

INTERNAL EMERGENCIES

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Management of internal events that arise at the Kings County Medical Center will typically fall chiefly under the standard operating procedures of the division of Facilities Management and Operations (FM&O) and thus this section of the Emergency Preparedness Manual was developed by and will be the responsibility of the Assistant Vice President for Physical Facilities.

Notification: The notification system for internal disasters will be considered the same as that for the MCI plan, but will be supplemented with specific procedures outlined in the following specific incident plans. Most internal disasters will involve notification of Administration by personnel from FM&O. It is expected that the Senior Administrator who is notified of an internal disaster will notify the ED Attending on duty or ED Medical Director as well as the Operating Room, Labor and Delivery, Internal Medicine, Surgery, Pediatrics and Intensive Care Units of potential for facilities problems that could affect the ability to care for patients and any possible need for medical support.

Activation: The command center activation and organization will be the same as for MCI.

Medical Support: Many of the internal events will not require full activation of Emergency Management Plan and the need for medical support will be at the discretion of the Incident Command Officer. The ED and the Disaster Medical Officer (DMO) will serve as the medical support for all internal disasters.

Decontamination: The need for decontamination after exposure to hazardous materials is addressed in specific plans, but the procedure for decontamination of injured personnel will be the same as in MCI. (Refer to Hazardous Material section of this manual)

SECTION 1: FIRE SAFETY

POLICY: All fires must be reported including those in which there is little or no loss to our facilities.

PURPOSE: To determine the cause of fires and the conditions surrounding them so that remedial and preventive measures can be taken.

PROCEDURE: See KCHC's Fire Emergency Plan in Internal Disasters Appendix.

PROCEDURES IN CASE OF A FIRE

POLICY:

All persons in the Hospital system shall be familiar with the fire response procedure and the fire plan. A fire condition exists if you see fire or visible smoke in areas where their presence is neither common nor expected. The four basic actions that must be taken in case of fire are represented by the acronym RACE:

R = Rescue or remove persons in immediate danger away from fire or smoke.

A = Alarm (activate nearest interior fire alarm box and call Hospital Police, ext. _____)

C = Confine the fire and smoke by closing doors and windows

E = Extinguish the fire using a portable fire extinguisher, or Evacuate if the safety of occupants is threatened by fire and smoke.

Upon discovery of fire, personnel shall immediately take the following action:

Call aloud the established code phrase "Code Red" and go to the aid of those who may be in danger. The use of a code phrase provides for both notifying others and putting into effect the fire plan. Any person in the area, upon hearing the code word called aloud, shall transmit the interior alarm using the nearest fire alarm station.

Make an attempt to extinguish the fire using portable fire extinguishers if fire is small and there is no danger of rapid spread. If fire cannot be extinguished and the room has been evacuated, close the door and initiate evacuation of the area. (See Evacuation Plan)

Personnel upon hearing the alarm signal, shall immediately execute their duties as outlined in the hospital Fire Safety Plan.

Immediately upon hearing the building fire alarm in the Hospital and campus buildings, Public Safety personnel shall identify fire location from the alarm code chart and activate the New York City fire alarm box in the lobby of the building involved.

Upon hearing the interior fire alarm for Kings County Hospital, the telephone operator shall announce on the hospital's overhead paging system:

"Code Red, Location _____"
"Code Red, Location _____"
"Code Red, Location _____"

Emergency Response team members at the sound of the fire alarm, proceeds to the location of the fire and assist in fire control, evacuation and damage control.

Close hallway doors to prevent the spread of smoke through the corridors. Keep doors to laboratories closed during the emergency. Doors to patient rooms do not have to be closed, unless smoke is present in the hallway or fire is in one of these rooms.

At the end of the fire emergency, call the operator and request "All Clear" signal.

FIRE EMERGENCY PLAN

IF YOU DISCOVER A FIRE OR SMOKE IN YOUR AREA

1. **RESCUE** or remove persons in immediate danger away from fire or smoke.
2. Sound the **ALARM** by activating the nearest fire alarm box, then call Public Safety, 2626 and give your name and location of fire (building, floor and room number).
3. **CONFINE** the fire and smoke by closing the doors in the affected room or area. Close hallway doors.
4. **EXTINGUISH** the fire using a portable fire extinguisher if the fire is small and there is no danger of spreading rapidly.
5. Follow instructions from person in charge of your area.

IF YOU HEAR THE FIRE ALARM

1. Close doors and windows in your area. Ensure that hallway doors are closed.
2. When emergency develops into a disaster, the **Disaster Alarm 2-2-2-2** will ring. Your supervisor will notify you if volunteers are needed to assist in the disaster plan. Prepare to evacuate – wait for instructions through the public address system or from your supervisor. If you are in a laboratory, shut off gas and extinguish open flames.

DO NOT USE THE ELEVATORS

SECTION 2: CHEMICAL SPILL POLICY

I. PURPOSE:

The objective of this policy is to establish and implement the proper procedure for the removal of chemical spills at Kings County Hospital Center (KCHC). This policy serves to minimize/eliminate the exposures of employees, patients, visitors to the spills of potentially hazardous products. All chemical spills referred to in this policy includes but are not limited to, mercury, formaldehyde, ethylene oxide, acids, chromates, organic solvents, antineoplastic-contaminated body fluids, and all unidentified spills. (See also Attachments A-C for specific protocols for emergency response to spills/ releases of mercury, formaldehyde, and ethylene oxide). This policy seeks to comply with the Occupational Safety and Health Administration's (OSHA) Hazardous Waste Operations and Emergency Response Standard (29 CFR 1910.120).

II. POLICY

The implementation of this policy will ensure that all involved department heads take responsibility for the designation of staff responsibilities in the event of a chemical spill in their respective areas; in addition, this policy will ensure that adequately trained personnel are available to respond to any release/spill of potentially hazardous chemical anywhere in the hospital on a 24-hour basis.

III. DEFINITIONS:

A. Hazardous Materials (HAZMAT) Response Team is that designated group, agency, or company responsible for responding to and eliminating a spill. (e.g. NYC Department of Environmental Protection [DEP], NYC Fire Department, Certified Hazardous Waste Handler, KCHC Response Team)

B. Spills of hazardous chemicals are classified in KCHC in three (3) categories, major, moderate, and minor, and will be recognized by the following criteria:

- Identity of the substance or its components
- Size or volume of the spill/leak
- Physical state of the substance(solid, liquid or gas)

1. Major Spills

- highly toxic
- that which will endanger life, health, safety, or the environment
- highly flammable, carcinogens, oxidizers, corrosives, etc.
- very large volume

2. **Moderate Spills**

- require minimal precautions to protect life, health, safety, or the environment
- local toxic effect
- fairly large volume, > 1 gallon and < 55 gallons

3. **Minor Spills**

- relatively non-toxic
- prolonged exposure will not impact negatively on life, health, safety or the environment
- small volume

C. **Incident Commander** is the spill response team leader and will coordinate the clean-up activities.

D. **HAZMAT Technician** refers to employees who have received at least 40 hours of training in emergency chemical spill clean-up procedures. (See Appendix A for list of in-house HAZMAT Technicians)

E. **Decontamination** is the process of removing or neutralizing harmful materials that have gathered on personnel, equipment and/or structure during the response to a chemical incident.

IV. **RESPONSIBILITY**

A. **Incident Commander/KCHC HAZMAT Coordinator**

The Incident Commander, appointed by the Safety Director, is the hospital's HAZMAT Coordinator (OHS Dept.), and will be responsible for:

1. Instituting a Spill Response Team.
2. Coordinating and implementing a specific spill response plan.
3. Ensuring that spill area is secured(cordoned off) and that access to the area is limited to those employees needed to facilitate clean-up.
4. Assessing area after clean-up and decontamination to determine its fitness for re-entry.

B. **Response Alternatives**

The HAZMAT Coordinator will determine, based on his assessment of spill, if an in-house or non-hospital HAZMAT Response Team is warranted.

