

emergency, may continue for years. Examples of recovery actions include, but are not limited to:

1. Damage assessment.
2. Debris clearance.
3. Decontamination.

Participation

- a) The Vice President, Ambulatory Services Development is responsible for developing, implementing and evaluating the Emergency Management program at Johns Hopkins at White Marsh for both internal and external emergencies.
- b) The Baltimore County Police Department, Baltimore County Fire Department and Baltimore County Health Department serve as resources to the Vice President, Ambulatory Services Development in developing/revising the Emergency Management program.
- c) Each tenant suite is responsible for the development and maintenance of their own internal operating and notification procedures.
- d) All tenant suites are responsible for filling any important vacancies, recalling personnel from leave, if appropriate; and alerting those who are absent due to other duties or assignments.
- e) Unless otherwise directed, the release of information to the public or media will be handled through the Department of Ambulatory Services Development.

Policy Evaluation

- a) The Emergency Management program is evaluated annually by the Vice President, Assistant Director, Senior Program Manager, Program Development Manager, and the Property Manager. Performance activities, (as measured against the performance standard,) and comments on any performance standard deviations (explanation, action, resolution) are clearly listed. (see Attachment I)
- b) The Program Development Manager, Ambulatory Services Development distributes policy revisions to all manual holders with instructions to update their manuals.
- c) The Vice President submits a yearly report to the Johns Hopkins Hospital Emergency Management Committee and the Department of Health, Safety and Environment.
- d) These policies and procedures are reviewed and revised accordingly every three years by the Vice President, Property Manager, Senior Program Manger and Program Development Manager.

Orientation and Education

- a) The orientation of all staff in emergency management procedures occurs at New Employee Orientation, required for all new employees.
- b) The Department of Ambulatory Services Development conducts mandatory training sessions annually.
- c) These training sessions require the attendance of a representative from each suite and an alternate (if available). The Vice President and the Property Manager will educate the attendees on the Johns Hopkins at White Marsh emergency management procedures. The representative from each suite will be responsible for educating their staff.
- d) An Emergency Response Reference Sheet is prominently displayed in each suite. (see Attachment II)
- e) The Assistant Director, Ambulatory Services Development and the Property Manager inform all tenant suites through written correspondence and monthly tenant representative meetings, of any changes to the Emergency Management program.
- f) The Program Development Manger is responsible for updating the Ambulatory Services Development staff on policy revisions and educating new Ambulatory Services Development staff on the policy.
- g) One emergency drill is conducted each year to evaluate staff emergency readiness.

Financial Management

- a) Emergency expenditures are not normally integrated into the budgeting process.
- b) Records will be kept by all tenant suites in order to separately identify disaster related expenditures and obligations from general programs and activities.
- c) Records will be submitted to the Assistant Director for Ambulatory Services Development for review.

Implementation

Code or Event Designation

The following codes shall be used to alert tenants and staff of emergency situations.

Cardiac Arrest
Fire
Security

Code Blue
Code Red
Code Grey

This would include all situations requiring a quick response by security personnel such as combative patients, attempted kidnapping, bomb threats, etc.. It is understood that some of the situations require an administrative conference before an action plan can be implemented.

Hazardous Material Release

Code Orange

This would include the release or spill of any hazardous materials (nuclear included).

Disaster Plan Activation

Code Triage*

This designation would be utilized to activate the emergency management plan. It would apply to an internal or external emergency; including a partial or full evacuation.

*It is recommended incorporating the following added terminology to be used in conjunction with the "Code Triage" designation for the purposes of plan organization and implementation:

"Code Triage - Standby" — This designation to be used when there is knowledge of an emergency or unusual event which may impact the facility and requires analysis of the situation. The use of the "Code Triage -Standby" terminology would, at the very least, require the activation of the I.C./Administrative section for planning and discussion.

"Code Triage" — This designation informs all tenant suites and employees to activate their disaster plan in response to a known or perceived situation impacting the facility; for example, patients are on the way from a disaster scene.

