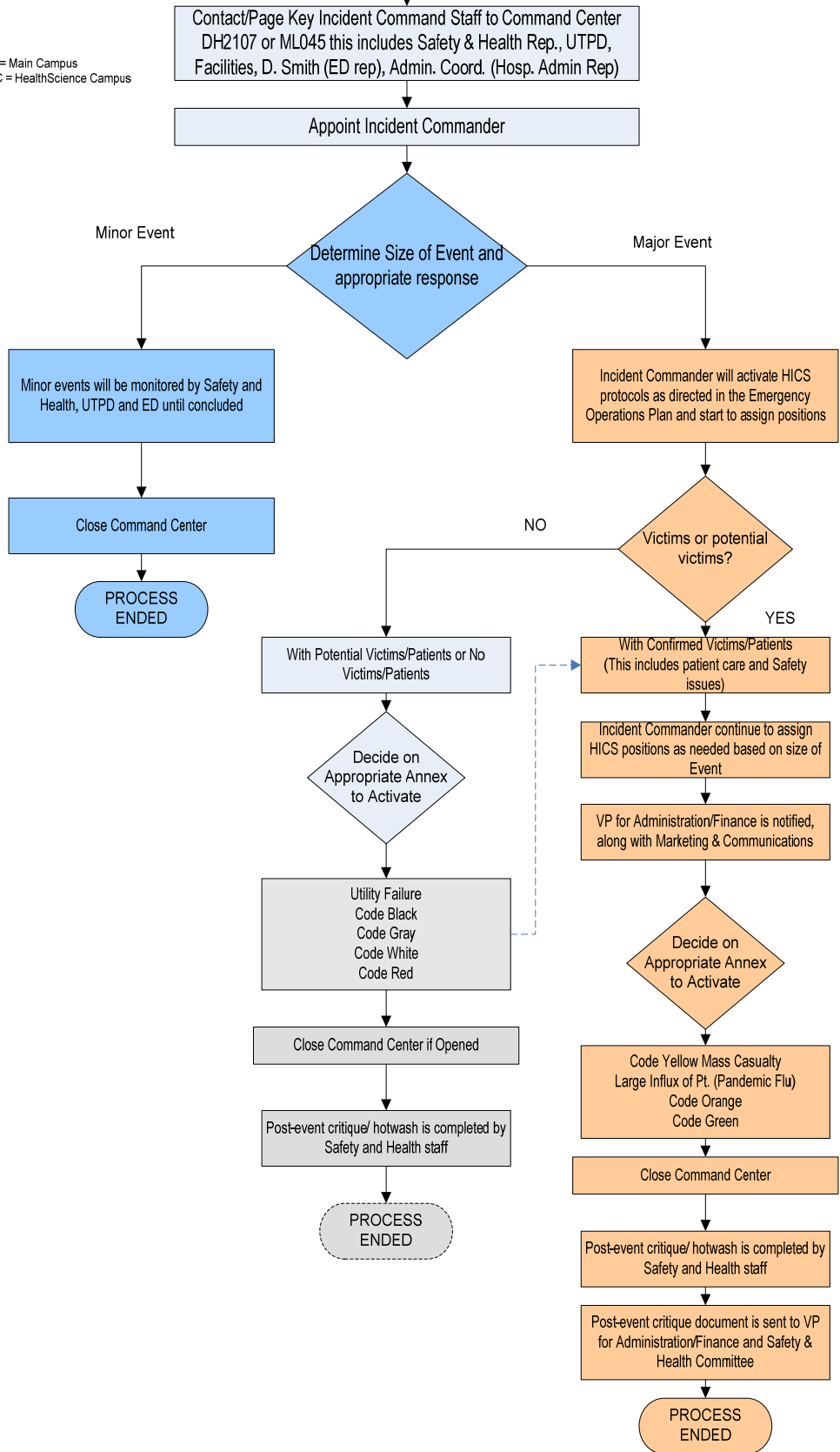
If a community disaster occurs in which disaster victims will be brought to the UTMC for treatment (See EOP flow chart on next page):

1. The external agency of jurisdiction will notify UTMC's Emergency Department, 419-383-3888.
2. The ED Charge Nurse who receives the call will connect the caller with the ED attending physician or ED Director.
3. The ED attending physician or charge nurse will take the call and verify information received by calling the EMS, or Toledo Police.
4. When the ED attending has verified the information, he/she will notify the Hospital Operator and UTPD via Red Code Phone to initiate the Emergency Operations Plan and the HICS protocols.
5. An emergency page will go out to the Administrator Coordinator or the Hospital Administrator-on-call, Senior Campus Police Officer, Medical Director of the ED, ED Director, Safety and Health and the Trauma attending, if necessary.
6. The Incident Command Center will be open and collectively these individuals will assign an Incident Commander and initiate the EOP (including response and recovery activities) and staff notification and instructions (via overhead page or call lists), as appropriate for particular situation. Essential off-duty staff will be notified by activating departmental call lists. The liaison officer will notify off-site business occupancies and clinics.