1. **Alternative #1 (In-House Response Team)**
(Minor & Moderate Spills)

On Tours I, II & III, the Incident Commander will be the HAZMAT Coordinator. A **HAZMAT Response Team**, consisting of OHS personnel will always be available 24 hours/day for response to spills of hazardous substances. (See Appendix A for In-House Spill Response Team)

Small spills will be handled by area personnel who have received training in Hazardous Materials & Waste Management-Emergency Preparedness, by utilizing the recommendations on Material Safety Data Sheets (MSDS), specific departmental policies and/or instructions from the Office of OHS.

The HAZMAT Coordinator will be notified by area personnel and/or AOD in the event of a **moderate spill**, and shall put the spill response in operation; He will also determine who may be required to enter the spill area. These individuals must be **trained** and adequately **protected**.

2. **Alternative #2 (Non-Hospital Response Team)**
(Major Spills)

The HAZMAT Coordinator will determine if the In-House Response Team is incapable of effectuating spill clean-up. If deemed necessary, the HAZMAT Coordinator must notify the Safety Director if a non-hospital response team is necessary to perform clean-up. Based on spill classification, the Safety Director or designee will notify the appropriate HAZMAT Response Team(s). In addition, the required regulatory agencies, such as the Department of Environmental Conservation, must be notified. (See Appendix B for 24-hour emergency assistance hotlines.) The In-House Response Team will follow step #III.A.3 during the interim period until the arrival of the non-hospital team.

3. **GASES**

In the event of a gas release such as ethylene oxide, nitrous oxide and oxygen, the following steps will be executed:

- Notify the Office of OHS immediately (AOD, if Tours I & III). and refer to departmental emergency action plan.
- Notify Engineering and Maintenance Depts. and Respiratory Therapy.
- Close all surrounding doors.
- Evacuate the immediate area.
- The OHS Director or Administrator on Duty will determine the need for an emergency hazardous materials response entity.

V. SUPPORT RESPONSIBILITIES

The following departments will **always** be available for response to spill emergencies to lend assistance:

1. OHS Emergency Response Team/HAZMAT Technicians
2. Hospital Police
3. Employee Health Service and/or Emergency Room
4. Building Services
5. Engineering and Maintenance

Services from these divisions will be requested for by the Incident Commander as needed, and responding personnel must be trained. (See Appendix B for spill emergency telephone numbers).

VI. EQUIPMENT

The following departments, at the very least, must have spill kits available for the remediation of spills by area personnel: Laboratory, Pathology, Engineering, Maintenance, Radiology, Housekeeping, Food Service, Biomedical Engineering and Dialysis. The Office of OHS will always have a spill cart in Room 6202. (See Appendix C for suggested spill removal/containment equipment required, at minimum) After spill clean up, all contaminated equipment must be decontaminated at spill site before return to storage. In addition, hazardous wastes generated will be stored in appropriately labeled drums or yellow bags. They will then be stored in the Chemical Storage Room in Pathology until they can be removed by a licensed chemical waste hauler.

VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Prior to entering a spill area, spill respondents will wear required PPE's as per MSDS or recommendations from recognized health and safety agencies, e.g. NIOSH & OSHA. At minimum, PPE's indicated in Appendix D will be made available to spill personnel and will be stored in accessible, and conspicuous locations throughout relevant departments.

All disposable PPE's must be discarded with the spill wastes at the point of exit of the spill. All reusables will be properly decontaminated by the team immediately after spill clean-up and restored.

VIII. TRAINING

A. Levels of Training

1. The Incident Commander will be trained as a HAZMAT Technician who must receive at least 40 hours of training on proper spill response procedures as required by OSHA Standard 29 CFR 1910.120. Training must be conducted by an

accredited agency, qualified by training and experience to perform Emergency Response Training.

2. The Incident Commander will be responsible for training all other members of the in-house response teams. These members will receive sufficient training **EQUIVALENT** to that received by the Incident Commander where they can objectively demonstrate competency in the responsibilities mentioned in step #IV.A. 2-4.

B. RECORDKEEPING

1. Training records for spill response team members will be maintained by Human Resources and will include:
 - a. Employee Name
 - b. Social Security
 - c. Course Name
 - d. Trainer Name
 - e. Dates of Training
2. Any employee directly exposed to a chemical as a result of a spill/leak will fill out all pertinent forms such as, incident report and toxic exposure reporting form, and forward to Human Resources where they shall be kept on file for forty (40) years.

IX. MEDICAL EVALUATION & SERVICE

Prior to assignment as a member of the Spill Response Team the designated employee will be referred to Employee Health Service (EHS) for a medical screening, and annually thereafter. In addition, all team members must be medically cleared by the EHS physician to determine, their fitness to wear a respirator in potentially hazardous environments, and the level of respiratory protection that may or may not worn. (Please refer to KCHC Respiratory Protection Policy for the protocol for respirator use and medical evaluation).

Spill Response team members and employees requiring medical treatment and decontamination will receive immediate care in the Employee Health Service (Tour II) or the Emergency Room (Tours I and III). A copy of the MSDS for the product(s) to which personnel are exposed, will be given to the attending physician.

X. CRITIQUE OF RESPONSE AND FOLLOW-UP

As soon as possible after each incident, all participating departments should send knowledgeable representatives to review the measures that were taken by each department or agency. (The Incident Commander will make this communication). The purpose of this review is to evaluate the response and overall coordination effort.

Other hospital post-emergency actions shall include but are not limited to:

- a written report of major incidents from the Safety Department describing the cause and course of events, and findings of a complete investigation.
- the reporting of all emergencies to the Safety Committee for review, discussion, critique and further follow-up as necessary.

IN-HOUSE RESPONSE TEAM

TEAM MEMBERS

Elroy V. Fields	Safety Director	917-395-3914
Demetrio E. Boyce	Waste Manager	917-989-5194
Jing Bankerser	Industrial Hygienist	917-427-3493

[*] = Certified HAZMAT Technician

APPENDIX B

EMERGENCY ASSISTANCE HOTLINES

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Spill Hotline

1-800-457-7362 or 718-482-6452

NYC Department of Environmental Protection

Local

718-595-4646

NYC Fire Department-HAZMAT Response Team

Engine 248, Rogers Ave. & Midwood St.

718-636-1700

AAA Oil Pollution Specialists Inc.

HAZMAT Response Team and Waste Remover

718-392-8000 or 718-729-2122

Center For Disease Control

Provides information for the treatment of contaminated victims

404-329-3311/2888

Emergency Telephone Numbers (In-House)

Hospital Police.....x4300

Emergency Fire Operator.....x3145

Occupational Health & Safety.....x5218

Facilities Management.....x2943/52

Building Services.....x4947/48

Employee Health Service.....x3536

Emergency Services.....x4609

APPENDIX C: EQUIPMENT

1. Wet/Dry HEPA vacuum
2. A variety of spill containment kits or diking materials
3. Hazardous waste disposal bags and ties
4. Hazardous waste transport cart
5. Spill kits specific to each potential hazard. (e.g. acid, solvent, mercury, formaldehyde, etc.)
6. Emergency showers and eyewash stations

APPENDIX D: PERSONAL PROTECTIVE EQUIPMENT

1. Chemical protective suits
2. Foot covering (Chosen for the specific hazard)
3. Gloves (Chosen for the specific hazard)
4. Head covering (This will be required only if the spill is particulate or if there is any possibility of splashing)
 3. Air purifying respirator (To be used by trained personnel **ONLY**, for a known substance)

ATTACHMENT A

Ethylene Oxide (ETO) Spill Procedure

The ethylene oxide cartridges will not spill as a liquid but as a vapor. Acute overexposure may produce dizziness and delayed onset of nausea and vomiting. Chronic exposure to ETO may be mutagenic, carcinogenic and may produce adverse effects on reproductive system.

