EMERGENCY PROCEDURES MANUAL

For Main Campus Use
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.

The University of Texas Medical Branch Health will be referred to as “UTMB Health” throughout the manual. UTMB Health 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 UTMB Health, Environmental Health and Safety at 409-772-1781.

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

This manual was developed and approved by the Environment of Care Committee.
Post-Incident Evacuation

Nursing Units/Neonatal Nurseries

When it becomes necessary to evacuate due to any emergency, such as fire or bomb threat notify the Nurse Manager or Clinical Operations Administrator and request additional aid in transporting patients. Patients requiring the least technological support will be evacuated first to speed the evacuation process. Technology-dependent patients will be evacuated with one person maintaining respiration and second person monitoring the patient. Medical records will accompany each patient.
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 24000, 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 on a campus phone or 409-772-1111 from a mobile phone and notifying the dispatcher with a Code 99.

Buildings With Code Response Teams Are:
Children’s Hospital
Clinical Sciences
John Sealy Hospital
John Sealy Annex (Old John)
McCullough
Waverly Smith Pavilion
TDCJ Hospital (except the ground floor)
Emergency Department
University Hospital Clinics
If not located in one of these buildings use 911 to contact EMS first responders.
Chemical Spills and Exposures

Chemical spills may include formaldehyde (formalin), gluteraldehyde (Cidex), trichloroacetic acid (TCA) 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.
  - Flush eyes with water thoroughly or as specified by the SDS for that material.
  - Wash exposed skin with copious amounts of soap and water.
- Notify your supervisor and Environmental Health and Safety (EHS) at (409) 772-1781*.
- Stand by to advise EHS of immediate situation. EHS 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 Telephone Operator (dial “0”) for the EHS On-call person.
## IN CASE OF FIRE

| **Rescue** | Patients and others from immediate danger. |
| **Alarm** | By pulling the nearest fire alarm pull box and calling (409) 772-1211. |
| **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. 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 at (409) 747-6143.
- 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 at 24775 and Clinical Equipment Services at (409) 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.
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.
• Structural damage (area involved, type, and extent of damage) is reported by the manager on duty to The Incident Command. If phone service is interrupted, a verbal message is taken to the Command 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, either 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.
Disaster: Hurricanes

Preparation is the key to surviving a hurricane.

You are required to meet with your supervisor annually, prior to hurricane season (begins June first) to review your emergency roles. Licensed Independent Practitioners must be informed of their emergency roles and to whom they report to in an emergency in writing. Prior to hurricane season, all staff will fill out an Annual Acknowledgement Form and record that they have been informed of their emergency roles. Staff members may be assigned as Essential staff. These staff members are expected to be available for duty during disasters. The designation of Essential staff may change based on the needs of UTMB Health. For this reason, no staff member may leave their duty assignment until released by their supervisor. A change in designation to essential personnel may be made immediately by your supervisor. All staff members should be prepared in advance to remain on/or report for duty in emergencies.

- Be prepared in case “same-day decisions” are required.
- Prepare your homes in advance.
- Make arrangements for family and pets.
- Have a kit ready (medications and comfort items).
- Make sure that your vehicle and tires are in good condition.
- Update your contact information in the UTMB Health directory and with your supervisor.

Unless unavailable, the UTMB Health President will be the Incident Commander. The UTMB Health Incident Command will make a decision on hospital evacuation based on the Hurricane Severity Index and the potential for flooding. If an evacuation is necessary, students and designated non-essential staff will be released. Staff that are released are expected to maintain communications with UTMB Health so that they can return to duty when needed. Essential staff may be assigned to be members of the Incident Command, to accompany patients to alternative care sites, or other duties as required. If an evacuation is not required, staff may be required to shelter-in-place in order to provide continuous care to patients.

Stay at your assigned area. Follow your assigned departmental plan. During landfall of the storm, stay away from windows and glass. The UTMB Health Incident Command closely parallels the UTMB Health management structure so you will receive information and instructions from your normal chain of command. If for any reason, a mass notification is required, UTMB Health Alerts will be used to disseminate information using cell phone, text message, email, and telephone. Notify the Incident Command through your chain of command about any facility damage or outages.
After the hurricane is over and the “all clear” is given:

• Follow your assigned plan.
• Check for injuries of patients and other employees.
• In conjunction with your supervisor, 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 Damage Assessment Teams assigned by the Incident Command.