FLOWCHART PROCESS FOR DISASTER RESPONSE AT UNIVERSITY OF TOLEDO MEDICAL CENTER

Potential Emergency or Disaster Event (mass casualty, fire, severe weather, bomb threat, power loss) at UTMC.

MC = Main Campus
HSC = HealthScience Campus



Preparedness

Evaluation

Response Mitigation

Recovery

CRITICAL COMMUNICATION ISSUES

Alternate Scenarios Activating the EOP

If an emergency situation affects the operation of the facility, the employee who discovers the situation will report it to his/her supervisor immediately, and contact X77. The supervisor will notify the Administrative Coordinator, Hospital Administrator-on-call, or Facilities Maintenance. If appropriate after consultation with key personnel, the Administrative Coordinator or Administrator-on-call will initiate the plan and notify the paging operator to issue the appropriate overhead code or group page and instructions. Essential off-duty staff will be notified by activating departmental call lists.

Notifying External Agencies

Whenever a situation adversely affects the Hospital's ability to provide services to the community, the Hospital notifies appropriate authorities and city-county agencies and coordinates mutual aid and other response activities through the county Emergency Operations Center (EOC), if appropriate, or directly with receiving hospitals.

The Administrative Coordinator or Administrator-on-call, functioning as the incident commander, will work with UTPD or Hospital Operators to make initial notification to external authorities, if necessary. Once the incident command system has been initiated, the Liaison Officer will establish and maintain necessary communication with external agencies and authorities.

Hospital Communication During Emergency Response

The Hospital will use established communication channels (i.e., telephone, overhead page, digital pagers, 2-way radios) whenever possible, to communicate vital information during a disaster. If established communication channels are unavailable, the Command Center will establish a 2-way radio relay or runner/courier system to communicate vital information throughout the Hospital. Through the MMRS, local Amateur radio operators have been assigned to each acute care hospital to provide an alternative communication system between and among the hospitals, the scene commander, the community emergency operations center (EOC) and other external agencies. In most cases, the radio operator assigned to UTMC will operate out of the command center, or near UTPD as necessitated by the emergency event.

The Hospital has an established alternative communication policy, Emergency Communication Procedure that outlines problem identification and reporting, user notification, and interim procedures for primary communication systems. (See Annex "A" Code Yellow for additional communication information)

CRITICAL UTILITY (INFRASTRUCTURE)

Alternative Sources of Utilities

The Hospital has established alternative sources of essential utilities to meet the needs of patient care and essential support functions during an internal disaster.

- Generators will supply emergency power to patient care and other critical areas during a power outage. (See Contingency Plan for Power Outage, this document, and Utilities Management Plan.)

- Vendors will supply water to the Hospital during emergency situations. (See Facilities Emergency Preparedness Plan Annexes)
- Medical gas will be supplied by cylinders.

For more detailed information, see Utilities Management Plan and 96-hour chart.

CRITICAL RESOURCES

Emergency Supplies and Equipment

Each patient care unit and some ancillary, support, and administrative areas maintain an emergency supply box that contains extension cords, flashlights, batteries, and other supplies essential during a facility emergency.

Emergency supply carts have been created and are maintained for initial response to specific disaster situations, such as mass casualty events, hazardous materials incidents, and power outages. See Central Service role in mass casualty events.

Procurement and delivery procedures for supplies and equipment known to be required during specific emergency situations have been incorporated into the specific contingency plan.

If additional or unanticipated emergency supplies are needed, the unit coordinator or designee will call the Command Center, X5701, or send the request by runner to DH2107 or Mulford Library (Backup command center in Alumni Lounge in basement). The Logistics Chief, working with the Materials Supply and Nutrition Supply unit leaders and the Finance Chief, will work to procure additional supplies, as needed. (See Resource Manual in Command Center)

Extended Events

The UTMC has established agreements with its vendors to supplement routine supply/equipment needs during an acute or prolonged disaster situation. Working with the Hospital Council of Northwest Ohio, MMRS and RMRS, the UTMC has established a pharmaceutical cache of specific medications that are required to prophylax or treat patients and staff in response to certain emergencies identified by the hazard vulnerability analysis. Through the RMRS and activation of statewide emergency protocols access the National Pharmaceutical Stockpile can be initiated as warranted by the emergency event. Mutual aid agreements allow for the UTMC to request assistance from neighboring hospitals and businesses to sustain the institution for the required 96-hour period.

