

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

EMERGENCY PROCEDURES MANUAL

Emergency Telephone Numbers

<i>Fire/Smoke (Dr. Red)</i>	21211
<i>Cardiac Arrest (Code 99)</i>	24000
<i>Medical Emergency -- Not in Healthcare Area</i>	9-911
<i>Mercury Spill</i>	22643
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<i>Language Assistance</i>	70415
<i>Healthcare Epidemiology</i>	23192
<i>Employee Health Center</i>	79500
<i>Poison Center (Off-Campus)</i>	1-800-764-7661
<i>Poison Center (On-Campus)</i>	9-800-764-7661
<i>Health & Safety Services</i>	24191*
<i>Chemical Spill</i>	21781*
<i>Radioactive Material Incident</i>	22279*

* After normal business hours (8:00 a.m. - 5:00 p.m.) contact the University PBX Telephone Operator (Dial "0") for On-call person.

Introduction

KEEP THIS MANUAL IN A VISIBLE LOCATION SO IT IS READILY ACCESSIBLE

This manual is designed to outline those procedures and precautions to follow which will minimize the possibility of personal injury or extensive property damage due to unforeseen occurrences.

UTMB places high value on the safety and welfare of its employees, faculty, staff, students, patients and visitors. Anyone wishing more information regarding emergency procedures, or to report safety issues, should contact The University of Texas Medical Branch, Health and Safety Services at **24191**.

The University of Texas Medical Branch will be referred to as "UTMB" throughout the manual.

Be familiar with the information contained within this Emergency Manual. More information about specific emergencies may be found in the UTMB Policies and Procedures Handbook, or from your supervisor.

This manual was developed and approved by the Environment of Care Committee.

Biohazardous Waste

(Medical Waste)

What is Biohazardous Waste?

Microbiological waste (specimens, etc)

Pathological waste (human tissue, etc.)

Bulk human blood and blood products

- Items saturated with blood or bloody body fluids
- Items which are dry and if become wet would drip blood or bloody body fluids

Sharps containers

Red Bags Used Only For Medical Waste

Examples:

- **Red Bagged:** dressings saturated with blood, paper towels used to clean up large amounts of blood, pleurovacs, suction canister liners, dialysis circuits chemotherapy or any waste required to be 'red bagged' in disease specific procedures
- **Not Red Bagged:** cotton balls, gloves, paper wrappings, isolation waste, disposable speculums, diapers, food containers, wound dressings (unless saturated)

Blood/Body Fluid Exposures

Occupational Exposures to Bloodborne Pathogens

An occupational exposure requiring monitoring is defined as:

Percutaneous injury (e.g. needlestick, laceration with a sharp object)

Contact of mucous membranes or ocular membranes

Contact of non-intact skin (e.g. skin that is chapped, abraded)

Contact with intact skin that is prolonged or involves an extensive area with:

Blood or other potentially infectious fluid (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

For ALL occupational exposures to bloodborne pathogens:

Wash the area immediately with soap and water (preferable to cleanse first with povidone-iodine, chlorhexidine or 70% isopropyl alcohol)

If splashed in the eyes, mouth or nose, have them properly flooded or irrigated

Notify supervisor as soon as possible

Fill out Employee Injury/Incident Statement

Call Employee Health Center (79500 or 79522) for information regarding blood and/or body fluid exposure management

An occupational exposure requiring the initiation of chemoprophylaxis is defined as:

Percutaneous injury (e.g. needlestick, laceration with a sharp object) with blood or body fluids visibly contaminated with blood and unfixed tissues

For occupational exposures requiring chemoprophylaxis:

Notify supervisor IMMEDIATELY

For medical care you need to IMMEDIATELY do one of the following:

If it is 8:00 a.m. - 4:30 p.m., Monday - Friday, go to or call Employee Health Center

79522

If the Employee Health Center is closed, go to the Emergency Department for care. For questions after hours call Healthcare Hotline at 1-800-269-8478

For off-site clinics (Correctional Managed Care, OB-GYN, and PCOC) employees, refer to your agency specific policy for instructions.

Blood Spills on Environmental Surfaces

To clean blood spills:

Gloves shall be worn.