The UTMB Health Incident Command will direct all activities/communications through your area Manager.

**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 the Incident Command 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, and batteries. Put gas in your vehicles.

Communicate with your Nurse Manager about the activation of the Emergency Operations Plan. The UTMB Health Incident Command 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 Nonessential or Re-entry essential your manager will release you from duty once approved by the Incident Command. Maintain communications with UTMB Health in case you are called to duty.

Housing assignments will be made by the Incident Command. Food will be provided by UTMB Health. Shifts will be established by the Incident Command. If evacuation is not necessary, 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. The Incident Command will manage sleeping areas and you must remain in your assigned area so that additional staff may be called back to duty if needed for an emergency.

After the hurricane is over and the “all clear” is given, your area Nurse Manager will release you from duty if you are Essential status.
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 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 at (9) 911 or (409) 772-1111. 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 (Landline)........................................ 911
(Mobile) ................................................. (409) 772-1111

Management Consultation
Employee Relations........................................... 28696
Psychological support after event
Employee Assistance Program............................ 22485
Training on Workplace Violence Prevention
Employee Assistance Program............................ 22485
Abduction Notification – Dr. Pink

In the event of a suspected infant/child abduction event, the following actions should be implemented:

1. The staff member suspecting the abduction will notify the Campus Police immediately at 911 on a campus phone or 409-772-1111 from mobile phone. If staff are within the WIC Department, they will activate the Dr. Pink button first and then contact Campus Police.

2. The staff member will then notify the Charge Nurse who will assign a staff member to monitor doors of the nursery pediatric unit and conduct a census count. The Charge Nurse will also alert the Nurse Manager/Nursing Administrator on duty. Campus Police will respond to investigate the possibility of an abduction.

3. All nursing staff will proceed to the post-partum units for a bed-to-bed count of infants. All children in the pediatric unit will return to their designated room with parent/caregiver. Staff will determine/verify location of any patients not on the unit.

4. Campus Police and the Clinical Operations Administrator (COA) or designee will identify the abducted infant/child. Campus Police will gather the needed information to conduct an investigation and make all appropriate notifications.

5. After Campus Police have finished speaking with the parent/caregiver/family of missing infant/child they will be placed in a private room and the Director of Nursing/Nurse Manager/Nursing Administrator will notify the Department of Social Services to aid the parents/caregiver/family with any personal needs.

6. A member of the nursing staff will notify the parents/caregiver/family of the availability of pastoral care if desired for spiritual support.

7. All requests for information from outside the University will be directed through Public Affairs.

8. Campus Police will initiate an all clear when it is appropriate to do so.
Biological Wastes (Medical Waste)

Biological wastes are collected and disposed of in segregated waste streams which are identified by the collection container or the color of the bag. Please direct questions to Environmental Health and Safety (409) 772-1781.

Incineration (Yellow Bags)

Yellow bags identify “regulated medical waste” that will be treated by incineration. Yellow bag waste streams include trace amounts of chemotherapy medications (i.e., empty IV bags, gloves, tubing, etc.), non-hazardous pharmaceutical wastes, and pathological wastes consisting of animal and human body parts, tissues, fetuses, organs and human anatomical remains. The exception is syringes with needles used during chemo treatment which are disposed of in an approved leak-proof sharps container and then placed into a yellow bag for disposal.

Non-Hazardous Pharmaceutical Waste

- White containers with the blue lids are labeled “Non-Hazardous Pharmaceuticals”.
- Yellow containers (typically used for trace chemotherapy waste) may also be used for “Non-Hazardous Pharmaceuticals”.

Animal, Pathological and Microbiological Waste

- Disposal in a yellow bag.
- This category includes animal waste from animals intentionally exposed to pathogens, pathological waste (consisting of human body parts, tissues, fetuses, and human anatomical remains), trace chemotherapy wastes (empty bags, vials, gloves, masks, gowns, wipes, etc.), and microbiological waste (cultures and stock of infectious agents).