Based on the 96-hour extended event chart (Appendix 6) the UTMC has developed the following scenarios to deal with the inevitable unavailability of supplies in connection with emergency events. *Note: these plans are adjusted based on the emergency event and have been vastly simplified for this document these actions will be directed by the Annexes to this plan.

- Plan “A”—During Plan “A” as the emergency event unfolds and the Support Branch Director under the direction of the Logistics Chief will monitor and track current supply levels and will be to order those items identified as “in short supply” and contact the purchasing department for assistance. Patients will be treated as normal.
- Plan “B” – During Plan “B” If UTMC is unable to treat patients due to a major, unrecoverable utility failure, or other serious infrastructure problem, some or all patients will

be evacuated from the UTMC to other surrounding facilities as directed by the incident commander.

- Plan “C” – During Plan “C” If UTMC is unable to provide normal patient treatment, either due to material shortages or infrastructure failures, and also patients are unable to be evacuated from the facility due to emergency conditions in the surrounding regions the UTMC will provide care to the greatest extent possible through the use of the incident management system and reliance on the UT main campus resources.

CRITICAL CLINICAL ACTIVITIES

Decontamination

The Hospital has the capability for small to medium size incident decontamination, using either a portable or permanent decontamination unit. All Emergency Decon Team members are trained to provide decontamination through required HAZWOPER operations level class and annual continuing education. In addition, the Hospital has identified and trained additional staff to support its decontamination capabilities in the Emergency Department until the team arrives and sets up. (See Annex “C” Code Orange)

Inpatient and ED Patient Management

Different emergency situations or types of disasters require different patient management strategies. The Operations Chief will work with the Medical Care Director and Inpatient Treatment Areas Supervisors to tailor the patient management strategies to the particular emergency situation at hand. In some cases, more detailed patient management guidelines are outlined, as warranted, in specific contingency plans. (See Annex “A” Code Yellow for additional clinical management information)

- In order to provide appropriate care to Emergency Department patients and to treat incoming disaster victims, patients being seen in the Emergency Department at the time a contingency plan is activated may be triaged to appropriate units or disaster response treatment areas.
- In order to handle the surge of severely ill or injured patients which a community disaster might bring, the Hospital may need to discharge inpatients who were admitted for elective procedures or whose treatment needs currently are not urgent. The Hospital uses a Discharge Officer under the Surge Procedure Plan to assess patients who may be eligible for transfer or discharge. If the patient is discharged or transferred, the medical record face sheet accompanies the patient to the point of discharge for appropriate processing and continuity of care.
- The Logistics Chief, working with the Transportation Unit Leader, and the Operations Chief, working with the Discharge Unit Leader, will coordinate transportation of inpatients discharged from the Hospital to facilitate disaster response activities.
- The Liaison Officer, through communication with external agencies, may assist the unit leaders to access public and private transportation systems.

Flow of Patient Information (Tracking Disaster Victims)

The Planning Chief, working with the Patient Information Officer, will oversee patient tracking and flow of patient information. The Hospital has a disaster tag for use in emergency situations or

community disasters that involve a mass influx of casualties. (See Code Yellow Mass Casualty Event for more detailed information in Annex "A".

- Initial incoming patient information will be transmitted from triage to the Command Center by FAX, X5292, or by a runner.
- Patient care updates will be transmitted to the Command Center using a logging system implemented on each treatment unit.
- The Patient Information Officer, working with Pastoral Care and volunteer staff will coordinate notification of the patient's family and release of patient information to family with the Red Cross.

Mutual Aid Agreements

The UTMC has signed a state-wide mutual aid compact and has established mutual aid agreements with other hospitals in the area to share facilities, supplies, equipment, and personnel resources in the event of a defined disaster in order to provide essential services to the community.

The agreement serves to confirm the willingness of all participating hospitals to accept patients required to be evacuated from another hospital due to an internal or external disaster. The receiving hospital will accept patients based on its operating capability at the time of the notification. It further acknowledges each hospital's willingness to share supplies, equipment, and other resources during a defined emergency or disaster situation, so long as it does not compromise that hospital's ability to provide essential care.

