

Good Samaritan College of Nursing & Health Science Department Disaster Plan

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I. Corporate Emergency Management

- A. **TriHealth Mission:** The mission of TriHealth is to improve the health status of the people we serve. We pursue our mission by providing a full range of health-related services, including prevention, wellness, and education. Care is provided with compassion consistent with the values of our organization.
- B. **Integrated Emergency Management Program:** The TriHealth Integrated Emergency Management Program was established to allow TriHealth Hospitals to adequately respond to the effects of potential emergencies that fall on a continuum from disruptive to disastrous.
- C. **Purpose and Scope of the Emergency Operations Plan:** The purpose of the Site Emergency Operations Plan is to establish processes and guidelines which will assist all TriHealth entities to respond effectively, include reallocation of resources, and develop resiliency to events that may pose an immediate / potential danger to the health and safety of patients, staff, and visitors. The Site Emergency Operations Plan consists of several procedures and plans designed to respond to those situations most likely to disrupt the normal operations of the healthcare organization and assist in the return to a “normal” status.

Each TriHealth Site Emergency Operations Plan is designed to utilize the “all hazards” approach with functional components for identified hazards or specific plans. Each Site Emergency Operation Plan is developed to assure availability of resources for the continuation of patient care during an emergency and promote safety.

- D. **Executive Emergency Management Committee:** The Executive Emergency Management Committee (EEMC) is tasked with ensuring that TriHealth can mitigate, prepare for, respond to, and recover from emergencies by overseeing the TriHealth Emergency Management Program’s planning activities. These planning activities include but are not limited to developing comprehensive emergency operation plans for each site that help the organization focus on its strategy for mitigating the potential effects of emergencies; an approach to preparedness that will help TriHealth organize and mobilize its essential resources; as well as help position TriHealth for recovery and sustainment after the emergency has passed.
- E. **Emergency Management Education Plan:** All TriHealth team members receive emergency management education upon hire during orientation and yearly with the annual mandatory education learning modules. As well, as plans are updated, each team member may receive additional education.

Many team members will need to participate in the hospital command center, work with patients who need to be decontaminated or assist in other emergency management duties. These team members will receive additional training as needed for these positions.

F. Exercise Plan: Exercises may consist of functional or full-scale activations of the emergency operations plan. Each hospital will participate in multiple exercises yearly this could include community based or facility-based exercises and/or real events.

II. Department Disaster Plan

A. Delegation of Authority

- The authority being delegated: Oversee GSC Emergency Management with coordination with TriHealth.
- The limits of that authority: As needed per TriHealth Executive Emergency Management Committee.
- To whom the authority is delegated: Campus Operations Coordinator.

B. Disaster Plan Management: Each Department Disaster Plan is reviewed by Corporate Emergency Management. Each hospital and many other TriHealth facilities have Emergency Management Committees which are comprised of a multi-disciplinary team including patient care services, support services, medical staff, community partners, administration, and ad hoc members as appropriate who may additionally review plans.

a) Department Directors / Managers

- Each Department Director/Manager has the responsibility for ensuring the employees under their supervision receive education and training to properly discharge their responsibilities during a disaster/emergency in a safe manner.
- Familiarize team members with Department Specific Plans.
- Department Director/Managers are responsible for developing and maintaining department disaster plans and procedures for their respective departments, reviewing each plan yearly and submitting the plan to Corporate Emergency Management.
- Department Directors/Managers shall communicate information relevant to the Department Disaster Plans to their department staff in a documentable fashion.
- Coordinate and communicate concerns, issues, and activities on a department specific basis to the Emergency Management Committee.
- Maintain an up to date Emergency Contact list for employees including:
 - Name
 - Contact Pathways and number(s)

b) Team Members

- Team members will be responsible for familiarizing themselves with and following the Department Disaster plans and procedures.
- Team members will be responsible for participating in exercises.

- Team members will be responsible for completing any education / training as required.
- Team members will be responsible for taking an active role in identifying any plans or processes that need improvement and reporting to Supervisor.
- Keep Department Director/Managers and Human Resource up to date on changes to their contact pathways and number(s)

c) **Medical Staff**

- Medical Staff will be responsible for familiarizing themselves with and following the Department Disaster plan and procedures.
- Medical Staff will be responsible for understanding basic principles of the Hospital Incident Command System.
- Medical Staff will be responsible for participating in exercises.
- Medical Staff will be responsible for completing any education / training as required.
- Medical Staff will be responsible for taking an active role in identifying any plans or processes that need improvement and actively participate in the creation of plans and processes. Issues or concerns identified should be communicated to Emergency Management.
- Medical Staff will be responsible for keeping Medical Staffing Office up to date on changes to contact pathways and number(s)

C. **Plan Activation**

- a) **External Incidents:** The Local, State and National disaster networks will normally provide activation of the hospital emergency response via the Disaster Radio Network (Greater Cincinnati area) or the MARCS radio system (State-wide). The Network will provide information as to the type of emergency and the number of victims involved. The Emergency Department will receive the information, and the Charge Nurse on duty will determine if the Emergency Department needs assistance. When needed, the Hospital Command Center (HCC) will be activated and operated under the direction of an Incident Commander. If it is determined that the HCC needs to be activated, the Emergency Department will advise Corporate Security to activate a Tier level of notification. Tier 1 is a site's key leaders' group; Tier 2 is the Site command center and Tier 3 is multiple sites command centers and Corporate command center.

- b) **Internal Incidents:** Any department or team member may notify 911 or TriHealth Security of an impending or actual incident. TriHealth Security will notify site supervisor/leadership and any additional corporate notifications as needed. If it is determined that the HCC needs to be activated then corporate security will notify site disaster team and the executive operations team by the mass notification system, email, or phone.

- D. Incident Review (After Action Report):** Each incident will require both an incident report to be recorded in the TriHealth IRIS system and an After-Action Report. The After-Action Report will be presented and reviewed at the Site Emergency Management Committee Meeting and discussed at the Executive Emergency Management meeting.

- E. Staff Support Activities (well-being):** Trihealth has an employee assistance program (EAP) established which offers free and confidential counseling for TriHealth team members.

- F. Emergency Notifications (911 and 513-569-6166):** TriHealth has established the use of plain language during an emergency to notify team members of the incident. The announcement triggers action from team members that is guided by each situation.

Primary emergency notification to staff and partners off-site will be the local telephone system and mass notification. Staff within a facility may be notified of emergencies affecting the facility by alarms/strobe lights (fire), email, telephone, or the mass notification system.

Plain Language Alerts:

Facility Alert	Recommended Plain Language
Evacuation	Facility Alert + Evacuation + Location + Directions
Fire	Facility Alert + Fire + Location + Directions
Hazardous Material Internal/External	Facility Alert + Threat (Hazardous Spill) + Location (internal or receiving patients in the Emergency Department) + Avoid the area (if internal)
Mass Casualty Incident	Facility Alert + Mass Casualty + Location + Directions
Utility Interruption	Facility Alert + Type of Utility (water, power) + Location + Directions
Weather	Weather Alert + Type (tornado watch/warning, etc.) + Directions
Security Alert	Recommended Plain Language
Active Threat	Security Alert + Active Threat + Location + Directions (Run, Hide, Fight)
Bomb Threat	Security Alert + Location + Avoid the area
Infant Abduction	Security Alert + Infant Abduction + Location + Directions
Missing Person/Child	Security Alert + Missing Person (could also state “missing child”) + Location + Directions
Security Assistance	Security Alert + Assistance Needed + Location
Medical Alert	Recommended Plain Language (only if paging system is not functional)
All types of medical alerts	Medical Alert + Code Blue + Location

- a) **Internal Contacts:** The manager will update the Staff Call List, at least quarterly or when information changes. The Staff Call List includes 24/7 contact information for all staff members.

The Staff Call List is available on a shared drive and hard copies are to be kept with each Director. Managers are responsible for keeping a hard copy of numbers for those who report to them.

- b) **Accountability:** The manager/designee is responsible for accountability for all team members. This may be accomplished by cell phone or in-person contact.

III. Functional Annexes

TIPS for Team Members found at end of document. Please print and place in the front pocket of your binder.

A. Active Threat Plan



**TRIHEALTH, INC.
CORPORATE POLICY**

TITLE: Active Threat	
SECTION: 04	POLICY NUMBER: SE18.00
EFFECTIVE DATE: 12/2013	REVIEWED/REVISED DATE(S): 05/26/2020
<u>AFFECTED AREAS</u> All TriHealth Entities. This policy acknowledges that other relevant and applicable policies and procedures exist that have been drafted, approved, and adopted by entities (and departments) within TriHealth and are specific to those departments or entities. Interpretation of these other policies must comply with the principles adopted by Corporate Policy #12_01.00, "Corporate Policies, Development & Implementation".	
POLICY OWNER: Director of Corporate Security	
APPROVED BY: Chief Human Resources Officer Corporate Policy & Procedure Committee President of Health Services & System COO President & CEO	

BACKGROUND

- TJC Std: EC 02.01.01
- Regulatory Agencies:
- Licensure
- Other:

DEFINITIONS

“**Active Threat**” is defined as a person or persons who are actively engaged in seriously harming and/or killing people in or about TriHealth facilities. Active-threat can include:

1. An “Active shooter”, an individual(s) who uses a firearm to commit physical harm.

2. Individual(s) who commit physical harm by using a variety of weapons including sharp objects (knives for example) or improvised explosive devices to cause death or injuries and/or to impede police and emergency first responders.

In most cases, they display little pattern or method for victim selection.

“Lockdown” (for the purposes of active threat) is defined as the closing of all methods of access to, or egress from, perimeter doors of affected TriHealth buildings to minimize the potential for an aggressor to enter additional areas.

“Prohibited items” are defined as any object prohibited from being on TriHealth property per policy. These items may be legal to possess under law but may not be allowed on TriHealth property. Firearms, knives, electronic incapacitation devices, pepper-spray or similar aerosol sprays, butane torches, illegal drugs, metal bars, wood clubs, flammable materials, corrosives, or other unsafe items are prohibited from being on TriHealth premises.

TriHealth reserves the right to inspect individuals and the contents of all packages or articles entering or being removed from the facility. Prohibited items will be retained by security personnel and/or local law enforcement authorities until a safe release can be facilitated.

Should staff observe a firearm, and the individual is not acting aggressively, say nothing, leave the area, discreetly alert other staff in the area if possible and call 9-1-1.

An exception to prohibited or unsafe items is law enforcement personnel who are on-duty and engaged in the lawful performance of their duties.

PURPOSE

The objective of this policy is to provide guidance in the event an individual(s) is shooting or threatening with a firearm or weapon, capable of great bodily harm, persons in the TriHealth Hospital System or other facilities operated by TriHealth.

Established protocols provide each team member a resource to help themselves and others in the event of an active threat. This policy is intended as a general guide to aid in that response prior to, during and after an event.

Active threat requires an immediate and coordinated response by all personnel and others in the area, if possible, to minimize injury while maximizing the opportunity for escape, safe seclusion or, if need be, attack to stop the threat.

