THE UNIVERSITY OF TEXAS MEDICAL BRANCH/TEXAS DEPARTMENT OF CRIMINAL JUSTICE HOSPITAL
EMERGENCY PREPAREDNESS PLAN

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<td>Allyn, Tonya</td>
<td>CMC Administrative Coordinator</td>
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<tr>
<td>Armstrong, Joseph</td>
<td>TDCJ HG - Major</td>
</tr>
<tr>
<td>Botkin, Jason</td>
<td>Environmental Services</td>
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<tr>
<td>Chapman, Karen</td>
<td>TDCJ HG Occupational/Physical Therapy</td>
</tr>
<tr>
<td>Davis, Michael</td>
<td>Clinical Asst Prof Internal Med and Cardiology</td>
</tr>
<tr>
<td>Escamilla, Belinda</td>
<td>Director Radiology Clinical Ops.</td>
</tr>
<tr>
<td>Ralph Farr</td>
<td>VP, Information Services</td>
</tr>
<tr>
<td>Gonzales, Paul</td>
<td>Facilities Operations and Management</td>
</tr>
<tr>
<td>Hicks, Bryan</td>
<td>TDCJ Clinics</td>
</tr>
<tr>
<td>Hudspeth, Monty</td>
<td>TDCJ HG - Warden</td>
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<tr>
<td>Krenek, Ron</td>
<td>Facilities Operations and Management</td>
</tr>
<tr>
<td>Kwarteng-Amaning, Veronica</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>LaBuff, Kathy</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>Lynch-Martin, Paula</td>
<td>Food &amp; Nutrition Services</td>
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<tr>
<td>Melanie Matney</td>
<td>Scheduling Manager</td>
</tr>
<tr>
<td>McKenzie, Debra</td>
<td>Administrative Manager, EHN</td>
</tr>
<tr>
<td>Mencacci, Melanie</td>
<td>Director BIC, Care Mgmt &amp; UR</td>
</tr>
<tr>
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<tr>
<td>Murray, Owen</td>
<td>VP Correctional Managed Care</td>
</tr>
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<td>Ojo, Olugbenga</td>
<td>TDCJ Medical Director</td>
</tr>
<tr>
<td>Osei-Manu, Philip</td>
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<tr>
<td>Priestley, Penny</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>Schneider, Bryan</td>
<td>Assoc. Vice President, TDCJ Hosp. &amp; Clinics</td>
</tr>
<tr>
<td>Singleton, Darrell</td>
<td>Interim, Chief of Police</td>
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<td>Thomas, Chelita</td>
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<td>Zepeda, Stephanie</td>
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<tr>
<td>Zirkle, Jennifer</td>
<td>Director Pt. Care and Asst. CNO</td>
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Patient Care Areas - Distributed to Assigned Nurse Manager 3A, 3B, 4A, 4B, 4C, 6A, 6B, 6C, 7A, 7B, 7C, 8C

Security Holding - Distributed to TDCJ Hospital Major 4B, 4C, 2B18 Control Picket
SECTION 1: EMERGENCY COMMUNICATIONS

The TDCJ Hospital will follow the UTMB Emergency Operations Plan for Emergency Communications.

The TDCJ Hospital Administrator/designee and the Warden/designee for the TDCJ Hospital are responsible for the coordination of all communications and implementation of the plan for the TDCJ Hospital.

The TDCJ Hospital is equipped with Emergency "Orange" Telephones to be used in the event of disruption of the regular telephone service. The emergency phones are powered by a different control unit and are at a different location than the regular system.

Hand-held radios routinely used in TDCJ Hospital by corrections staff may be available for use in the event of disrupted telephone service. The UTMB Emergency Operations Center (EOC) will distribute hand-held radios for use by departments, as needed. Certain hand-held radios are provided to TDCJ HG which contains the TDCJ Security frequency to enable direct communication between medical and security personnel during any emergency event. Training regarding the use of UTMB hand-held radios shall be incorporated into Emergency Preparedness Plan Training.

Satellite telephones are available in the UTMB Emergency Operations Center.

Volunteer Emergency Communications staff will operate HAM radio equipment located on the 11th floor of the John Sealy Tower.

SECTION 2: INCIDENT COMMAND SYSTEM

UTMB will employ an Incident Command System (ICS) to manage emergency conditions, in cooperation with external public service agencies. Decision makers from all responding departments will work together to provide guidance, secure necessary resources and coordinate communications internally and externally. Incident Command management provides a single recognizable focal point for emergency management that enables a team response and permits a much faster response and recovery than a fragmented approach.

The UTMB Incident Commander will assume responsibility for all aspects of managing the emergency event, including:

- Coordination of response with local agencies (fire, police)
- Directing the evacuation of patients and staff
- Notification of UTMB officials as appropriate
- Coordinating public information releases with University Advancement.

The UTMB Incident Commander will be the Institutional Emergency Preparedness Officer (IEPO) unless authority is delegated to another. If the IEPO is not present at the outset of an emergency, the Incident Commander will be the highest-ranking hospital administrative officer on site. Generally this will be the Nursing Administrator (during off-hours) or the Hospital Executive Director on call, who will be in charge until relieved.

The UTMB Incident Commander will establish an Emergency Operations Center (EOC), and will identify those persons necessary to insure a rapid response and resolution to the problem. The staff so identified is expected to respond to the Command Center and integrate their functions with the others responding to the event. The location of the EOC will ordinarily be Conference Room A, 7.134 John Sealy Annex, but may be relocated depending upon the nature of the event and the need to vacate the planned space.

A Command Post may also be established at the site of the incident (fire, flooding inside of buildings) as necessary.
In the case of emergency conditions in the TDCJ Hospital, a Joint Emergency Operations Center (JEOC) shall be established and will include the Hospital Administrator, his/her designee or the highest-ranking UTMB staff member present and the Warden, his/her designee, or the highest-ranking correctional officer on site at the time of the incident. The UTMB and TDCJ Incident Commanders will issue all decisions and communications jointly.

Whenever feasible, and safe, the JEOC will be established within the UTMB TDCJ Hospital. All communications to the nursing units and hospital personnel, to the correctional officers and security staff, and to external responders (police, fire, EMS, others) will be distributed from the JEOC. Any order to move patients or staff horizontally, vertically, or out of the facility will be issued only by the Joint Incident Commanders.

The internal command center will establish contact via telephone, radio or messenger with any Command Post established by external agencies, and with any Emergency Operations Center established by the City, County or other entity.