Autoclave (Red Bags)

Medical waste collected in red bags is treated by steam sterilization (industrial autoclave) and maceration with final disposal in the landfill. Waste designated include medical wastes such as blood and blood products, microbiological wastes (i.e., cultures and vaccines), body fluids, sharps, other soiled disposable medical paraphernalia (i.e., gowns, gloves, bandages, tubes, bags, etc.). These wastes are disposed of in a red bag with the exception of sharps which are required to be disposed of in an approved leak-proof, hard plastic “red” sharps container.

Human Blood, Blood Products and Sharps Containers

- Disposal in a red bag.
- This category includes bulk human blood and blood products (in concentrations greater than 100 mL) and sharps (scalpels and trocars).

Removal of Medical Waste

Environmental Services (Housekeeping) employees are responsible for picking up and transporting medical waste generated by laboratory and patient care areas to the designated sites. Medical waste must be collected in “labeled” bio-hazardous cardboard boxes. It is important to keep yellow and red bag waste in separate cardboard boxes to ensure the process of managing according to the associated hazards. All medical waste is treated and disposed.
Blood/Body Fluid Exposures and Spills

Occupational Exposures to Bloodborne Pathogens

For ALL occupational exposures to bloodborne pathogens:
• Wash the area immediately with soap and water.
• For exposure to eyes, mouth or nose flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
• Notify supervisor immediately.
• Call Employee Health Center/Student Wellness for information regarding blood and/or body fluid exposure management.

For employees on campus:
Employee Health Center (409) 747-9172
(8:00 a.m. – 4:30 p.m., Monday – Friday)

For students on campus:
Student Wellness (409) 747-9508
(8:00 a.m. – 5:00 p.m.)

After hours, weekends or holidays, report to the Emergency Department. Follow up with Employee Health/Student Wellness the next business day. The Access Center Hotline is staffed 24-hours a day, 7 days a week at 1-800-917-8906. Nurses are available to answer healthcare related questions.

Off-site clinics should follow the clinic’s specific policy for instructions. For more information, visit www.utmb.edu/policy/hcepidem/search/01-02.pdf

An occupational exposure requiring monitoring (and potentially requiring chemoprophylaxis) is defined as:
• Percutaneous injury (e.g., needle stick, laceration with a sharp object).
• Contact with mucous membranes or ocular membranes.
• Contact with 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 fluids (semen; vaginal secretions; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; bloody body fluids and unfixed tissue).

Cleanup of Blood Spills on Environmental Surfaces

• Put on gloves, cover gown, mask and eye protection. Wear double or heavy gloves to clean up spills if glass is present. Use forceps to pick up any sharp objects such as broken glass before the fluid is wiped up. Place glass in a puncture-resistant (sharps) container.
• Absorb spill with disposable absorbent material (e.g., paper towels, spill pads).
• Dispose of soiled absorbent material in regular trash unless dripping, then place in a red medical waste bag.
• Apply a hospital-grade disinfectant to the area of the spill.
Black RCRA Container

RCRA-listed waste collection must be stored in a secured, designated location, where it is generated/accumulated (e.g., nurses’ station or medication room), and the container must be kept closed. This location is where hazardous waste is stored will be referred to as a “Satellite Accumulation Area.”

- Waste containers must be in good condition and labeled with the words “hazardous waste.”
- Once the waste container is full, go online to schedule a chemical waste pick up at www.utmb.edu/bof/epm/default.asp. If you have questions contact EHS at (409) 747-0515.
- In the case of a spill of RCRA-listed hazardous pharmaceuticals, call EHS at (409) 772-1781. After hours, contact the University Telephone Operator by dialing “0” from a campus phone or (409) 772-1011. Request the EHS on-call person.

EPA’s Resource Conservation and Recovery Act (RCRA) hazardous waste determination criteria is used to classify pharmaceuticals listed in UTMB’s medication formulary. Pharmacy policy identifies RCRA medication requiring special disposal through Environmental Health and Safety.