The following steps should be followed for ETO releases:

1. Evacuate employees from immediate area and close all doors.
2. Do not re-enter the area until instructed to and/or unless fitted with an approved respirator.
3. Notify the Office of OHS at ext. 5218 and Engineering at ext. 4920/2952.
4. OHS and/or Engineering personnel will shutdown the sterilizer, remove defected cartridges and discharge to the outside. At least two full-face respirators will be available for spill respondents to wear before entering the spill area.
5. If the gas is inhaled, the employee should move from the area and immediately go into fresh air.
6. If any exposure symptoms (especially nausea and vomiting) occur, the person should be kept quiet and warm, and should go to the Emergency Room.
7. A spill report will be drafted by the HAZMAT Coordinator.

ATTACHMENT B

MERCURY SPILL PROCEDURE

Mercury is commonly used in many types of clinical and laboratory apparatus (e.g. bloodpressure machines, thermometers, manometers, etc.). Mercury can enter the body through the lungs, skin, or digestive system, but inhalation is the most common route of entry. Although acute poisoning due to short-term exposure is uncommon, chronic poisoning due to long-term exposure to low levels of mercury can easily occur. When spilled, mercury breaks into tiny beads which can lodge in cracks in the floor or penetrate porous materials. Inadequate spill clean-up may leave residual mercury which can vaporize and cause mercury poisoning over a period of time.

In the event of a mercury spill, the following steps should be followed:

1. Do not vacuum or attempt to mop up mercury as this will spread mercury droplets across the area and increase the amount that will become airborne.
2. Area personnel with mercury spill kit should clean-up the spill if manageable. The proper clothing shall consist of safety glasses, latex gloves, mercury specific dust mask, shoe covers and a disposable gown. The proper equipment will consist of a mercury absorb sponge or absorb powder, and a ziploc plastic bag.
3. The spill area should be blocked off and other employees alerted.
4. The mercury should be gathered together using a wiping motion of a dampened mercury absorb sponge. Once the mercury, along with any broken glass which may be present, is consolidated into one region, either the special absorb sponge or powder may be used to absorb the mercury. All absorb material and glass which has contacted the mercury shall be placed into a ziploc plastic bag and sealed. The bag should be labeled "Waste Mercury."
5. The plastic bag, along with the appropriate clothing and equipment shall be stored in the Chemical Storage Room in Pathology for disposal.
6. The area should then be decontaminated by a mercury encapsulent which reduces vaporization.
7. Area monitoring is necessary to ensure that decontamination is complete and that the area is safe for occupancy.
8. A spill report will be drafted by the HAZMAT Coordinator.

ATTACHMENT C

FORMALDEHYDE SPILL PROCEDURE

Each area utilizing formaldehyde will have a formaldehyde spill kit. The individual performing the clean-up will use the spill kit to neutralize or polymerize the spilled material. In the event of a formaldehyde spill, the following steps should be taken:

1. Evacuate all personnel from the immediate area. Isolate the area by closing doors and windows if necessary.
2. Only personnel trained in formaldehyde spill clean-up will be allowed to participate in clean-up. Personnel will use the appropriate personal protective clean-up equipment, such as chem pillow to soak up solution.
3. The protective equipment consists of nitrile or butyl gloves, a respirator specifically designated for formaldehyde (NIOSH/MSHA No.TC-23C-475 filters). The proper

equipment consists of absorbent materials such as chem pillow, 5% bisulfite solution and/or formaldehyde polymer.

4. Neutralize or polymerize spill with copious amounts of 5% bisulfite solution or formaldehyde polymerizing powder, respectively. Use absorbent material to soak up spill. Flush spill area with plenty of water.
5. All absorbent material, along with appropriate clothing will be placed in double plastic bag, sealed and labeled "Hazardous Waste". The bag will be removed to the outside for evaporation and then stored in the Chemical Storage Room in Pathology until picked up by the hospital's hazardous waste remover.
6. Perform air monitoring to ensure a safe level of formaldehyde prior to staff re-entry into the area.
7. A spill report should be drafted by the HAZMAT Coordinator.

SECTION 3: POWER FAILURE **CONTINGENCY PLAN FOR** **BROWNOUT/BLACKOUT**

This plan shall be implemented immediately upon notification of an actual or anticipated power failure.

Command Post:

In the event of a brownout or blackout, the Kings County Hospital Center's Emergency Command Post will be established in the "B" Building Board Room. Emergency lighting is supplied to the command Post. Emergency phones have been installed in the Command Post, extension 3927, 3928, 5148 and 3521. In the event of power failure, the Administrative Office-In-Charge shall immediately assume responsibility for the Command Post. One or more Special Officers, with portable radio units, shall report to the Command to provide and/or augment communication requirements. (Additional personnel required to staff the Command Post shall be requested by the Administrative Officer-In-Charge).

Information and Communication

All requests for information and all communications relative to a power failure emergency shall be directed to the Command Post. All communication to, and from, Central Office shall be directed through the Command Post.

NOTE: The main Hospital number is not to be used for emergency information requests or communications. The switchboard is not equipped to handle the volume.

Staff:

All Supervisory personnel must contact the Command Post as soon as possible in the event of a power emergency. All Hospital personnel shall be prepared to function on a 12-hour tour basis, if required.

Department Heads are authorized to adjust schedules where necessary, and to use overtime to extend employees hours, with prior approval from the respective Administrator. It is essential that accurate time and leave records be kept during this period. No misunderstandings should arise after the fact as to who should be made of those individuals not reporting to work.

Limited facilities for employees to sleep in the Hospital are available. Any such arrangements should be made by the department head to Building Services, extension 4947/3100.

A list of key personnel in each department/service shall be submitted by the department head to the Office of the Associate Executive Director of Human Resources, "T" Building, 3rd Floor,

immediately upon implementation of this plan. This list should include home addresses and telephone numbers as well as work extensions.

Transportation

Department Heads, Chiefs and Directors of Clinical Services and supervisory staff shall survey personnel to determine the number of employees able to report to work by foot, automobile or other means if public transportation is affected by a power failure. Anticipated attendance should be reported to the appropriate Cost Center Administrator as soon as possible.

Special Skills

Information regarding employees who possess particular skills, other than those for which they were employed, is maintained in the Office of the Director of Human Resources.

Training

All hospital personnel attend in-service fire and safety lectures and demonstrations. These classes include the handling and transport of patients during an emergency. Medical staff and security personnel have been assigned pre-arranged duties and stations in the event of any emergency, including a power failure.

Security

Hospital entrances and egresses will be restricted to main Building entrances only. All other entrances and exits shall be secured, monitored and patrolled by Hospital Police. All visitors will be requested to leave the hospital.

NOTE: ID cards must be displayed conspicuously in order to gain access to the Campus and/or Hospital Buildings.

Responsibilities:

Action and Comments

Administrative Officer-in-Charge

Shall activate appropriate plans. Notify the Supervising Telephone Operator and key department heads. Maintain close contact with Engineering. Notify Switchboard when plans change or when emergency is over.

Supervising Telephone Operator

Shall make three (3) repeat announcements every two (2) minutes for six (6) minutes.

Associate Director
Engineering & Maintenance

Shall call in necessary personnel and maintain contact with administrative Officer-In-Charge and Engineer on duty.

Director of Security

Shall make rounds in all buildings to see that all procedures are followed and advise supervisors of each area to comply with written plans.

All other personnel

Shall follow instructions and keep patients and visitors calm. Use telephone only for emergency calls whenever possible. Use stairs instead of elevators.

SPECIAL NOTES

The procedures are not intended to cover all possible contingencies. All Departments are responsible for setting up their own emergency procedures in order to cover circumstances within their own jurisdiction.

If there is a blackout during normal working hours, emergency maintenance calls should be directed to Extension 2943

If a blackout occurs at other than normal working hours, emergency calls should be directed to extension 2952

All calls should be limited to emergency calls. Otherwise, the lines will get tied up and emergency calls will not get through.

PLAN # 1 - Con Edison Emergency (Brownout)

Severe power reduction required to preventive blackout (report from Con Edison, Central Office or when there is a power reduction from Con Edison, 5% power reduction or more).