SECTION 3: DESIGNATION OF PERSONNEL FOR EMERGENCY CONDITIONS – Essential and Non-Essential Personnel, Process for Classification and Definition:

Each Employee will, at the time of their initial employment, and annually thereafter, completes the UTMB Emergency Preparedness Employee Acknowledgement Form. Classification as Essential or Non-Essential will be made by Department management. The Institutional Emergency Preparedness Officer reserves the right to modify the classification based on need. A change in any employee’s ability to serve as Essential must be reported to their department management and reassignment may be made.

Essential (E): Employees whose job function is essential to business, academic, research or clinical operations during times of natural or man-made disaster. In each entity or department, leadership must assure there are sufficient numbers of personnel with required skills to accomplish departmental or other functions identified as critical to operations. Essential employees may be called upon to provide services under various circumstances including internal or external emergencies and may be assigned duties on the UTMB main campus or at remote locations. Staffing assignments will be made, to the extent possible, considering unique skills and individual employee needs. UTMB emergency management officials and department management will define the number and type of material resources and personnel required to effectively prepare for respond to and recover from emergencies that confront the university.

Employees designated as Essential may be assigned to:

1. Complete preparations in advance of a known emergency such as predicted flooding or a hurricane, prior to release from work duties;
2. Remain on site during an emergency event;
3. Accompany patients to evacuation destination hospitals and may be required to provide care at the destination hospital(s);
4. Relocate to remote locations to support non-patient care activities (business, academic, research or support services);
5. Provide medical services to displaced community residents:
   a. In shelters established on Galveston Island; or
   b. In shelters established at remote locations;
6. Follow local evacuation orders and depart from campus or their primary job function, but be available to return to work as soon as requested by UTMB leadership (in advance of “all clear”);
7. Depart campus as part of a mandatory evacuation subject to return to work at the time an “all clear” notice is announced.

Non-Essential (N): Employees whose presence is not essential during a declared emergency status, but cannot leave until released by their supervisor and must return to work as usual under routine operations after emergency status has ended.
ESSENTIAL EMPLOYEES
Determination of Essential Employees for the TDCJ Hospital.

The TDCJ Hospital will remain open during all phases of Weather Emergencies, unless mandatory evacuation of patients and staff is ordered. Staffing requirements will be based on the census and acuity of the hospitalized patients at the time of a weather emergency.

- Essential personnel designation may change to ensure fair and adequate staffing. The ultimate goal is to provide nursing coverage and support staff on the nursing units with the fewest number of employees and approved dependents. The safety of our employees and their families is our highest priority while providing quality patient care.
- Essential personnel assignment is the responsibility of hospital management, who will consider dependents and individual competencies in making the assignment.
- A rotating Emergency Weather Plan Work List based on volunteers and essential employee assignments will be developed which will assure adequate and competent staff.
- UTMB policy states that all employees are considered essential until released by their supervisor.

SECTION 4: INTERNAL EMERGENCY PLAN

The Internal Emergency Plan for the TDCJ Hospital includes the following: Suspicious or Threatening Calls, Hostage Situations, and Physical Plant Building Outages. The UTMB plan is used as a basis for the TDCJ Hospital plan; additional information is added to meet the security needs of the hospital.

I. PLAN FOR SUSPICIOUS OR THREATENING CALLS

A. Any employee who receives a telephone call of a suspicious or threatening nature (e.g., a bomb threat) should do the following:
   1. Pass a note to a co-worker, instructing the co-worker to call the UTMB operator extension 21011 and TDCJ hospital 2B18 extension 26106.
   2. Tell the operator that a suspicious or threatening call has been received.
   3. Give the extension number the caller used.

B. If a co-worker is not available, the employee receiving the call should use an excuse to place the caller on hold and use another extension to notify the UTMB switchboard supervisor (ext. 21687).

C. The employee should then attempt to prolong the conversation to obtain as much information as possible by remembering to do the following:
   1. Be alert for distinguishing background noises.
   2. Remember voice characteristics.
   3. Note if the caller indicated knowledge of the hospital.

D. After losing telephone contact with the caller, the employee should notify his/her immediate supervisor, but should not advise fellow employees about the nature of the call.

E. Search activities will be conducted by The University Police together with TDCJ Security as necessary.
   1. The UTMB Operator will contact the University Police Department when the call is of a suspicious or threatening nature.
   2. TDCJ Hospital 2B18 will notify the security supervisor to prepare for search activities as necessary.

F. The decision to evacuate the entire hospital shall be made by one of the following: TDCJ Hospital Administrator/designee, Warden/designee, TDCJ Nursing Director/designee, UTMB Police, Galveston Police, or Galveston Fire Department.
FACT SHEET

Pretend difficulty with hearing; keep caller talking; if caller seems agreeable to further conversation, ask questions like:

WHEN WILL IT GO OFF? Certain Hour _____________ Time Remaining ________________
WHERE IS IT LOCATED? Building _________________ Area ________________________
WHAT KIND OF BOMB? _______________________________________________________
WHERE ARE YOU NOW? _____________________________________________________________________
HOW DO YOU KNOW SO MUCH ABOUT THE BOMB? ________________________________
WHAT IS YOUR NAME AND ADDRESS? ________________________________________________
______________________________________________________________________________

If building is occupied, inform caller that detonation could cause injury or death.

Did caller appear familiar with plan or building by his description of the bomb location? YES NO

Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

ACTION TO TAKE IMMEDIATELY AFTER CALL: Notify your supervisor/police officer as instructed. Talk to no one other than as instructed by your supervisor/police officer.
Appendix #2

CHECK LIST

Instructions: Be calm, courteous, listen, and don’t interrupt the caller.

Notify supervisor or security officer caller is on the line.

Name of person receiving call ___________________________ Time _________ Date _________

Caller’s Identity:

SEX: Male Female AGE: Adult Juvenile Approx. Age

Origin of Call:

Local_____ Long Distance_____ Booth_____ Internal (from within bldg.)_____

VOICE CHARACTERISTICS:
__LOUD ___SOFT
__HIGH PITCHED ___DEEP
__RASPY ___PLEASANT
__INTOXICATED

SPEECH CHARACTERISTICS:
__FAST ___SLOW
__DISTINCT ___DISTORTED
__STUTTER ___NASAL
__Slurred ___LISP

LANGUAGE:
__EXCELLENT ___GOOD ___LOCAL
__FAIR ___POOR ___NOT LOCAL
__FOUL ___FOREIGN ___REGION
__FOUL ___RACE ___FAIR

MANNER:
__CALM ___ANGRY ___FACTORY
__RATIONAL ___IRRATIONAL ___MACHINES
__COHERENT ___EMOTIONAL ___MUSIC
__DELIBERATE ___LAUGHING ___QUIET
__RIGHTeous ___OFFICE ___VOICES

BACKGROUND NOISE:
__FACTORy ___TRAInS
__MACHIneS ___BEDLAM
__MUSIC ___ANImALS
__QUIET ___ANIMALS
__OFFICE ___AIrPlANEs
__MIXED ___VOICES
__STREETS ___PARTY
__STREETS ___AIRPLANEs

ATMOSPHERE:
__STREETS ___TRAFFIC
II. HOSTAGE SITUATIONS INVOLVING TDCJ OFFENDER(S)

This plan applies to a hostage situation at any site on campus, if the individual(s) taking the hostage(s) are TDCJ offenders.

