

# UNIVERSITY OF TOLEDO MEDICAL CENTER

## EMERGENCY OPERATIONS PLAN (EOP) EP-08-009



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## UNIVERSITY OF TOLEDO MEDICAL CENTER

SUBJECT: EMERGENCY OPERATIONS PLAN

Procedure No. EP-08-009

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### Objectives and Background

University of Toledo Medical Center has developed and implemented an emergency management program that is comprised of the following:

1. Organizational Leadership
2. An annual hazard vulnerability analysis utilized to direct emergency management activities
3. The Emergency Operations Plan and associated emergency procedures
4. Continuity of Operations Planning and Recovery
5. Staff Education and Training programs
6. Testing of exercises and real events followed by evaluation and After-Action Reports/IPs

The program is 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; and
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 University of Toledo Medical Center (UTMC).

For planning purposes, portions of the current hazard vulnerability analysis are included as an appendix.

This plan covers all UTMC facilities including home health care and behavioral health services and its comprehensive implementation is the responsibility of all hospital personnel.

### Framework and Planning

UTMC 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 Task Force.

- 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 UTMC 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.

The command structure within the community is understood as follows: 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). In addition, the Toledo Fire Department implements a regional area command system that brings together the incident command system structures of regional fire, police, public health department, and hospital resources into one unified area command structure.

#### HVA (Hazard Vulnerability Analysis)

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 UTMC 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. Program and contingency plan priorities have been developed in consultation with:

University of Toledo Main Campus  
Hospital Council of Northwest Ohio (HCNO)  
Lucas County Community Health Coalition (LCCHC)  
Northwest Ohio HealthCare Emergency Management Coalition  
Lucas County Emergency Management Agency (LCEMA)  
Ohio Department of Health (ODH)  
Ohio Hospital Association (OHA)  
Toledo Lucas County Health Department  
Other healthcare providers surrounding UTMC (pharmacists, hospice, etc.)

UTMC works very closely with the Hospital Council of Northwest Ohio to identify and plan for the care of those with disabilities during disaster. UTMC is one of 22 hospitals within the northwest Ohio region that network quarterly to address emergency preparedness efforts. In addition, UTMC participates in community-wide drills exercising regional plans.

#### Emergency Operations Policies and Procedures

The Emergency Preparedness Task Force of the UTMC Safety Committee reviews UTMC's hazard vulnerability analysis. Emergency plans contained within the Annex, 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 emergency plans have been coordinated with other local hospitals to become a part of the Lucas County Community Health Coalition (LCCHC), the Northwest Ohio HealthCare Emergency Management Coalition (NWO-HEMC), domestic preparedness (WMD) plan, and the county EMA's general emergency operations plan (EOP). This EOP contributes substantially to The University of Toledo's Continuity of Operations Plan (COOP) as it is designed using an all hazards approach and is set up to address the six critical areas of emergency response based on our most current HVA and is reviewed and updated annually.

The UTMC currently has emergency 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 (Environmental Health & Radiation Safety, Facilities Maintenance and Infection Control Departments, etc.). Each plan contained in the Annex will describe the process for initiating and terminating each incident. The authority to initiate activation of response and recovery efforts is the responsibility of the appointed Incident Commander as described within each emergency plan.

Code Yellow: Mass Casualty Incidents (Medical and Trauma) [ANNEX "A"](#)

Code Black: Bomb Threats [ANNEX "B"](#)

Code Orange: Hazard Materials Incidents (chemical, biological and radiation 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: Emergency Staffing Due to Severe Weather/Snow Storm [ANNEX "I"](#)

Code Brown: Missing Adult Patient [ANNEX "J"](#)

Institutional Lockdown Procedures [ANNEX "K"](#)

Infectious Disease Agents (Pandemic/Epidemic) [ANNEX "L"](#)

Code Copper: Communication Involving Utility Emergencies: Including Loss of Electrical, Communications, Steam, Water, Sewer, Vacuum, Medical Gases, Broad IT Interruptions [ANNEX "M"](#)

Code Violet: Violent Situations [ANNEX "N"](#)

Patient Surge and Alternate Care Sites (Under Community Response)

Mass Fatality Plan [ANNEX "O"](#)

Continuity of Operations Plan (COOP) [ANNEX "P"](#)

Emergency Credentialing (Medical Staff Bylaws)

Through the 2024 hazard vulnerability analysis, the Emergency Preparedness Task Force identified the following as posing the greatest risk:

- Epidemic/Pandemic (56%)
- Combative Situation (56%)
- Supply Shortage (50%)

In addition, UTMC has worked with regional emergency preparedness groups, Hospital Council of Northwest Ohio (HNWO), the Ohio Hospital Association (OHA), the Lucas County Integrated Healthcare Planning Team, Local Emergency Planning Commission (LEPC) 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.

Authority:

A. Appointment:

The Director of Environmental Health & Radiation Safety has administrative responsibility for UTMC Emergency Management activities. The Director has been authorized to intervene immediately and take appropriate action when conditions exist that pose a threat of damage or injury to persons or property.

UTMC has designated qualified and motivated individuals to serve in the role of the Director. The desired background for the Director includes: formal and informal training, education, and/or experience in Emergency Management, incident command, and hospital operations, and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

With regard to recovery from emergencies, the Director of Environmental Health & Radiation Safety 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.