The blood shall be thoroughly wiped up using disposable absorbent material (i.e., paper towels) which are then discarded as biohazardous waste.

An EPA-registered tuberculocidal (hospital-grade) disinfectant shall then be applied to the area of the spill.

Double gloves shall be worn to clean up spills if glass is present. Forceps shall be used to pick up any sharp objects such as broken glass before the fluid is wiped up. Glass shall be placed in a puncture-resistant (sharps) container. The disinfectant is then applied to the area.

Bomb Threat

If you receive a telephone bomb threat....

Do not hang up.

Remain calm.

Try to prolong the conversation and get as much information as possible.

Note what you hear. Are there background noises, such as music, voices, or cars?

How does the caller's voice sound? Any accent? What sex? What age? Any unusual words or phrases?

Does the caller seem to know about UTMB? How is the bomb location described? Does the caller use a person's name? Does the caller give his/her name?

When the call is over, complete the Bomb Threat Report immediately.

Then dial **21111** and report a bomb threat. Give the police dispatcher all the information you collected on the checklist. Identify yourself - give your name, phone number, department, building and room number.

After this is done, notify your supervisor immediately. Then stand by for further instructions.

If it is deemed necessary to evacuate, you will be notified by your supervisor or the overhead paging system. Evacuate via the primary route for your area, or by the alternate route if so directed.

If you discover a bomb or suspicious item.....

Leave it untouched and secure area until Police arrives.

Go to a telephone. Call **21111** and report a suspicious item. You may be asked to assist in a search, because you are familiar with the area.

If so directed, evacuate your area. See your departmental Evacuation Plan.

BOMB THREAT CHECKLIST

The following is a check list to be utilized by an operator or person receiving a call which threatens the safety or security of UTMB or any employee.

POINTS TO REMEMBER:

1. Keep caller talking
2. Write down the message in its entirety on the reverse side
3. Do not interrupt
4. Notify extension 21111 immediately
5. Ask caller to speak louder, slower, etc.
6. Do not repeat or tell co-workers of the threat
7. Ask them to repeat.

CHECK LIST: (Complete all possible items immediately following the call)

Caller's Identity: (If known)

Name: _____ Telephone: _____

Address: _____

Organization: _____

SEX: Male Female

AGE: Adult Child

BOMB FACTS:

When will it go off _____

Building: _____

Exact location: _____

Other: _____

CALL: Local Long Distance Unknown

VOICE CHARACTERISTICS:

TO NE

- Loud
- Soft
- High Pitch
- Low Pitch
- Raspy
- Pleasant

ACCENT

- Local
- Not Local
- Foreign
- Caucasian
- Black
- Hispanic

SPEECH

- Fast
- Slow
- Distinct
- Distorted
- Stutter
- Nasal

MANNER

- Calm
- Angry
- Coherent
- Incoherent
- Righteous

- Slurred
- Lisp
- Disguised

- Poor Grammar
- Well Spoken
- Taped
- Message Read

LANGUAGE

- Excellent
- Good
- Fair
- Poor
- Cursing

- Emotional
- Rational
- Irrational
- Deliberate
- Laughing

BACKGROUND NOISES:

- Office machines
- Factory Machines
- Bedlam
- Music
- Other

- Airplanes
- Trains
- Voices
- Cellular Phone

- PA System
- Radios (CB/Police)
- Party
- Static

- Animals
- Quiet
- Street Traffic
- Mixed

Cardiac Arrest - Code 99

If you discover someone who has suffered cardiac or respiratory arrest, (they are unconscious and do not appear to be breathing) you should:

1. Note the time.
2. Summon help while remaining at the person's side. Shout or yell if necessary.
3. Send someone to call the paging operator. If you are alone, do it yourself. Dial **24400**, and tell the paging operator, "**Code 99**" and where you are - department, floor number, room number, or the exact location.
4. Begin cardiopulmonary resuscitation if you know how, and continue CPR until the Code Team arrives and takes over.
5. If you are not in a healthcare facility that has immediate Code Team Response capabilities, activate your local EMS by dialing **911**. If you are on UTMB campus, but not in an area that has Code Team Response capabilities, dial **9-911**.