TriHealth has adopted the preventative steps of:

- Education
- Awareness
- Employee Resources
- Threat Assessment and Mitigation

- Pre-Planning and Preparation (including drills and tabletop exercises)
- Response - Run-Hide-Fight / Security / Police
- Recovery

POLICY

Active threat protocols are implemented when one or more of the following circumstances exist:

1. A firearm is being brandished, discharged, or has been discharged within a TriHealth facility.
2. Individual(s) aggressively display some other weapon capable of great bodily harm or death; examples include, but not limited to, a knife, machete, hatchet, scissors, displays or claims to have a bomb and other objects of a similar nature.
3. Any TriHealth staff member with credible information that an active threat is occurring or is about to occur may initiate the Active Threat Plan. (Corporate Policy: SE 18.00). See Response Protocols for notification procedures.

PROCEDURE

Education, Awareness, Pre-Planning, Intervention

The following guidelines cannot cover every possible situation that might occur. Nevertheless, they serve as an awareness and training tool likely to reduce the number of injuries or death if followed as soon as a situation occurs.

Education/Awareness: All TriHealth employees will complete mandated orientation and annual training, including active-threat recognition, reporting and response. Staff are encouraged when authorized by their manager to attend follow-up training when offered. Training will provide an awareness of how to report threats, active-threat trends, strategies for pre-planning, preparation and response and the opportunity to answer questions.

Pre-Planning/Intervention: Violent incidents, such as an active-shooter/threat, can occur on TriHealth grounds or within proximity of campuses with little or no warning. The most effective way to immediately shift one's mindset to quickly make safety decisions is to attend training, pre-plan for your work area, rehearse and to be familiar with how to report threats and concerning behavior.

Staff can pre-plan and prepare by being familiar with their work areas. This is the first step to enhancing safety. It is recommended staff:

- Know how to report threats or other concerning behavior. Do not dismiss threats and immediately report to security. This is important because people who commit harm often express themselves in advance of the event. Threats of this nature often go unreported.

- Have a response plan. Security is available to conduct a security assessment of work areas, make recommendations and answer questions.
- Be familiar with surroundings – office space, meeting rooms and other frequented locations. Know the exact location of escape routes and shelter-in-place rooms.
- Rehearse individual responses in advance; this helps reduce reaction time. Think what you would do if an active-threat occurred in an area you occupied. Where would you run? What is the fastest way out? Where can you hide? What can be used to defend yourself?
- Eliminate rationalization and denial. Improperly denying what is occurring costs valuable seconds and causes harm. Recognize the event for what it is or could be and react accordingly.
- Consider having security conduct a safety review of your work area.
- Participate in offered TriHealth training.

***Note: Door frames marked with a blue dot in the upper righthand corner can be locked from the inside. Be sure to familiarize yourself with these doors within your workspace and throughout the facility.**

Threat Mitigation

Having awareness of the ability to prevent active-threats from occurring through Human Behavioral Threat Assessment is a critical responsibility all TriHealth staff share. Reporting concerning behavior and/or threats allows the security team and other critical stakeholders to vet information, research, conduct work-area safety inspections, make recommendations and coordinate responses with the staff involved. This provides the best opportunity to prevent active-threats.

Active-Threat Response Protocols

In accordance with TriHealth Corporate Security Policy #9, Security Officers, based on training and experience, have the authority and responsibility to respond and take immediate action to contain and/or stop active threat incidents to protect themselves and others. Security communications will notify the local police jurisdiction of the situation and request their response.

Active-threat incidents evolve rapidly. In general, people in the area of an active-threat will only have a few seconds to assess and react utilizing one or more of the following response strategies. An individual with the intent to cause harm within TriHealth facilities needs to be reported to security and local law enforcement as early as possible.

Notification: The first employee(s) to identify an active shooter/active threat situation shall do any of the following notification options contingent on one's safety.

Consideration should be given to calling 9-1-1 only when doing so will not unduly delay the ability to run, hide or fight:

1. **When calling from a hospital landline**, dialing 9-1-1 connects the caller with Corporate Security Communications. **Exception is McCullough-Hyde Memorial Hospital where 9-1-1 from a landline connects with Butler County Emergency Communications.**
2. **All non-hospital TriHealth facilities** when dialing 9-1-1 from a landline will connect to the local emergency/police communications center.
3. **All 911 calls emanating from a cell phone** will connect with the local emergency/police communications center regardless of where the call is placed.
4. **If a call is initiated from a Voalte phone regardless of location**, the call will be connected to Corporate Security Communications. Regardless of your location when using a Voalte phone, the call will be directed to Corporate Security Communications located at Norwood.
5. Cross-reporting protocols are established. Security and police dispatch centers will immediately notify each other in the event of a received 9-1-1 call.
6. It is recommended pre-programming the following alternative contact numbers into a personal or organization issued cell-phone:

LOCATION	NUMBER
Good Samaritan Hospital	513-569-6166
Corporate Security (Norwood)	513-569-6166
Bethesda North Hospital	513-569-6166
Arrow Springs Security	513-569-6166
Bethesda Butler Hospital	513-569-6166

Note: Dialing 9-1-1 should always be the first number dialed so a response can be coordinated.

Informing the Dispatcher

Any and all (if possible) of the following information need to be shared with the dispatcher when calling 9-1-1:

Important Information

- Location of the incident.
- Number of aggressors involved.
- Physical description of aggressor(s) including:
 - Ethnicity
 - Height
 - Weight
 - Hair Color
 - Facial Characteristics
 - Clothing
- If the aggressor is known.
- If the aggressor is still in the area.
- Last known direction of travel.
- Any statements made by the aggressor.
- Number and type of weapons held by the aggressor.
- Number of potential victims at the location.

Dispatch Protocols

Upon notification of an active-threat, the following announcement / dispatch protocols will be followed to ensure a proper security response:

Upon Receipt of Call

- Gather all relevant information - location, number of aggressors, physical description, weapons, number of injured.
- Reassure the caller help and support is enroute.
- Provide safety instructions if necessary. Forward their non-emergency phone lines to another dispatch center within the organization.

Initial Announcement

- **Announce 3 times: “Security Alert + Active Threat + Weapon + Location + Response (Run, Hide, Fight)” (3) times.**
- Repeat this message every 15 minutes if necessary to alert others.

Dispatching Security & Notifying Police & Administration

- Provide relevant and all known information to security team.
- Notify local enforcement and provide information.
- Provide updates to security and police as they become available.
- Serve as a communication conduit with community first responders.
- When possible, notify facility leadership.

Response Options

All non-security team members, contractors, mobile patients, visitors, volunteers, staff, and others are empowered to use all means necessary to protect themselves from harm, injury or death. Caregivers are not expected to stay with their patients if to do so would expose them to potential serious harm. First option is to run:

Run

- If you have the opportunity to run, do so. Leave the area immediately. **Run from area of danger to location of safety.**
- Use stairwells.
- Do not use elevators unless stairs are blocked, or the hazard is present at that location.
- Do not waste precious time retrieving your personal belongings.
- Run in a zig-zag motion.
- If it will not slow you down, use a laptop or other hard object to shield your head as much as possible.
- Attempt to warn other people who may be in area, if safe to do so.
- Remember, patients and visitors are likely to follow staff during an active shooter/threat situation.
- Keep hands visible when fleeing the building.
- Comply with security and law enforcement commands if they are present. Do not grab onto them. If you have direct knowledge, inform them of the suspects location and description, but keep moving.
- Actual events have shown that many people stop within 5 feet of the building once they are outside. Do not do this. Run until you are well clear of the area or exhausted.
- Remain calm.
- Do not leave the area in personal vehicles unless there is no other alternative.
- If it will not slow you down, call “9-1-1”. Give building, floor and/or department of the incident, direction of travel of the suspect(s) and physical description.
- Prepare to fight if needed.

When running from the area is not available as a first option due to time, location, and space, hide and be aware of the following:

Hide

- **Note: A Blue dot on the upper right-hand corner of a door frame is a door that locks from the inside.** If you cannot run from the area of danger, HIDE and be aware of the following:
- If you cannot run from the area of danger, HIDE and be aware of the following:
- Know the difference between “cover” and “concealment”. Cover means you are hidden from view and the material hiding you can stop a bullet. For example, a brick or cement wall. Concealment means you are hidden from view, but the area can be penetrated by a bullet. For example, a wooden door, curtain or a wall made of sheetrock.
- Close and lock all doors behind you.
- Place items against the door to make it difficult to gain entry. Examples include tables and chairs; use patient bed with wheels locked or large items from the room or area.
- Pick a location that is either sharply adjacent to the door and close to the wall (minimizes angles should the aggressor attempt to shoot through the door) or farthest away from the door. If at all possible, avoid hiding in front of the door even if you are on the far side of the room.
- Remain quiet.
- Turn off cell phones, pagers and devices that could ring, or alarm.
- Prepare yourself and others if “HIDING” fails. Be ready to “fight” for survival. Gather objects to throw at the suspect and/or to attack them with everything you have in your possession.
- Remain hidden until the all clear announcement is made.

When running and hiding are not available as options due to time, location and space, an aggressive action by staff and others is necessary; be aware of the following:

Fight

- If you have no other option of personal survival available to you, be ready to “FIGHT”. Equip yourself with the following whenever possible and shift your mindset to aggressive survival:
- Chairs, stools,
- IV poles, fire extinguishers,
- Personal items – purses, bags,
- Choose any and multiple items that if thrown would cause disruption of the attacker and give ample time for you and others to run or further attack.
- Motivate yourself and be ready to FIGHT to maintain personal survival.
- If multiple people in the area, attack in a swarm like manner using superior and force and body weight to attack the aggressor.
- Be ready to FIGHT to maintain personal survival.

TriHealth Corporate Security Officer(s) Response:

1. The TriHealth Corporate Security Department's primary responsibility is to protect the TriHealth Community and serve as the first responders to an active-threat incident when on-site.
2. Security response consists of the following objectives:
 - a. A swift, immediate, and coordinated response to stop the threat.
 - b. If the situation is static, i.e., an armed, but barricaded individual, containment while waiting for police to arrive is generally the best course of action.
3. Immediately engage the assailant(s).
4. Evacuate the victims and others only when the aggressor is isolated, and/or no longer a threat and additional officers are not needed to stop the threat.
5. Partner with police to establish a unified command post for negotiators and communications.
6. Partner with the police department by providing logistical and staffing support.
7. Identify, if practical and safe to do so, all individuals in the immediate vicinity of the incident.

Non-Security Response Protocols - Arrival of Security & Police

1. The first officers on the scene have the primary responsibility for mitigating the threat. Rescue teams consisting of officers and emergency first responders may be assigned to treat the injured and coordinate evacuation if safe to do so.
2. Remain calm and follow officers' instructions.
3. Do not hold anything in your hands.
4. Immediately raise hands, spread fingers and keep visible at all times.
5. Avoid making quick movements towards officers, such as attempting to hold on to them for safety.
6. Avoid pointing, screaming, and/or yelling.
7. Do not stop to ask initial responding officers for help or direction when relocating or evacuating.
8. Proceed in the direction from which officers are entering the premises and/or follow their instructions if given.
9. Understand that you may be searched and/or taken into temporary custody.
10. Once in a safe location, witnesses and others may be held in that area by law enforcement or security until the situation is under control and all present have been identified and interviewed.

Immediate Care of Victims & Post Incident Response (Hartford Consensus)

Prior active shooter events have demonstrated that civilian immediate responders will often render aid to more seriously injured victims. The role of immediate responders in providing hemorrhage control cannot be underestimated and is a vital link in the chain of survival for victims. When treating victims, The Hartford Consensus Improving Survival from Active Shooter and Intentional Mass Casualty Events.