1. Operating and Delivery Rooms will continue to function.
2. All other staff and services will continue to function.

3. Turn off non-essential equipment such as copying machines, air conditioners, fans, electric toasters, coffee pots, etc., consistent with patients' needs and safety. Central water cooling systems will be shut down. Minimize use of non-essential patient care equipment.
4. If a severe power reduction is necessary, elevator use in all patient buildings will be limited to a maximum of two (2) elevators. Elevator in non-patient buildings will be shutdown. Staff are to use stairs.

A more severe power cutback may be instituted by the Administrative Officer-in-Charge in progressive stages.

Possible further cutbacks to be instituted in stages (inpatient areas) as follows:

1. Ask visitors to leave
2. Turn off water coolers, ice machines, fans and air conditioners
3. Cutback elevator service
4. Turn off X-ray equipment
5. Postponement of elective admissions.
6. Reduce the use of electric lights whenever possible.

Plan # 2 Con Edison Emergency (Blackout)

If a blackout occurs, all power will be off and the thirteen (13) emergency generators will automatically activate, supplying power to limited critical services and areas.

General:

1. All telephones (not the lights thereon) throughout - remain intact.
2. Paging system throughout - remains intact
3. Fire Alarm system throughout - remains intact.
4. Heating System remains unaffected.

Personnel shall ask all visitors to leave the premises. All areas without power will immediately turn off all air conditioners, lights, fans and all other electrical equipment. This will prevent an overload when power is restored.

Supervisors are responsible for their area to see that this is complied with.

Operating and Delivery Rooms

All elective procedures will be canceled.

Refrigerators and Ice Machines:

Doors to refrigeration and ice machines shall remain closed except when absolutely essential for use and then shall be open for the shortest possible period. If the doors are kept closed, maximum use of refrigerator will prolong and reserve cooling for 4 to 5 hours.

Lanterns, extension cords, portable pumps, are to be kept in a locker in the Power Plant (extension 2952). These are to be used only for emergency cases in ward, etc.

Instructions for Telephone Operator (Announcement of Electrical Emergency)

When an electrical emergency occurs, the Officer-In-Charge will instruct the operator to make a loud-speaker announcement. The Officer-In-Charge will also tell the operator which plan is in effect. He shall notify, also, all key departments.

THE FOLLOWING ANNOUNCEMENT WILL BE MADE

"Emergency Electrical Plan # ____ is now in effect. All departments are required to reduce the use of electricity in accordance with the written procedures for Plan # ____."

This message is repeated for the next 6 minutes, every two (2) minutes.

Change in Emergency Plan

If the electrical emergency plan is to be changed, the Officer-In-Charge will notify the Operator who will then make the following loud-speaker announcement:

"The Emergency Electrical plan has been changed. All Departments will now follow procedures for Plan # ____."

After one (1) minute, repeat announcement.

End of Emergency

Operator's message over loud- speaker system:

"The electrical emergency is over. All Departments may resume normal operations."

After one (1) minute, repeat announcement.

LIST OF CONTACTS FOR OUTSIDE ASSISTANCE

1. Maintenance & Engineering Service (MES) HHC
Kein Anderson (718) 803-7440
2. To request assistance to start and place stand-by generator on-line, call the following Fire Department numbers for your borough:

Manhattan	(212) 682-2900
Bronx	(212) 655-2200
Brooklyn	(718) 636-1700
3. To request assistance from the New York Police Department to provide emergency hardware (generators, lights, etc.) call:

Office of Emergency Management
New York City Police Department
Telephone No. (212) 374-5580 or 608-4286

CALL-UP REGISTER FOR SUMMONING ESSENTIAL PERSONNEL

- | | | | |
|----|----------------|------------------------|----------------|
| 1) | B. Chapman | Sr. Associate Director | (516) 822-2762 |
| 2) | A. Schultheiss | Associate Director | (516) 326-7568 |
| 3) | C. Abbruzzo | St. Stat. Engineer | (718) 356-8623 |
| 4) | E. Gorman | Supt. Bldgs/Grounds | (516) 679-9042 |
| 5) | J. Mendez | Supv. Electrician | (732) 679-7666 |
| 6) | V. Russo | Supv. Elv. Mechanic | (718) 816-5971 |

Listed below are the thirteen (13) Emergency Generators, their location and the area served which will have power during a blackout.

Generator # 1

Location - "T" Building Basement
Size - 150 K.W.

Serves "T" Building

1. Corridor, exit and stairwell lights.
2. Elevators (one at a time).
3. Switchboard, Beeper and overhead page system.

Generator # 2

Location - "U" Building - Separate building north side.
Size - 75 K.W.

Serves "U" Building

1. Corridor, exit and stairwell lights.
2. Elevators (one at a time).
3. Task lighting and selected outlets indicated by red receptacle or cover.

Generator # 3

Location - "P" Building - separate building S.W. corner
Size - 150 K.W.

Serves "P" Building

1. Corridor, exit and stairwell lights.
2. Morgue boxes
3. Walk-in and Blood Bank Refrigerators.
4. Select outlets indicated by red receptacle or cover plate.

Generator #4

Location - "B" Building Basement.
Size - 565 K.W.

Serves "A" Building

1. A-41 T.B. Ward complete including ventilation.
2. A-61 I.C.U. complete including air conditioners and blood refrigerator.
3. Elevator (one car at a time).
4. A-62 C.C.U.
5. Task lighting and selected outlets with red receptacles or cover plate.

Serves "B" Building

1. Elevators (one car at a time)
2. B-2 Operating Room including ventilation.
B-2 Recovery Room including ventilation.
3. House pumps for Buildings A, B and C.
4. B-2 and B-3 X-Ray - select X-Ray equipment and developers.
5. Data processing complete including H.V.A.C.
6. Task lighting and selected outlet with red receptacle or cover plate.
7. Pediatric I.C.U. B-81 lighting and selected outlets.
8. Medical gas and vacuum systems.
9. Building exhaust fans.

Serves "C" Building

1. I.C.U.'s, C-21 and C-22 including ventilation.
2. C-61 Corridor lighting.
3. Bed Receptacles.
4. Adult Emergency, lighting and selected outlets.
5. Roof Fans.

Generator # 5

Location - K-5 Building
Size - 60 K.W.

Serves "K-5" Building

1. Corridor, stairwell and exit lights.

2. Task lighting and selected outlets indicated by red receptacle or cover plate.

Generator # 6

Location - S.O.B. Building
Size - 80 K.W.

Serves "S.O.B." Building

1. Corridor, exit and stairwell lights.
2. Elevator
3. Heating and ventilation system

Generator # 7

Location - F.S. Building
Size - 200 K.W.

Serves F.S. Building

1. Corridor, exit and stairwell lights.
2. Elevator
3. Selected outlets indicated by red receptacle or cover plate.
4. Walk-in refrigerator.
5. Motorized equipment.
6. Heating and ventilation.

Generator # 8

Location - Separate Building N.W. corner outside "E" Building
Size - 150 K.W.

Serves "E" Building

1. Operating Rooms - 9th Floor - lighting and all receptacles.
2. "H" Building Elevator

Generator # 9

Location "E" Building Basement.
Size - 350 K.W.

Serves "E" Building Basement

1. Corridor, stairwell and exit lights.
2. Selected outlets indicated by red receptacle or cover plate.
3. Renal Dialysis - all lighting and receptacles.
4. Elevators with selector for one in use at a time.
5. Medical gas and vacuum systems.
6. "G" Building Elevators.

Generator # 10

Location - "G" Building Basement
Size - 75 K.W.

Serves "G" Building

1. - Corridor, stairwell and exit lights.
2. - Tank lighting and selected outlets with red receptacle or cover plate.

Generator # 11

Location - Separate Building outside S.W. "J" Building.
Size - 75 K.W.