Chemical Spills and Exposures

Chemical spills include formaldehyde (formalin), gluteraldehyde (Cidex) and chemotherapeutic agents.

Personal protection is of primary importance and clean up of spills is secondary.

- Notify personnel in the immediate area that a spill or a chemical exposure has occurred.
- Evacuate nonessential personnel from area and isolate spill area.
- Attend to persons who may have been contaminated or exposed.
- Notify your supervisor and Health and Safety Services (HSS) (**21781**)*.
- Stand by to advise HSS of immediate situation. HSS will either assist staff in clean up procedures for small spills or will dispatch the on-call person or the Hazardous Spill Response Team for clean up.

**After normal business hours (8:00 a.m. - 5:00 p.m.) contact the University PBX Telephone Operator (dial "0") for On-call person.*

Emergency Shut-Off of Oxygen Zone Valves

It shall be the responsibility of the unit charge nurse to shut off the oxygen zone valves in the event of an emergency that would potentially allow oxygen to escape into the area creating a fire or explosion hazard on the unit.

Once the valve has been shut off, nursing will not make the decision to turn the valve back on. This decision will be made during normal working hours by Physical Plant and Health and Safety Services. After hours, weekends, and holidays, the decision will be made by the Galveston Fire Department and Physical Plant.

Procedure

Responsibility	Action
Charge Nurse	Makes an assessment of the risk presented by the problem (i.e., risk of fire or explosion) to the patient. If necessary, consults with faculty anesthesiologist or ICE attending physician.
Charge Nurse	Provides for patient oxygen needs as appropriate
Charge Nurse	If danger of fire or explosion is imminent, shuts off the oxygen zone valve immediately. If danger of fire or explosion is not imminent, consults with Pulmonary Care Services, the Fire Department, Health and Safety Services, and Physical Plant.
Charge Nurse	Communicates shut off of oxygen on unit to Physical Plant, Pulmonary Care Services, Health and Safety Services, and Nursing Service Director or designee.
Charge Nurse	Prepares patients for evacuation if indicated.
Nursing Service Director, or designee	Calls the Galveston Fire Department and gives the following information: Name and title The oxygen zone valve that was shut off Building Floor/unit Time

External Disaster - Code E-D

A Code E-D is called whenever the Emergency Department determines that the number of injured patients enroute to UTMB's Emergency Department will overwhelm the normal capabilities of the Department and that additional personnel and resources will be needed to handle the patients appropriately. The decision to call a "Code E-D" will be the responsibility of the on-duty Trauma Surgeon in the Emergency Department. Specific staff assignments are in accordance with the External Disaster – Code E-D Plan developed and maintained by the Emergency Department. The following definitions will be used:

Definitions

Code E-D: Any emergency situation during which the Emergency Department can expect to receive 20 or more victims at once.

Staff Assignments

"Where Do I GO?"

E-D Faculty Physician in Charge	Primary triage physician.
E-D Trauma Surgeon on Duty	Manage the medical care in the Trauma Area in accordance with the External Disaster Plan – <i>Will make initial decision to request a "Code E-D"</i>
E-D Charge Nurse	Makes all Code E-D staff assignments and notifications. Assigns a Staff Resources Staging Officer
Staff Resources Staging Officer	Assigned by E-D Charge Nurse to be responsible for assigning and directing responding staff to assignments in the Emergency Department
Attending Physicians, House Staff, Medical Students	Report to their pre-assigned areas in accordance with the External Disaster Plan. If not assigned, report to the Staff Resources Staging Officer in Staff Staging Area in Emergency Department.
Nursing Staff, HTAs, and Hospital Ancillary Staff	Report to their pre-assigned areas in accordance with the External Disaster Plan. If not assigned, report to the Staff Resources Staging Officer in Staff Staging Area in Emergency Department.
Patient Transportation and Environmental Services Staff	Report to their pre-assigned areas in accordance with the External Disaster Plan. If not assigned, report to the Staff Resources Staging Officer in Staff Staging Area in Emergency Department.
All other hospital staff	Refer to departmental External Disaster Plan.