Emergency Command Center

- a) The Department of Ambulatory Services Development will develop and maintain current resource information on supplies, equipment, facilities, and skilled personnel available for emergency response and recovery operations.
- b) Emergency resource information will include procedures and points of contact to facilitate rapid acquisition of needed resources.
- c) In the event of a disaster/disaster drill, an Emergency Command Center is established in the Nottingham Sales Office located in the CoreSource building at 4940 Campbell Boulevard (410.931.6922).
- d) Members of the emergency response team include the Vice President (BMMC), Assistant Director (BMMC), Property Manager (NMC), Assistant Property Manager (NMC), and the Building Engineer (NMC).
- e) The Emergency Command Center may be reached by dialing (410.931.6922).
- f) The Johns Hopkins Hospital Senior Management is notified by calling the Office of the President at 410-955-9540.

Emergency Drills

- a) Emergency Drills are conducted one time each year.

- b) Staff awareness of the emergency preparedness program is analyzed by the Vice President and the Property Manager by evaluating the completed Johns Hopkins Hospital Disaster/Drill Evaluation Form (see Attachment III) within 48 hours of the emergency drill.
- c) A critique session follows each drill and a complete incident report, including a plan to correct deficiencies is submitted to the Emergency Management Committee and the Department of Health, Safety and Environment.

Evacuation Plan

- a) All Hospital/University staff are trained in the evacuation plan by their clinical department.
- b) All Hospital/University staff are responsible for keeping corridors and egress routes free of mobile equipment and obstructions.
- c) In the event of an emergency (fire, flood, severe weather conditions, hazardous material, loss of utilities, etc.) the Vice President, Ambulatory Services Development determines if partial or full building evacuation is necessary. In the absence of the Vice President, this is the responsibility of the Assistant Director, in conjunction with the Property Manager.
- d) In the event a full building evacuation is required, the fire alarm is used to notify visitors, patients and staff.
- e) If a partial evacuation is necessary the Property Manger notifies the Tenant Representatives in the affected area, who will in turn notify their staff.
- f) Evacuation procedures:
 - 1. Evacuate all patients.
 - 2. Elevators are not to be used in the event of a fire.
 - 3. Removal of patients should occur by the following methods:
 - Non-ambulatory patients: Roll wheelchair or stretcher to a stairwell landing. The JH at WM stairwells are a one-hour area of refuge. Stay with non-ambulatory patients until the Fire Marshall or Baltimore County Fire Department arrives to assist moving patients outside the building.
 - Ambulatory patients: Assist down stairs to outside building.
- h) Visitors, patients and staff remain outside of the building until an “All Clear” is received from the Property Manager, the Vice President, or the Baltimore County Fire Department.

Emergency Notification Call Tree

- a) Other types of external disasters or emergency situations could occur which could threaten the facility and require notification of personnel and patients. In this event the Emergency

Notification Call Tree is implemented to reach all patients and staff by telephone. (see Attachment IV.)

- b) The Vice President, the Assistant Director, and the Property Manager (NMC), consult as to the nature and extent of the disaster and a decision is made to open or close the facility.
- c) Staff members are notified at least 1 hour prior to their start time only if the facility is to be closed. Notification is not given if the facility is to remain open.
- d) If the facility is to remain open, personnel are expected to report as usual.

Severe Weather

- a) In the event of extreme weather (i.e. snow, hurricanes, floods, etc.) consideration is given to the potential risks to the safety of patients and personnel.
- b) In the event that the Vice President, Assistant Director, and Property Manager concur that the facility shall remain closed due to extreme weather conditions, the Emergency Notification Call Tree is implemented.
 - a) Each level of personnel on the tree is required to notify those at the next level as indicated.
 - b) Personnel required to contact patients will be given a roster on the evening prior to predicted inclement weather.