B. Responsibilities:

The Director of Environmental Health & Radiation Safety or designee is responsible for implementation of the Emergency Management Program. The director has extensive Emergency Management experience in the public sectors. He/she provides overall support for the Medical Center's emergency management activities, including: developing needed procedures, coordinating development and revision of the Emergency Operations Plan (EOP) and other emergency plans, planning and delivering training and exercises, and writing After Action Reports (AAR).

The Emergency Preparedness Task Force (EPTF) assists the Director with implementation and ongoing management of UTMC Emergency Management activities. The task force membership is multidisciplinary, consisting of senior leadership as well as clinical and non-clinical staff from key departments, including medical staff. These members are identified and their required attendance is verified within the EP Taskforce binder. The committee meets regularly and is chaired by the Emergency Preparedness Coordinator. The EP Coordinator sets each meeting's agenda and facilitates the groups work to achieve an established set of objectives. Subcommittees or task groups are appointed as needed to accomplish identified projects or to plan training and exercises.

Minutes from EPTF meetings are distributed to members and are available for other staff to review. The EP Coordinator regularly informs senior leadership and staff about emergency management activities, obstacles encountered, and assistance needed. Updated information can be distributed to employees through OLT, mass email, or Clinical Portal. Updated information is also included in the new employee orientation and annually through the emergency management Computer Based Training (CBT) program.

#### Organizational Leadership

Although the Director has overall responsibility for UTMC Emergency Management activities, all employees have a role in the Emergency Management Program. This includes:

- Responding to direction from the Incident Commander (IC) or designee.
- Utilizing resources.
- Monitoring areas during critical situations.
- Reporting emergency incidents involving patients, visitors, employees, and property.
- Following policies and procedures.

Senior leaders (i.e Chief Nursing Officer) are accountable for all aspects of the emergency management program and provide oversight and support for the program through the following activities:

- Ensure emergency policies and procedures, including the EOP, are reviewed and signed off on annually.
- Allocate resources for the EM Program
- Review of EM Program documents
- Review of policies, training, and education that supports the Emergency Management program
- Review of after-action reports (AAR) and improvement plans

Medical Center leaders and medical staff including a representative from the UTMC Transplant program actively participate in the Emergency Management Program. All Management Team members are responsible to ensure that these policies and procedures are distributed, practiced, and enforced. Directors and managers will provide appropriate documentation relating to emergency management procedures as requested. Members of UTMC senior leadership/administration sit on the EPTF and assist in reviewing exercises/drills and planning efforts for future drills.

Emergency management staff and the EPTF maintain knowledge of:

- Current local, state, and federal emergency management regulations and standards.
- Local, state, and federal emergency management agencies.

#### C. Activation:

An emergency is a natural or human-caused event that significantly disrupts the environment of care, significantly disrupts care, treatment, and services, or that results in sudden, significantly changed or increased demands for the Medical Center's services. When an emergency situation has been identified, our emergency plans can be activated by: The Director of EHRS (or on-call representative, Facilities Director, Senior UT Police Officer, Senior Administrator, House Supervisor, or Administrator on Call. The person activating the plan will also evaluate the need for additional Hospital Incident Command System (HICS) resources, including activation of the Hospital Command Center. The primary command center is located in MLB Board Room. If an alternate command center is needed the following location shall be utilized as such: Mulford Library (backup command center in Alumni Lounge in basement). In addition, a virtual command center can be opened and utilized as necessary to meet the needs of the emergency.

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 EOP Appendices 1-4 of this document for Mitigation, Preparedness, Response and Recovery from Hazards and Threats in the Environment of Care, and Code Yellow 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 calling county EOC. If the hospital receives an influx of victims under circumstances that appear to be related to bioterrorism, the TFD, Health Department and Hospital Council are 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 (mass casualty) announcement is made over the mass notification system; See Code Yellow Procedure. 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. Staff contact information can be located within the staff directory. Physician contact information can be located through the Medical Staff office.

### CRITICAL STAFF CONSIDERATIONS

#### Roles of Key Personnel Assigned Under HICS

The Hospital utilizes the Hospital 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 House Supervisor position is filled at all times and as such, will assume the role of incident commander initially. The House Supervisor works in close consultation with the Administrator-on-call and UTHSC Security/Police officer on duty, the Facilities Maintenance employee (on campus 24/7), Environmental Health and Radiation Safety (on call 24/7) and the Telephone Services operator (on campus 24/7). The Administrative Supervisor 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 UT Police, Environmental Health & Radiation Safety, and Nursing administrators, makes the decision to activate the EOP and its Annexes. After consultation with other Command Center staff, the House Supervisor 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 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, VPs, Provosts, Deans, Chairman whose departments may be directly impacted 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, 48, to 96 hours from the time of the incident, and beyond. Various Environmental Health and Radiation Safety staff have been trained to assume this role.



### Succession Plan

Should the need arise for replacement of key leaders during disaster response; the following command structure shall be implemented to allow for fulfillment of each role within the HICS structure at all times.