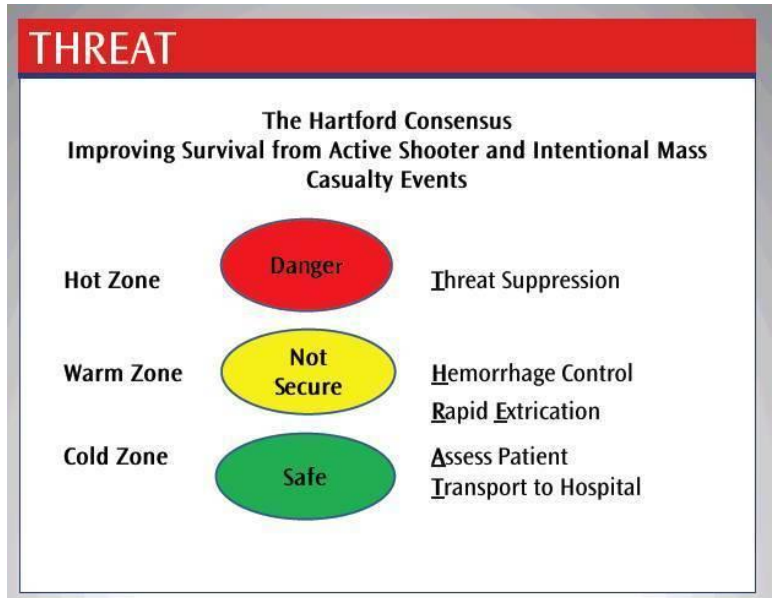
Compressing the zones delivers care to injured victims rapidly and facilitates earlier hemorrhage control.

Extrication from HOT zone to WARM zone will be handled by initial responding officers if there is no longer a threat. Officers that **extricate victims from the HOT zone will remain in the WARM zone** until additional help can arrive and **move victims from the WARM to COLD zone**.

Extrication from the **COLD zone** to the proper facility will be completed once the scene is secure and considered safe for unarmed personnel to enter the area without risk of injury or harm.

Command Center Activation

1. HCC to be set-up in a location unaffected by the incident.
2. Ensure that affected individuals receive medical care, the gathering of any required statements and follow-up support/debriefing (employee health).
3. Notify the facility maintenance department to have floor plans available to responding police agencies for review of the area if needed.
4. Contact the maintenance department to assist local authorities with any questions concerning the building.
5. Initial team member opening the Command Center assumes the Incident Commander position.
6. All media information and phone calls area handled by the HCC PIO position.
7. Additional Services:
 - a. Engineering & Maintenance & Environmental Services
 - Stand by and be ready to shut off utilities, phones, Wi-Fi and television to the affected areas.
 - b. Maintenance is responsible after event for restoration of facilities impacted/damaged in the course of any active shooter incident as soon as crime scene restrictions are removed.
 - c. Environmental Services is responsible for the cleanup of debris from the impacted/damaged area of an active shooter incident as soon as crime scene restrictions are removed.



“All Clear” Instructions / After-action

Upon conclusion of an active shooter event, the HCC should request Security Communication to announce an “All Clear” only after law enforcement has authorized the all clear to be given.

Additional measures include:

1. Accounting for all patients listed in the census and all team members (including physicians, volunteers and contractors).
2. Removing any patients from the crime scene area to the appropriate level of care needed.
3. Assessing damage to the building, equipment, and sterile environments.
4. Arranging for employee assistance programs for team members.
5. Debriefing, evaluating and reviewing the incident and the effectiveness of the emergency plan and response.

Active-threat Emergency Readiness Plans

Corporate Security will establish and maintain the Corporate Level Emergency Readiness Plan for an Active-threat incident. The plan will be stored in an annex in the TriHealth Corporate Emergency Operations Plans. In addition,

- This plan will be reviewed annually and revised accordingly.
- Each Site Administration will utilize the Corporate Level Plan as a guideline for establishing site specific readiness plans for active-threat.
- Department Managers will utilize the site-specific readiness plans as a guideline for establishing department specific readiness plans for active shooter.

Attachments:

The following attachments to this Safety, Security and Emergency Plan have been assembled from various government, police and other documentation concerning Active Shooter safety guidelines. Because of the unpredictability of Active Shooter events, these are guidelines and should be used as such.

- Attachment A:
 - Safety Guidelines/Conflict Resolution - Encountering or Coping with Threats and Violence
 - (Prior to an Active-threat Event)
- Attachment B:
 - Suspicious Person Checklist Worksheet

Attachment A

Safety Guidelines/Conflict Resolution - Encountering Threats and Violence (Prior to an Active-threat Event)

For a person being demanding or argumentative:

- Stay calm
- Listen attentively
- Maintain eye contact
- Be courteous
- Demonstrate empathy
- Be patient
- Maintain a safe distance
- Attempt to redirect towards a positive outcome
- Consider peer or supervisor intervention

For a person shouting, swearing or threatening:

- Contact security
- Signal a coworker that you need help
- Use a duress alarm or panic button or code word (example: "Page Dr. Phoenix")
 - If using a code word, make sure all team members know the code word
- If possible, visually scan the person to see if they possess any weapons or suspicious bulges
- Have someone call security or 9-1-1
- Remove yourself from the area and if possible, keep the person under observation until security arrives.

For a person threatening you or others with a gun, knife or other weapon:

- Stay calm
- If possible, leave the area immediately
- If not possible to leave the area, quietly signal for help (example: "Page Dr. Phoenix")
- Use a duress alarm or panic button or code word
 - If using a code word- make sure all team members know the code word
- Maintain eye contact
- Keep talking- but follow instructions from the person who has the weapon
- Never try to grab the weapon
- Run-Hide-Fight

Attachment B

Suspicious Person Checklist Worksheet

**Suspicious Person Checklist
Physical Description**

- SEX:_____.
- RACE:_____.
- HEIGHT:_____.
- WEIGHT:_____.
- HAIR:_____.
- EYES:_____.
- FACIAL HAIR:_____.
- SCARS/TATTOOS:_____.

**Clothing/Vehicle/Weapons
Statements**

SHIRT:_____

JACKET:_____

PANTS:_____

OTHER:_____

VEHICLE:_____

WEAPON:_____

STATEMENTS/COMMENTS:

- B. Bomb Threat Plan:** TriHealth will provide instruction for all personnel for the handling of bomb threats to ensure the safety of employees, patients, and visitors; to reduce the disruption of necessary medical functions; and to prevent the possibility of panic.

BOMB THREAT – ACTION PLAN

Anyone with a telephone, Computer, Fax, Smart Phone, or other electronic devices can receive a bomb threat, especially those whose numbers are listed in the telephone book. The person receiving the call should:

1. Listen carefully.
2. Keep caller on the line as long as possible, ask the caller to repeat the message.
3. Ask the caller when it will go off, where is it, what kind of bomb is it, why are you doing this, and who are you.
4. If the threat was via e-mail, leave it up on your computer.

Bomb threats may also be received via U.S. mail, Courier delivery, and inner office mail.

1. These types of messages need to be treated seriously and preservation of the delivery method needs to be protected for future forensic evaluations.
2. They will be turned over to the security department for further review.

PROCEDURE

After caller hangs up, call 9-1-1, then fill out the Bomb Threat Sheet (see below).

Call Corporate Security 513-569-6166

Upon receiving the threat, the **Corporate Security Department** will:

1. Notify the local police jurisdiction of the call (if not notified)
2. Notify TriHealth administration

A mass notification may be used to all team members of the bomb threat message.

The notification will state – Security Alert+Location+Avoid the area.

3. Supervise and coordinate the search (if on site)
4. Search open public areas and locked public areas (if on site)

Instruct staff to keep visitors in lobby until further notice. Visitors will not be told of the bomb threat but will only be told there is an emergency in progress.

DO NOT USE RADIOS TO TRANSMIT MESSAGES DURING THE SEARCH; USE ONLY TELEPHONES AS CERTAIN RADIO FREQUENCIES COULD ACTIVATE THE BOMB.

Department Managers and Supervisors

When notified of a bomb threat, each department manager and supervisor will be responsible to ensure that their normal work areas are searched for suspicious items such as.

- unusual foreign or strange objects
- packages
- boxes

Searches should be conducted by the personnel who normally occupy or have access to the area being searched. No one should be forced to search, as these individuals may not do an adequate job. Notify Corporate Security dispatch 513-569-6166 when your search is completed and notify them immediately if a suspicious article is found.

Depending on information received, the search will be conducted in the following areas:

1. Area(s) mentioned by the caller within your department.
2. Public areas within your department (lobbies, restrooms, etc.)
3. Patient care areas within your department
4. Lab areas within your department
5. Locked areas within your department

In NO CASE should search personnel touch or attempt to move a suspicious article or device.

Any suspicious items found require prompt attention:

- **Call 911 and Corporate Security – 513-569-6166**
- **DO NOT TOUCH the device under any circumstances.**
- **Move to a safe area.**

Evacuation (if needed)

The decision to evacuate major portions of a wing or building will be made by TriHealth Administration, Director of Security/designee or the Fire Department or Bomb Squad Officer.

In the event of an evacuation:

1. All persons evacuated should go to a predetermined area and manager/designee should report on accountability
2. Evacuation from the building shall be no less than 300 feet.

Managing the Situation after a Bomb Threat

When the Bomb Threat situation has been contained and the areas involved are considered safe by law enforcement an announcement of **“all-clear”** will be made.

If your work area/department was involved in the situation, please remember that portion of the facility will be a “crime scene” and follow directions from Security and law enforcement on where to gather.

BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. **DO NOT HANG UP**, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by email:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

WHO TO CONTACT (select one)

- Follow your local guidelines
- Federal Protective Service (FPS) Police
1-877-4-FPS-411 (1-877-437-7411)
- 911

BOMB THREAT CHECKLIST

Date: Time:

Time Caller Hung Up: Phone Number Where Call Received:

Ask Caller:

- Where is the bomb located?
(Building, Floor, Room, etc.) _____
- When will it go off? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No
- Why? _____
- What is your name? _____

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise) _____
- Estimated age: _____
- Is voice familiar? If so, who does it sound like? _____
- Other points: _____

Caller's Voice	Background Sounds:	Threat Language:
<input type="checkbox"/> Accent	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Angry	<input type="checkbox"/> House Noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Calm	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Coughing	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Crying	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Deep	<input type="checkbox"/> Music	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Motor	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Clear	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Static	_____
<input type="checkbox"/> Excited	<input type="checkbox"/> Office machinery	_____
<input type="checkbox"/> Female	<input type="checkbox"/> Factory machinery	_____
<input type="checkbox"/> Laughter	<input type="checkbox"/> Local	_____
<input type="checkbox"/> Lisp	<input type="checkbox"/> Long distance	_____
<input type="checkbox"/> Loud		
<input type="checkbox"/> Male	Other Information:	
<input type="checkbox"/> Nasal	_____	
<input type="checkbox"/> Normal	_____	
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		

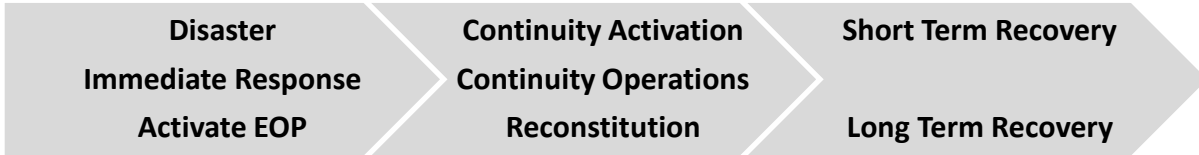


Homeland Security

C. Business Continuity Planning (BCP)

Mission: Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business interruptions

BCP Activation: The BCP is activated after emergency conditions are stabilized.