Tornadoes

- a) If the area is determined to be under a Tornado Watch, during normal business hours, the Emergency Notification Call Tree will be initiated to notify tenants.
- b) All staff should be prepared to act, if the Watch is upgraded to a Warning.
- c) In the event of a Tornado Warning all physicians, staff and visitors should evacuate to lower level inner offices, restrooms or other area away from outside walls and windows.
- d) All physicians, staff and visitors shall wait to hear an "All Clear" announcement from the Property Manager before leaving the safe area.

Water Outage

- a) In the event of a water outage, all water cooled equipment is turned off and the building is closed until water is restored.
- b) The Emergency Notification Call Tree is utilized to notify patients and staff.

Bomb Threat

The implications of a bomb are so serious as to make it imperative that immediate action be taken to avoid panic, personal injury, or loss of life. All bomb threats are taken seriously.

Procedures: Although the following procedures are numbered sequentially, certain activities are intended to occur simultaneously.

a) Person receiving the threat:

1. Make detailed notes of everything caller says – particularly: **TIME** the bomb might explode, **DESCRIPTION** of the bomb, **LOCATION** of the bomb, and **TIME** call was received and terminated.
2. Ask as many questions as possible with the intent to: identify the caller's sex, age, accent, tone of voice, identify any and all background noises, and gain sufficient information for the Vice President to evaluate the threat.
3. Engage the caller in as much conversation as possible.
4. Be calm and courteous. Most importantly, **listen to the caller**. Do not interrupt the caller.
5. Report the call to the Vice President (410.583.2460) and to your supervisor while the caller is on the line or immediately after hanging up.
6. Complete the Bomb Threat Checklist (Attachment V).

b) Vice President:

1. Dispatch Property Manager immediately to person receiving the threat, or directly to threatened area if time is limited.
2. Notify the Baltimore County Police Department (BCPD) by phone. BCPD will notify the Fire Department (BCFD) as necessary.

c) Property Manager:

1. Respond to person receiving the threat immediately.

If time is limited, respond directly to the threatened area. Conduct search immediately with department supervisor or appropriate staff member who is familiar with the area.

2. Obtain and document all significant information. Attempt to alleviate fears or panic regarding threat.

3. Advise Vice President of initial assessment as time permits.
4. Assist person receiving call with completing Bomb Threat Checklist when time permits. Review checklist for investigative leads.

d) **Department Manager:**

1. Assist Property Manager in search of threatened area. (If necessary, appoint appropriate JHH staff member most familiar with the area.)
2. Consult with Vice President and Property Manager to determine impact to area, safety of patients, visitors and staff.

e) **Vice President:**

1. If a bomb is found prior to police arrival:

In nonclinical areas- consult with on-site department management to initiate evacuation of immediate area. Communicate with Property Manager to initiate larger scale evacuation.

In clinical areas- consult with Property Manager and the BCPD to initiate evacuation process.

2. If evacuation becomes necessary: communicate decision to Property Manager and department manager; identify appropriate route (consult Evacuation policy if necessary); provide support to evacuate patients and visitors.
3. Meet and brief BCPD officials (and BCFD officials, if involved) arriving in area. Assist police (and fire) officials in removal of bomb.

f) **Department Manager:**

1. Account for all patients and staff. Maintain patient care.
2. Identify, if applicable, which patients will require the most support in an evacuation situation.
3. Clear visitors and equipment from corridors. Advise visitors to remain with patients or direct them to designated areas of refuge.

g) **Vice President:**

1. After scene has stabilized communicate status and special resumption instructions to senior management, departments, public affairs, and clinical, general and support service

areas.

2. Lead discussion with Property Manager and other Ambulatory Services staff to evaluate and document emergency response and recovery procedures.
3. Revise procedures according to evaluation recommendation.

Chemical or Biological Threat

The threat of a chemical or biological attack is very real and physicians and staff are advised to be on a high state of alert for syndromic indicators that exposure has occurred.