Note: Syringes with needles used on a patient to inject RCRA labeled pharmaceuticals (i.e., insulin, vaccinations, and pain medications) shall be disposed of in the NEAREST red or blue sharps container.
What Goes in Which Box?
Disposal of Pharmaceuticals in Patient Care Areas

<table>
<thead>
<tr>
<th>RED SHARPS BOX</th>
<th>RCRA BLACK BOX</th>
<th>SEPARATE BLACK BOX - AEROSOLS</th>
<th>YELLOW OR BLUE BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>All used or uncapped needles with or without syringes.</td>
<td>All of these listed medications and their containers. Full, partially used or empty.</td>
<td>Benzocaine Spray</td>
<td>(white or clear with blue lid)</td>
</tr>
<tr>
<td>Alcohol (&gt;24% conc.)</td>
<td>Alcohol (&gt;24% conc.)</td>
<td>Benzocaine Spray</td>
<td>All other used, partially used or open medications and vials.</td>
</tr>
<tr>
<td>Alprostadil</td>
<td>Alprostadil</td>
<td></td>
<td>Place inside a yellow bag when full.</td>
</tr>
<tr>
<td>Amyl nitrate</td>
<td>Amyl nitrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzocaine Gel</td>
<td>Benzocaine Gel</td>
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<td></td>
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<tr>
<td>Bexarotene</td>
<td>Bexarotene</td>
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<tr>
<td>Chemotherapy (unused or partial)</td>
<td>Chemotherapy (unused or partial)</td>
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<tr>
<td>Coly-Myycin S Otic (drops)</td>
<td>Coly-Myycin S Otic (drops)</td>
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<tr>
<td>Cortisporin Otic (drops)</td>
<td>Cortisporin Otic (drops)</td>
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<tr>
<td>Dexamethasone</td>
<td>Dexamethasone</td>
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<td>Influenza vaccine</td>
<td>Influenza vaccine</td>
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<tr>
<td>Insulin (all types)</td>
<td>Insulin (all types)</td>
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<tr>
<td>Lindane</td>
<td>Lindane</td>
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<tr>
<td>Meningococcal vaccine</td>
<td>Meningococcal vaccine</td>
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<tr>
<td>Naftifine</td>
<td>Naftifine</td>
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<tr>
<td>Nicotine (unused patches only)</td>
<td>Nicotine (unused patches only)</td>
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<tr>
<td>Nitroglycerin (all forms)</td>
<td>Nitroglycerin (all forms)</td>
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<tr>
<td>Paregoric</td>
<td>Paregoric</td>
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<tr>
<td>Physostigmine salicylate</td>
<td>Physostigmine salicylate</td>
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<tr>
<td>Selenium (except TPN solution)</td>
<td>Selenium (except TPN solution)</td>
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<tr>
<td>Selenium sulfide</td>
<td>Selenium sulfide</td>
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<tr>
<td>Silver nitrate (Applicator Swabs)</td>
<td>Silver nitrate (Applicator Swabs)</td>
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<tr>
<td>Silver sulfadiazine</td>
<td>Silver sulfadiazine</td>
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<tr>
<td>Warfarin</td>
<td>Warfarin</td>
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</tbody>
</table>

Trace Chemo – Trace Chemotherapy (spent/empty IV bags, gloves, tubing, etc.) must go into a yellow bag/yellow box. Refer to Pharmacy Policy 7.53 Safe Handling and Spill Management Cytotoxic/Hazardous Agents.

Unused and Unopened Medication Returns
Return unopened medications to the pharmacy or place of purchase. If unable to return to the pharmacy or the place of purchase, the medication should be discarded in the appropriate container as specified above. Refer to Pharmacy Policy 7.72 Disposal of Pharmaceuticals for updates.

Attention – Dispose of unused or expired hazardous chemicals by scheduling a pickup with EHS online @ http://www.utmb.edu/bof/epm/input.asp.
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.
- Notify a co-worker of the situation and have them contact Campus Police at 911 on a campus phone or 409-772-1111 from a mobile phone. They should give the Police Dispatcher the location of the call, the extension the call was made to and the name of the person taking the call.
- Co-worker should get the Emergency Procedures Manual and open to the Bomb Threat Checklist page and hand to call receiver.
- 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 911 on a campus phone or 409-772-1111 from a mobile phone 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 arrive.
- Go to a telephone. Call 911 on a campus phone or 409-772-1111 from a mobile phone 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.
Code E-D

A Code E-D is called whenever the Emergency Department determines that the number of ill or injured patients en route to UTMB Health’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 charge nurse in consultation with the ED faculty 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 a number of patients that will overwhelm the normal capabilities of the department and will require additional resources to handle the patients appropriately.