Facility-wide and department BCPs are secondary to the EOP and department Emergency Response Plans. The BCP will be implemented only after the facility has implemented emergency response procedures outlined in the EOP which are directed by the Hospital Command Center (HCC) using the Hospital Incident Command System (HICS).

The HICS Business Continuity Branch Director will coordinate continuity activities, including:

- Facilitate the acquisition of and access to essential recovery resources, including business records (e.g., patient medical records, personnel records, purchasing contracts)
- Support the Infrastructure and Security Branches with needed movement or relocation to alternate business operation sites.
- Coordinate with the Logistics Section Communications Unit Leader, IT/IS Unit Leader, and the impacted area to restore business functions and review technology requirements.
- Assist other branches and impacted areas with restoring and resuming normal operations.

Business Continuity Planning Questions:

Question:	Answers:
What mission-essential services does your department provide that are critical to patient care or critical to the TriHealth business?	Our services are of Higher Education in TriHealth. We would need to continue services to students and team members.
What equipment and supplies are essential?	The college would need access to our computers and software programs. Our clinical labs, Simulation Center, Science and Health Labs, Medical Assisting labs, Pharm Tech labs and Surgical Labs would also be essential.
List your Vendors and Resources with contact information?	See attached sheet labeled 2021 Software Inventory.
Which Computer Applications are critical to your services?	PowerCampus, Radius, Power Faid, and our Learning Management System (LMS).

Additional questions to consider:

How will staffing be handled during a crisis?

What are the vital records associated with your services and where are those located? How will you access them?

D. Chemical Spill Plan

In the event of an Incidental spill, this plan will be followed in accordance with OSHA to minimize exposure to those affected. An incidental spill of a hazardous chemical or medication is one which may be safely neutralized, cleaned-up, or otherwise controlled at the time of the spill by a team member in the immediate area. The determination of what constitutes an incidental spill is based upon the hazards of the material and the amount of material that has spilled. In these situations, team members should contain, cleanup and dispose of the hazardous material in accordance with the recommendations on the Safety Data Sheet (SDS) and division/department spill plan.

Procedures, PPE, and training necessary for the immediate response to an incidental spill of a hazardous chemical or medication shall be the responsibility of the division/department handling, storing, or using the hazardous chemical or medication.

An emergency spill of a hazardous chemical or medication is one that cannot be safely neutralized, cleaned-up or otherwise controlled by a team member in the immediate area and/or which threatens life or property; or poses a fire or explosion hazard. The determination of what constitutes an emergency spill is based upon the hazards of the material and the amount of material that has spilled; as well as the circumstances of the release itself and mitigating factors in the work area. The “Hazardous Material Release/Spill Incident Report” (located in IRIS when you report a hazardous material spill must be completed for any emergency spill that may occur. The report will be accessed by Occupational and Environmental Safety when the incident is reported in IRIS. **List any Hazardous Chemicals stored in your department: *See attached spreadsheet called 2021 Chemistry Lab Inventory Count for a list of the current chemicals stored in our department.***

PROCEDURE:

- 1) Identify the hazardous chemical or medication if possible and without posing a threat to personal life.
- 2) If you have a spill kit specifically designed for the spill – please go ahead and begin the cleanup process.
- 3) In the hospital/hospice settings, notify Corporate Security of the emergency spill, the location, and the chemical or medication hazard, if known.
- 4) Evacuate the immediate area (if hazardous).
- 5) For chemical products contact the TriHealth Operator and request that the Occupational and Environmental Safety person on call be contacted immediately.
- 6) For hazardous medication spills, contact the TriHealth Operator and request that the TriHealth On Call Pharmacy Leader be contacted immediately.

Refer to the Hazardous Material Response Plan – HM03

E. Communication Plan

Team members (including licensed independent practitioners) may be initially notified of an incident through an overhead announcement, mass notification, phone call, pagers, or email. Visitors and patients will be informed verbally by staff and overhead announcements of an incident.

Corporate Communications, per standing policy, is the sole source of key messages, factual updates, and spokespersons in a disaster situation. Corporate Communications with the Hospital Command Center will coordinate with local, regional, and national disaster preparedness organizations.

Activation Tiers (call Security Dispatch 513-569-6166) – when it is determined that an emergency exists internally or externally or important messaging is needed, the following activation tiers will be used:

Tier 1 Alert – Alert sent to Key Site and Corporate Leaders (Site or Corporate Tier 1 group)

Localized response may be required; actions may be restricted to an area, department, or group. Actions may require use of the departmental Emergency Plan. Hospital/Hospice Command Center not activated.

Effects: There is no significant effect. Minor disruption of function but no major impact to patient care. No apparent threat to personnel, property, or patient safety. IRIS report required.

Example Conditions: Utility or service failure (minor impact or service interruption) restricted to one department or small section of a building. Important information needs to be shared to key leaders.

Tier 2 Alert (call Security Dispatch 513-569-6166) – Site Activation of Hospital/Hospice Command Center Group

Notification will be made to appropriate leaders for response to the command center. Site can remain open for business operations.

Effects: Modification of operations may be necessary, but patient care can be maintained. One major function may be disrupted, but the effect is anticipated to be temporary. Potential threat to personnel, property, or patient safety may exist in limited areas. IRIS report required.

Mass notification includes Site managers/directors/team members and other system key team members (e.g., Director of Security, Administrator on call group)

Example Conditions: Utility failure with multiple departments at one site.

Tier 3 Alert (call Security Dispatch 513-569-6166) – Corporate leaders Group – open Corporate Command or assist Site Operations.

Effects: Ability to carry on quality patient care is restricted. One or more major functions may be severely disrupted. Minimization of operations and staffing may be necessary depending on the type of emergency.

Notification includes the Executive Operations Team, Chief Medical Officer, Risk Management

Plain language Alerts – for use as overhead announcement, mass notification (phone, text, email)

The trend to adopt plain language is supported by the following organizations or reports.

- U.S. Department of Health and Human Services
- U.S. Department of Homeland Security
- The National Incident Management System
- The Institute of Medicine’s Health Literacy report and recommendations

Plain language is communication your audience can understand the first time they see it or hear it. People know what actions are required based on the information they receive.

When overhead paging or mass notification is necessary, the following structure for notifications will be used:

Facility Alert	Recommended Plain Language
Evacuation	Facility Alert + Evacuation + Location + Directions
Fire	Facility Alert + Fire + Location + Directions
Hazardous Material Internal or External	Facility Alert + Threat (Hazardous Spill) + Location (internal or receiving patients in the Emergency Department) + Avoid the area (if internal)
Mass Casualty	Facility Alert + Mass Casualty + Location + Directions
Utility Interruption	Facility Alert + Type of Utility (water, power)+Location + Directions
Weather	Weather Alert +Type (tornado watch/warning, etc.) + Directions
Security Alert	Recommended Plain Language
Active Threat	Security Alert + Active Threat+ Location + Directions (Run, Hide, Fight)
Bomb Threat	Security Alert + Location + Avoid the area
Infant Abduction	Security Alert + Infant Abduction + Location + Directions
Missing Person/Child	Security Alert + Missing Visitor (could also state “missing child”) + Location + Directions
Security Assistance	Security Alert + Assistance needed + Location
Medical Alert	Recommended Plain Language (only if paging system is not functional)
All types of medical alerts	Medical Alert + Code Blue + Location

Team Member Updates

Corporate Communications will provide updates to employees daily or as often as prudent. Corporate Communications will utilize existing communications channels of email to all users or selected groups, TriHealth Bridge postings, and weekly TriHealth Bridge articles. In urgent situations, recorded telephone outbound announcements can be arranged by Corporate Communications working with Telecommunications. In some cases, Corporate Communications may recommend establishing a temporary telephone hotline or special email account and designate the person(s) to answer it and approve scripted answers/messages.

Physician Practice Updates

Corporate Communications will develop key messages and update facts for physicians. Information will be routed via U.S. Mail, telephone, email, TriHealth Alert, Voalte messaging and fax to appropriate medical staff leadership and independent physicians by the Medical Staff Office, and by Physicians Services to physicians and medical residents. Corporate Communications also will post key messages and updates on TriHealth Bridge for physicians able to access it.

F. Cyber Security Plan

All team members must promptly report all actual, potential, and suspected High Severity Security Incidents to the Information Systems (IS) Service Center at 513-569-5100. Employees should contact the Service Center at as soon as they become aware of, or suspect, a potential or actual IS Security Incident.

Examples include:

- Screen messages or pop-ups asking for bitcoin / money or stating that files are being locked / encrypted.
- Unknown parties remotely accessing the workstation while it is in use by you.
- Suspicious files filled with unreadable characters in your home folder.

Please be prepared to provide the following information:

- Team Member Name
- Date(s) of incident
- Affected System
- Summary of Incident
- Affected application(s)
- PC mnemonic / device name

When a Security Incident is reported, the IS Department will triage the incident and determine initial level of impact. Information Systems actions may include:

- Record the incident in our IS Service Management tool and provide a tracking ID number.
- Conduct an initial evaluation of the Security Incident to assess its Severity Classification; and
- If appropriate, escalate the Security Incident to the IS Incident Response Plan owner and assist the Incident Manager in conducting an initial analysis and investigation of the Security Incident and determining the appropriate Security Incident Severity Classification.

G. Earthquake Plan

Earthquakes can occur in all 50 states. Hazards that may be encountered during and after an earthquake include being struck by a building's structural components, furnishings, or improperly stored materials and being exposed to released chemicals.

Team members should have a designated safe place – such as under a sturdy table or desk, or against an interior wall away from windows – to go in the event of an earthquake.

Keep the distance to move as short as possible. “Injury statistics show that people moving as little as 10 feet during an earthquake’s shaking are most likely to be injured,” OSHA states.

In MOST situations, you will reduce your chance of injury if you:



DROP where you are, onto your hands and knees. This position protects you from being knocked down and allows you to stay low and crawl to shelter if nearby.



COVER your head and neck with one arm and hand.

- If a sturdy table or desk is nearby, crawl underneath it for shelter.
- If no shelter is nearby, crawl next to an interior wall (away from windows)
- Stay on your knees; bend over to protect vital organs



HOLD ON until shaking stops.

- Under shelter: hold on to it with one hand; be ready to move with your shelter if it shifts.
- No shelter: hold on to your head and neck with both arms and hands

Team members should stay in their safe place until the shaking stops and remain alert for potential aftershocks.

H. Evacuation Plan

Department evacuation may be necessary for several reasons, for example: fire, bomb threat, workplace violence, or utility failure such as: loss of water or sewage, extended power outage, ventilation loss, storm damage, etc.