There are three main sources of bioterrorism, Bacteria, Viruses and Toxins. Chemical and Nuclear agents, while non-biological, may also be used. Johns Hopkins at White Marsh is an ambulatory care facility and is equipped to provide care for non-attack related illnesses and injuries however, we must be prepared to deal with contaminated facilities.

There are three basic scenarios that this plan will address: 1) Patient presents to a physician office with evidence of having been infected with a highly contagious agent, such as Smallpox, Pneumonic Plague or Viral Hemorrhagic Fever, 2) Patient presents to a physician office with evidence of having been infected with a bioterrorist infectious agent that is NOT one of the three highly contagious infectious agents, ex. Anthrax and 3) A bioterrorist or chemical/nuclear attack is officially recognized to have taken place.

- a) Patient presents to a physician office with evidence of having been infected with a highly contagious biological agent.

1. Physician Office Staff

- i. Clinical evaluation and diagnosis confirms infection with highly contagious biological agent.
- ii. Isolate patient.
- iii. Call JHH Epidemiology and Infection Control to confirm isolation procedures. Emergency pager is 410-283-3855.
- iv. Contact Baltimore County Department of Health, Communicable Disease Division 410-887-2724
- v. Contact BMMC at 410-583-2460.
- vi. Collect laboratory specimens for BCHD to test.
- vii. Prevent the entrance or exit of any persons from the suite.

2. NMC Staff

- i. Initiates lock-down procedures. Proceed to building entrances to prevent patients, staff or visitors from entering or exiting the affected building until further direction is provided by the Baltimore County Health Department.
- ii. Turn off HVAC systems.
- iii. Confirm that Baltimore County Health Department has been contacted.

- iv. Initiate Emergency Notification Call Tree.
- v. Contact JHH Senior Management.

3. **Suite Representative**

- i. Each suite representative within the affected building will tag and track all patients currently in their suite as well as document patients and/or staff who may have been in the building when the contaminant entered.
- ii. Remaining scheduled patients for that day will be canceled.
- iii. Designated individuals will report to the building lobby for job assignments.

b) Patient presents to physician office with evidence of having been infected with a bioterrorist infectious agent that is **NOT** one of the three highly contagious infectious agents, ex. Anthrax.

1. **Office Staff**

- i. Clinical evaluation and diagnosis.
- ii. Contact NMC at 410-825-0543.
- iii. Notify Baltimore County Health Department Communicable Disease Division at 410-828-0986. See Attachment VI for list of reportable diseases.

2. **NMC Staff**

- i. Initiate Emergency Notification Call Tree.
- ii. Contact BMMC at 410.583.2460.
- iii. Contact JHH Senior Management.

c) A bioterrorist or chemical/nuclear attack is officially recognized to have taken place.

- 1. Johns Hopkins at White Marsh will volunteer to work with the BCHD to provide mass immunizations and dispense prophylactics if indicated.
- 2. Designated individuals and/or volunteers report to the lobby for job assignments.
- 3. Staff will be stationed at the building entrance to triage patients to the appropriate location.
- 4. Victims are to be decontaminated with water as soon as possible.
 - i. In the event of radiological exposure, wet clothing down, then remove to prevent dust.
 - ii. Bag all clothes, label and store for evidence.
- 5. Persons injured or exposed to an attack will be directed to the nearest hospital emergency department or other identified facility.
- 6. Should Johns Hopkins at White Marsh become contaminated by a person infected with a contagious biological agent, the building will be locked down and no persons will be allowed entrance or exit from the building until the BCHD responds and completes decontamination procedures.