- **Incident Commander** - House Supervisor (Primary).  
Role to be delegated as determined by the nature of the event (i.e, Director of Nursing, Director of Facilities, Director of EHRS, Director of Security, etc).
- **Safety & Security Officer** – Director, Hospital Security (Primary) or designee  
Security Officer (Secondary)
- **Liaison Officer** – Emergency Preparedness Coordinator (Primary) or designee  
Health & Safety Specialist (Secondary)
- **Public Information Officer** – Director of University Communications (Primary) or designee  
Communications Specialist (Secondary)
- **Medical Specialist** – Director, Infection Prevention (Primary) or designee  
Infection Preventionist (Secondary)
- **Executive Leadership** – Chief Executive Officer (Primary) or designee  
Chief Operating Officer (Secondary)
- **Operations Chief** – Director of Nursing/CNO (Primary) or designee  
Nursing Director (Secondary)
- **Logistics Chief** – Sr Director, Supply Chain Management (Primary) or designee  
Manager, Procurement, Purchasing (Secondary)
- **Finance Chief** – Administrative Director Finance & Reimbursement (Primary) or designee  
Chief Financial Officer, UTMC (Secondary)
- **Planning Chief** – Director of Environmental Health & Safety (Primary) or designee  
Biosafety Officer, EHRS (Secondary)

### Staff Roles

During a disaster situation, all Hospital personnel and designated Medical Center personnel are considered essential to the operation of the Hospital and must report for emergency duty when contacted. 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 commensurate with their abilities but outside their normal job responsibilities. The Code Yellow Procedure states in several locations that employees should be prepared, when called in, to assume roles other than their normal work functions, if need be. All persons responding to or called in for an emergency will report to the Staging Manager at the first floor lobby of the hospital. (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 at all times. Verification of identity must be made in order to gain entry into any disaster or emergency response area. 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, once their identities and role in the response effort has been verified.

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

- Identification and assignment of personnel to cover all necessary staff positions under emergency conditions: this is addressed in the Code Yellow procedure 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. Volunteers and visitors will be checked in through the hospital lobby.

### Disaster Privileges

Disaster privileges may be granted for volunteer Licensed Practitioners who are not members of this Medical Staff when the Medical Center's Emergency Operations Plan has been activated. The EVP, VPMA or highest ranking member of the administrative management available, or the Chief of Staff or highest ranking member of the Medical Staff available, may grant disaster privileges under the general process outlined. Granting of disaster privileges under these circumstances is discretionary with above stated authorized individuals based upon available information regarding the extent of the disaster, staffing capabilities, number and type of injuries anticipated, etc. Specialty Specific Privileges may be granted to the volunteer Licensed Practitioner only after the Medical Center receives a valid government issued photo identification issued by a state or federal agency and a second verifying source of at least one of the following:

- A current Medical Center photo ID card that clearly identifies professional designation;
- A current medical license to practice, and a valid photo ID issued by a state, federal or regulatory agency;
- ID that certifies the individual is a member of a disaster medical assistance team (DMAT), or Medical Reserve Corp. (MRC) or Emergency System for Advance Registration of Volunteer Health professionals (ESAAR-VHR) or other recognized state or federal organizations or groups;
- 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 Medical Center or Medical Staff member who can vouch for the practitioner's identity and who possesses personal knowledge regarding the volunteer's ability to act as a Licensed Practitioner during a disaster; or
- Primary source verification of the license obtained by the Medical Center.

### 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:

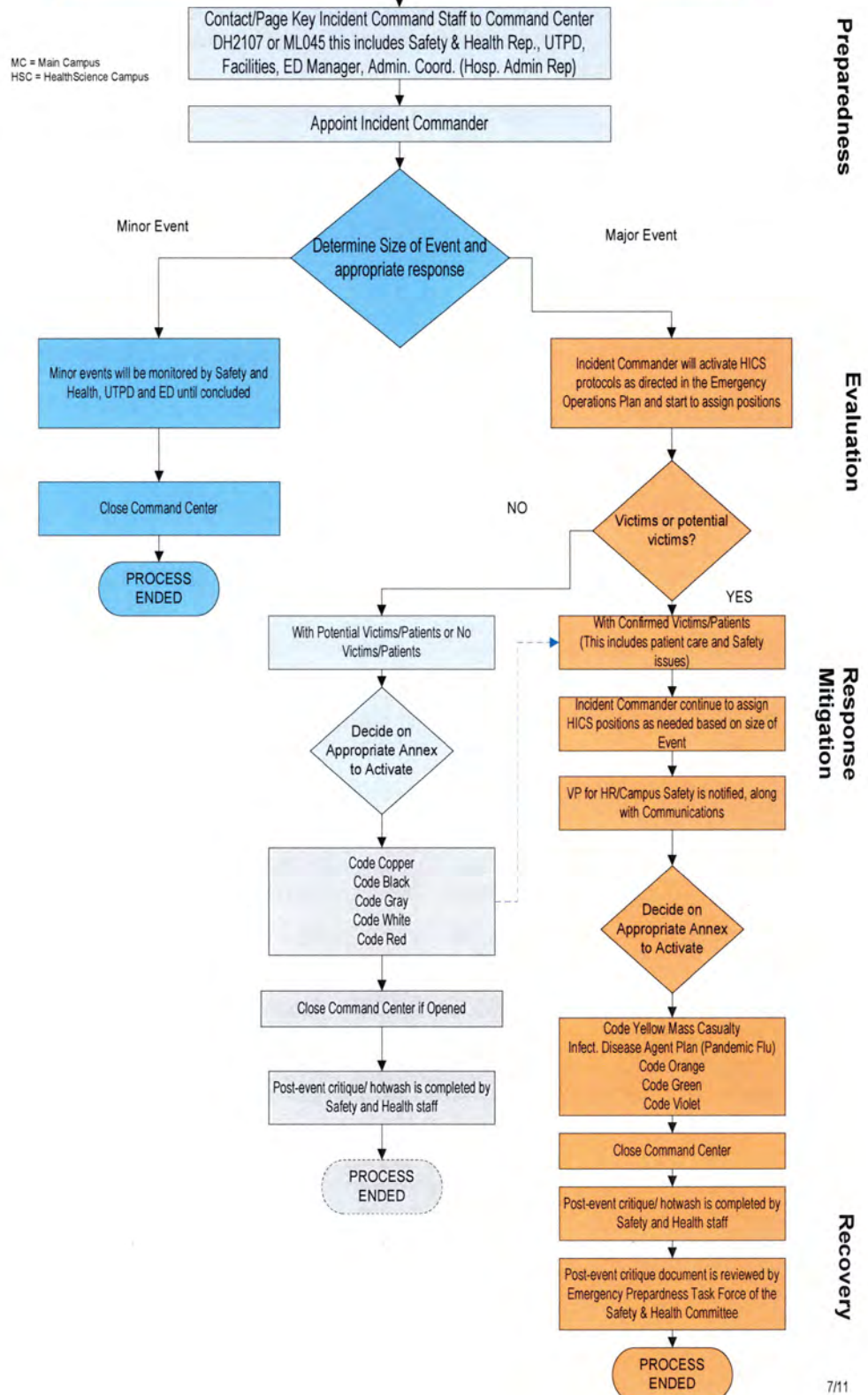
- Emergency childcare
- Emergency transportation
- Staff/family lodging and meals
- Psychological and bereavement counseling (provided jointly through Department of Psychiatry and Pastoral Care)
- Staff/family prophylaxis, immunization, or other pharmaceutical needs
- Initiating Emergency Response and Notifying Staff
- Fatality Management
- Volunteer Management Plan