Serves "J" Building

1. Corridor, stairwell and exit lights.
2. Select outlets indicated by red receptacles or cover plate.
3. Elevator.

Serves "N" Building

1. Corridor, stairwell and exit lights.
2. Select outlets indicated by red receptacles or cover plate.
3. Elevator.

Serves "H" Building

1. Corridor, stairwell and exit lights.
2. Select outlets indicated by red receptacles or cover plate.
3. Elevator.

Generator # 12

Location - "Z" Building
Size - 500 K.W.

Serves "Z" Building

1. All lighting and equipment in the Plant including boiler controls, Feedwater and Fuel Pumps. (Entire Building).
2. Fire Alarm System.

Generator # 13

Location - "Z" Building
Size - 500 K.W.

Serves "A" Building

1. Corridor stairwell and exit lights.
2. Task lighting and selected outlets indicated by red receptacle or cover plate.
3. C.C.U. Now on A-62.
4. Treatment Rooms light selected outlets.
5. Emergency Room lighting and selected outlets.
6. Narcotic cabinet alarms.
7. Nurses Station and medication refrigerators.

Serves "B" Building

1. Corridor, stairwell and exit lights.
2. Task lighting and selected outlets indicated by red receptacles or cover plate.
3. Nurses' station lights and medication refrigerators.
4. Narcotic cabinet alarms.
5. B-2 Operating Rooms - all lighting receptacles and sterilizers.
6. B-2 Recovery Room - all lighting and selected outlets indicated by red receptacles or cover plate.
7. Pharmacy dispensing area.
8. Treatment rooms, lighting and selected outlets.

Serves "C" Building

1. Corridor, stairwell and exit lights.
2. Select outlets indicated by red receptacles or cover plate.
3. Labor and Delivery - C71 O.R.'s lighting and select outlets.

4. Neonatal I.C.U. - C-61 complete including air conditioners.
5. Fans.

Serves "F" Building

1. Corridor, stairwell and exit lights.
2. Elevator

SECTION 4:WATER SUPPLY EMERGENCY PLAN

I. Conditions and Responsibilities:

A. **CASE I:** Failure of all house pumps in a building. This will cut-off water above the third floor in buildings, A, B, C, E, G and T. Such failures are generally repaired in 2-6 hours.

1. Engineer On-Duty

a. If the Engineer-on-duty determines that all house pumps in a building have failed, the following people will be immediately contacted:

1. Administrator on-Duty
2. Associate Director of Nursing on-Duty
3. Sr. Associate Director of Facilities Management/Operations
4. Necessary trades to effect repairs.

b. Turn off water-operated or cooling equipment where there is insufficient pressure.

2. Administrator on-Duty

a. Together with the Engineer-on-Duty, shall notify the Fire Department and the HHC On-Call Administrator of the situation and request a pumper. The Fire Department shall be informed that we have connections prepared for the pumper.

b. After such notification, shall coordinate the activities of all departments until the emergency has been resolved.

3. Associate Director of Nursing

a. Shall inform Nursing staff to restrict the use of water, especially in unaffected area.

b. Where possible, shall work with the physician staff to relocate patients to areas unaffected by the water emergency.

4. Dietary

a. The Pantry kitchens will still function, but there may be no water for coffee, rinsing, etc., until water distribution takes place.

b. Disposable plates, utensils, etc., will be utilized.

- c. Dietary staff will be assigned to bring water from lower-floor kitchens where possible.

5. Environmental Services

- a. Environmental Services staff will be utilized to transport water from unaffected floors.

6. Sr. Associate Director/Facilities Management/Operations

- a. Shall see that the necessary repairs are made as expeditiously as possible.

B. CASE II: There is a break in a water line inside a building.

- 1. All responsibilities as outlined above shall be the same except the Engineer-on-duty will isolate the break and feed the remaining part of the building.

C. CASE III: A major local disaster cuts off all water in the area.

Engineer-On-Duty

- a. Shall notify all persons as detailed under Case I.
- b. Shall make arrangements for vendor-supplied water trucks to be dispatched to the following locations:
 - 1. "B" Building Loading Dock
 - 2. "E" Building Front Entrance
 - 3. Boiler Plant Loading Dock
 - 4. Food Service Building Loading Dock
- c. Shall shutdown high pressure steam to all buildings and shall notify Central Supply, the Operating Room and the Delivery Suite of same.
- d. Shall shutdown boilers except those required to heat Buildings A, B, C, E, G and K-5. All other buildings to be shutdown. Shall notify the Administrator of same. If water to the boilers is affected, shall contact the Sr. Assoc. Director for Facilities Management/Operations to arrange for portable steam equipment.
- e. Shutdown all water-operated equipment. Shall notify all affected departments and the administrator of same.

2. Administrator -on-Duty

- a. Shall contact additional administrative staff to help out.

- b. Shall give orders to cancel elective procedures/admissions, close outpatient and administrative buildings, and assist Nursing in planning the consolidation of patients.
 - c. Shall request that all visitors leave hospital and that visiting hours be suspended for all but critical patients until the emergency is over.
 - d. Shall coordinate the efforts of Nursing, Dietary and Facilities Management/Operations in determining the priorities for the distribution of available water.
 - e. Shall work with Nursing and Medical Staff to discharge patients awaiting elective surgery and others whose medical condition permit such discharge in this emergency. Shall assist in consolidating remaining patients where practical.
3. Associate Executive Director/Facilities Management
- a. Shall contact necessary personnel and/or vendors as needed.
 - b. Shall direct water distribution operations. The fire reserve in Buildings A, B, C, E, F, G, P, U may be utilized with the reserve in Buildings F, P & U being used first. Also, all departmental supplies of bottled water may be harvested for use.
 - c. Shall contact the Bacteriologist in the Pathology Building to assist in determining the potability of water. Only water certified as potable shall be used for cooking or drinking.
 - d. Direct operations for the removal of human waste collected by Environmental Services and Nursing as listed below. May arrange for Port-San type units if possible.
- II. Deputy Director of Nursing
- a. With the assistance of the Professional Services Department, shall identify patients for discharge where medically indicated.
 - b. Shall consolidate patients where possible.
 - c. Shall assist the Administrator on-Duty in determining the priorities for water.
 - d. Make provisions to transfer portable suction machine to the "E" Building (NOTE: Wall suction in ABC shall remain operational; the wall suction in "E" Building shall be shut off).

- e. Direct the use of disposable bed pans for all patients. Nursing staff shall place pan and waste in plastic bags and seal properly for pickup by Environmental Services staff.

III. Associate Director of Food Services

- a. Shall make certain that a sufficient stock of disposable supplies is available for at least three meals.
- b. Shall direct a menu that requires the use of little or no water in preparation. Canned goods shall be used wherever possible.
- c. Shall make certain that all water used in cooking has been certified as potable.

IV. Associate Director of Environmental Services

- a. Shall direct the distribution and collection of disposable bed pans and plastic bags.
- b. Shall assist in the distribution of water.
- c. Shall utilize "dry" cleaning techniques where appropriate.

LIST OF CONTACTS FOR OUTSIDE ASSISTANCE

- 1. Maintenance & Engineering Service (MES) HHC
Kein Anderson (718) 803-7440
- 2. To request assistance to start and place stand-by generator on-line, call the following Fire Department numbers for your borough:

Manhattan (212) 682-2900

Bronx (212) 655-2200

Brooklyn (718) 636-1700

- 3. To request assistance from the New York Police Department to provide emergency hardware (generators, lights, etc.) call:

Office of Emergency Management
New York City Police Department
Telephone No. (212) 374-5580 or 608-4286

SECTION 5: HURRICANE/FLOOD MANAGEMENT PLAN

Procedure/Responsibilities:

Since the approach of major storm is known in advance of landfall, preparedness can take place before occurrence. The ranking Administrator shall be responsible for declaring the alert status in advance of the official City-wide Disaster Notification.