Electrical Outage

- a) An electric power outage may require the implementation of emergency measures. The outage may arise from the electric utility at Baltimore Gas & Electric (BGE) or within the White Marsh campus. A utility outage may also be due to a water, weather, fire or structural event.
- b) Any Hospital/University or other employee may report an electric power outage to the Property Manager (410.825.0543). The Property Manager determines the nature, extent and implication of the outage in conjunction with the Vice President, the Assistant Director, and BGE.
- c) **Tenants/Staff:** Notify the Property Manager (410.825.0543) of any electric power outage. Participate in emergency activities as directed.
- d) **Vice President, Ambulatory Services Development (Assistant Director in the absence of the Vice President):** Determine whether electric power outage has reached disaster status. Communicate electric power outage information to all tenant representatives.
- e) **Property Manager:** Determine severity and extent of electric power outage. Verify emergency generator is on. Locate elevators. Turn elevators off, after evacuating people. Turn off rooftop units. Attempt to restore power and/or provide emergency power to critical areas.

Call BGE Representative to report outage and get status reports. Call and advise senior JHH management as necessary. Refuel generators as necessary during outage and after power is restored.

- f) **Program Manager:** Verify the phone lines have powered up correctly. If they have not, contact Siemens ICN. A technician will be dispatched in 2 – 4 hours. In the case of dead telephone lines, call Cavalier.

Contact the Johns Hopkins Hospital Help Desk at 955-HELP in the case of a network problem.

- g) **Tenant Representatives:** Keep staff informed of status, especially estimated time of outage.

Telephone Outage

- a) In the event of a full telephone outage, the Program Manager contacts Siemens, ICN and Cavalier Telephone via cellular phone to determine the extent of the problem.

HVAC Outage

- a) In the event of a critical change in temperature the Property Manager (410.825.0543) is notified.
- b) The Property Manager promptly notifies M. Nelson Barnes or Fidelity Engineering to determine the cause and extent of the problem.

Mainframe Computer Outage

- a) In the event the computer system becomes inoperable, contact the Johns Hopkins Hospital HELP Desk at 410.955.HELP who will then contact the appropriate LAN administrator.
- b) Staff uses backup systems and/or manual procedures to complete work.

4. Program Measurement and Assessment

- a) Immediately following each emergency drill (either a real or simulated emergency) the Vice President, Assistant Director, Senior Program Manager and the Property Manager convene to critique the drill.
- b) The Vice President submits a detailed report of the drill to the Department of Health, Safety and Environment.
- c) Within 30 days the Vice President submits an action plan detailing the actions taken to correct any deficiencies to the Emergency Management Committee.

6. Performance Improvement

- a) See Performance Improvement.

CYCLE DATE: _____

SIGNATURE OF SENIOR MANAGER: _____

DATE OF SIGNATURE: _____

JOHNS HOPKINS AT WHITE MARSH
Staff Emergency Response Reference

Systems Failure	Characteristics/ Symptoms	Locate Problem and Call	Action to be Taken
Fire Emergency	Fire alarms sound; see or smell smoke.	911 Property Management 410-825-0543	<ul style="list-style-type: none"> • Call 911 • Notify Property Manager • Evacuate any patients, visitors, and/or staff in immediate danger.
Electrical Power Outage	Failure of electrical systems. Many lights are out. Patient equipment not functional.	Property Management 410-825-0543	<ul style="list-style-type: none"> • Notify Property Manager. • Use flashlights.
Telephone Outage	No phone service.	Property Management 410-825-0543 Communications Manager 410-583-2460	<ul style="list-style-type: none"> • Notify Property Manager. • Notify Communications Coordinator. • Inform patients, families & employees. • Identify nearest pay phones. • Use cellular phones.
HVAC – Temperature & Ventilation	Critical change in temperature.	Property Management 410-825-0543	<ul style="list-style-type: none"> • Notify Property Manager.
Mainframe Computer Outage	System is down.	LAN Administrator 410-955-HELP	<ul style="list-style-type: none"> • Notify LAN Administrator. • Use backup system and/or manual procedures to complete duties. • Input any manual reports into computer when mainframe software is operational.