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 (i.e., local EMS communication system, TFD and/or law enforcement) will notify UTMC's Emergency Department (ED) using the local EMS communication system.
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 talking with EMS, or Toledo Police.
4. When the ED attending has verified the information, he/she will notify the Hospital Operator and HSC Security 419-383-2600 to initiate the Emergency Operations Plan and the HICS protocols.
5. An emergency page will go out to the House Supervisor or the Hospital Administrator-on-call, Medical Director of the ED, ED Director, Environmental Health & Radiation Safety 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 and staff notification and instructions (via EMTrack, UT Alert, overhead page or call lists), as appropriate for the 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.





## 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. The supervisor will notify the House Supervisor, Hospital Administrator-on-call, Environmental Health & Radiation Safety or Facilities Maintenance. If appropriate after consultation with key personnel, the House Supervisor 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.

### Patient Safety Event activating the EOP

As an event (bad, critical, otherwise) unfolds it is crucial to recognize the trigger point. In this case, a significant patient safety event occurring at the UTMC. An event could be identified, as such, based upon the following characteristics:

- Reportable in nature to a regulatory or certifying authority
- Newsworthy
- Meets the definition of "sentinel event".

Once the trigger is identified, Incident Command (ICS) should be initiated through one or more of the following series of events, with the order dependant on the situation:

- Alerting the administrative supervisor and/or administrator on-call
- Contacting HSC Security (419-383-2600), or hospital operators (419-383-4000)
  - The Environmental Health & Radiation Safety department (EHRS) (419-530-3600). EHRS will assist with setting up the command center, the incident command structure, including identifying which roles should be filled, in addition to the "Incident Commander". Additional roles may include public information officer (PIO) – responsible for briefing senior leadership/UTMC staff and media releases, Liaison - responsible for communicating with other agencies (UNOS, CMS, ODH, JC, etc), and Operations, Planning, Logistics, and Finance Section chiefs.

### Communication with the Public/News Media

All communication with the media is vetted through the PIO/Office of Communications. The Office of Communication (PIO) 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. See [Annex A "Code Yellow"](#), section eight, Office of Communication.

### Communication with Other Health Care Organizations

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 kept abreast of the latest developments (See Code Yellow Procedure).

UTMC communicates with other healthcare organizations via various computer systems. EMResource is used to communicate numbers of patients, surge capacities, resources and mass casualty numbers. EMTrack is used to track patients, and also allows for command structures at different hospitals and community entities to communicate via an electronic internet portal. These applications can be found at <https://emresource.juware.com/login>.

If electronic means fail, we also have the MARCS radio, satellite phone, and land lines (conference calls).



### Communication with Patients' Families

Refer to flow of patient information.

### Notifying External Agencies (Disaster relief organizations and relevant authorities)

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 (i.e. disaster relief organizations) and other response activities through the county Emergency Operations Center (EOC), if appropriate, or directly with receiving hospitals.

The House Supervisor or Administrator-on-call (or other individual) 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. The Communication Manual is located in the EHRS offices.

EMTrack will also be used to communicate third party information on patients to FBI, police, health department, other hospitals, etc. All patient information will be communicated via the Liaison Officer.

### Hospital Communication During Emergency Response

The Hospital will use established communication channels (i.e., telephone, overhead announcements, digital pagers, 2-way radios, EMTrack, UT Alert, ARES) 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. 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 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 and Emergency Communications Procedure, [EP-08-011](#).)

## 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. See Annex "M" Code Copper Utility Emergencies.
  - Backup internal and external communication systems exist in the event of failure during emergencies. These needs are addressed in the Communication Involving Utility Failure Procedure ([EP-08-014](#)) and the Back-Up Emergency Communication System Procedure ([EP-08-011](#));
  - 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 plan ADM-04 Loss of Domestic Water Supply)
  - Medical gas will be supplied by cylinders.
  - Unused ventilators are kept in the RT department (setup and always ready to go). If UTMC has a high vent patient population, Fitzsimmons (1-800-648-1015) is called to deliver vents (approx. 1 hour to do so).
  - 2 portable vents are located in CT and MRI.