Code E-D Command Center

"Who's In Charge?"

Location	Operations Center in the Emergency Room (Dispatch Center)
Person in Charge	Emergency Department Medical Co-Director

DO NOT CALL EMERGENCY DEPARTMENT DURING A CODE E-D – FOLLOW THE ESTABLISHED EXTERNAL DISASTER PLAN. IF PRE-ASSIGNED, REPORT TO STAFF STAGING AREA.

CALLS FOR ADDITIONAL ASSISTANCE WILL BE MADE BY THE EMERGENCY DEPARTMENT.

External Disaster: Hurricane

Preparation is the key to surviving a hurricane. You need to know what your responsibility will be as outlined in the Institutional and Departmental plans. Posting of a "hurricane watch" by the Hurricane Center means a hurricane may strike in 24 - 48 hours. A "hurricane warning" is issued if a hurricane is expected to strike within 24 hours. Many times one or more tornadoes may accompany a hurricane. Remember storm surge, flash floods and tornadoes are the most potent killers associated with a hurricane.

Stay at your assigned area. Follow your assigned plan. Stay away from windows and glass. Test emergency communications, (i.e. the orange phones or short wave radios). Notify Physical Plant of windows/doors that need securing in your area.

If you are on duty during a hurricane watch:

- Follow your assigned plan. Do everything possible to protect patients, other employees, and yourself.
- Protect all University property.
- Do not open windows or outside doors.
- Do not go outside.
- Call _____ for assistance if necessary. In the event that vital services, (i.e. electricity, medical gases) are lost, evacuation of the patients may be necessary. Report any problems or potential problems with vital services to Physical Plant (**21586**).
- Maintain emergency communications (orange phones, two way radios, and runners). Do not use candles or any open flame for lighting.

After the hurricane is over and the "all clear" is given:

- Follow your assigned plan.
- Check for injuries of patients and other employees.
- Call _____ for assistance if necessary.
- In conjunction with your Manager, make a complete report of damages to your area.
- Do not go to another area or building unless it has been declared open and safe. All buildings and grounds will be inspected by Facilities Planning for determination of the repair work needed.

The Institutional Emergency Preparedness Officer will direct all activities/communications through your area Manager.

External Disaster: Hurricane

Nursing Units

Stay at your assigned area. Staffing plans/schedules will continue in effect during this phase of preparedness. Communicate unit needs for patient care supplies/equipment with your Nurse Manager. Notify Physical Plant of windows/doors that need securing in your area. When off-duty, prepare your home by boarding your doors and windows, and obtain supplies such as food, water, candles, batteries. Put gas in your vehicles.

Communicate with your Nurse Manager about status of disaster plan. The University, in conjunction with the City Manager, will determine the need to go on "essential status". If essential, prepare to report to duty. Bring personal supplies, such as linens, hygiene needs, and clothing with you. Prepare for a 4 - 5 day stay. If you are E3, your manager will release you from duty once approved by UTMB administration. Stay in touch with the news and status of the hurricane.

Housing assignments will be made by an area representative. Food will be provided by UTMB. Twelve hour shifts will be in effect during the hurricane. Essential patient care functions will continue as usual. Notify your manager of any problems or potential problems. The emergency phone system/short-wave radios should be used only for patient care needs or emergencies. Stay in your assigned work or housing areas.

When evacuation is needed:

When it becomes necessary to evacuate the Neonatal Nurseries, due to any emergency, such as fire, bomb threat or hurricane, the Nursing Supervisor will be notified to acquire additional aid in transporting neonates to either the Towers 3A and B or to the OR Holding unit for further triage. If the evacuation is after 1700 or on a weekend, notify Campus Police to open the doors to the units on Towers 3. Neonates requiring the least technological support, (i.e., term infants in cribs) will be evacuated first to speed the evacuation process. Technology dependent neonates will be evacuated with one person maintaining respiration and second person monitoring the neonate. Medical records will accompany each patient.

After the hurricane is over and the "all clear" is given:

Your area Nurse Manager will release you from duty if you are E1 or E2 status. If you are E3 status, report to your manager as soon as possible for assignment.