A. COMMAND CENTER

In the event of a storm alert warning, the KCHC Emergency Command Center will be established in the "B" 1st floor Executive Conference Room, Room B-1141A. Emergency lighting is supplied to the Command Center as is emergency telephone service. The A.O.D. or the senior administrator in charge shall direct the Command Center, assure uninterrupted coverage and monitor the weather and emergency readiness. In the event of a power failure, one or more Hospital Police Officers with portable radio units shall report to the Command Center to provide or augment communication.

B. STAFF PREPAREDNESS

1. Schedule Modifications

When notified of a storm alert by Administration, all hospital shall be prepared to function on a 12 hour tour basis, if required. This shall include key administrative staff, Physicians, Nurses, and Chiefs or Clinical Directors of Service. This eliminates the need to call in staff after normal working hours.

2. Modification of Duties

To meet the emergency, it may become necessary to reassign personnel to duties outside their normal functions in order to address the needs of the facility and its patients. In the most severe circumstances, the hospital can expect a large influx of patients and/or those requiring shelter. In such cases clerical staff may be called upon to perform minor Nursing duties, food handling, etc.

3. Staffing

All Department Heads or supervisors must survey their areas to determine whether sufficient personnel are available to service a sudden large influx of patients. This shall include both the types and numbers of additional personnel required. Department Heads are authorized to adjust schedules where necessary to maximize staff coverage. The use of overtime shall be permitted with the approval of the appropriate Administrator or A.O.D. It is essential that accurate time and leave records be kept during this period. The Department Head or senior supervisor shall report this information to Command Center staff.

C. HOSPITAL PREPAREDNESS

1. Supply Levels
All departments impacted by an increase in patients/others shall closely monitor supply levels on an ongoing basis. The Associate Executive Director for Materials Management shall be responsible for overseeing this function and provide materials as required. The Command Center is to be kept abreast of supply levels and potential problem areas.
2. Clinical and Ancillary Services
Chiefs and Clinical Directors shall be responsible for maintaining services during the period of disaster and for keeping the command Center abreast of all potential problems.
3. Facilities Management
Immediately upon receipt of the alert, personnel shall be deployed to:
 - a. Check roof tops for loose items/debris that could become flying missiles in high winds.
 - b. Clear roof gutters to assure proper drainage of rain water.
 - c. Check functioning of the emergency generators and the level of diesel fuel available for each.
 - d. Tape loose windows as needed.
 - e. Power Failure - in the event the hurricane/flood results in a power failure, OP No. 300-94-06 shall be implemented.
4. Food Service
The Dietary Department shall evaluate its preparedness to serve larger numbers of meals for patients and staff plus an influx of those seeking shelter or requiring emergency care. A minimum of six (6) meals should be planned for. In addition, staff shall be maintained to provide such services and the level of preparedness shall be reported to the command Center.
5. Hospital Police
Hospital Police staff shall be prepared to assist other departments where necessary, especially in the areas of communications and transportation. The readiness of all vehicles shall be reported to the Command Center.
6. Environmental Services
Upon declaration of the alert, the Associate Director of Environmental Services, in conjunction with the Admitting Office and Nursing Service, shall determine the need for space to house an influx of a large number of patients, those seeking shelter and staff. This shall include the need for beds/cots and floor mattresses. This information shall be conveyed to the Command Center. Environmental Services may be contacted at Extensions 4949, 4321 and 3100.

Areas of the hospital that can serve as emergency shelter for community members shall be established, e.g., "T" Building, Auditorium, Classrooms I & II, etc.

When the needs of those noted above have been met, the sleeping accommodations for personnel shall be determined and arrangements made.

Linen shall be provided from the Linen and Laundry Service (Extension 4653).

D. PATIENT MANAGEMENT

1. Patient Discharge and Admissions

Upon establishment of a storm alert by Administration, action should be taken to discharge as many patients as possible to make room for the influx of new patients or those displaced from other facilities. If so determined, elective admissions shall be canceled and patients notified and rescheduled. Likewise, those patients already admitted and awaiting elective procedures shall be discharged.

2. Outpatient Services

Outpatient Services shall be curtailed for the duration of the emergency. Outpatient areas may be utilized to house patients transferred from other facilities or community members as needed. OPD staff shall be reassigned by the Command Center to assist other departments (i.e. medical staff to E.R.) or monitor shelter areas.

3. Emergency Services

Shall be prepared for the influx of large numbers of patients. Staff shall be drawn from other areas of the hospital to supplement existing personnel.

4. Operating Rooms

Elective admissions/surgery will be canceled if necessary. All other O.R. scheduling will be handled on a day-by-day basis depending on the influx of patients and availability of staff.

E. REPORTS AND DOCUMENTATION

All aspects of this Plan implementation must be documented. This includes:

1. Record of all patients transferred to KCHC.
2. Record of Emergency Room patients treated.
3. Storm damage reports including estimated costs to repair.
4. Cost of additional supplies procured to meet the emergency.
5. Cost for personnel overtime, etc., to meet the emergency.
6. There shall be an annual evaluation of this plan.

SECTION 6: Snow Emergency & Removal

RESPONSIBILITIES:

Notification Process: When a snow alert is proclaimed or when a snowfall/icy conditions occurs, the following General and Specific Responsibilities/Procedures will be implemented.

"B" Command Post - Hospital Police Office, "B" Building, 1st Floor
 - Telephone Number: (718) 245-4300

This unit is staffed 24 hours a day, seven (7) days a week, and shall serve as the

SNOW EMERGENCY COMMAND POST and shall be responsible for notifying the appropriate hospital Administrators in accordance with the plan noted below:

TOUR I - 12:00 Midnight - 8:00 a.m. - Monday - Friday:
 - HOSPITAL POLICE TOUR COMMANDER:

ASSOCIATE EXECUTIVE DIRECTORS/FACILITIES AND SUPPORT SERVICES
(VIA PAGE OPERATOR)

**Assistant Supt., Buildings & Grounds/Chief, Hospital
Transportation**

TOUR II - 8:00 A.M. - 4:00 P.M. - Monday - Friday:

ASSOCIATE EXECUTIVE DIRECTORS, - FACILITIES/SUPPORT SERVICES:

DIRECTORS - HOSPITAL POLICE

ASSISTANT SUPT., - BUILDINGS & GROUNDS/ASSOCIATE DIRECTOR/SERVICES

TOUR III 4:00 P.M. - 12:00 Midnight - Monday - Friday:

Evening Administrator

HOSPITAL POLICE TOUR COMMANDER

ASSOCIATE EXECUTIVE DIRECTOR - FACILITIES MANAGEMENT

ASSOCIATE EXECUTIVE DIRECTOR - SUPPORT SERVICES

SATURDAY AND SUNDAY/HOLIDAYS:

TOUR I - Same as Monday - Friday

TOUR II and TOUR III - Weekend Administrator

Hospital Police Tour Commander

Associate Executive Director - Facilities management

Associate Executive Director - Support Services

III. RESPONSIBILITIES:

A. Snow Removal Plan

1. Associate Executive Directors - Facilities and Support Services shall be responsible for:
 - a) Coordinating of Snow Emergency/Removal Plan
 - b) Preparing a critique of the Snow Emergency/Removal Plan's effectiveness.
2. Assistant Supt. - Buildings/Grounds - Chief of Transportation shall be responsible for:
 - a) Coordinating and directing snow removal (See Appendix I).
 - b) Keeping all Departmental Snow Removal equipment in a state of repair and readiness via preventative maintenance program, including a documented schedule of service and repair.

3. Associate Director, Building Services, shall be responsible for (See Appendix II)
 - a) Housing for hospital personnel that will be required for the maintenance of essential services.
 - b) Coordinating the assignments of Housekeeping personnel to the Snow Removal Team.
4. Director of Hospital Police - shall be responsible for (See Appendix III).

The assignment of Hospital Police personnel as needed to augment the snow removal effort.

IV. RESPONSIBILITIES:

B. **Non-Snow Removal**

1. Human Resources Administrator/Chief Financial Officer:

Shall be responsible for:

Gathering statistical data that may be required by H.H.C., Central Office or the K.C.H.C., Executive Director.