Systems Failure	Characteristics/ Symptoms	Locate Problem and Call	Action to be Taken
Medical Emergency	Stroke, etc.	911 Property Management 410-825-0543	<ul style="list-style-type: none"> • Call 911 • Notify Property Manager. • Assist if possible.
Public Disturbance	Threats, Assault, Thefts.	911 Property Management 410-825-0543	<ul style="list-style-type: none"> • Call 911 • Notify Property Manager.
Water Pressure Reduction or Loss	Little or no water.	Property Management 410-825-0543	<ul style="list-style-type: none"> • Notify Property Manager. • Check equipment that is dependent on water or temperature regulation.
Hazardous Material Spill	A hazardous chemical has spilled on the unit.	Property Management 410-825-0543	<ul style="list-style-type: none"> • Notify Property Manager. • Attempt to identify source, nature and location. • <u>RN Staff</u>: Contain spill with plastic backed solvent pads. • Evacuate any patients, visitors, and/or staff in immediate danger.
Bomb Threat	You receive a call about an explosive device on premises.	911 Property Management 410-825-0543	<ul style="list-style-type: none"> • Call 911 • Notify Vice President, Ambulatory Services Development (3-2460) • Record as much information as possible on the bomb threat. • Use Bomb Threat checklist. • Begin evacuation procedures if safety is compromised or on the recommendation of the Baltimore County Police Department.

BOMB THREAT CHECKLIST

INSTRUCTIONS:

1. BE CALM. LISTEN. DO *NOT* INTERRUPT THE CALLER.
2. ALERT PROPERTY MANGER, (410.583.2460) DURING THE CALL, IF POSSIBLE.

Date:

Time:

Exact words of caller:

QUESTIONS TO ASK:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What kind of bomb is it?
4. What does it look like?
5. Why did you place the bomb?

TRY TO DETERMINE THE FOLLOWING (Circle as appropriate)

1. Caller's Identity: Male Female
2. Caller's Age: Adult Juvenile Senior
3. Voice: Loud Soft High Pitch Deep Raspy Pleasant Intoxicated
4. Accent: Yes No Local Not Local Foreign Region
5. Speech: Fast Slow Distinct Distorted Stutter Nasal Slurred Lisp
6. Language: Excellent Good Fair Poor Foul Other
7. Manner: Calm Angry Irrational Incoherent Emotional Righteous Laughing
8. Background Noises: Office Machines Factory Machines Trains Animals Music Quiet Airplanes
 Street Traffic Party Atmosphere
9. Additional Information: _____

ACTION TO BE TAKEN IMMEDIATELY FOLLOWING CALL:

Notify Baltimore County Police Department: 911

Notify Property Manger : 410.583.2460

Johns Hopkins at White Marsh

Disaster/Drill Evaluation Form (9/98)

Please fax this completed form to 410-583-2581 within 48 hours of Disaster/Drill.

Prepared by:	Date:	Job Title:	Department or Suite
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Notification & Activation Parameters	Reply	Any Notification Comments?
Date & Time Notified		Notified by Whom?
Notified that Event Has Ended	Y N	
Primary Dept Control Center Activated	Y N	Activated by Whom (Job Title):
Alternate Dept Control Center Activated	Y N NA	Any Activation Comments?
Floor Captain Activated	Y N NA	
Did Floor Captains Respond	Y N NA	
Dept Disaster Plan Readily Available	Y N	

Notification Tree Parameters	Reply	Notification Tree Comments?
Initiated Notification Tree	Y N NA	Time Started:
Administrative Staff Names Current	Y N NA	
Admin Staff Phone Numbers Current	Y N NA	
Clinical Staff Names Current	Y N NA	
Clinical Staff Phone Numbers Current	Y N NA	
Notification Tree Completed	Y N NA	Time Completed:

Communications Parameters	Reply	Communication Comments?
Problems Interfacing with Other Suites	Y N	
Any Problems with Communications to:		
BMMC	Y N NA	
Administration	Y N NA	
Clinical	Y N NA	

Describe Any Impact to Normal Operations
Issues to be Investigated
General Impression of Suite Performance