IN CASE OF FIRE - (Dr. Red)

RESCUE

PATIENTS AND OTHERS
FROM IMMEDIATE
DANGER

ALARM

BY PULLING THE NEAREST
FIRE ALARM PULL BOX
AND CALLING 21211

CONTAIN

FIRE BY CLOSING ALL
DOORS AND WINDOWS
AND KEEPING HALLWAY
FIRE DOORS CLOSED

EXTINGUISH

IF THE FIRE IS SMALL,
FIGHT IT BY USING THE
PROPER EXTINGUISHER

EVACUATE

BEGIN EVACUATION OF
PATIENTS, RECORDS,
MEDICATIONS, AND
EQUIPMENT

Medical Equipment Failure

How do you know equipment is safe to use?

- It has a green electrical safety tag which is not expired
- If the sticker is out of date, staff must call **Clinical Equipment Services (CES) at 409-747-6143 or (76143)**
- Equipment must have preventive maintenance and a repair history
- If you do not know who does PM and repair, check with your manager

What do you do when equipment does not work?

- Complete a "Remove from Service" tag, attach to equipment, and call the appropriate service representative
- Service representative will let area know if equipment is defective, or if "user error" was the cause. User error is often due to poor design, poor labeling or poor instructions. This lets UTMB work with the manufacturer on problems
- Additional staff education may be needed

What do you do when a patient sustains an injury, illness, extended length of stay, or death (or could have) and a device is involved? Who reports for UTMB under the Safe Medical Device Act (SMDA)?

- Handle as if the equipment didn't work (above)
- Complete an occurrence report and mail to Risk Management (RM)
- Depending on severity of event, Call RM (**24775**) and **Clinical Equipment Services (747-6143)**
- CES will assess the equipment; RM will interview staff and prepare a report
- The Chairman of Quality of Care determines if UTMB will submit a report to the FDA or manufacturer under the SMDA

Safe Medical Device Act (SMDA)

A **Medical Device** includes nearly all the products used for patient care, except drugs and biologicals. A **Medical Device** can range from something as simple as suture material to something as sophisticated as advanced electronic equipment.

Criteria for a Reportable Medical Device Incident

The medical device must be a contributor or cause of an event

The event must be a serious illness, injury or death, as described by one or more of the following:

Life threatening

Results in permanent impairment of a body function or permanent damage to a body structure

Necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.

SMDA Incident Reporting

- Immediately notify the attending physician, Risk Management (**24775**) and your supervisor
- The attending physician will examine the patient
- Secure and isolate the device, including any associated disposable items
- After contacting Risk Management, complete an incident report
- Forward the incident report to Risk Management
- Risk Management will initiate an investigation

Mercury Spills

If any item containing mercury is broken:

- Do not walk through the spill.
- Cover the spill with wet paper towels to prevent spread.
- If in a patient's room, remove the patient until the mercury is cleaned up.

To have a mercury spill cleaned up call Environmental Services (22643 from 7:00 a.m. - midnight. After midnight page 643-9174). Inform them that this is a mercury spill.

Disposing of mercury containing equipment.

To dispose of an item containing mercury, e.g. unbroken thermometers, sphygmomanometers, etc.:

- Place the item in a clean plastic bag. **Do not use a red bag for mercury disposal.**
- Complete a "Chemical Transfer Form"
- Contact Health and Safety Services (21781)* for a pick up, or to obtain Chemical Transfer Forms.

* *After normal business hours (8:00 a.m. - 5:00 p.m.) contact the University PBX Telephone Operator (dial "0") for On-call person.*

Power Failure

Loss of Normal Electrical Power

UTMB will automatically transfer, within ten seconds, to the emergency power system.

Emergency power is supplied to:

Operating Rooms
Emergency Rooms
Recovery Rooms
Delivery Rooms
Intensive Care Units
Medical Air & Vacuum

Corridors/Exits
Communication Center
Limited Lighting (fixtures with red dots)
Red Electrical Outlets
Selected Equipment
Selected Elevators

Due to existing code requirements and the limited capacity of the emergency power system, only equipment and utilities necessary for critical care, life safety, and life support purposes can be connected to the emergency power network. All elevators will be brought to their home floor and passengers let off.