2. Dietary Department:

Shall be responsible for:

The Dietary Department shall develop a contingency plan for feeding patients and employees, including menu modification.

3. Store Center Managers:

Shall be responsible for:

When a "Snow Alert" is declared, shall check supply levels of essential commodities, to assure that adequate material is available in the event that a snowfall may interfere with normal vendor delivery schedules.

Responsibilities: - Operational Responsibilities

Specific operational responsibilities for snow clearance are delineated in the following Appendices:

APPENDIX I - ASSIST. SUPT., BUILDINGS GROUNDS/TRANSPORTATION

APPENDIX II - ASSOCIATE DIRECTOR, BUILDING SERVICES

APPENDIX III- DIRECTOR, HOSPITAL POLICE

APPENDIX I:

GROUND'S UNIT:

- A. Perform yearly required maintenance between September and October to insure that all snow removal units are operational. Keep records of preventative maintenance program and schedules of work performed.
- B. Salt down all walks assigned in attached plan, which indicates areas to be covered. Proceed as situation dictates with snow removal teams utilizing mechanized equipment, shovels and other manual pieces to clear the snow covered areas.
- C. During snow season, the Assistant Superintendent, Buildings and Grounds is to insure that a supply of salt is available at all times. When snow is anticipated or a Snow Alert proclaimed, the Supervisor should check with the Chief of Transportation to make certain that the truck is loaded in advance of the snowfall.
- D. Should the snow accumulation exceed 3 inches and additional support is required, the Assistant Superintendent for Buildings and Grounds will contact the Associate Executive Director of Facilities Management, who will contact an outside vendor for assistance.
- E. GROUND'S UNIT RESPONSIBILITIES:
 - 1. All exterior sidewalks surrounding Kings County Hospital Center:
Clarkson Avenue - from New York to Albany Avenues
Albany Avenue to Winthrop Street
Winthrop Street to New York Avenue
New York Avenue to Clarkson Avenue
 - 2. All exterior sidewalks of Kingston Avenue Site; Winthrop Street to Hawthorne Street
 - 3. All other interior sidewalks and crosswalks.
 - 4. A-B-C Emergency Roadways and side walkway.
 - 4. All parking lots on the Main Campus and Kingston Avenue site.

APPENDIX IA:

TRANSPORTATION CHIEF:

Transportation Service:

- a. As soon as snowfall begins, and after approval from the Associate Executive Director, Facilities Management or designee has been obtained, the Chief of Transportation will assign a driver to the salt spreading vehicle and instruct him to make complete rounds, salting all internal roadways, delivery areas, mortuary loading and parking area, ambulance entrances and parking lots.
- b. Should the snow continue to fall and start to accumulate, the Chief will assign one man to operate the Plow (Moline) and the man on the salt truck will operate the tractor plow. The two plows will continue to circle the grounds until clear.
- c. Upon the request of the Chief of Transportation, the Assistant Manager of Grounds or Deputy Director, Building Services will furnish one man to assist with this salting operation. Should snowfall continue and an accumulation of three (3) inches be forecast or occur, the plow will be employed.
- d. Director of Hospital Police upon consultation with the Administrator-on-Duty, or On-Call, or his designee, will order the closing of gates and prohibit entrance of any vehicle, other than ambulances, official vehicles, delivery trucks necessary for hospital operations and patient services.
- e. Priority Listing of Snow Removal Areas for Plow and Salting Operations:
 1. All internal roadways (including entrance and exits, ambulance and delivery areas, area east of Old Laundry and O.P.D.) on Main site, Clarkson Avenue driveway.
 2. Street at entrance to Morgue.
 3. Street from Emergency/Ambulance Dock back down to Clarkson Avenue.
 4. Street at foot of Emergency/Entrance back down to Clarkson Avenue.
 5. Street leading from Emergency gate up the hill to "B" Building Emergency Ambulance down.
 6. Clean all other streets and approaches to Building Entrances.

APPENDIX II:

BUILDING SERVICE:

a. HOUSEKEEPING UNIT:

Salt down immediately all building entrances as soon as snowfall begins. After priority cleaning of entrance, Housekeeping personnel will proceed with snow removal of areas as indicated in the following plan:

- b. Housekeeping Responsibility:- Clear walks, entrances, staircases, side, front and rear of Building A-B-C, E, G, J, OPD and K-5

If snowfall exceeds 3 inches assign one to two men per building to the Administrative Associate for Grounds assignment.

c. LINEN SERVICES:

The Supervisor of Linen Services will keep in readiness appropriate protective outerwear for issuances to personnel assigned to snow clearance detail. Heavy clothing items will be issued to the Unit Housekeeper and Assistant Manager, Elevators/Grounds. This clothing is to be returned to Linen services after the snow emergency is over.

d. RESIDENCE HALL

The Associate Director of Building Services will establish sleeping facilities as directed in vacant areas in the hospital complex if rooms are not available in Residence Hall.

APPENDIX III:

DIRECTOR, HOSPITAL POLICE:

- a. The Director, Hospital Police or his delegated representative, upon consultation with the Associate Executive Director, Facilities Management and Chief of Transportation, will determine the need to curtail parking on the main site. All vehicles with proper Kings County decals will be directed to park on the Kingston Avenue site during the Snow Alert. If a sick patient is brought by private vehicle, the usual practice will be followed with instructions to the driver that he must remove vehicle from grounds immediately.
- b. The Hospital Police will be responsible for identifying and locating owners of vehicles interfering with snow removal operations on both Kingston Avenue and on the Main Campus. Only those vehicles bearing authorized decals, and visible e.g., M.D., license plates, Police/Fire vehicles, private vehicles delivering patients (no extended parking).

During the snow emergency, hospital patrolmen will be assigned to all entry and exiting areas that are operational including the ambulance ramp and the Clarkson Avenue access road in order to maintain a necessary traffic flow pattern.

- c. The Hospital Police are empowered to order the towing of any motor vehicle that obstructs or interferes with snow removal operations or the normal flow of traffic (ambulance and delivery vehicles). The vehicles will be towed off-site at the owner's expense.

- d. The Hospital Police will lend every assistance to all personnel involved in the snow removal procedures. At the onset of snowfall until parking is restricted, the Hospital Police Officer at entrance gates are to instruct drivers of authorized vehicles to refrain from parking in delivery or critical areas, and to respond immediately to Page if vehicle must be moved. Hospital Police personnel shall also close main gate to the Clarkson Avenue driveway, until it is cleared of snow.

- e. Following is a listing of entrance and exit gates for vehicular traffic:
 - 1. The Main Entrance to Kings County Hospital Center is designated as the Albany Avenue Gate between "J" Building and "N" Building.
 - 2. The Ambulance Entrance is designated as the Clarkson Avenue Gate, between 37th Street and the O.P.D. Building

SECTION 7: EMERGENCY PLAN - BOILER FAILURE

STEAM DISTRIBUTION SYSTEM

Introduction:

The Kings County Hospital Center Plant consists of 5 boilers divided into two distinct sections that can be operated independently. The Power Plant provides steam, heat and hot water to the entire hospital and Brooklyn Central Laundry. In general, only 3 boilers are in use at any one time, with the one remaining as backup reserve and one open for inspection or repair.

Kings County Hospital Center provides steam throughout the complex from a Centralized Boiler Room located in the "Z" Building. The centralized boilers provide steam for the following listed usage throughout the complex:

Steam Usage:

- a. Provides steam for heating hospital environment.
- b. Provides steam for heating water for water.
- c. Provides steam for the cooking of food.
- d. Provides steam for sterilization equipment.
- e. Provides steam for Brooklyn Central Laundry.

Steam Distribution system:

The Steam Supply is distributed throughout the complex from the Centralized Boiler Room through underground Steam Supply System that connects all buildings of the complex.

The Steam Supply Distribution System for the complex allows the Steam Supply to be temporarily shut off, or isolated from the centralized system for each building in case of emergency condition.