In the event of a hostage situation, no officers or employees shall disregard, alter, modify, or change in any manner the prescribed duties, obligations, or responsibilities of their position on demand by the offenders, or plea from the hostages, regardless of the consequences.

Employees not involved in the hostage situation but in the immediate vicinity will contact the nearest officer or 2B18 extension 26106 for instructions.

Although negotiations may occur in a hostage situation, the person(s) taking the hostage will not be released.

TDCJ may request the help of external agencies in handling the situation.

III. HOSPITAL INFORMATION SYSTEMS (COMPUTERS)

The TDCJ Hospital will follow the UTMB Plan for Hospital Information Systems downtime. Downtime forms are available on all units for use in the event of disruption of service.

IV. BUILDING PROBLEMS

Following is a listing of Facilities Maintenance services available during emergency operations. This listing has been divided into the various areas of services: Heating-Ventilation-Air Conditioning (HVAC); Electrical; Plumbing.

The information is somewhat general and specific information is available by contacting Facilities Maintenance.

A. Heating - Ventilation - Air Conditioning (HVAC)

HVAC systems will operate as normal during an emergency condition unless there is a campus electrical failure. HVAC systems are not on emergency power and will generally be inoperable if there is a general electrical failure.

B. Buildings

1. Roof leaks cannot always be repaired during a weather emergency. Facilities Maintenance will provide plastic to help cover areas or divert water from one area to another. Environmental Services should be contacted for a wet vacuum.

2. Broken glass cannot always be replaced during a weather emergency. Facilities Maintenance will provide plywood, 2 X 4's, plastic, etc., to slow down wind and rain when conditions permit.

3. Facilities Maintenance will have a minimum crew working during a weather emergency.

C. Plumbing

The following procedures will be in effect in the event that a utility interruption occurs.

1. Water

If the City of Galveston cannot maintain water to the campus:

a. Materials Management will furnish drinking water to patients.

Contact Personnel: - Ext. 23301

b. Food and Nutrition Services will supply water for their own needs such as preparation of foods, etc.

c. Facilities Maintenance will supply water in 50 gallon barrels for Health and
Sanitation reasons.

Contact Personnel: Work Control Center, Ext. 21586  
Maintenance Director, Ext. 21589  
Maintenance Manager, Ext. 78837

d. Emergency Power for Plumbing

All plumbing equipment related to patient care is on emergency power, including domestic house pumps, fire pumps, medical gases (air and vacuum pumps, oxygen, nitrogen, nitrous oxide) back-up systems for medical gases and sump pumps.

2. Natural Gas

There are two sources of natural gas on the Island. Gas is supplied to Texas Gas Service Gas Company from gas wells located on the island and also from Port Bolivar. In the event the natural gas supply cannot be maintained Facilities Maintenance will turn valves off to the building until the gas company can return services to the facility. Buildings will be inspected before restoring gas service.

3. Oxygen

In the event of disruption of service to the main oxygen tank or pipeline, Pulmonary Care Services and/or Facilities Maintenance will have extra liquid oxygen and oxygen cylinder bottles on site.

Contact Personnel: Work Control Center, Ext. 21586  
Maintenance Director, Ext. 21589  
Maintenance Manager, Ext. 78837  
Respiratory Care, Ext. 21635

4. Nitrogen

Nitrogen is only used in the TDCJ Hospital Minor Operation Room. In the case of an emergency, a tank is located in the TDCJ Hospital Clinic Storage Room. In the event of disruption of service, Pulmonary Care Services will be contacted to provide a back-up tank.

Contact Personnel: Respiratory Care Services, Ext. 21635

5. Medical Air or Vacuum Systems

The medical air and vacuum systems consist of pumps located within the major buildings. They are interconnected on a supply loop so that any or all stations can be utilized as an emergency supply source in the event that one of the pump stations within the complex is out of service.

Contact Personnel: Work Control Center, Ext. 21586  
Maintenance Director, Ext. 21589  
Maintenance Manager, Ext. 78837


To ensure that back-up systems are functioning properly, they are inspected by the Facilities Maintenance department personnel weekly and are actually tested every month for performance.


More detailed information is available as needed by contacting the Facilities Maintenance Department.

Contact Personnel: Work Control Center, Ext. 21586  
Maintenance Director, Ext. 21589  
Maintenance Manager, Ext. 78837
8. Facilities Maintenance Responsibilities during Emergency Weather Conditions

a. As a storm approaches from the Gulf, Facilities Maintenance personnel are put on alert.

b. The companies that supply the oxygen and nitrogen supply to the UTMB Hospital will be put on alert. This will allow them time to assure that the storage vessels are completely full.

c. Emergency flood pumps will be run and tested.

D. Electrical

1. When normal electrical service is interrupted for any reason, the emergency generators are automatically activated to supply power to the most vital areas of the hospital. In such an instance, the following precautions should be taken:

   a. Ensure all patient care equipment is plugged into the emergency power.
   b. A red cover or red receptacles identifies emergency receptacles.
   c. Flashlights are available on the inpatient units.
   d. Call the Facilities Maintenance Dispatcher at ext. 21586, to report the electrical outage.

2. One elevator in each bank of elevators has been selected for emergency power use.

3. When the light switch is turned off in an area, any lights that remain on as "night lights" are connected to emergency power. Some rooms have red handles on switches which indicate those switches are on emergency power. Emergency receptacles are also designated by their red color. In the case of a tripped circuit breaker, Facilities Maintenance Department should be called to trace the circuit and reset the breaker.

4. Fire, domestic water, vacuum and condensate return pumps are on emergency power along with medical air compressors.

5. Facilities Maintenance is responsible for inspecting, testing, and maintenance of all emergency generators, batteries, etc.

E. Elevators

The TDCJ Hospital has six elevators. One for direct access from the 2nd floor lobby to the 1st floor lobby; two which are designated for patient movement between the ground floor to the 8th floor; two which are designated for staff movement; and one freight elevator.