If your department must evacuate, notify the TriHealth Corporate Security (513-569-6166) and the management staff of your Department / Site.

There are two levels of partial evacuation:

1. Horizontal – first response: patient movement occurs horizontally to one side of a set of fire barrier doors.
2. Vertical – movement of patients to a safe area on another floor or outside the building. This type of evacuation is more difficult. Due to certain causes such as fire, elevators may not be able to be used. Stairwells are used to carry non-ambulatory patients away from the danger.

Full Evacuation – Patients are transferred from the affected building to an outside area or other internal alternative areas.

1. The building may be placed on limited capacity or closed.
2. The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger rapidly increases.

Authorization

Evacuation of the building or a portion thereof can be authorized by any of the following:

- Hospital Operations or the Administrator-On-Call
- VP of Nursing, or Nursing Supervisor
- Fire Department or other Government Agency
- Corporate Safety Officer

The decision to evacuate from unsafe or damaged areas shall be based on the following:

- Engineering & Maintenance's evaluation of the utilities and/or structure of the department.
- The medical staff determination whether adequate patient care can continue.
- Evacuation should only be attempted when there is a certainty the area chosen for the evacuees is safer than the area they are leaving.

Once notified, Corporate Security will send out a mass notification to the site team members and key leaders.

Evacuation Procedure

Evacuate the most hazardous areas first (those closest to danger or farthest from an exit). Use the nearest or safest appropriate exit. Sequence of evacuation should be:

- Patients in immediate danger
- Ambulatory patients
- Semi-ambulatory patients
- Non-ambulatory patients

Close all doors and mark the door/room as empty by placing an "X" on the door with white tape or chalk.

Elevators may be used, except during a fire or a significant seismic activity. If elevators cannot be used, Patient removal methods (e.g., evacuation chairs, slydes) should be reviewed by all staff before moving non-ambulatory patients.

Location of nearest evacuation equipment: This is a non-clinical site. No patient removal methods are located on this site.

Patient Evacuation Form

<u>Transferring Site:</u>	
Site: _____	Date: _____
Patient Name: _____	Rm#: _____
<input type="checkbox"/> Medical Record sent with Patient	
<input type="checkbox"/> Medications sent with Patient	
<input type="checkbox"/> Belongings and Valuables sent with Patient	
Brief Description of patient history: _____	

Signature _____	Date: _____
<u>Receiving Site</u>	
Medical Records Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medications Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
All belongings and Valuables Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature _____	Date: _____

I. Fire Plan

Objective - To promote fire safety awareness and proper emergency response. Every TriHealth team member, Physician, and Licensed Independent Practitioner (LIP) is responsible for knowing the “RACE” concept. There is no difference in the response role of a team member, physician, LIP, volunteer, or student.

Physicians, LIPs, volunteers, students and others in the area or fire zone where the alarm is activated need to be prepared to assist in the alarm response. To do so, they will report to the supervisor or other team members for specific instructions. They must also follow any additional instructions given by the fire department, security, or leader of the area in alarm.

Our department is located on 7K, 8JKMN, 9MN, 10MN, Library 3rd Floor

II. FIRE EMERGENCY - ACTION PLANS - (call Security Dispatch 513-569-6166)

A. FIRE - within the unit/department

Remember RACE:

- 1. RESCUE** - rescue anyone in immediate danger from fire or smoke. Do not place your own safety in jeopardy.
- 2. ACTIVATE ALARM** - Immediately pull fire alarm box (pull station) and call **911** to report the fire and location---level, unit, room number, and your name.

Do not rely on the automatic alarm system activation --- always make sure the alarm is phoned in.

- 3. CONFINE** - Remember that SMOKE is a tremendous hazard in fires.

Close all windows and doors: Hallway doors on all hospital units will close automatically to form smoke compartments. Other doors that do not close automatically are manual doors and must be closed manually, e.g., patient room doors.

Stay as low to the ground as possible if smoke is filling the area and do not stand until out of the smoke.

- 4. EXTINGUISH** - Extinguish the fire if possible. Do not take unnecessary risks.

Remember PASS while using a fire extinguisher:

P - PULL the safety pin on the extinguisher.

A - AIM at the base of the fire.

S - SQUEEZE the handle.

S - SWEEP back and forth at the base of the fire.

NOTE: TriHealth pre-positions the correct fire extinguisher in your area

:

Fire Extinguisher Classes

H2O extinguishers (silver) are appropriate for **Class “A”** fires consisting of ordinary combustibles (wood, cloth, paper, rubber, and many plastics).

CO2 extinguishers (red) are appropriate for **Class “B” fires**—flammable liquids (oils, greases, tars, paints, and flammable gasses) and for **Class “C” fires**—involving electrical equipment.

WATER MIST extinguishers (white) are appropriate for Class “A” fires—consisting of ordinary combustibles (wood, cloth, paper, rubber, and many plastics) and for **Class “C” fires**—involving electrical equipment.

DRY CHEMICAL extinguishers (red) are appropriate for Class “A,” Class “B,” and Class “C” fires – see descriptions above.

5. EVACUATE – Notify Security by phone of any evacuation - **dial 911.**

If your workspace or your adjacent area is being evacuated, you may need to assist with evacuation of individuals if safe to do so.

Be prepared to give patient and team member accountability to the first responders.

If evacuation is ordered, do not return to the area until the ALL CLEAR is announced over the public address system.

PREPARATION:

In preparation to evacuate, staff will check the department to verify that all employees, patients, and visitors have been alerted and that each room or area has been vacated. To ensure that every room or area has been checked and vacated staff will mark an “X” on the door with white tape or chalk.

Consider special needs of physically limited staff.

HORIZONTAL EVACUATION:

Evacuation routes will *typically* occur horizontally to provide the quickest area of refuge and safety *unless fire/smoke forces vertical evacuation.*

VERTICAL EVACUATION:

Vertical evacuation may occur *depending on the fire/smoke incident.*

PATIENT CARE AREAS:

Identify department specific requirements below:

(FOR EXAMPLE • Patient assessments – determine special needs. • Patient transportation manpower requirements for each shift and equipment for transportation - e.g. blankets, wheelchairs, respirators, oxygen tanks, special patient issues • Recovery and continued care)

- B. FIRE Announcement – within your fire zone.
Announcement should include – Facility Alert+Fire+Location+Directions.
1. Upon hearing a Facility Alert announcement for a fire each unit/department manager is to return to their department. If the route to the unit/department poses threat of injury, the manager should evacuate to a safe area and notify the unit/department of their location.
 2. Conduct Environmental Assessment/Secure Department:
Check for smoke, employee and/or patient status, and any other situation that may affect operations of the unit/department.

Notify Security by phone of any evacuation - **dial 911 or 513-569-6166.**
 3. Conduct unit manpower assessment. Do you need additional help?
 4. Nursing units - plan for receiving patients from affected area
 5. Anticipated Actions
 - a. Remain calm and be prepared to provide instructions to team members, patients and visitors.
 - c. Assess for possible evacuation (horizontal and/or vertical)
 - d. Listen for ALL CLEAR announcement

- C. HALLWAY MATERIALS - In the event of a **fire alarm or fire situation** within your department fire zone, all hallway materials (such as stretchers, furniture, carts) will immediately be moved out of the hallways and emergency egress pathways. These materials will be moved into a vacant room, storage closet, office, or day room.

ALL Department staff is assigned this responsibility – Manager/Charge Nurse/Lead should check to ensure that it has been accomplished.

IMPORTANT:

1. Material/equipment should never block oxygen valves, any fire protection equipment (pull stations, extinguishers, fire valve cabinets), electrical closets/cabinets, or stairwell doors, even if the material/equipment is on wheels.
2. In a fire situation DO NOT turn off oxygen unless directed by the Fire Department and all patients have been assessed and provisions for back-up oxygen (if necessary) have been completed.

However, in Operating Rooms, Special Procedure/Cardiac Cath area, and C-Section Rooms that are each equipped with their own individual oxygen control valves, it may be necessary to shut off the oxygen valve prior to the arrival of the fire department for immediate safety and to prevent extensive burns to patients.

D. FIRE - outside your level/unit fire zone

1. Develop a plan for receiving patients if evacuation is necessary from patient areas.
2. Non-nursing departments may be called on for manpower.
3. Conduct a unit/department assessment of manpower availability and call the HCC with the number of employees available to help if needed.

III. FIRE ALARM SEQUENCE

A. The fire alarm sequence:

1. Fire Alarm Announcement – Horn/Chimes will sound, followed by hospital-wide announcement of level and unit of alarm location or mass notification.
2. Chimes will then sound **within the zone of the activated fire alarm** (see section V). Where applicable, strobes will flash within the zone in alarm.
3. All automatic fire doors close at the location of the fire alarm and within the hallways leading to any adjacent area on the same level.
4. Chimes will sound until silenced by order of the Fire Department. Strobes will stop flashing at this point also.
5. “ALL CLEAR” announcement

B. Smoke migration

If an actual fire has occurred, the smell of smoke may be detected in areas far from the site of the fire. Smoke will travel through vents, stairwells, elevators, shafts, etc., throughout the building via the ventilation system. Do not panic or alarm patients and visitors. Listen for the fire alarm announcements so you can inform anyone who asks the status of the fire alarm or the reason they smell smoke.

C. Sprinkler Activation (if applicable)

If sprinklers are activated there will be a significant amount of water, and the sprinklers will continue to flow pending authorization from the Fire Department to close the valve.

Flooding will be a significant concern. Staff below the fire area must be prepared to protect patients and equipment from water flooding their department.

Many TriHealth buildings are classified as a high rise structure and are required to have a fire pump capable to ensuring adequate water pressure to all areas of the building. There are water flow devices located throughout the sprinkler system that alarm whenever water flow is detected. The flow alarms can activate in other areas that are outside the initial fire zone, thus activating chimes and closing fire doors assigned to that zone. If this occurs, staff must assess their area and continue to monitor the P/A announcements. Staff should only contact Security if there is an emergency to report.

V. BUILDING FEATURES -

- A. Smoke Barriers – doors are closed by team members
- B. Suppression Systems – Sprinkler systems may be present
- C. Ventilation Systems – HVAC units are located throughout the facilities
- D. Alarm Zoning – lights and audible signals go off when alarms are activated

Fire Alarms are zoned. A zone is defined as portions of the affected floor and portions of the floor above and the floor below. Fire alarm audible signals (and strobes where applicable) will operate in the fire alarm zone.

VI. Special Considerations

Team members will escort visitors at the same time they move patients out of harm's way.

J. **Infant/Child Abduction Plan**

1. To promote awareness and proper emergency response.
2. To coordinate the department's Infant Abduction response with other departments.

I. Awareness of Infant Abduction

Call 911
Corporate Security 513-569-6166

- II. In the event of an infant abduction, there will be an overhead announcement and/or mass notification throughout the facility: Security Alert – Infant abduction – (location) and any directions/descriptions.
- III. Department Response
 1. Continue normal department activities, however, the following actions should occur:
 - a. Available staff should respond to nearby stairways or building exits within or near the department to monitor for any activity – take a phone with you.
 - b. Be observant for anyone carrying an infant or capable of concealing an infant in a package, box, duffel bag, or any other type of container.
 - c. Report information immediately to Security by calling 911 or Corporate Security. Provide a description of the person, including the direction of travel.
Do not place yourself in a situation that could cause you harm or harm to the infant.
 - d. An emergency manpower pool may be organized to respond to the abduction if additional people are needed.
 - V. All Clear
 1. An all-clear announcement/mass notification will be given upon the resolution of the abduction.