For more detailed information, see [Utilities Management Plan](#) and [96-hour chart](#) (Appendix 8 attached).



## CRITICAL RESOURCES

### Vital Supplies & Critical Equipment

- The location of vital supplies and key/critical equipment are described in the Code Yellow Procedure ([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. (See Annex "A" Code Yellow).

### Non-Medical 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 emergency plan.

If additional or unanticipated emergency supplies are needed, the Unit Coordinator or designee will call the Command Center or send the request by runner to the command center MLB Board Room or Mulford Library (backup command center in Alumni Lounge in basement). An additional location within the hospital will be secured as necessary due to power loss/need for backup power. Names and contact information for entities providing service will be housed under purchasing and the Logistics Section Chief. 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 EHRS offices.)

Supply chain management maintains an emergency contact listing of those vendors who supply core medical and surgical supplies and equipment, along with key services that may be needed in the event of an emergent situation. There are par levels of supplies maintained onsite as well as certain items (PPE) that are held in reserve at the major medical distribution location one hour away from the hospital. Internal resources will cross leverage distribution of supplies between hospital and clinics as needed.

The Logistics Chief is part of several community organizations and can access those resources if needed. The team also maintains relationships with materials management members of the other local hospitals in the event collaboration on a group purchase of emergent supplies is necessary. Sharing supplies between hospitals in time of need is standard practice to ensure patient care continues seamlessly.

The Liaison Officer can also contact Lucas County EOC to request additional supplies if needed.

Any donations received such as food, water, equipment and other materials will be managed through the Logistics Section Chief and will be documented, stored, and distributed through purchasing.

### Pharmaceutical and Other Medical Supplies

The support branch director, through the Supply Unit Leader, will procure various supplies that will be required throughout the response and recovery phases of an emergency using the following resources:

- Pharmaceutical supplies: Director of Pharmacy Services
- Medical supplies: Central Distribution and Materials Management

The Northwest Ohio region will share medical equipment and resources through coordination by the Hospital Council of Northwest Ohio utilizing Surgenet and the disaster list server.

All supplies will be monitored using NIMS/HICS forms. Requests for Regional Pharmaceutical Cache will be made by one of the three trained staff members, from both the Pharmacy and EHRS staff.



### 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, 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 HCNO and activation of statewide emergency protocols access to the National Pharmaceutical Stockpile can be initiated as warranted by the emergency event. Authority to request federal assets is held by UTMC pharmacy and Environmental Health and Radiation Safety (EHRS). One pharmacist and two individuals from EHRS will be formally trained in the SNS protocols on an annual basis and documented through the Safety Test Bank. The individual responsible for SNS request will hold a position in the Logistics Section under the Support Branch Director and Supply Unit Leader. See also "Hospital Request Form for Strategic National Stockpile". See also "request for SNS". 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 8](#)) 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 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. Emergency Department physicians and nurses receive training on how to recognize specific types of emergencies (for example, the symptoms caused by agents that may be used in chemical or bioterrorist attacks) as part of their professional education and the Environmental Health & Radiation Safety 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 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](#).)

All Emergency Decon Team members are trained to provide decontamination through required HAZWOPER operations level class and annual continuing education.

#### Inpatient and ED Patient Management

Different emergency situations or types of disasters require different patient management strategies. ([See Annex "A" Code Yellow](#).)

#### Special Needs Populations within the Medical Center

Individuals with special needs such as: hearing or sight impaired, requiring oxygen, pediatric, elderly, Non-English speaking individuals, long term dialysis patients, those with serious addictions, etc. have been considered during planning and exercises to meet the needs of all our patients. Patients having specific physical disabilities, such as amputations, coma-patients, patients with neurological conditions, orthopedic limitations, and/or spinal cord injuries shall receive special preference when conditions necessitate evacuation within the facilities or to offsite locations.



Patients who have psychiatric needs, addictions, and those requiring hemodialysis, a special diet, or oxygen are documented and will receive special considerations in the event of an emergency. Ambu bags are available for use in patients requiring oxygen and will be used in the event evacuation or a back-up oxygen supply is necessary. A listing of these and other supplies can be found in the disaster resource lists located on the Z-drive or within the resource manual located in the EHRS offices, FSB 1000.

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.

#### Mutual Aid Agreements

The UTMC has signed national and state-wide mutual aid compacts and has established mutual aid agreements with specific university departments and 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.

#### Patient Transfer to Alternate Care Site (as necessary)

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 (See **ANNEX "G" ([Environmental Health & Radiation Safety EP-08-005](#))**).

Paper patient records and bagged medications (tracked by assigned medical professional i.e. nurse/aid/pharmacy staff) shall be placed on patient's chest and be transported (and remain) with patient. 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 Environmental Health and Radiation Safety, the Director of Facilities Maintenance and UT Police (See 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).

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 Community EMS 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. In the event of a community-wide emergency, the local countywide emergency response management agency would be notified for assistance via the 9-1-1 communications network for additional resources. In addition, UT HSC staff would be urged to use their own private means of transportation to get to the alternative site.

The transfer of patient necessities (for example, medications, personal assist devices (i.e. wheelchairs, scooters, etc.) and 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.

The Incident Commander will be responsible for assigning the HICS position of Patient Tracking Officer under the Situation Unit Leader. This individual will have the responsibility of tracking patient movement internally through the institution and can provide this information when requested by family members. If a missing patient situation arises, the Patient Tracking Officer will send a detail of individuals, including HSC security, to begin a search from their last known location. Family members will be notified of the above situation occurs.