   1. In the event of a single elevator disruption, alternate elevators will be used. In the event of total disruption, the stairwells will be opened for use.
   2. Never use elevators in the building where a fire is located. Stairwells will be opened for use.
   3. One elevator in each bank of elevators has been selected for emergency power use.

SECTION 5: FIRE PLAN

The TDCJ Hospital follows the UTMB Fire Plan. The TDCJ Hospital Administrator/designee and the Warden/designee for the TDCJ Hospital are responsible for the coordination and implementation of the plan. The plan outlines specific functions and responsibilities that must occur in the maximum-security environment. This plan has been reviewed and approved by Environmental Health and Safety.

I. FIRE RESPONSE PROCEDURES

The first five minutes of a fire are the most important. It is imperative that you turn in a fire alarm immediately after you see flame, smell smoke or for any other reason suspect that there is a fire. To assist you in remembering what to do when you see a fire, the fire response procedures have been designed around the acronym RACE:

   Rescue: Rescue patient(s)/victim(s) from immediate danger.
   Alarm: Pull fire alarm. Dial extension 21211 and 26106. Give your name, extension from which you are speaking, exact location of fire, and nature and extent of the fire.
   Confine: Close all doors to confine the fire to the smallest area possible.
   Extinguish: Obtain the appropriate extinguisher and if possible control the fire until help arrives. Triage and prioritize patients; Prepare to evacuate the rest of the area as directed by the Incident Commander (Administrator or Warden or designee).
If oxygen is used in the area of the fire shut off all non-essential oxygen supplies. DO NOT SHUT OFF MAIN OXYGEN VALVES UNTIL THE APPROPRIATE MEDICAL AND FIRE DEPARTMENT PERSONNEL HAVE MADE AN ASSESSMENT.

Once oxygen has been shut-off in an area due to a fire, the oxygen may only be turned back on by one of the following: the Environmental Health and Safety staff, Institutional Safety Officer, or Galveston Fire Department.

Whenever the Galveston Fire Department responds to a call from Hospital Galveston, the on duty shift supervisor will immediately send an officer to the back gate sally port to escort the firemen wherever they need to go. An ID check will not be required due to an emergency response. (1/31/05 Memorandum from Major Don Bosco)
FIRE ALARM RESPONSE IN HOSPITAL GALVESTON

ALARM IN YOUR AREA –  
- UPON HEARING AN AUDIBLE ALARM OR OVERHEAD PAGE NOTICE OF FIRE, THE DEPARTMENT MANAGER, NURSE MANAGER / CHARGE NURSE / DESIGNEE WILL ASSUME THE ROLE OF ALARM AREA LEADER. THE ALARM AREA LEADER SHOULD:
  - IMPLEMENT FIRE RESPONSE -R.A.C.E.E.;
    - ASSESS THE REPORT BY DETERMINING IF THERE IS SMOKE / FIRE;
    - DECIDE IF IT IS NECESSARY TO RELOCATE PATIENTS AND VACATE;
    - NOTIFY ENVIRONMENTAL HEALTH AND SAFETY / FIRE DEPARTMENT STAFF (IF PRESENT);
  - CALL HOSPITAL ADMINISTRATION (23547) AND THE TDCJ CONTROL PICKET (26108) TO REPORT THE SITUATION AND THE DECISION TO MOVE PATIENTS AND VACATE;
  - AWAIT FOR “ALL CLEAR” NOTIFICATION FROM THE GALVESTON FIRE DEPARTMENT OR EHS BEFORE RE-ENTRY;
  - ALL STAFF IN THE ALARM AREA ARE TO RECEIVE DIRECTION FROM THE ALARM AREA LEADER.

IF NECESSARY, ADMINISTRATION WILL IMPLEMENT THE EMERGENCY FIRE RESPONSE PLAN

ALARM NOT IN YOUR AREA -- IF YOU ARE ABOVE, BELOW, OR ADJACENT TO THE ALARM AREA
- UPON HEARING AN AUDIBLE ALARM OR OVERHEAD PAGE NOTICE OF FIRE, THE ALARM AREA LEADER (DEPARTMENT OR NURSE MANAGER / CHARGE NURSE) / DESIGNEE SHOULD:
  - ASSURE THAT FIRE DOORS ARE CLOSED AND ASSESS IF THERE IS SMOKE / FIRE IN THE AREA;
  - CONTACT THE ALARM AREA LEADER IN THE FIRE AREA TO ASSIST WITH EVACUATION IF NEEDED;
  - MONITOR YOUR AREA FOR FIRE, SMOKE OR WATER DAMAGE
  - AWAIT FURTHER INSTRUCTIONS THROUGH THE ALARM RESPONSE TEAM;
    - THE ALARM RESPONSE TEAM WILL NOTIFY THE AREA IF IT IS NECESSARY TO MOVE PATIENTS OR VACATE;
  - CALL HOSPITAL ADMINISTRATION (23547) AND THE TDCJ CONTROL PICKET (26108) TO REPORT ANY CHANGES IN THE SITUATION AND / OR THE DECISION TO MOVE PATIENTS AND VACATE.

ALARM NOT IN YOUR AREA – ALL OTHER AREAS
- UPON HEARING AN AUDIBLE ALARM OR OVERHEAD PAGE NOTICE OF FIRE, THE ALARM AREA LEADER (DEPARTMENT OR NURSE MANAGER / CHARGE NURSE / DESIGNEE) SHOULD:
  - ASSESS THE REPORT BY DETERMINING IF THERE IS SMOKE / FIRE IN YOUR AREA
    --IF YES:
      - PROCEED WITH PLAN FOR “ALARM IN YOUR AREA”
    --IF NO:
      - MONITOR YOUR AREA FOR FIRE, SMOKE OR WATER DAMAGE & AWAIT FURTHER INSTRUCTIONS THROUGH THE ALARM RESPONSE TEAM;
  - THE ALARM RESPONSE TEAM WILL NOTIFY THE AREA IF IT IS NECESSARY TO MOVE PATIENTS OR VACATE;
  - CALL HOSPITAL ADMINISTRATION (23547) AND THE TDCJ CONTROL PICKET (26108) TO REPORT ANY CHANGES IN THE SITUATION AND / OR THE DECISION TO MOVE PATIENTS AND VACATE.

IT IS NOT NECESSARY TO SECURE OFFICES AND EQUIPMENT AND MOVE TO THE CORE PICKET AREA UNLESS THE ALARM AREA LEADER / MANAGER / DESIGNEE DETERMINES THAT THERE IS A NEED TO DO SO.
II. FIRE EVACUATION GUIDELINES

A. Patient Care Areas

1. Authorization to Evacuate

The decision to evacuate patients will be made:

a. by the unit nursing manager/designee and security supervisor/designee if the fire presents an immediate life safety hazard to the patients on the unit; or
b. by the TDCJ Hospital Administrator/designee, Warden/designee and the Galveston Fire Department when time permits.