Infectious Disease Plan

Staff Protection

Following are recommended personal protective equipment for patient decontamination for a biological agent. Preferred staff protection for biological contamination is generally PPE level D (work clothes) with the addition of N95 respirators, or greater respiratory protection; guidance will be given by local or state health departments or the CDC.

Standard Precautions should be used for biological contaminants. These precautions call for the use of barrier techniques such as:

Gloves – latex-free exam or greater protection

- Worn when contact with blood or body fluid is anticipated.
- Worn when touching environmental surfaces and/or patient care articles likely to be contaminated
- or soiled with blood or body fluids.
- Put on just prior to performing patient care tasks that involve contact with blood or body fluids.
- Remove immediately without touching non-contaminated surfaces as soon as the patient care task is complete.
- When performing multiple procedures on the same patient, gloves should be changed after contact
- with blood and body fluids that contain high concentrations of microorganisms (e.g. feces, wound drainage or oropharyngeal secretions) and before contact with a clean body site such as
- non-intact skin and vascular access sites.

Facial Protection

Facial protection should be worn when performing patient care tasks likely to generate splashing or spraying of blood or body fluids onto the mucous membranes of the eyes, nose, or mouth. The level of protection below will be identified at the time of the incident.

Facial protection includes but is not limited to:

- Disposable, fluid-resistant masks.
- Goggles or face shields with side shields
- N95 Respirator
- Powered Air Purifying Respirator (PAPR)

Gowns

- Disposable fluid impervious gowns should be worn to protect skin and clothing when performing
- procedures likely to generate splashing or spraying of blood and body fluids.
- Plastic aprons may be worn for procedures likely to soil clothing but are unlikely to generate
- splashing or spraying of blood or body fluids (i.e. cleaning incontinent patients).

- The material composition of the gown should be appropriate to the amount of fluid penetration
- likely to be encountered.
- Soiled gowns must be removed after patient contact and disposed of as infectious or biohazard waste.

Staff Decontamination

Staff protective clothing should be removed in the following manner:

- Outer Gloves
- Face shield or goggles
- Fluid impervious gown
- Cap
- Respirator, N95 or greater protection
- Inner gloves.

After removal, all PPE should be placed in the designated waste containers labeled with the Biohazard symbol. Staff members should be instructed to shower after removal of protective equipment.

Contact the on-call person through the operator.

K. Information Systems Failure

If at any time your computer station fails to boot, freezes, or any other trouble, your first step is to contact the Information Systems Help desk at 513-569-5100. They may request that you notify your department manager and/or house supervisor if there is a system wide failure.

L. Mass Casualty Incident Plan

The term “Mass Casualty” refers to a combination of patient numbers and care requirements that challenge or exceed a community’s ability to provide adequate patient care using day-to-day operations. A Mass Casualty Incident (MCI) in any community has the potential to quickly exhaust resources available for response. Hospital response capability is dependent on having a comprehensive emergency management plan inclusive of the worst-case scenario to enhance the level of readiness required to respond to a community’s health care needs. The sudden arrival of a surge of patients presents a logistical challenge to rapidly process many casualties through the system.

Hospital planning has traditionally anticipated the number of casualties to be treated as potentially up to 20% of the total licensed bed capacity of the hospital. This number does not necessarily indicate an increase of in-patient admissions and hospitals should determine what is a realistic number based on surge capability and capacity (staff, space, and equipment and supplies) for each facility.

Clinical treatment for casualties may be provided in a traditional or non-traditional area. An MCI may result in both higher and lower numbers of patient arrivals, varied acuity levels and varying pediatric casualties, depending on the type of disaster scenario. Hospital planning should include information detailing how a surge of patients is going to be accommodated.

What role would your department play during a mass casualty event:

- In the event of a large-scale MCI, our Faculty RN’s may be available to participate in the personnel pool.
- In the event of a large-scale MCI, the college would have limited space of beds in our skills labs to treat an overflow of patients. The college is equipped with a small triage room

M. Missing Person/Patient Plan

Purpose

1. To promote awareness and proper emergency response.
2. To coordinate the department's missing patient response.

IV. Awareness of Missing patient

1. In the event of a missing person/patient,

Call: 911
Corporate Security 513-569-6166

to report the missing person/patient.

- a) Provide a description of the person, including clothing worn, the direction of travel and medical condition.

V. Department Response

Once an accurate description has been obtained of the missing patient, then all available staff shall respond to begin a campus wide search.

- a) Available staff should respond to nearby stairways or building exits within or near the department to monitor for any activity.
- b) if the missing person/patient is found, call 911 and Corporate Security.

N. Severe Weather Plan for Tornado

1. To promote severe weather safety awareness and proper emergency response.
2. To coordinate the department's response to a severe weather alert.

I. Notification

1. The Security department monitors the weather for all campuses. Upon the notification from NOAA of "enhanced weather" an email will be sent to all team members.
2. If the severe weather progresses to a **Regional watch** (from NOAA) Precautionary activities should include:
 - a) Review of evacuation procedures and assignments.
 - b) Preparation for power failure, including plans to handle patient on electrical equipment and securing flashlights.
 - c) Remove or store articles from windowsills (i.e., aerosol cans, vases, radios, etc.). These may become lethal flying objects during a storm.
3. If the severe weather progresses to a **Regional warning** (from NOAA) then an activation of the severe weather plan should begin.

The notification will state – Weather Alert + Type (tornado warning) +Directions (such as activate your plans)

4. During a Severe Weather Warning" - severe weather is anticipated to pass through the area. Team members should turn on the TV/radio/computer to a local news channel for quick notification of severe weather at your location.

Action during a warning:

A tornado warning indicates that these storms/funnel clouds have been sighted in our region.

- a. Close all windows.
- b. Move patients into hallways. If patient cannot be moved into hallway protect them from flying debris. Blankets, pillows, and mattresses may be used.
- c. Close all doors, including corridor doors.

1. Ambulatory Patients and Visitors

Ambulatory patients and visitors should be directed to the nearest windowless room and close the door. Tell the patient to put on their shoes (in case there is debris on the floors when evacuating).

- II. Lobby Area/Waiting Room area – move all patients, visitors, and team members to an interior windowless area such as a bathroom or interior hallway. Close doors at both ends of the hallway.

GSC Department Tornado safe locations:

- 7J Close doors and stay in auditorium 799
8J Close doors and stay in skills lab 870.10
8MN Seton Hall – move to center of hallway or stay in classrooms (there are no windows in classrooms 869.1, 869.2, 869.8)
9MN Close all doors and move to center of hallway, interior stairwell
10MN Close all doors and move to center of hallway, interior stairwell

III. Expiration of Warning

1. Survey the department and report any damage to Security.
2. Obtain medical assistance as needed.

Generally, the safest place to be during a tornado is in a windowless room with the door closed.

- IV. Staff should be mindful that because of a Severe Weather Incident, other disaster plans may be activated. For example:
- Utility Failure.
 - Multi-Casualty Plan.
 - Internal disaster because of flooding, fire or building damage.

O. Shelter in Place

When a threat does not permit safe relocation or evacuation, the site may need to shelter in place. Samples include weather, police activity and chemical release in the community. Your facility may be notified by city/county officials to shelter in place. Call Corporate Security (513-569-6166) and notify them of the Shelter in Place order

Hazardous materials (HAZMAT) incident:

- If there is an airborne hazardous materials plume, call maintenance to shut down air intake into ventilation system; security will implement access controls as needed.
- Ensure visitors and team members are aware of threat – location and actions to take.
- Update incident command on your operational status and impact on patients/
- team members, and visitors.

Other situations may require Shelter in Place:

Patients, visitors, team members will be sheltered in place when notified by local authorities. . The inpatient services will continue; including managing their food, personal hygiene and sanitation needs of the patients, residents, and staff.

If an event occurs that prevents the facility from continuing to function, patients will be evacuated to another area of the building or another location **with permission of local authorities**. More than one facility may be utilized due to occupancy needs. All patients, visitors and team members being evacuated will be tracked to ensure safety and to allow for notification of county officials and families. Utilize the log established in the Evacuation Plan.

P. Utilities Management Plans

Electrical Failure

The purpose of this plan is to identify and manage how the department will react to a loss of normal electric power.

I. DETECTION

An interruption of normal electrical power can be detected by:

- Failure of most lights.
- Failure of equipment connected to normal power outlets.

II. STEPS TO TAKE IN THE EVENT OF FAILURE

- Assess and intervene to protect patients.
 - Round on each patient.
 - Transfer necessary (life-saving) equipment to **red** outlets.
 - Examine equipment on red outlets for needed restart.
- Alert Corporate Security of electrical failure at 513-569-6166
- Print department census (all printers should be on red outlet)
- Assess if any additional help is needed.
 - Report type and amount of help needed to Nursing Supervisor.
- Obtain information updates from:
 - Nursing Supervisor
 - Hospital Command Center
 - Engineering & Maintenance
 - Security

Generator Failure (no electrical power in the building – including Red Outlets)

I. DETECTION

Failure of the Emergency Generator Power System will typically be detected only after failure of the normal power system.

If the normal power system fails and within 10 seconds emergency lights and red outlets are not active, it will indicate a possible failure of the emergency power system.

For those few departments having equipment on the UPS (uninterruptible power system) the failure of the normal power supply and the subsequent failure of the equipment on the UPS system would indicate a likely failure of the UPS system.

II. STEPS IN THE EVENT OF FAILURE

Failure of both normal and emergency power may have very serious consequences in some departments.

List equipment in your department that is necessary for patient care (IV pumps, monitors, ventilators, etc.)

Equipment/System	Failure Response Plan
NA	NA

Disaster Supply boxes includes – glow sticks, pop up lanterns, head lamps and call bells. Distribute items needed to patient rooms and public bathrooms.

Water Supply and Wastewater Interruption Plan

The purpose of this plan is to allow the department to recognize a service interruption and to have a plan to deal with their needs during the interruption.

I. Detection

Typically, an interruption to normal water flow, temperature or quality will be noticed.

Interruption to the house-wide wastewater system may be noticed in the department or may be announced.

Interruption in building temperature due to loss of water to boilers

II. Actions In The Event Of Failure

Assess immediate and long term patient needs.

Be aware that medical vacuum or/and medical compressed air may fail or may be interrupted and plan response actions.

If water will be needed in either short term (1 hour or less) or long term situation call the HCC (Hospital Command Center) and Engineering & Maintenance. Inform them of your needs.

WASTEWATER

If the wastewater system becomes blocked or disabled house-wide (a loss of water supply will disable the wastewater system) contact Engineering & Maintenance

III. ALTERNATE SUPPLIES

Water supply loss site plans call for the trucking in and distribution of bottled water.

Should the water or wastewater outage become extended beyond a few hours some patient evacuation may be necessary. Assess your patients at the start of an outage for this possibility.

Q. Violent Person Plan

All individuals shall be treated with courtesy and respect.

1. 8:00 AM to 8:00 PM - General visiting hours with the exceptions noted below*
8:00 PM to 8:00 AM - Accommodations will be made on an individual basis with advanced planning and security clearance.