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. (EMTrack, as state-wide patient tracking system, would be utilized.)

Inter-facility communication between the organization and the alternate care site: This would be accomplished and maintained via landline telephones, MARCS radios computer interface, EMTrack, 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.

#### Patient Transfer to Off-Site Alternate Care Site (as necessary)

During a disaster (having been declared as a public health emergency under section 319 of the Public Health Service Act), the Secretary is authorized to take certain actions in addition to her regular authorities. Under section 1135 of the Social Security Act, she may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). Examples of these 1135 waivers or modifications include:

- Conditions of participation or other certification requirements
- Program participation and similar requirements
- Preapproval requirements
- Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State (this waiver is for purposes of Medicare, Medicaid, and CHIP reimbursement only – state law governs whether a non-Federal provider is authorized to provide services in the state without state licensure)
- Stark self-referral sanctions
- Performance deadlines and timetables may be adjusted (but not waived).
- Limitations on payment for health care items and services furnished to Medicare Advantage enrollees by non-network providers
- Emergency Medical Treatment and Labor Act (EMTALA) sanctions for direction or relocation or of an individual to receive a medical screening examination in an alternative location pursuant to an appropriate state emergency preparedness plan (or in the case of a public health emergency involving pandemic infectious disease, a state pandemic preparedness plan) or transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared emergency.



Once an 1135 Waiver is authorized, requests to operate under that authority or for other relief that may be possible outside the authority must be made.

In the event that UTMC must relocate to an off-site alternate care site as a result of this emergency, UTMC must request a 1135 waiver to do so via email to the CMS Regional Office at [ROCHISC@cms.hhs.gov](mailto:ROCHISC@cms.hhs.gov) with a copy to the Ohio Department of Health at [LICCERT@odh.ohio.gov](mailto:LICCERT@odh.ohio.gov).

In the event the hospital is under an approved waiver declared by the Secretary in accordance with section 1135 of the Act, UTMC will provide staffing and resources if able.

#### 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, 419-383-5292, by radio, 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.
- Community-wide events will necessitate the use of the EMTrack software for the tracking of patients.

Patients' families will be notified by hospitals using information obtained from the EMTrack system during an emergency involving a mass casualty incident via the patient tracking manager which will allow for locating victims transported to local hospitals and alternate care facilities. The hospital will address family reunification and coordinate with community partners to help locate and assist with the identification of adults and help locate adults and unaccompanied children.

### 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 levels.

During an emergency situation, the Safety and Security Officer, working with the Incident Commander and the University of Toledo Police Department, will implement contingency plans to secure the facility and areas within the facility and manage vehicular and pedestrian traffic, based on the needs of the 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. MOU's exist with surrounding law enforcement agencies. UT Police and HSC Security will coordinate security activities with community security agencies using the Computer Aided Dispatch (CAD) System and Marcs Radios.

#### Disaster Recovery

The hospital will conduct a hospitalize damage assessment, restore critical systems and essential services and return to full operations. The Hospital has established business contingency plans. 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. (See COOP plan)

The Planning Section Chief will assign the Demobilization Unit Leader. This individual will develop a plan to initiate deactivation of the Incident Command System as the magnitude of the incident decreases. The Demobilization Unit Leader will be in contact with the Resource Unit Leader to determine supply status in order to resume normal operations.

This position will also focus on working with individuals responsible for restoring critical operations associated with providing care, treatment and services when the incident has ended.

#### Emergency Operations Plan and Evaluation

The Environmental Health & Radiation Safety department assumes responsibility for coordinating the development, evaluation, and revision of the UTMC Emergency Operations Plan. To ensure that the plan is integrated with the community emergency response plan, the Emergency Preparedness Coordinator serves as chairperson of the Emergency Preparedness Task Force and is the liaison to the Hospital Council of Northwest Ohio.

The Emergency Preparedness Task Force will evaluate the UTMC 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.

#### Exercise and Testing of the EOP

Emergency preparedness drills, conducted at least twice annually, based on the HVA, will serve as a basis for continuing evaluation and modification of the overall emergency operations plan and individual contingency plans. The Environmental Health & Radiation Safety Department or taskforce chairperson will present an evaluation of the Emergency Operations Plan annually to the Health Science Campus Safety and Health Committee. These updates will also be reflected in the University of Toledo's overriding EOP.

#### Evaluation and After Action Report/Incident Action Plan(IAP)

Each exercise including real events will undergo a full evaluation and an after action report (AAR)/Incident Action Plan (IAP). These reports will be discussed at the Emergency Preparedness Taskforce meeting as well as the Safety 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, including Code Yellow response protocols 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. Many specific roles for key staff are addressed and described in the Code Yellow,
- 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.
- All administrators, directors, managers 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 (ICS 100 and 200, possibly ICS 300 and 400).
- The information and skills required to perform assigned duties during emergencies 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.
- 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. Training materials are reviewed every 2 years at a minimum and updated as needed based upon After Action Reports or opportunities for improvement.
- All on-duty employees are required to participate fully in emergency response drills in a variety of emergency situations. Drills are based on high risks defined by the annual hazard vulnerability assessment. Each drill will undergo a full evaluation of the six critical areas (communications, resources and assets, staffing, patient care activities, utilities, and safety and security) that will include an AAR and improvement plan.
- Department orientation and continuing education will include:
  1. Emergency Preparedness Drills
  2. Emergency Communications
  3. Emergency Procedures