The decision to evacuate the entire hospital shall be made by TDCJ Hospital Administrator/designee, Warden/designee, or Nursing Director/designee in consultation with one or more of the following: UTMB Police, Galveston Police, or Galveston Fire Department.

Prior to the need to evacuate, you must know the exit routes out of your work area. Diagrams outlining the exit routes are posted. Walk your routes at least once a quarter.

Patient care personnel and other designated support personnel must know the evacuation carries and be prepared to use them in an emergency situation. Training is available from Environmental Health and Safety.

Your life and those of patients, visitors and fellow employees may depend on your ability to evacuate quickly. Therefore, ensure that exits corridors are kept clear at all times.

2. External Evacuation Assistance

TDCJ Warden/designee will contact local law enforcement including the University Police Department if assistance is needed in securing inmate patients during an evacuation. Hospital Administration will call for additional resources from other UTMB departments to assist in evacuation (refer to the UTMB Plan).

NOTE: TDCJ Security will define any special security conditions, which can result in modifications in the evacuation plan and evacuation locations.

3. Evacuation Procedures

a. Never use elevators in the building where the fire is located unless Galveston Fire Department has authorized their use for special patient evacuation.

b. In the event an evacuation is needed the medical records and inmate travel cards should be moved along with the patients. All visitors will be asked to vacate the building immediately. Determine what equipment will be necessary to evacuate non-ambulatory patients.

c. Begin evacuation with patients nearest the fire.
   - Remove ambulatory patients and visitors first.
   - Remove semi-ambulatory patients next.
   - Evacuate non-ambulatory patients next.

d. If applicable, identify special procedure for orthopedic patients, patients in the operating room or recovery room, ICU, etc.

e. The unit nurse manager will coordinate evacuation of non-ambulatory or disabled individuals.
4. **Horizontal Evacuation:**
The first choice in evacuation is horizontal. Smoke zones separate all patient care areas on each floor. The automatic-closing smoke doors identify where the smoke zones start and stop. Moving patients through the smoke doors to the adjacent unit will provide you with a safe area of refuge if the area is smoke free, until the arrival of the fire department. At that time, the determination for additional evacuation can be made.

The Incident Commander will assure that personnel on all floors will be made aware of the situation and to prepare for evacuation to their designated areas and move upon order.

See Posted Evacuation Plans for appropriate evacuation routes in your work area.

Prior to the need to evacuate, you should know the exit routes out of your work area. Diagrams outlining the exit routes are posted. Walk your routes at least once a quarter.

5. **Vertical; Including patients moved out of the building**

If horizontal evacuation is not available, or it is determined that evacuation from the smoke zone is needed, then use exit stairwells for vertical evacuation. TDCJ Security will assure that all needed stairwells are unlocked.

Evacuate patients down a minimum of two floors if that floor is smoke free. Within the TDCJ Hospital special considerations must be made to ensure a secure environment. The following are recommended as the ideal Vertical evacuation:

a. **8 TH FLOOR,** personnel and patients will evacuate to the 3 rd floor clinic holding area(s).

b. **7 TH FLOOR,** personnel and patients will evacuate to the 4 th floor.

c. **6 TH FLOOR,** personnel and patients will evacuate to the 4 th floor.

Stable wheelchair and ambulatory patients will be placed in the 4 B/C holding areas. Bedridden or fragile wheelchair patients will be placed on 4A, until the unit is at capacity (24 patients). Overflow patients will be moved to the 3 rd Floor Clinic.

d. **5 TH FLOOR,** personnel will evacuate through the stairway to the 3 rd floor. A stairwell key is located on the 5 th floor in the lock box next to the stairwell.

e. **4A ICU, ICU/telemetry** staff, including RNs, RTs, Security, and MDs, may be required to accompany ICU/Telemetry patients to the Towers ICU/telemetry areas. The PACU and OR are backup areas during disaster. Ambulatory patients may be moved to the Trauma Center covered parking area with the general hospital population.

f. **4B & 4C UNIT,** personnel and patients will evacuate to the 2 nd floor Visitation Area, 2B and 2C conference rooms.

g. **3 RD FLOOR and GROUND FLOOR/SALLY PORT** will move to the Trauma Center covered parking area if necessary. After exiting the building, all personnel and patients will assemble under the Trauma Center covered parking.

h. **MINOR OPERATING ROOM** if a procedure is in progress will move the patient to the MAJOR OPERATING ROOM via the Tunnel

i. **CLINIC RECOVERY ROOM** will move patients to the UTMB Recovery Room via the Tunnel

j. **2ND FLOOR** will immediately evacuate to the Trauma Center covered parking lot.

k. **MEZZANINE** will move out via the stairwell using their key

l. **GROUND FLOOR - SALLY PORT** (see 3 rd Floor)

m. **TOTAL BUILDING EVACUATION** In the event the entire building must be evacuated; the Director of Nursing/designee and the Warden/designee will coordinate an accounting with the assistance of
designated individuals to ensure the building is fully evacuated. All individuals will remain outside the building until it is safe to re-enter the building as instructed by the Galveston Fire Department.

All patients will be relocated to the Trauma Center parking area. All staff shall report to their respective nurse manager upon arrival at the Trauma center.

n. ALTERNATE ROUTES: In the event that the Sally Port is not passable, the 3rd floor Tunnel exit to the John Sealy Hospital will be used for evacuation. The classrooms located at 4.130 John Sealy Annex and the 400 Clinical Science will be used to temporarily house patients and personnel.

III. ALARM NOTIFICATION AND EXTINGUISHING SYSTEMS

All buildings on campus have an internal fire alarm system. One or more of the following methods can activate these systems:

- pull station
- smoke detector
- heat detector
- water-flow switch

Upon activation, an intermittent bell will alert the occupants. The intercom will page "Dr. Red", followed by the floor and room number, will inform you of the exact location.

Fire extinguishers can be found throughout the hospital in labeled cabinets. Annual inservice fire training is required of all UTMB personnel.

You should be familiar with the location and type of all extinguishers in your area and know how to use them.

IV. FIRE DRILLS

Providing a means of exit is not enough to ensure personnel safety. Fire drills are essential in order to effectively implement the overall fire plan. Fire drills must be planned with specific goals in mind. Environmental Health and Safety conducts fire drills on a quarterly basis on each shift to familiarize the facility personnel with signals and emergency action required under varied conditions.