**Staff Assignments “Where Do I GO?”**

<table>
<thead>
<tr>
<th>Role</th>
<th>Assignment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-D Faculty Physician in Charge</td>
<td>Primary Triage Physician.</td>
</tr>
<tr>
<td>E-D Trauma Surgeon on Duty</td>
<td>Manage the medical care in the Trauma Area in accordance with the External Disaster Plan.</td>
</tr>
<tr>
<td>E-D Charge Nurse</td>
<td>Makes all Code E-D staff assignments and notifications. Assigns a Staff Resources Staging Officer.</td>
</tr>
<tr>
<td>Staff Resources Staging Officer</td>
<td>Assigned to be responsible for assigning and directing responding staff to assignments in the Emergency Department.</td>
</tr>
<tr>
<td>Attending Physicians, House Staff and Medical Students</td>
<td>Report to their pre-assigned areas in accordance with the External Disaster Hospital Plan. If not assigned, report to the Staff Resources Staging Officer in Staff Staging Area in Emergency Department.</td>
</tr>
<tr>
<td>Nursing Staff, PCT, and Hospital Ancillary Staff</td>
<td>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.</td>
</tr>
<tr>
<td>Patient Transportation and Environmental Services Staff</td>
<td>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.</td>
</tr>
<tr>
<td>All other hospital staff</td>
<td>Refer to departmental External Disaster Plan.</td>
</tr>
</tbody>
</table>

**Code E-D Command Center “Who’s In Charge?”**

<table>
<thead>
<tr>
<th>Location</th>
<th>Emergency Room (usually Dispatch Center)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person in Charge</td>
<td>Usually ED Nurse Manager or designee</td>
</tr>
</tbody>
</table>

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.
Emergency Shut-Off of Oxygen Zone Valves

It shall be the responsibility of the unit CHARGE NURSE (or equivalent) 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 BOF and Environmental Health and Safety. After hours, weekends, and holidays, the decision will be made by the Galveston Fire Department and BOF.

Procedure

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Charge Nurse (or equivalent)</td>
<td>1. Assess the risk presented to patients (i.e., risk of fire or explosion).</td>
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<td></td>
<td>2. If risk to patients is imminent, then shut off the oxygen zone valve immediately and provide for patient oxygen needs as appropriate. If necessary, prepare patients for evacuation.</td>
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<td>3. If risk is not imminent, but probable, then:</td>
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<td></td>
<td>a. Consult with Respiratory Care Services, anesthesiologist or ICU attending physician to assess the needs of the patients and employ alternate oxygen provisions.</td>
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<tr>
<td></td>
<td>b. Notify Nursing Director (or designee), Environmental Health and Safety and BOF of assessed risk and jointly determine appropriate actions (i.e., shut off oxygen zone valve as soon as rapid alternative oxygen provisions have been made for patients).</td>
</tr>
<tr>
<td>Nursing Service Director (or designee)</td>
<td>Call the Fire Emergency Hot Line: 2-1211 with following information:</td>
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<tr>
<td></td>
<td>– Name and title</td>
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<tr>
<td></td>
<td>– State: “The oxygen valve has been shut off in the following area:”</td>
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<tr>
<td></td>
<td>o Building name/number</td>
</tr>
<tr>
<td></td>
<td>o Floor and unit</td>
</tr>
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<td></td>
<td>o Time action was taken</td>
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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 Operator (Dial “0”) for EHS 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.
Utility Systems Failures

Heating and Air Conditioning
1. In the event that a chiller or boiler fails, BOF operators will start up other chillers or boilers as needed.
2. If the demand exceeds capacity of existing chillers or boilers, BOF will cut service to non-essential areas.
3. BOF 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. BOF and Environmental Services will work with Materials Management to provide fans to patient care areas. BOF 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 Sewer Service
- BOF 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 are adequate water supplies available.
- Five gallon buckets will be provided by BOF 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 its own independent source of medical air and vacuum 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.