4. Emergency Codes
  5. Managing Emergencies/Incident Command
  6. Overview of Emergency Management Plan and ICS
  7. Specific roles and responsibilities Notification systems
  8. Logistics
- Performance Standards for Emergency Management/Response
    1. Employees will be able to demonstrate basic knowledge of emergency management (EM) 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 the Integrated Healthcare Planning Team
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 The Integrated Healthcare Planning Team
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

See Emergency Preparedness/Disaster Drills 3-ring binder



#### **Appendix 4**

##### Examples of Recovery (Preparedness) Activities

See individual Action Plan of Emergency Preparedness Drills in Environmental Health and Radiation Safety (3-ring binder)

## **Appendix 5**

### UTMC Hospital Hazard Vulnerability Analysis Summary

#### Process

UTMC Emergency Preparedness Taskforce and representatives from areas with functional responsibility revisit the institutions hazard vulnerability analysis annually. Overall risk for each event is calculated based on probability, impact, and preparedness.

Full Hazard Vulnerability Analysis found in Environmental Health & Radiation Safety

## Appendix 6

### 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 a 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" (Environmental Health & Radiation Safety EP-08-001)**

- Respond based on departmental plan
- Respond based on your assignment during each Phase 0-1

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

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

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

- HazMat Respond if you have an assignment.

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

- Respond based on Watch or Warning
- Move yourself and others to safe, interior location.

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

1. Report 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.

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" (Environmental Health & Radiation Safety 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" (Environmental Health & Radiation Safety EP-08-008)**

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

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

- University Police, Maintenance and Environmental Service on alert.

Institutional Lockdown Procedures **ANNEX “K” (Environmental Health & Radiation Safety 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

Code Copper 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
- Broad Loss of IT systems

Code Violet **ANNEX “N” (Environmental Health & Radiation Safety EP-08-015)**

- Notify HSC Security of any unusual incident at 419-383-2600. If situation escalates, call 911.
- Evacuate all persons, patients and bystanders, including oneself from immediate danger and with appropriate concern for the safety of all.
- All staff members in other areas should stay away from the incident and keep patients and visitors from the location. If safe, essential medical treatment of patients will continue.

Mass Fatality Plan **ANNEX “O” Environmental Health & Radiation Safety EP-08-012)**

- Outlines care and disposition of large numbers of human remains from University of Toledo Medical Center and Clinics.
- All human remains will be treated with respect and professionalism
- Every effort must be taken to identify the bodies. As a last resort, unidentified bodies should be placed in individual niches or trenches, which is a basic human right of the surviving family members. Victims should never be buried in common graves
- All remains unless otherwise noted are to be managed using standard precautions as outlined by the blood borne pathogen plan.

Coop Plan **ANNEX “P” Environmental Health & Radiation Safety EP-08-016)**

- Development of plans, procedures, and provisions for alternate sites, personnel, resources, communications and vital records/databases.
- COOP emergency could be any event involving the loss or inaccessibility to the University of Toledo Medical Center essential services for a period of time estimated to exceed 12 hours.
- Prevent or lessen the impact that a disaster may have on the institution and the community (mitigation)
- Provide for the safety of employees, customers and visitors while
- Ensure minimal loss of vital records or data should a business interruption occur
- Provide advanced information and education for UTMC employees regarding their roles and responsibilities following a department emergency declaration

## **Appendix 7**

### Emergency use of Volunteer Practitioners

When the Emergency Operations Plan has been activated in response to a disaster or emergency incident and the hospital is unable to meet immediate patient needs, the hospital may assign disaster responsibility to volunteer practitioners.

#### Activation of Volunteer Management Plan.

In accordance with the Emergency Operations Plan the hospital will activate the Hospital Incident Command System (HICS) in response to a variety of incidents through an all hazards approach.

The hospital will utilize its current identification card system to identify and designate volunteer practitioners from other staff positions.

Volunteer practitioners will be controlled and regulated through members of the incident command structure and will be directly supervised by competent staff members in order to evaluate their performance.

Primary Source Verification of licensure, certification or registration (if required by law and regulation to practice a profession) begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization.

**Note:** In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (for example, no means of communication or lack of resources), it is expected that it be done as soon as possible. In this extraordinary circumstance, there must be documentation of the following: why primary source verification could not be performed in the required time frame; evidence of a demonstrated ability to continue to provide adequate care, treatment, and services, and an attempt to rectify the situation as soon as possible. Primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

#### Outline of Process: (See also Medical Staff Bylaws)

1. Upon activation of the Emergency Operations Plan the HICS will be activated based on the requirements of the emergency situation.
2. The Planning Section Chief as assigned by the Incident Commander will appoint a Resource Unit Leader whose responsibility is to track human and material resources.

Individuals from the Volunteers' Office, Human Resources, or Medical Staff Office as appropriate would be placed under this position based on their specialty and the requirements of the emergency incident.

3. If the volunteer becomes a paid employee for the services they provided, Human Resources will be responsible for their file completion. The medical staff office would be responsible for files on those requiring credentialing as clinical associates, medical staff, etc. The Volunteer Office works in conjunction with Human Resources and the Medical Staff Office as appropriate to complete the file.
4. The appropriate office would collect photo government issued I.D., as well as one of the following: current license, certification or registration, primary source verification if systems are working, identification indicating that the individual is a member of a disaster team, identification that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances by a federal, state, or municipal authority, or identification by current organization that the member possesses personal knowledge regarding the volunteer practitioners qualifications.