Alternative Care Site

The Hospital has a contingency plan to guide facility evacuation if it is determined that the environment cannot support patient care and treatment.

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.

In addition to the potential for an on-campus alternative care site and the mutual aid agreements formulated with area hospitals, UTMC has established a primary agreement with the Veteran's Administration Medical Center (VAMC) to assist in providing an alternative care for UTMC patients who need to be relocated temporarily to another facility due to an emergency.

Communication and transportation between the Hospital and the alternative care site would be coordinated by the Hospital Command Center with the help of the Lucas County EOC.

CRITICAL SAFETY AND SECURITY ISSUES

Safety and Security

The Hospital has established a security strategy that is implemented based on changes in the national, regional or local threat level.

During an emergency situation, the Safety and Security Officer, working with the Incident Commander and the Safety and Security Officer, will implement contingency plans to secure the facility and areas within the facility and manage vehicular and pedestrian traffic, based on the needs of specific situation. (See Institutional Lockdown Policy Annex “K “)

Because UTMC has assigned police officers and security staff that are part of the larger University of Toledo Police Department the police and security force will be supplemented with police officers from the UT Main Campus during an emergency. In addition, staff who report to the personnel pool may be used to augment the security forces, if the situation warrants.

Disaster Recovery

The Hospital has established business contingency plans, developed by Hospital Finance and University Information Services. The Incident Commander and incident command chiefs will work together to plan recovery from emergency situations that affect the Hospital's facilities and operations, based on the specific scenario.

Emergency Operations Plan and Evaluation

The Safety and Health Department assumes responsibility for coordinating the development, evaluation, and revision of the Emergency Operation Plan. To ensure that the plan is integrated with the community emergency response plan, the Director of Safety and Health serves as chairperson Emergency Preparedness Task Force and is the liaison to the MMRS, RMRS and the HCNO.

The Emergency Preparedness Task Force will evaluate the Emergency Operations Plan and its Annexes as to their objective, scope, and effectiveness annually using established criteria and as changes to the Hospital facilities and programs necessitate. Emergency preparedness drills, conducted at least twice annually, will serve as a basis for continuing evaluation and modification of the overall plan and individual contingency plans. The Safety and Health Department or taskforce chairperson will present an evaluation of the Emergency Operations Plan annually to the Institutional Safety and Health Committee.

Emergency Management Education and Training

- Emergency contingency plans are outlined in Hospital policy and available online in procedure form.
- All Hospital employees receive general information about the Hospital's Emergency Preparedness as a part of new employee orientation. Hospital employees are introduced to their roles in emergency response as a part of the department orientation program.
- All administrators and staff who may be called upon to assume a key position in the incident command system receive in depth HICS education and training as a part of their orientation and annual updates on changes to the plan.
- All employees are required to participate in emergency management and response training as a part of their department continuing education. All employees are required to complete computer-based learning modules on emergency management annually.
- All on-duty employees are required to participate fully in emergency response drills in a variety of emergency situations.

Department orientation and continuing education will include:

- Overview of Emergency Management Plan and ICS
- Specific roles and responsibilities
- Notification systems
- Communication systems
- Logistics

Performance Standards for Emergency Management/Response

1. Employees will be able to demonstrate basic knowledge of emergency management by scoring 70% or above on the EM section of the annual safety survey and on questions asked as a part of emergency response exercises and safety surveillance activities.
2. Designated Hospital areas will meet objectives identified for specific response exercises.
3. The Emergency Preparedness Taskforce, working with the individual response areas, establishes performance standards for each contingency plan. These performance standards are used as evaluation tools during emergency response drills.

Appendix 1

Examples of Mitigation Activities

1. Hazard vulnerability analysis
2. Building Maintenance Program, designed to maintain the building in compliance with life safety code
3. Continuing reassessment of condition of facility--Completion of Statement of Conditions
4. Participation as a member of the Hospital Council of Northwest Ohio
5. Installation and maintenance of emergency generators; Generator testing program
6. Participation in Toledo Metropolitan Medical Response System (MMRS) and Regional Medical Response System (RMRS)
7. Establishment of a decontamination unit
8. Staff education and training for decontamination
9. Purchase of response equipment and train staff to use
10. Regular environmental rounds surveillance
11. Safety and Security risk assessments
12. Planned reduction of hazardous materials, including mercury
13. Installation and monitoring of security (access control, perimeter security, and ED security)
14. Establishing a program for control of radiation-producing devices
15. Capital project planning activities (i.e., adding redundancy to key hospital equipment)