V. DEPARTMENT FIRE PROCEDURE

A. UTMB SWITCHBOARD OPERATOR The UTMB Switchboard Operator will follow the UTMB Fire Plan procedure

B. UTMB staff will:
1. Call 21211
2. Call 2B18 extension 26106 with the following information;
   - name and title
   - telephone extension
   - location
   - extent of fire
3. Follow the Fire Plan procedures, including R.A.C.E.

C. TDCJ 2B18 Control Picket
1. Call extension 21211
2. The Fire Alarm System will announce the location of activation by floor and wing number or name.
3. Staff shall follow the Fire Alarm Response Plan in this document.
4. The Fire Alarm System will announce the All-Clear message when reset by Fire Personnel.
5. A log will be maintained by Environmental Health and Safety to provide documentation of all alarms received at TDCJ Hospital.

NOTE: TDCJ SECURITY PERSONNEL SHALL NOT ACKNOWLEDGE OR RESET THE 2B18 CONTROL PANEL.
D. Disabled Employees

The unit supervisors are responsible for assessing their personnel with disabilities and make necessary provisions for their evacuation.

SECTION 6: EXTERNAL EMERGENCY PLAN

The TDCJ Hospital follows the UTMB External Emergency Plan. The TDCJ Hospital Administrator/designee will coordinate an assessment at the time that the External Emergency is identified. Staff will be reassigned to the areas needing help. Additional staff may be called in to assist if needed.

SECTION 7: EMERGENCY WEATHER PLAN

The TDCJ Hospital utilizes the UTMB Emergency Operations Plan and has developed a department specific plan to guide and coordinate key activities with TDCJ security. The following outlines the specific Emergency Weather Plan for the TDCJ Hospital.

I. EMERGENCY OPERATIONS SEQUENCE. UTMB STAGES ARE MODELED ON CITY OF GALVESTON COLOR CODES FOR WEATHER EMERGENCIES.

In the event of a predicted catastrophic hurricane UTMB will follow guidance provided by the State of Texas Division of Emergency Management and City of Galveston with regard to Mandatory Evacuation of Galveston Island, including the UTMB and TDCJ Hospitals. If patient evacuation is ordered, the UTMB Patient Evacuation Plan shall be utilized to remove all hospitalized patients.

A. Stage 0 (City EOC Condition Green): Normal Weather Conditions

B. Stage 1 (City EOC Condition Blue): Alert - Preparatory Functions 72 – 60 hours before 39 mph winds impact Galveston Total probability in 72 hours > 10% for Freeport, Galveston or Port Arthur landfall Alert areas that adverse weather conditions exist and the preparatory functions should begin:
   ● Begin securing laboratories, moving equipment to higher grounds, etc.
   ● Materials Management will order emergency supplies such as dry ice

Responsibilities of TDCJ Hospital Personnel

1. The TDCJ Hospital Administrator/designee will inform the following people of the implementation of -Stage #1: TDCJ Warden/designee, the TDCJ Director of Nursing/designee, and the TDCJ Hospital Director of Utilization Review/Case Management, Manager Scheduling Office, and UTMB Emergency Management Officials.

2. The Essential Employee/Dependent List and the Emergency Weather Plan Work List are reviewed.

3. The Nurse Managers will be required to report to work, review the Disaster Assignment Work List, and correct or change the work list with the approval of the Director/designee.

4. All Essential employees will be called using the prepared script, which reminds them to pack their supplies, secure their homes and make arrangements for their dependents and/or pets in case they are called in to work during a storm with short notice.

5. Remind employees that they may need to produce an approved decal, and UTMB Employee ID to enter the island. Essential employees must also display an Orange Essential badge.

6. All Essential personnel will provide the Nurse Managers with a current address, phone number and license plate number.

7. An updated Essential Employee List will be prepared, and will be forwarded to UTMB Hospital Administration when requested. A copy will be kept in the TDCJ Hospital Administrator’s/designee office.

8. The Nurse Manager or Unit Charge Nurses will contact physicians and obtain a list of patients who could be discharged in case of a storm.
The TDCJ Hospital Administrator/designee and Ambulatory Nurse Manager/designee will evaluate the clinic operations in coordination with TDCJ security and will recommend whether or not to close clinics in order to get patients safely back to their units.

The Director of Nursing/designee will contact the Carole Young Regional Medical Facility (CYRMF) nursing and/or medical staff to gather information regarding their evaluation of whether or not and/or how many pregnant offenders at that facility may be admitted to the TDCJ Hospital. CYRMF will also provide the names of the nursing staff who will accompany these patients.

The Inpatient Health Unit Coordinator and the Outpatient Clinic Clerical Staff will evaluate the need for additional supplies and double order forms, supplies (i.e. downtime forms) and obtains plastic sheeting to cover equipment.

The Inpatient Health Unit Coordinator and the Outpatient Clinic Clerical Staff will obtain supplies of fans, flashlights, batteries, and plastic sheeting.

Parking garages will remain open and only Essential employees will be furnished passes for access to them. The officially designated UTMB parking garages are UHC, 13th at Mechanic, and Administration Bldg. If there are any changes, the TDCJ Hospital Administrator/designee will be notified and the information communicated to all staff.

C. Stage 2 (City EOC Condition Amber): Warning - Finalize Plans

59 – 24 hours prior to 39 mph winds affecting Galveston Tropical Storm or Hurricane Watch issued for upper Texas coast Probability through 48 hours > 15% for Freeport, Galveston or Port Arthur landfall Finalize all the plans outlined in your internal weather plan. Generally, Stage 2 will be called when the National Weather Service issues warnings identifying Galveston as a coastal area where dangerous high water and/or high winds are forecast within 48 hours. Non-essential employees may be released at this time.

UTMB Emergency Operations Center (EOC) may be activated in Stage 2.

1. **Patient Relocation/Consolidation**

Patient unit consolidation or patient relocation within the hospitals will proceed according to the following procedure:

a. All patients in TDCJ Hospital will be evaluated by their physician to determine whether they can be discharged to a TDCJ Infirmary or prison unit. As many patients as possible will be discharged and transported elsewhere inland.

b. All remaining patients will be evaluated for relocation and consolidation in the TDCJ Hospital.

c. Medical and nursing staff at the Texas City Sheltered Housing will evaluate all pregnant offenders at that facility to determine possible admissions to the TDCJ Hospital and communicate with the TDCJ Hospital Director of Nursing/designee. Obstetrics department faculty will be contacted to participate in this assessment.

2. **Staffing**

Any Essential employee or other employee deemed essential and working at the time STAGE 2 goes into effect will be allowed to leave work with their director's/designee’s permission to secure their homes and pick up the necessary items to bring back to the hospital. The department will begin preparing for 12-hour shifts to insure continuity of care.