**Appendix 8 - 96-hour Chart (Facilities Maintenance)**

Consumable Supply Operational Impact Chart Reference Page		
Ref: #	Item	Explanation of Color Coding Timelines
1	Fuel Oil #1	Steam plant is gas-fired which provides all building heat/hot water.
2	Gasoline (Vehicles)	No operational impact on building operations.
3	Natural Gas	Lose all steam, heat and hot water. Fuel Oil can be used to manually operate the boilers during a loss of natural gas.
4	Potable Water	Water hauling service can provide emergency water supply. Use of personal hygiene wipes for bathing will be utilized when necessary.
5	Oxygen	Portable oxygen tanks located in the DH dock tan storage room can provide temporary service. Regional asset also exists for oxygen requests.
6	Medical Air	System is redundant with multiple pumps/ portable tanks.
7	Nitrous Oxide	Portable Tanks can be utilized in an emergency.
8	Nitrogen	Portable Tanks can be utilized in an emergency. Reference Items 5 through 8 Source: Melissa Kukiela - Director of Respiratory Care.
9	Nutrition Supplies	Five day food supply in stock. No building operational impact. Source: Josh Krupinski – Director of Operations Dining & Clinical Nutrition, Food And Nutritional Services.
10	Pharmaceutical Supplies	Three day supply in stock with no operational impact. Source: Russ Smith - Director of Pharmacy
11	IV Solutions	Three day supply in stock with no operational impact. Source: Russ Smith - Director of Pharmacy
12	Pharmaceutical Medications	Three day supply in stock with no operational impact. Source: Russ Smith - Director of Pharmacy
13	General Patient Supplies	Three day supply with no operational impact. Source: Jen Pastorek - Manager of Distribution Services.
14	Surgical Supplies	Three day supply with no operational impact. Source: Jen Pastorek - Manager of Distribution Services.
15	Central Sterile Supplies	Two day supply with no operational impact. Source: Chris Lehnert - Supervisor of Sterile Processing.
16	Central Sterile Steam Loss	Loss of steam/ One day for surgical sterilized equipment. Source: Chris Lehnert - Supervisor of sterile processing.



## Consumable Supply Operational Impact Chart

### Hours After Emergency Occurs

Reference Number/Item	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72	76	80	84	88	92	96
1 Fuel Oil #1																								
2 Gasoline (Vehicles)																								
3 Natural Gas																								
4 Potable Water																								
5 Oxygen																								
6 Medical Air																								
7 Nitrous Oxide																								
8 Nitrogen																								
9 Nutrition Supplies																								
10 Pharmaceutical Supplies																								
11 IV Solutions																								
12 Pharmaceutical Medications																								
13 General Patient Supplies																								
14 Surgical Supplies																								
15 Central Sterile Supplies																								
16 Central Sterile Steam loss																								

### Key to Color Chart

**Green:** Indicates that all patient, staff and visitor services can continue without any discernible impact or change.

**Yellow:** Indicates that selected patient, staff or visitor services may be revised or terminated. It is likely that elective surgeries may be affected and that some or all outpatient services may be temporarily terminated. Some conservation services may be required by affected staff and patients. Visitors and visitor hours may be affected.

**Red:** All incoming patients and visitors will be denied admission to the hospital. All but the most critical life saving procedures will be discontinued. Inpatients will be transferred to other hospital facilities according to need and critical status.

**Utility Failure Operational Impact Reference Chart**

Ref: #	Event	Explanation of Color Coding Timelines
1	Normal Power Failure	Redundant grid system/ emergency generator backup.
2	Emergency Power Failure	Portable generators brought in from outside service provider.
3	Entire Loss of Water Pressure	Water trucked in from outside service provider.
4	Loss of Steam Generation	Loss of steam would have an operational impact on building hot water Additionally sterile processing would be impacted due to the inability to the inability to sterilize surgical equipment and supplies
5	Loss of Natural Gas	Lose all steam, heat and hot water. Fuel Oil can be used to manually operate the boilers during a loss of natural gas.
6	Chiller Failure	Redundant Chillers in place. IT may be affected.
7	Major Air Handler Failure	Operating Rooms may need to be redirected to a different building/room usage. Redundant fans.
8	Failure of Sewage System	All but critical procedures would be compromised. Disposable commodes could be used in an emergency situation.
9	Sump Pump Failure	Gas driven pumps would be secured and used.
10	Loss of Medical Vacuum	Portable in house vacuum pumps would be utilized as needed.
11	Telephone Switch Failure	No operational impact. System is on battery and generator backup.



### Utility Failure Operational Impact Chart

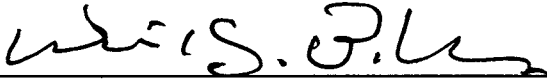
Ref. #	Hours After Utility Failure	8	12	18	24	30	36	42	48	54	60	66	72	84	90	96
1	Normal Power Failure															
2	Emergency Power Failure															
3	Entire Loss of Water Pressure															
4	Loss of Steam Generation															
5	Loss of Natural Gas															
6	Chiller Failure															
7	Major Air Handler Failure															
8	Failure of Sewage System															
9	Sump Pump Failure															
10	Loss of Medical Vacuum															
11	Telephone Switch Failure															

#### Key to Color Chart:

**Green:** Indicates that all patient, staff and visitor services can continue without any discernible impact or change.

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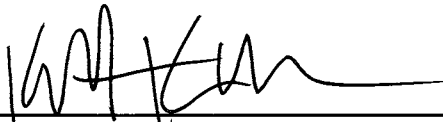
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Chief Nursing Officer