*The following are exceptions to the 8:00 AM - 8:00 PM General Visiting Hours at each facility:

Hospice: anytime, 24 hours a day

Maternity Services/LDR: open hours

(Contact the Department for the Visitation Guidelines in the Departmental Policy and Procedure Manual)

Adult Behavioral Health (not Senior):

5:00 PM to 8:00 PM Monday through Friday

1:00 PM to 4:00 PM, and 5:00 PM-8:00PM Saturday and Sunday and holidays

2. The patient, or their legal representative, has a right to restrict or designate his/her own visitation and their request will be honored.
3. A visit may be terminated or denied by the nursing staff for medical/patient care reasons or inappropriate behavior including but not limited to risk for potential violence**. Any visitor acting in a disorderly fashion or creating any harsh disturbance or seriously violating any hospital policy will not be allowed to remain in the hospital. If the visitor will not comply with the rules at the request of the nurse in charge, the Security Department will be called to assist.

****Risk Factors/behaviors indicative of potential violence may include:**

- ✓ Negative body language including clenched fists, angry facial expressions, rigid posture, tautness, indicating intense effort to control behaviors.
- ✓ Overt, aggressive acts; destruction of objects in environment.
- ✓ Hostile, boasting of prior abuse to others including threats of physical assault and/or death by the patient/visitor to the nursing or medical staff or other patients.
- ✓ Increased motor activity, pacing, excitement, irritability, agitation.
- ✓ Rage.
- ✓ Provocative behavior, presenting as: argumentative, dissatisfied, overactive and hypersensitive; disruptive confrontations, either physical or verbal with other patients, visitors, or staff members.
- ✓ Refusal of patient to comply with reasonable requests for behavior from medical or nursing staff member. This includes refusal to comply with medical protocol and/or unit rules and regulations.
- ✓ Patient's level of anxiety and behaviors that indicate the anxiety is increasing.

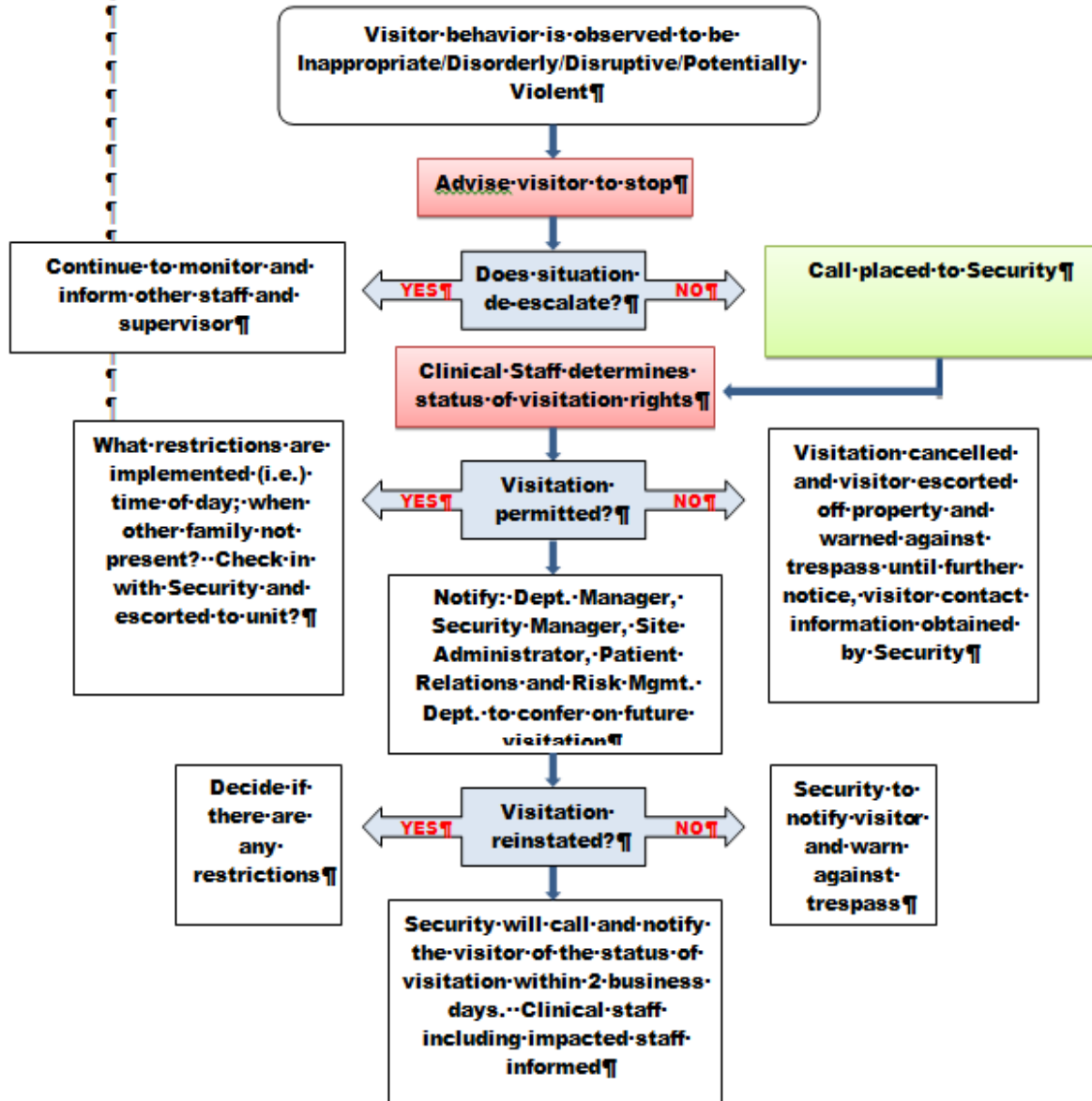
- ✓ Verbal repetition of unreasonable requests/demands.
- ✓ Use of profanity, spitting, or threatening behaviors/actions.
- ✓ In custody of law enforcement.
- ✓ Under the influence of drugs and/or alcohol
- ✓ Unwanted sexual advances and inappropriate sexual behavior towards staff or other patients.

**Team Member Responsibilities/Indications for Alerting Security
Procedure (algorithm to follow policy)**

1. If the visitor is unruly or threatening, notify Security (513-569-6166).
2. If there is any indication that the visitor may have a possession of destructive means: gun, knife, etc., remove yourself from immediate jeopardy, notify Security (513-569-6166).
3. Notify Manager or Administrative Supervisor.
4. Conduct a brief assessment as to cause of disruptive and/or violent behavior, de-escalate and eliminate, if possible. De-escalation actions include, but are not limited to:
 - ✓ Use of empathetic, verbal interventions to calm an agitated, fearful, or panicked visitor.
 - ✓ Maintain a low level of stimuli in the environment (low lighting, few people, and low noise level).
 - ✓ Review with visitor, appropriate expression of angry feelings.
 - ✓ Take precautions to minimize physical risks.
 - ✓ Always maintain at least an arm's length distance from the visitor.
 - ✓ Other team members should remain within the immediate area.
 - ✓ Consider reassignment of staff.
5. The Manager/ Supervisor will meet with patient and visitor, as appropriate, to review their responsibilities regarding non-disruptive behavior; and document actions taken on the appropriate electronic system.
6. Consult Social Work, Patient Representative, and/or Pastoral Care, as indicated.
7. Determination to remove a visitor will be at the discretion of the charge nurse and/or manager/ supervisor, and/or security.
8. Complete appropriate documentation in electronic medical record
9. Complete IRIS event report.
10. In the event of a team member injury, the team member needs to complete a safety event report and be seen, either in Employee Health or in the Emergency Department, after hours.

Decision Tree: Disruptive/Inappropriate Visitor

If at any time a team member perceives an unsafe situation, or is fearful of being harmed, notify Security immediately.



R. Department Team Member Phone List

Good Samaritan College – Main Numbers			
Reception Desk – 862-2641; College Information – 862-2631 (Phone Tree)			
Security – 862-2476	Simulation Center – Main Number – 862-1961		
IT Help Desk – 569-5100	Library Services – Main Number – 862-2433		
College Fax Number – 862-3572			
President of College of Nursing			
	Office #	Cell #	Room #
Dr. Judy Kronenberger – President	25010	937-609-2785	872.27
Catie Schafer – Administrative Assistant	21551		873.4
Academic Affairs			
Dr. Michelle Roa – Dean Nursing	27765	513-678-8866	872.25
Dr. Pryze Smith – Dean of Allied Health	21723		872.24
TBD – Undergraduate Nursing Chair	23721		1040.11
Tracy Teetz – Campus Operations Coordinator	22230	513-313-1837	872.14
Grace Powell – Alumni Coordinator	22518		873.4
Nursing Faculty			
Asefa Alaro – Instructor – NUR 101	23316	513-479-4125	1040.8
Kelley Becker – Instructor – NUR 202	23747	859-663-8186	1041.13
Filipina Beduya – Teaching Assistant – NUR 102; NUR 202	25401		1040.8
Kelly Brians – Adjunct Instructor – NUR 201	21754		1041.10
Mae Beth Brunzman – Assistant Professor – NUR 201	21328	513-680-8813	1040.3
Michele Bunning – Associate Professor – NUR 202	23743		1040.10
Dr. Emilie Burdette – Associate Professor – NUR 101	23732		1040.2
Dr. Sarah Ewing – Professor – BSN Faculty	WFH	513-465-8841	Offsite
Brittany Ford – Clinical Instructor-MS – NUR 202	23724	513-490-2400	1040.7
Maribeth Gieseke – Assistant Professor, NUR 102	23726		1040.12
Barbara Gillman-Lamping – Associate Professor – BSN Faculty	WFH	513-256-9964	Offsite
Shannon Hardy – Clinical Instructor-MS – NUR 201	21863		1040.7
Dr. Nancy Walsh Henson – Associate Professor – NUR 201	22494		1040.9
Dr. Beatty Hodovanic – Professor – BSN Faculty	WFH	513-886-0910	Offsite
Allison Howder – Instructor-MS – NUR 102	23735		1040.12
Laura Kronenberger – Instructor-MS – NUR 202	23195		1040.13
Mary Lynne Moorman – Clinical Instructor – NUR 102	21284		1040.9
Ashley Miller – Clinical Instructor – NUR 202	25434		1040.4
Abigail Nametz – Instructor-MS – NUR 202	23576		1040.15
TBD	22276		1040.10
Susan Oaks – Adjunct Instructor – NUR 201		513-477-7783	1041.10
Dr. Tracy Phipps – Instructor-MS – NUR 102	23717		1040.4
Dr. Melanie Quilla-Deza – Associate Professor – NUR 101	21319		1040.2
Dr. Suzanne Scudder – Assistant Professor – NUR 201	23745		1040.14
Robin Sinex – Assistant Professor – Skills Lab	21961	513-314-7512	870.10
Joann Sommer – Associate Professor – Skills Lab	21961		870.10
Ellen Thomas-Arnold – Instructor – NUR 202	21862		1040.15
Jenette Tuada – Teaching Assistant – NUR 201	25435		1040.14
Regina (Jean) Williams – Assistant Professor – NUR 101	23725		1040.3