Red electrical outlet covers indicate emergency power.

Red dots on switch plates indicate emergency lighting.

Take Action

1. Periodically check that all life support and critical care equipment is plugged into the red electrical outlet. When a power failure does occur, check all patients on life support equipment and connect additional equipment that is necessary (using only approved extension cords).
2. Call Physical Plant **21586** to report details of power outage.
3. Turn off all unnecessary electrical equipment, if you aren't sure it is off, unplug the equipment.
4. Should another emergency accompany power loss (e.g., fire, explosion), follow procedures for both emergencies.
5. Remain in your area if the power loss is not accompanied by another emergency and await further instructions.
6. Staff should remain calm. Locate flashlights and batteries. Continue routine work duties, where possible. Wait for instructions from either charge nurse or team leader.

Radioactive Material Incidents

In Clinical Laboratories

Radioactive material spills may be classified into two general categories, either minor or major.

Minor Spill

A minor spill is one in which the extent of the contamination is limited to small laboratory surfaces or equipment. During the course of the spill contamination is not spread either internally or externally to personnel. The radionuclide spilled is not such that the spill results in excessive external exposure to personnel. Control and cleanup of the spill does not result in serious delays in normal work procedures. In the event that a minor spill occurs in your area the following steps should be taken:

1. Notify all individuals in the area that a spill has occurred.
2. Cover the area of the spill with absorbent paper. Disposable pads or paper towels are excellent absorbers.
3. Disposable gloves must always be worn while cleaning up a spill. Change these gloves often. This will help eliminate internal or external contamination of you and others.
4. Using the absorbent material, carefully soak up any remaining liquid and dispose of the papers as radioactive waste.
5. Using a survey meter, check the area around the spill, and your hands and clothing for contamination. For spills of low energy beta emitters, such as H-3 or C-14, a wipe test will need to be performed in order to determine the presence of contamination.
6. Perform decontamination if necessary and perform follow up wipes to ensure that the area is clean. All materials used in the clean up are to be disposed of as radioactive waste.
7. Report the incident to Radiation Safety (22279)*.

Major Spill

A major spill is one in which contamination of large laboratory areas occurs, internal or external contamination of laboratory personnel occurs, the radionuclide spilled is such that excessive external exposure to personnel occurs, and/or serious delays in normal work procedures are a result. The following steps should be taken in the event of a major spill:

1. Inform all individuals not involved in the spill to vacate the area.
2. Cover the spill with absorbent pads but do not attempt to clean up.
3. In order to prevent further spread of contamination: confine the movement of any contaminated individuals. Also, prevent individuals not involved in the spill from entering the area.
4. Notify Radiation Safety of the spill (22279)* and they will evaluate the situation and provide technical assistance for clean up of the spill.
5. If external decontamination of an individual is necessary, flush the area with water and wash using a mild soap and lukewarm water. Scrubbing vigorously is not necessary and may result in damage to the excellent barrier the skin provides.

With either type of spill, please remember that it does not take much to spread contamination. It can be tracked around on the bottoms of shoes, by the movement of contaminated containers, handling tools, and gloves. Depending on the form of the material, it can actually travel on wind currents. Improper cleaning techniques may also result in the spread of contamination.

** After normal business hours (8:00 a.m. - 5:00 p.m.) contact the University PBX Telephone Operator (dial "0") for On-call person.*

Radioactive Material Incidents

Patient Care Areas

Patients Receiving Therapeutic Amounts of Radionuclides

If an area is suspected to be contaminated due to the patient's blood or body fluids that contain radioactive material, the following guidelines should be followed:

1. Contact Nuclear Medicine or the Radiation Safety Office. Refer to the Nurses' Instruction Sheet in the patient's chart for appropriate phone numbers.
2. Mark off the entire area of potential contamination. This must be done to prevent further spread of personnel contamination.
3. Ensure that personnel inside the area or those who have entered the area remain for monitoring. Do not allow individuals to move about the hospital.
4. Use absorbent material such as paper towels or diaper to contain the spill and prevent further contamination. Do not remove the materials until Radiation Safety or Nuclear Medicine arrives.