Loss of Water and/or Service
- 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 BOF 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 BOF.
  - Kitchen Staff will furnish water for cooking.
  - Materials Management will furnish water for patient care.
  - BOF 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.
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
- Corridors/Exits
- Emergency Rooms
- Communication Center
- Recovery Rooms
- Limited Lighting (fixtures with red dots)
- Delivery Rooms
- Red Electrical Outlets
- Intensive Care Units
- Selected Equipment
- Medical Air & Vacuum
- 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 light fixtures and red 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 BOF (24040) 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.
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. When the Emergency Telephone System (ETS) is operational, it will provide service to approximately 200 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. The Emergency Telephone System is always online for internal calls only. The lines connecting the system to the outside telephone company must be activated manually in order for the Orange Telephones to be able to communicate with off-campus locations.

2. The Emergency Telephone System off-campus connections will only be made active in the event of a telephone system failure or a scheduled system outage.

3. 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: https://ispace.utmb.edu/departments/PublicAffairs/Web/Emergency/EmergencyPhoneDirectory/Directory%20-%20July%202011%20-%20E%20Book.pdf

4. The Orange Emergency Telephones have been installed with the same numbers as the main campus telephone system.

5. Internal Calls (on-campus) between Orange Emergency Telephones may be completed by dialing five digits.

6. Local calls can be completed by dialing 9+ the normal seven digit telephone number (i.e. 9+xxx-xxxx).

7. Long distance calls can be completed by dialing 8+1 and the three digit area code, then the seven digit telephone number (i.e. 8+1+xxx-xxx-xxxx).

8. All inbound calls from off-campus will be sent directly to the Orange Telephones. Inbound calls not assigned to a specific Orange Telephone will automatically be redirected to the Campus Operators, who will redirect the call to an alternate number in the Emergency Telephone System or simply assist the caller.

9. The Information Services – Voice Services Team will provide the areas identified above with regular status updates in the event of a failure. Priority will be placed upon restoring full communications to critical areas.

10. The Emergency Telephone System is designed to only give limited communications during an event in which the primary UTMB Campus Telephone systems fails.

11. The Emergency Telephone Systems does not have the capacity to support the full call volume and features of the Primary Campus Telephone System.
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. Do not interrupt.
3. Ask caller to speak louder, slower, etc.
4. Ask them to repeat.
5. Write down the message in its entirety on the reverse side.
6. Notify 911 on a campus phone or 409-772-1111 from a mobile phone immediately.
7. Do not repeat or tell co-workers of the threat.

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:

MANNER
   • Calm
   • Angry
   • Coherent
   • Incoherent
   • Righteous
   • Poor Grammar
   • Well Spoken
   • Message Read
   • Taped
   • Emotional
   • Rational
   • Irrational
   • Deliberate
   • Laughing

SPEECH
   • Fast
   • Slow
   • Distinct
   • Distorted
   • Stutter
   • Nasal

ACCENT
   • Local
   • Not Local
   • Foreign
   • Ethnicity

LANGUAGE
   • Excellent
   • Good
   • Fair
   • Poor
   • Cursing

BACKGROUND NOISES:
   • Office machines
   • PA System
   • Factory Machines
   • Radios (CB/Police)
   • Bedlam
   • Party
   • Music
   • Static
   • Cursing
   • Other: _______________________

Emergency Telephone Numbers

Fire/Smoke (Dr. Red) .............................................21211
Cardiac Arrest (Code 99) ......................................24000
Medical Emergency – Not in Healthcare Area ..... 9-911
Utility Interruption/Problems.................................24040
Campus Police (Landline)........................................21111
Campus Police (Mobile) .........................(409) 772-1111
Workplace Violence ............................................21111
Language Assistance ...............................(409) 747-2121
Healthcare Epidemiology....................................23192
Employee Health Center .....................................79172
Poison Center (On-campus)...............9 (800) 222-1222
Environmental Health & Safety (EHS)...........21781*
Chemical Spill.................................................21781*
Radioactive Material Incident .....................22279*

More Safety related information can be found on the Environment of Care and the UTMB Safety Links web pages.

*After normal business hours (8:00 a.m. – 5:00 p.m.) contact the University PBX Operator (Dial “0”) for Environmental Health & Safety On-call person.