Appendix 2

Examples of Preparedness Activities

1. Contingency planning based on Hazard Vulnerability Analysis
2. Implementation of HICS
3. Continuing HICS education for administrative and other key response personnel.
4. Establishment of a decontamination unit
5. Staff education and training for decontamination
6. State-wide and local mutual aid and alternative site agreements
7. Agreements with vendors to provide critical supplies and pharmaceuticals
8. Participation in Toledo Metropolitan Medical Response System (MMRS) and Regional Medical Response System (RMRS)
9. Staff education and training
10. Staff call-in rosters
11. Emergency response drills including: fire, tornado, evacuation and other drills

Appendix 3

Examples of Response Activities and Drills

Functional Exercise (Pandemic Flu) 6/17-18/08
Actual Response (Code Gray Phase 2) 6/6/08
Actual Response (Loss of HVAC to OR) 5/15/08
Actual Process (Vacuum Pump Replacement) 3/6/08
Functional Drill (Simulated Biohazard Spill in BSL3) 3/11/2008
Tabletop Drill (Xylene Spill) 2/27/2008
Actual Response Snow Storm (Code White) 12/15-16/2007
Functional Exercise Rehab 6CD(Code Green) 10/24/2007
Tabletop Drill (Code Black/Violence) Summer 2007
Functional Exercise Community Wide (Pandemic Flu) May 2007
Tabletop Drill BSL3 (Hostage Situation/Violence) 4/26/2007
Actual Response Airport Bomb Threat on Plane (Code Yellow) 1/12/2007
Functional Exercise Gang Violence/Civil Disturbance 10/13/2006
Functional Exercise Community Wide (Pandemic Flu) 5/10-11/2006
Functional Exercise BSL3 (Suspicious Package/Spill Drill) 3/6/2006
Tabletop Drill (Pandemic Flu) 10/20/2005

Appendix 4

Examples of Recovery (Preparedness) Activities

See individual Critiques of Emergency Preparedness Drills in Safety and Health

Appendix 4

UTMC Hospital Hazard Vulnerability Analysis Summary 2008

Process

UTMC Emergency Preparedness Taskforce and representatives from areas with functional responsibility revisited the institutions hazard vulnerability analysis in January 2008, using the Kaiser Permanente tool.

Overall risk for each event was calculated based on probability, impact, and preparedness. Using these criteria, hazardous materials events at 38% were calculated to pose the greatest overall risk; human related events, such as mass casualty incidents and terrorism, at 15%. Overall risk for technological events at 14% and for naturally occurring events was calculated at 5%.

Results

The specific events that were perceived to pose the greatest risk were:

- Mass Casualty Event (Pandemic/Epidemic) (41%)
- Hostage Situation (37%)
- Tornado (33%)
- Severe Thunderstorm (33%)
- Small to Medium Biologic/Chemical Spill (33%)
- Mass Casualty Event (Trauma) (37%)
- Bomb Threat (33%)
- VIP Situation (33%)

For the most part, these events posed the greatest risk, based on the probability of their occurrence.

Other events that were perceived to pose significant risk, based more on their potential impact or the hospital level of preparedness were:

- Snow and Ice (1-day event) (30%)
- Communication Failure (30%)
- Hazmat Exposure, Internal (30%)
- Large internal hazardous materials spill (30%)
- Labor Action (30%)

*Full HVA found in Safety and Health

Appendix 5

UTMC Hospital Emergency Codes and Annexes to Plan

***All codes and responses will be run under the HICS model**

HICS Activation No Hospital Code, employees with HICS assignments will be notified by page.

1. Assign Incident Commander
2. Open Command Center
3. Hospital employees with Command HICS assignments report to Command Center. This includes:
 - Incident commander
 - Safety and security officer
 - Liaison Officer
 - Public Information Officer
 - Section chiefs.
 - Note: If you have an HICS assignment, but are not a part of the command staff, do not respond until activated by section chief.

Emergency Situation Code and Required Response

Code Yellow Mass Casualty (Medical and Trauma): **ANNEX "A" (Safety and Health EP-08-001)**

- Respond based on departmental plan
- Respond based on your assignment during each Phase 0-2

Code Black Bomb Threat **ANNEX "B" (Safety and Health EP-08-004)**

- Follow Bomb Threat Checklist
- Listen for additional instructions from Campus Police

Code Orange HazMat Contamination Incident **ANNEX "C" (Safety and Health EP-08-003)**

- HazMat Respond if you have an assignment.