D. **Responsibilities of TDCJ Hospital Personnel**

1. A TDCJ Hospital emergency operations center may be operationalized in the 2A-conference room. The TDCJ Hospital Administrator/designee will inform the TDCJ Warden, Director of Utilization Review/Case Management Manager of Scheduling Services, and the Director of Nursing of the implementation of Stage 2.

2. TDCJ Hospital Management Team will be called into the 2A Conference Room and informed of the implementation of Stage 2.
3. The Nurse Managers will coordinate relief of Essential personnel who are currently on duty, so that they may go home, secure their belongings and dependents and prepare to report to work as directed. The Nurse Manager/designee will compile a list of all personnel currently working, unit of assignment and their shifts of assignment. Another list will be compiled to show the roster of what units will remain open, which Essential personnel will be working during the storm, what shift they will be assigned and their housing needs. This list will be taken to the command center as soon as possible and copies posted on the doors to all inpatient units. The Essential Employee from UTMB Hospital Administration will be updated and forwarded to the main command center. The Nurse Managers will then name a designee to coordinate activities in their absence while they go home and prepare to come in for the storm.

4. One Nurse Manager will be assigned to coordinate the discharging of TDCJ patients in concert with TDCJ security and decide what units will remain open and which will close. Consolidation of units may begin at this time.

5. One Nurse Manager with clerical staff will be responsible for answering incoming calls. All information given out regarding emergency weather status and Essential personnel must be consistent with UTMB messages distributed by the IEPO or EOC. After the initial rush of calls, it may be appropriate to have only one person present to answer the phone at all times.

6. A Nursing Services designee will be assigned to finalize housing accommodations for Hospital staff (UTMB and TDCJ), Psychiatry patients and staff, pregnant patients transferred from the Texas City Sheltered Housing. Other staff assignments will be made by Hospital Administration and TDCJ Administration. The housing assignment list will be posted on each unit.

7. The Health Unit Coordinators will assist with the discharge paperwork process. They will contact Inmate Records (ext. 26105) and inform them of the patient's name, UH#, TDCJ#, service, physician's name, expected date of re-admission, and if they need to be examined by the physician prior to discharge. The Health Unit Coordinators will communicate all patient relocations to the admitting office.

A complete list of the above information will be kept on the nursing unit and picked up by the Nurse Manager.

8. The Health Unit Coordinator will procure supplies for the nursing units sufficient for the expected duration of the emergency. Extra linen carts will be obtained from the laundry including curtains, pajamas, towels and sheets for three days. Also, a 3-day supply of all emergency and non-supply items will be obtained.

9. When authorized by the TDCJ Hospital Administrator/designee the Scheduling Office Manager will coordinate the cancellation and rescheduling of appointments and clinics with the Clinic Nurse Manager and the clinical services. All UHC appointments will be canceled and rescheduled. All clinical services will be contacted to determine if an additional clinic day can be added at another date to accommodate the canceled patients.

10. The Inpatient Health Unit Coordinators will ensure that all needed beds are made and rooms cleaned after discharge by the Environmental Services Department.

11. The Inpatient Health Unit Coordinators and Outpatient Clinic Clerical Staff will assist staff in moving equipment away from windows to interior rooms away from possible water damage and covering it with plastic.

12. The clinic clerks may begin preparing patient labels for the next possible clinic, as directed by management.

13. Once informed by their supervisor, the managers will begin contacting re-entry employees about when they may expect to be released and when they need to return. All employees must report back to work when UTMB re-opens. Employees are responsible for monitoring the media for information and returning to work at the “all clear” announcement.

E. Stage 3 (City EOC Condition Red): Secure Facilities

24 – 12 hours prior to 39 mph winds affecting Galveston Tropical Storm or Hurricane Warning issued for upper Texas coast If Non-essential employees were not released in Stage 2, they must be released now. All non-hospital facilities will be locked and secured, and access will not be allowed. Access to hospitals will be granted only to Essential personnel. University Police will ensure the security of the facilities. The
IEPO/designee will provide the University Police with current lists of Essential personnel.

UTMB External Emergency Communications Center may be activated.

UTMB Emergency Operations Center (EOC) will be activated

**Staffing**

1. **Essential Personnel (E)**
   
   All Essential Employees will be expected to report for duty following UTMB’s announcement of Emergency Weather Stage #3 of the Emergency Weather Plan.

2. **Essential Re-entry Personnel**
   
   a. All re-entry employees will be released from duty after all Essential personnel have reported for duty and Directors have given approval.
   
   b. Re-entry employees are required to report back to work after the Emergency Plan is discontinued or are instructed otherwise (this may include being prepared to return to campus before the official all-clear notice is given). They should listen to the Emergency Radio Stations listed in this document and follow the official announcements broadcast from UTMB officials.

3. **Reporting for Assigned Shifts**
   
   a. All personnel should report prior to the designated start of their shift in sufficient time as to ensure their availability to off-going re-entry staff and to ensure safety due to increasing high water or other weather conditions.
   
   b. Regardless of assigned shifts, all Essential personnel should contact their departments as soon as possible following UTMB’s announcements of the hurricane warning phase to determine if they are needed. This procedure is the only mechanism for ensuring adequate personnel to provide hospital care during the emergency period.

4. **Procedure for contacting the hospital in the event of disaster or emergency weather conditions:**
   
   Listen to the radio for official UTMB information and report to the hospital if you are essential. Do not call your unit for instructions. Conflicting information may be given out which may cause unnecessary confusion. Call the TDCJ Hospital Administration Offices at (409) 772-3547 or (409) 772-1959 or call the main operator (409) 772-1011 and ask to be transferred to the TDCJ Hospital.

5. **Shifts**
   
   a. Once Stage 3 goes into effect, the entire hospital converts to 12-hour shifts. The shift time depends on when the hospital goes to Stage 3.
   
   b. As an Essential employee you will be expected to work a 12-hour shift. Shift assignments will be arranged as early as practical in the emergency.