If an individual suspects that his or her skin or clothing has become contaminated with radioactive material, the following guidelines should be followed:

1. Contact Nuclear Medicine or Radiation Safety Office. Refer to Nurses' Instruction Sheet in the patient's chart for appropriate phone numbers.
2. Have the individual remain in the area near the patient's room. Do not allow the individual to move about the hospital.
3. If the individual's hands have become contaminated, have them wash them immediately with soap and water.

Patients Undergoing Brachytherapy

1. If the patient dies or requires emergency surgery, refer to Nurses' Instruction Sheet in the patient's chart for emergency phone numbers.
2. If a source becomes dislodged, using long-handled tongs or forceps, quickly place source in the shield provided, then refer to Nurses' Instruction Sheet for emergency phone numbers.
3. If the patient must be moved due to fire or other emergency, follow the standard evacuation procedures with the exception that these patients must remain at least six feet from other patients and staff once relocated.

Severe Weather Plan

Definitions

- Severe thunderstorm watch: Issued when conditions are right for severe thunderstorms. Be alert for changing conditions.
- Severe thunderstorm warning: Issued by the national weather service when storms with strong winds, rain, and hail are expected in the area. A severe thunderstorm warning may last for up to one hour.
- Tornado watch: Issued when weather conditions exist that could produce a tornado. A tornado watch may last for several hours.
- Tornado warning: Issued when a tornado has actually been sighted and is threatening the community. At this time emergency messages are broadcast by the media. A tornado warning usually lasts for thirty minutes or less.

Severe thunderstorm warning, tornado watch or tornado warning

- Individuals who receive the weather statement call for their specific department must notify the manager on duty and contact those designated.
- Employees must be prepared to move all individuals to a safe area per the departmental plan and move unsecured equipment and hazardous chemicals to a safe area (if time allows).
- A damage assessment team will be formed to assess all damage from the tornado and determine priority of repair work needed.
- Structure damage (area involved, type, and extent of damage) is reported by the manager on duty to Physical Plant and Facilities Planning by phone, if possible. If phone service is interrupted, a verbal message is taken to the Communication Center.
- Depending upon the extent of damage and number of injuries it may be necessary to implement the External Disaster Plan.

Flooding

- Low level areas of the island and mainland are prone to flooding, both from severe rains or from storm surges related to approaching hurricanes. Those employees living in these areas should allow extra time to evacuate, since these areas are impacted sooner.
- Certain entrances of the campus buildings may be inaccessible due to flooding. Alternate access routes should be identified in departmental plans.

Telephone Failure (Main Campus)

The University of Texas Medical Branch telecommunications system is equipped to provide limited phone service to critical areas throughout the campus in the event of a significant telephone equipment failure and during scheduled telephone switch outages of the main campus telephone system. The Emergency Telephone System (ETS) will become operational, providing service to approximately 250 orange telephones located in critical patient care, business and research areas. The telephones are orange and labeled "Emergency Telephone" in both English and Spanish.

Emergency Telephone System Instructions (Orange Telephones)

1. Only the orange Emergency Telephones will be active during a system failure or a scheduled system outage.
2. Calls between Emergency Telephones may be completed by dialing five digits. The Emergency Telephones have been installed with the same numbers as the main campus telephone system. An Emergency Telephone Directory is distributed to all Emergency Telephone locations and contains a complete listing of all orange telephone and assistance numbers. Additionally, a listing of the Emergency Telephone System phone numbers can be found on the internet at the following address: <http://www.utmb.edu/is/ops/orange/emerg.htm>
3. Local calls can be completed by dialing 9+ the normal seven digit telephone number.
4. Long distance calls can be completed by dialing 8+ the normal three digit area code, then the seven digit telephone number.
5. All inbound calls will be sent directly to the orange Emergency Telephones. Those calls for numbers which do not exist in the Emergency Telephone System will be directed to the Campus Operators, who will either direct the call to an alternate number in the Emergency Switch or otherwise assist the caller.
6. The Information Services - Communication Services Recovery Team will provide the areas identified above with regular status updates in the even of a failure. Priority will be placed upon restoring full communications to critical areas.
7. The Emergency Telephone System will provide limited communications, but does not have the capacity to support the full volume and features of the primary telephone system.