Code Gray Severe Weather/Tornado **ANNEX "D" (Safety and Health EP-08-002)**

- Respond based on Phase 0-2
- Move yourself and others to safe, interior location.

Code Adam Missing Child/Infant Abduction **ANNEX "E" (Safety and Health SM-08-002)**

1. Look for suspicious persons or activities.
2. Proceed to nearest exit point from area (stairwell, elevator lobby, exterior door) and establish checkpoint to assess those entering and leaving area.
3. Detain anyone who is:
 - Carrying escorting a child or infant.
 - Carrying a large package or bag that could conceal an infant.
 - Hurrying through building or rushing toward an exit.
 - Report all suspicious activity to Campus Police X77 immediately.

Code Red Fire: Listen for location of alarm. **ANNEX “F” (LS-08-001)**

- Close all doors lining the corridor.
- Clear corridor of obstructions.
- Listen for additional instructions.

Code Green Evacuation or Shelter-in-place **ANNEX “G” (Safety and Health EP-08-005)**

- Close and lock all exterior windows and doors.
- Move yourself and others to interior location, away from doors and windows.
- If you have additional duties, respond based on assignment.

Code Blue Medical Emergency **ANNEX “H” (Nursing Policy)**

- Code team responds, based on assignments.

Code White Snow/Ice Transportation Emergency **ANNEX “I” (Safety & Health EP-08-008)**

- Contact supervisor with your status from off campus
- Follow departmental procedures

Code Brown Missing Adult Patient **ANNEX “J” (Safety and Health SM-08-004)**

- Campus Police, Maintenance and Environmental Service on alert.

Institutional Lockdown Procedures **ANNEX “K” (Safety and Health SM-08-003)**

- Wear ID at all times
- If reporting from off campus enter hospital through East side

Infectious Disease Agents (Pandemic/Epidemic) **ANNEX “L” (Command Center)**

- Don protective gear and wait for assignment

Utility Emergencies **ANNEX “M” (Facilities Policies/Procedures Manual)**

- Loss of Electrical
- Loss of Communications
- Loss of Steam
- Loss of Domestic Water
- Loss of Sewer
- Loss of Vacuum
- Loss of Medical Gases

Appendix 6

96-hour Chart (Facilities Maintenance)

Consumable Supply Operational Impact Chart Reference Page

Ref: #	Item	Explanation of Color Coding Timelines
1	Fuel Oil Winter	Steam plant is coal fired which provides all building heat/hot water.
2	Fuel Oil Summer	Steam plant is coal fired which provides all building heat/hot water.
3	Gasoline	No operational impact on building operations.
4	Propane Fuel	No operational Impact on building operations.
5	Natural Gas	No operational Impact for building operations.
6	Potable Water	Water hauling service can provide emergency water supply.
7	Oxygen	Portable oxygen tanks can provide temporary service.
8	Medical Air	System is redundant with multiple pumps/ portable tanks.
9	Nitrous Oxide	Portable Tanks can be utilized in an emergency.
10	Nitrogen	Portable Tanks can be utilized in an emergency.
		Reference Items 7 through 10 Source: Lisa Bonamigo ⇒ Director of Respiratory Care.
11	Nutrition Supplies	Five day food supply in stock. No building operational impact. Source: Charles Harrison ⇒ Director of food and nutrition.
12	Pharmaceutical Supplies	Three day supply in stock with no operational impact. Source: Joel Tavormina ⇒ Director of Pharmacy
13	IV Solutions	Three day supply in stock with no operational impact. Source: Joel Tavormina ⇒ Director of Pharmacy
14	Pharmaceutical Medications	Three day supply in stock with no operational impact. Source: Joel Tavormina ⇒ Director of Pharmacy
15	General Patient Supplies	Three day supply with no operational impact. Source: Pat Nopper ⇒ Manager of Distribution Services.
16	Surgical Supplies	Three day supply with no operational impact. Source: Pat Nopper ⇒ Manager of Distribution Services.
17	Central Sterile Supplies	Two day supply with no operational impact. Source: John Jagos ⇒ Supervisor of Sterile Processing.
18	Central Sterile Steam Loss	Loss of steam/ One day for surgical sterilized equipment. Source: John Jagos ⇒ Supervisor of sterile processing.
19	General Office Supplies	No operational impact on building operations.