6. **Responsibilities of the TDCJ Hospital Personnel**
   
   a. A script of information is to be prepared so that all information going out is consistent and accurate (See Appendix # 3). The managers will notify all employees on duty of the implementation of Stage 3. The TDCJ Hospital Administrator/designee will notify TDCJ administrators of any changes in the hospital's operation.
security of the implementation of Stage 3.

b. The Emergency Weather Plan Work List will be reviewed and finalized, and copies posted on the units. The Essential Employee from UTMB Hospital Administration will be sent to the main command center.

c. The managers will notify their staff that Stage 3 has been implemented. The managers with the assistance of their staff will call in the Essential personnel scheduled to work the storm and instruct them to report to duty as instructed by the Incident Commander. They will also call re-entry personnel scheduled to work to remain home and stay tuned to the radio for instructions as to when to report to work.

d. The TDCJ Emergency Operations Center will remain in operation from the initiation of Stage 3 until the storm is over.

e. A Nurse Manager/designee will be assigned to obtain the final unit assignments, staffing assignments and housing for nursing and administrative services personnel assignment and sees that they are placed on the doors to all units and a copy kept for the control center.

f. The Nurse Manager/designee will allow re-entry personnel to leave when adequate staff comes on duty to relieve them. Re-entry personnel should be relieved with enough time to get to their homes safely.

g. A Nurse Manager/designee will be assigned to work with TDCJ security to coordinate the consolidation of patients and units as quickly as possible, if it has not already occurred. The sooner patients are consolidated and units closed, the sooner re-entry personnel can be released.

h. A Nurse Manager/designee will make frequent rounds, provide support and assistance to staff on the units and troubleshoot any problems and contact the appropriate individuals. They will maintain an accurate staffing sheet during this time and record any problems to be used to improve our operations in the future.

i. The Health Unit Coordinators and Outpatient Clinic Clerical Staff will reconfirm a double standard of all unit stock supplies.

j. Non-potable water will be supplied in 55 gallon drums for flushing commodes should water service be disrupted. Environmental Services may be contacted to obtain buckets needed to transport the water.

k. All rooms are checked to ensure they have been cleaned. The unit staff will contact Environmental Services to complete the cleaning of any unfinished areas.

l. The Health Unit Coordinator will ensure an adequate supply of laundry for three days. Rags will also be obtained for building leaks.

m. In the event of water leaks in the building, Environmental Services will be contacted to secure a wet-vac to clean the area. **In no case should clean linen be used to clean up water.**
Appendix #3

Script for STAGE 1

The campus is now in Stage 1 of the Emergency Weather Plan. You need to prepare yourself for duty according to your emergency status. If you are **Essential** and expected to work this storm, you are to secure your supplies, your home, and make arrangements for your dependents and/or pets in case you are called in to work on short notice. Remember to bring your UTMB ID, Orange ESSENTIAL Badge, and parking permit for your car. Please give me your current address, phone number and license plate number. Stay tuned to your radio or television for an update on weather conditions. We will attempt to call you when you need to report for emergency duty; however, you are responsible for listening to the official weather radio stations (KTRH 740AM, KIKK 96FM or 65AM, KGBC 1540AM) and reporting to duty when the hospital goes into emergency staffing. You can park in the high-rise parking garages if you are **Essential** to work this storm and have your permit.

Script for STAGE 2

The campus is now in Stage 2 of the Emergency Weather Plan. If you are **Essential** and working, you are to be relieved by your manager to secure your home and belongings and return to work by ___*_____________________. If you are **Essential** and at home, you are expected to report for duty by ___*___________________. This may be the last time we are able to call you. Remember to listen to your local radio station for updates on the University's weather plan. You can call the Control center 772-3547 or 772-4947 if you have any questions.

*To be determined by UTMB EOC.

Script for STAGE 3

The campus is now in Stage 3 of the Emergency Weather Plan. All **Essential** personnel are to report to the hospital regardless of your assigned shift to ensure safety due to increasing high water or other weather conditions. You can park in the high-rise parking garage on a first-come, first-serve basis with your ESSENTIAL parking permit. The hospital will go on 12-Hour shifts at ___*___________________. Remember you must wear your UTMB ID badge at all times. **Re-entry** personnel will be released once the **Essential** personnel have arrived. **Re-entry** personnel are required to report back to work after the Emergency Plan is discontinued. You should listen to the approved radio stations for the official announcements broadcasted by UTMB officials. KTRH-740AM is our primary source for emergency announcements. See additional stations listed on page 23.

* To be determined by UTMB EOC.
E. **Payroll Policies may be found in IHOP Policy 3.1.1 Staffing During Adverse Events**

See the UTMB Plan for a complete description of the UTMB Payroll guidelines.

F. **DEPARTMENTAL PHONE NUMBERS**

2nd Floor Administration .......................................................... Ext. 23547 or 21959

*(Extension 23547 is the Official Emergency number for the TDCJ Hospital)*

- Inpatient Unit Extensions:
  
  - 4A  24144
  - 4B  24159
  - 4C  22668
  - 6A  26211
  - 6B  26207
  - 7A  26167
  - 7B  26175
  - 7C  26181
  - 8C  24158
  - 6C  26221

- 2B18 Central Security Ext. 26106 (Command Post # 26117)

- UTMB Alert Line (409) 772-5378 - (409) 77-Alert or toll free (888) 772-5449

- [www.utmb.edu](http://www.utmb.edu) and [www.utmb.edu/alert](http://www.utmb.edu/alert) A second server is in place as a back-up at [http://www.utsystem.edu/utmb/alert.htm](http://www.utsystem.edu/utmb/alert.htm)

- UTMB Emergency Operations Center
  
  *(7th Floor John Sealy Annex) 772-8906, 772-8907*
### RADIO STATION CALL NUMBERS

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<tr>
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<tr>
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**NOTE:** THE OFFICE OF UNIVERSITY ADVANCEMENT CALLS THE LOCAL STATIONS WITH INFORMATION ABOUT THE CONDITIONS IN GALVESTON AND AT UTMB. THEY ALSO CALL THE TEXAS NETWORK NEWS AND ASK THAT THEY MAKE AN ANNOUNCEMENT; HOWEVER, THE ANNOUNCEMENT MAY NOT MAKE IT TO THE AIR. EMPLOYEES SHOULD STAY TUNED TO RADIO AND TELEVISION STATIONS TO RECEIVE NEWS CONCERNING THE LATEST CONDITIONS IN GALVESTON. IF THERE IS A QUESTION ABOUT WHETHER YOU SHOULD RETURN TO WORK OR NOT, CALL YOUR SUPERVISOR OR THE HOSPITAL OPERATOR (409) 772-1011.

### SECTION 8: EMERGENCY RECOVERY PROJECT

**EMERGENCY RECOVERY PROJECT**

The TDCJ Hospital participates in the UTMB Emergency Recovery Plan.

### SECTION 9: EMERGENCY PREPAREDNESS OFFICERS

**EMERGENCY PREPAREDNESS OFFICERS**

Responsibility for Emergency Operations at the TDCJ Hospital lies with the UTMB Emergency Preparedness Officers. The UTMB IEPO may request that designated representatives for the TDCJ Hospital be appointed, depending upon the event, emergency or duration of same.