Utility Systems Failures

What to expect

Heating and Air Conditioning

1. In the event that a chiller or boiler fails, Physical Plant operators will start up other chillers or boilers as needed.
2. If the demand exceeds capacity of existing chillers or boilers, Physical Plant will cut service to non-essential areas.
3. Physical Plant director, or designee, will work with the Vice President for Business Affairs and the Hospital Administrator on call to determine if and when activities should be curtailed and/or patients moved to other facilities.
4. Physical Plant and Environmental Services will work with Materials Management to provide fans to patient care areas. Physical Plant will work with Materials Management to acquire additional fans if needed.
5. In the event of power outage there will be no chilled water from our Central Plants for air conditioning.
6. Steam will be maintained by emergency power from the Central Plant.
7. In the event of a water outage we will have no steam or chilled water production from the Central Plants.
8. Administration Building air cooled chiller for 4th floor computer services will be started on emergency power.
9. Rebecca Sealy has a 200 ton water cooled chiller on emergency power that will be started.
10. Rebecca Sealy's 200 ton chiller will not run in the event we lose domestic water.

Loss of Water and/or Service

Loss of Water

Water use curtailment plans will be implemented depending on the extent and expected duration of the outage. The medical center is provided with redundant water lines so it is highly unlikely that the entire campus will be without service, unless the city as a whole is affected.

For limited outages water service can be restored by Physical Plant using temporary lines using fire hose from other building's water service or adjacent fire hydrants still in service.

For large scale (entire campus) unplanned outages:

The City of Galveston will be contacted by Physical Plant.

Marriott will furnish water for cooking. Materials Management will furnish water for patient care. Physical Plant will furnish water for sanitary purposes.

The University President can request assistance from the Governor for the National Guard to supply additional water tankers if additional water is needed beyond what can be obtained from the City of Galveston.

Loss of Sewer Service

Physical Plant will contact suppliers to deliver portable toilets in the event the outage is expected to last for more than four hours.

Water can be poured into the toilets and dump sinks to flush them if there is adequate water supplies available.

Five gallon buckets will be provided by Physical Plant to each unit to collect bedpans and urinal waste for disposal in the portable toilets.

Loss of Medical Gas and/or Medical Air

Emergency procedures should be implemented in accordance with Hospital Policy.

Each patient care building has it's own independent source of medical air and vac which is also connected to an emergency loop back-up system.

The main source of oxygen is delivered through a primary storage vessel of 11,000 gallons and a reserve system of 1500 gallons. Critical care areas such as New Born Nursery, Trauma Center, PICU, Children's Hospital, and Operating Rooms have a 20 H bottle oxygen manifold station in place as a redundant back-up. It will come on automatically if a failure occurs from the primary source.

Workplace Violence

Violent acts occurring in the workplace greatly affect the individual's feelings of safety and security while at work and may have far reaching effects. Causes of violent acts may range from robbery attempts, domestic violence carried into the workplace, or specific individuals or groups being targeted for a variety of reasons. In order to provide employees with a safe environment in which to work, UTMB will not tolerate violence or threats of violence in the workplace. These terms have been defined as follows:

- An **act of violence** includes any physical action, whether intentional, reckless, or accidental that harms or threatens the safety of another individual in the workplace.
- A **threat of violence** includes any behavior that by its very nature could be interpreted by a reasonable person as an intent to cause physical harm to another individual.
- **Workplace** includes all University facilities and off-campus locations where faculty, staff or agents are engaged in University business.

Any person experiencing or observing acts or threats of violence should call UTMB Police [21111](#). Employees should also report the event to his/her immediate supervisor or nearest member of management. Local management should reasonably attempt to ensure the safety of other employees.

To report a violent act or threat of violence	Campus Police	21111
Management Consultation	Employee Relations	28696
Psychological support after event	Employee Assistance Program	22485
Training on Workplace Violence Prevention	Employee Assistance Program	22485

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