Allied Health/General Education			
	Office #	Cell #	Office
Tiffani Behymer – Medical Asst. Program – Coordinator	29254	513-301-8703	1041.5/1041.6
Dr. Clifford Cookman – Associate Professor	23736		973.18
Dr. David Groh – Professor	29016		1040.1
Tony Hayes – Assistant Professor	21281		1040.6
Sara Henderson – Pharm Tech Coordinator	22688		1041.5/1041.6
Dr. Karan Singh – Professor	23718	513-341-7672	973.18
Dr. Michael Whitely – Associate Professor	23740		1040.1
Julie Ledbetter – Adjunct – Medical Assisting	-	937-308-4943	-
Michael Millward – Assistant Professor	29295		973.24
Kathy Richards – Assistant Professor	23716		1040.6
College Services			
Dr. Terri Pullen – Dean, Instructional Technology & Institutional Assessment	27761	770-337-0137	873.3
Daniel Cleary – Application Engineer	22519		873.11
Stuart Stanton – Client Technologies Engineer	24194		873.11
Admissions/Enrollment Management			
Dr. Trent Hayes – Dean of Enrollment Mgmt.	21678		872.9
Kyla Jones – Student Academic Support Specialist; Title IX/504 Coordinator	23504		1041.10B
Tashena Reed – Business Administrator	26342		867.23
Hui Hing Malotke – Financial Aid Administrator	23578		867.28
Darlyn Derthick – Admissions Recruiter	22743		872.18
Suzanne Fegelman – Associate Registrar	22493		867.26
Isabelle Cayo Sanders – Registrar	22744		867.27
Wesley Williams – Accounts Receivable Specialists	23573		867.25
Ritter Hoy – Marketing Communications	21180		867.24
Santos Robles – Admissions Recruiter	22723		872.18
Julie Schuster – Admissions Associate	23727		873.3
Library			
Virginia Eshleman – Medical Librarian	21913		GS/BN Library
Valerie Ratchford – Library Technical Asst.	21912		GS Library

S. Site Leadership and/or Building Management Contact Numbers

Executive Director, Hospital Operations	Kelvin Hanger	862-1771
VP, Chief Nursing Officer		862-1244
President	Judy Kronenberger	862-5010
Campus/Security Operations Coordinator	Tracy Teetz	862-2230
Dean of Admissions	Trent Hayes	862-1678
Dean of Nursing	Michelle Roa	862-7765
Dean of Allied Health	Pryze Smith	862-1723
Dean of Institutional Assessment	Terri Pullen	862-7761

T. Evacuation Diagrams (see attached)

**Emergency Contact Numbers:
911 and Corporate Security Dispatch – 513-569-6166**

Active Threat	<ul style="list-style-type: none"> • RUN from area of danger to location of safety. • Call 911 – give a description of the person. • Call Security – 513-569-6166 • If you cannot Run, then HIDE – close and barricade the door. • If you cannot RUN or HIDE then FIGHT – pick up items to throw at the attacker, fight for your survival.
Bomb Threat	<p>If you receive a bomb threat-</p> <ul style="list-style-type: none"> • Do not hang up. • Remain calm. • Try to prolong the conversation and get as much information as possible. • Note the time and what you hear. Are there background noises, such as music, voices? • 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 the medical center? • How is the bomb location described? Does the caller use a person’s name? • When the call is over complete the bomb threat report checklist located in the Bomb Threat Plan. • Then immediately Call Security – 513-569-6166 and relay all the information you collected.
Chemical Spill	<ul style="list-style-type: none"> • Notify Security – 513-569-6166 - give location of spill and the name of the spilled chemical. • Attend to any persons who may have been contaminated. • Notify persons in the immediate area of the spill and evacuate all non-essential personnel from the area. • If spilled material is flammable, turn off heat sources. • Avoid breathing vapors of spilled material. • If your area has a spill kit – (which includes protective eyewear, gloves, gown, and materials needed to contain and absorb spill) and the spill is small you may clean it up. If not contact EVS at your site for the clean up. • Refer to <u>HAZARDOUS SPILL RESPONSE PLAN</u> located in this binder. <p>Large Spills –</p> <ul style="list-style-type: none"> • Notify Security – 513-569-6166 or local fire department (if offsite) • Notify Occupational Environmental Person on-call (through Operator) • Notify EVS at your site. • Evacuate the area of the spill. • Identify the hazardous chemical (without posing a threat to personal life)
Information Systems Failure/Problem	<p>Contact the IS Service Center at 513-569-5100 Clinical areas – begin using downtime packets and BCA computers</p>

Fire in/near YOUR department	<p>Smell something burning, but see no smoke:</p> <ul style="list-style-type: none"> • Pull the Fire Alarm • Call Security – 513-569-6166 • Security will send an officer to investigate. <ul style="list-style-type: none"> • Smoke or fire found: RACE. • R – Rescue those in immediate danger. • A – Alarm <ul style="list-style-type: none"> ▪ Activate the alarm by pulling the fire alarm. ▪ Call Security – 513-569-6166 and give exact location of fire (room number and building). • C- Contain the fire by closing all doors. • E – Extinguish if possible, by locating a portable fire extinguisher and following the PASS method: <ul style="list-style-type: none"> ○ Pull the pin. ○ Aim the extinguisher nozzle at the base of the fire. ○ Squeeze the handle. ○ Sweep the extinguisher from side to side at the base of the fire. • OR • E – Evacuate your area to a safe area (next fire compartment) • Evacuation should be coordinated with one of the following: <ul style="list-style-type: none"> ○ Security ○ Manager of affected area • If time allows, close all doors behind you as you leave.
Fire NOT in your department	<p>Return to your department WITHOUT going through the fire or smoke area and WITHOUT using the stairs. Prepare to either receive patients or assist with an evacuation.</p>
Infant/Child Abduction	<p>(Specialty departments such as L&D, NICU, Mom/Baby – refer to your complete plan) Call Security – 513-569-6166</p> <ul style="list-style-type: none"> • Team members throughout the house shall monitor each exit on/near their respective units. They shall go to the exits, go to stairwells and observe anyone using the stairs. Take your cell phone. • Team members should observe any suspicious person who is carrying a bag of a size that may contain an infant and be prepared to describe the activity and appearance. • Team members should avoid any verbal or physical confrontation and call Security.
Missing Person	<p>Call Security – 513-569-6166</p> <ul style="list-style-type: none"> • Team members throughout the house shall monitor each exit on/near their respective units. They shall go to the exits, go to stairwells and observe anyone using the stairs. • Team members should avoid any verbal or physical confrontation – call Security.
Pneumatic Tube Interruption	<ul style="list-style-type: none"> • Call Engineering and Maintenance • Use a “runner” to deliver items.

Nurse Call System Disruption	<ul style="list-style-type: none"> • Round on patients and make sure all patients and team members are briefed on your alternate procedure. • Deploy your Call Bells from your Disaster Supply Kit • Call Engineering and Maintenance
Severe Weather Tornado Warning	<p>Tornado Warning - Issued when a tornado has been sighted and it is threatening the community. At this time, the Civil Defense warning sirens are sounded, and the media broadcasts the emergency messages.</p> <p>Check your news/weather apps or listen to your weather radio alerts.</p> <ul style="list-style-type: none"> • If the tornado is tracking towards your location - move all patients/visitors to a safe area in department. • Cover patients with an extra sheet or blanket. • If they are ambulatory – have them put their shoes on. • Close doors and move unsecured equipment and hazardous chemicals to a safe area. • Corridor traffic should be restricted to emergency movement only. • Seek cover for personal safety.
Power Outage – Generators Work	<ul style="list-style-type: none"> • Ensure that patient life support systems are on Emergency power supply (Red outlets). • Ventilate patients by hand, if necessary. • Complete cases in progress ASAP • Use backup flashlights/headlights/lanterns/glow sticks from the Department Disaster Supply Kit.
Power Outage - No Generator Power	<ul style="list-style-type: none"> • Hand-ventilate patients: • Manually regulate IVs. • Do not start new OR cases. • Use backup flashlights/headlights/lanterns/glow sticks from the Department Disaster Supply Kit.
Telephone Outage	<p>Call Security – 513-569-6166 Use cell phones, “runners” and 2-way radios.</p>
Violent Person	<p>Call Security – 513-569-6166</p>

DISASTER WORKSHEET
Take to the Hospital Command Center

Department/Unit:

<p>Record time your department was notified of disaster. Time: _____</p>	<p>Record time the department activated its disaster plan. Time: _____</p>	<p>Contact department Manager/Director, and advise them of disaster. Manager Phone #: Director Phone #: Other Phone #:</p>

<u>Contact Information</u>	<u>Arrow Springs</u>	<u>Bethesda Butler</u>	<u>Bethesda North</u>	<u>Good Samaritan</u>	<u>Hospice of Cincinnati</u>
HCC - Phone	282-1513 / 282-7265	893-8852	513-984-0755	862-5101	891-7700
HCC – E-Fax	852-3016	893-8853	852-3071	862-5106	852-3098
e-mail	HCC_AS@trihealth.com	HCC_BBH@trihealth.com	HCC_North@trihealth.com	HCC_GSH@trihealth.com	HCC_HOC@trihealth.com
Emergency Dept	282-7200	893-8195	865-1112	862-2536	891-7700
Administration		893-8257	865-1221	862-2501	
Family Center			865-1377	No phone	
Discharge Holding			865-1730	862-4677	
Personnel Pool			865-8161	862-4851	

<u>Contact Information</u>	<u>Western Ridge</u>	<u>McCullough-Hyde</u>			
HCC - Phone	246-9900	839-0296 (Sharon Klein) and 839-0286 (Scott Kosarko)			
HCC – E-Fax	246-9967	Sharon_klein@mhmh.trihealth.com scott_kosarko@mhmh.trihealth.com			
e-mail					
Emergency Dept					
Administration	246-9901				
Family Center					
Discharge Holding					
Personnel Pool					

STAFF AVAILABILITY:	# STAFF CONTACTED	APPROXIMATE STAFF ARRIVAL TIMES / NOTES:
Off-duty RN Staff contacted	# _____ RN's called	(Hard copy of RN contact list in CN handbook and department disaster binder)
Off-duty MDs / MLP's contacted	# _____ MD's paged	_____ MDs, _____ CNPs, _____ PA's, ETA between _____ minutes
Off-duty Clerks contacted	# _____ Clerks called	_____ Unit Clerks confirmed, ETA between _____ minutes

Off-duty Techs contacted	#_____ Techs called	_____ ED techs confirmed, ETA between _____ minutes
# Staff on-duty at time of disaster		_____ RNs, _____ MDs, _____ MLPs, _____ Techs, _____ Clerks, _____ Registrars

			Initials
Beds available now:	#	Need: Surplus:	
Patients that can be discharged:	#		
Patients that can be transferred:	#		
Total Beds Available:	#		
Advise HCC of Needs and Surpluses	Staffing:		
	Supplies:		
	Equipment:		
	Other:		

HICS 255 - MASTER PATIENT EVACUATION TRACKING

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Patient Evacuation Information						
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR		Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Medication Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	Admit Location <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	Expired (time)
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR		Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Medication Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	Admit Location <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	Expired (time)
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	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
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	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location			Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Medication Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	Admit Location <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	Expired (time)

4. Prepared by	PRINT NAME: _____	SIGNATURE: _____
Disaster Worksheet	DATE/TIME: _____	FACILITY: _____