The following plan is to be implemented in the event of a single or multiple boiler failure:

Single Boiler Failure

The Engineer On-Duty will:

- a) Take the defective boiler off-line and add one of the reserve boilers.
- b) Arrange any needed repairs to the defective boiler.

Multiple or Total Boiler Failure:

1. The Engineer on-Duty will:

- a) Notify the Administrator and Nursing Administrator on-duty.
- b) Notify Housekeeping Line Service and Dietary Supervisor on-duty.
- c) Notify the Director of the Brooklyn Central Laundry and advise of the extent of boiler failure and the need to curtail or suspend laundry operations.
- d) Notify the Associate Executive Director, Facilities Management and Sr. Associate Director, Facilities Management/Operations.
- e) Attempt to isolate and correct the problem.
- f) Call in additional staff, as needed, from the On-Call listing.

2. Administrator On-Duty will:

- a) Consult with Nursing Administrator and Medical Director on ability to maintain inpatient areas depending on temperature conditions prevalent or expected. Monitor such conditions for the duration of the emergency.
- b) Call in additional staff, as needed, via the On-Call listing.

3. Dietary Supervisor will:

- a) Inventory available stock of disposable plates and utensils.
- b) Plan to use disposables for the next meal since dishwashers will not operate.

4. Housekeeping/Linen Supervisor will:

- a) Inventory supply of blankets and other bed items (Note: The Brooklyn Central Laundry will not be functioning since they receive their steam and hot water from the Kings County Hospital Power Plant).
- b) Distribute blankets to areas of need, as assigned by Nursing.
- c) Use disposable bed linen emergency supply, as needed.

5. Nursing Administrator On-Duty:

- a) Monitor area conditions and determine need for additional blankets, if weather conditions warrant same.
- b) Keep administrator informed of area conditions, special needs, etc.

Failure of Delivery System

This may be for total hospital or to selective areas. Follow same procedures as for Multiple or Total Boiler Failure to the extent required.

NOTE: Electrical heaters are not to be used at any time. They are specifically prohibited from use in hospitals.

SECTION 8: HVAC EMERGENCY PLAN

Kings County Hospital Center has numerous independent HVAC system serving various areas of the hospital. Failure of any one system will affect only the area being served by that system.

The following plan is to be implemented in the event of an HVAC System Failure:

Responsibility

- 1) Engineer on-duty will:
 - a) Notify the Administrator and Nursing Administrator of any failures and the areas/Buildings involved.
 - b) Identify the problem and make necessary repairs.
 - c) Call in additional staff as needed.
 - d) Notify the Associate Executive Director/Facilities Management, extension 4920, and the Sr. Associate Director, Facilities Management/Operations extension 2948.
- 2) Administrator on-duty will:
 - a) Identify with the Nursing Administrator alternative locations that are available for housing patients.
 - b) Call in additional staff as needed.
 - c) With Nursing and Medical Staff, jointly make the decision to vacate the affected area(s) as needed.
- 3) Nursing Administrator on-duty will:
 - a) Identify with Administrator alternative locations that are available for housing patients.
 - b) Deploy or re-deploy staff as needed. Summon additional staff if needed.
 - c) Assist in the decision to vacate an area and arrange orderly transportation of patients.

Loss of Medical Gas

II. Central Gas and/or Vacuum System Failure

This plan shall be implemented immediately upon the notification of a failure in the central oxygen, nitrous oxide, compressed air or vacuum system.

I. Background:

A. FACILITIES MANAGEMENT/OPERATIONS

1. Plant Operations shall be responsible for the routine operation and maintenance of the system, including line, outlets, pumps and related components.
2. Plant Operations, in conjunction with Plant Maintenance, shall be responsible for normal scheduled shutdown of the system components for routine maintenance, including notification of all affected departments/services.
3. Plant Operations, shall perform emergency shut downs as the situation requires, and notify the affected departments/services.
Medical and nursing staff members shall, in the event of a localized fire, be responsible for implementing a shut down in the areas that are threatened.
4. Plant Operations shall perform a quarterly test and inspection of the medical gas alarm system. Defective lamps and fuses shall be replaced during the test. If any alarm fails to function properly after the replacement of lamps, and fuses, indicating a more serious electrical problem, the inspector shall be responsible for submitting a work order to the Electric Shop (Plant Maintenance) for additional repairs.

II. Responsibilities:

A. FACILITIES MANAGEMENT/OPERATIONS

Facilities Management/Operations personnel respond to the scene of the failure. They shall immediately assess the extent of the failure, isolate the problem and make the necessary repairs.

B. Respiratory Therapy

1. Shall supply, maintain and clean all respirators and/or humidifying components attached to the wall outlet.

2. Shall monitor central tank supply of oxygen and nitrous oxide and submit timely purchase requisitions to the Director of Purchasing for replenishment of gases.
3. Shall maintain an accurate record of all gases delivered.
4. Shall ensure staffing by trained personnel.
5. Shall provide and maintain an adequate supply of oxygen and nitrous oxide cylinders for emergency use in the event of system shutdown.
6. Shall respond to all emergency shut downs to support continuity of treatment for patients utilizing the system.
7. Shall respond to all fire alarms to ensure appropriate safety precautions for the control system in the event of fire.
8. Shall maintain and provide an adequate supply of regulators and fittings for gas cylinders in the event of system shut down.

C. Professional and Nursing staffs

1. In the event of an activated "High/Low Pressure Alarm" notify the following areas of that alarm:
 - a. During normal hours notify Facilities Management/Operations, Extension 2943 - 4:00 p.m. to 8:00 a.m. Weekends and holidays, Extension 2952.
 - b. Notify Respiratory Therapy, Ext. 3674 or 4526
 - c. When alarm sounds:
 - i. Does not necessitate discontinuation of oxygen or nitrous oxide.
 - ii. Immediately utilize provisions for vacuum and/or compressed air equipment.
2. Equipment plugged into wall outlets shall be turned off when not in use.
3. In the event of failure of a component attached to a wall outlet, notify Respiratory Therapy, by calling the Page Operator (extension 3142) and page the Respiratory Therapy Technician.

4. In the event of fire or line breakage, close the shut off valve servicing the incident area.
5. If a gas leak is known or suspected:
 - a. During normal hours notify Facilities Management/Operations, Extension 2943 - 4:00 p.m. to 8:00 a.m. Weekends and holidays, Extension 2952.
 - b. Notify Respiratory Therapy, Extension 3674 or 4526
 - c. If leak is serious, close safety valve on the pressure side of the incident area.

SECTION 9: BOMB INCIDENT PROCEDURE

RESPONSIBILITY:

- A. It is the responsibility of the Director of Hospital Police to assure the proper implementation of this procedure and investigation of all bomb threats.
- B. It is the responsibility of every employee to notify Hospital Police after receiving a bomb threat and prepare a Bomb Threat Report (HHC20-109).

PROCEDURE:

- A. Telephone Bomb Threats
 - 1. Remain calm
 - 2. Record conversation, if possible.
 - 3. Prolong the conversation to detect accent or speech pattern.
 - 4. Be alert for any identifying background noise such as music, other voices, aircraft, church bells, subway, etc.
 - 5. Ask where and what time bomb will explode.
 - 6. Immediately notify Hospital Police at Ext. 4300
 - 7. Notify immediate supervisor.
- B. Written Bomb Threats
 - 1. Notify Hospital Police immediately at ext. 4300
 - 2. Place document and envelope in a large manila envelope to preserve possible fingerprints.
- C. Suspicious Objects/Packages
 - 1. Notify Supervisor
 - 2. Notify Hospital Police
 - 3. Do not touch, move or tamper with the object

4. Do not put object in water
5. Do not call the NYCPD, that is the responsibility of Hospital Police

D. Hospital Police Personnel

1. Notify NYCPD (911 Operator) and request a search unit.
2. Notify Director of Hospital Police and the Administrator on Duty.
3. Notify Engineering
4. Do Not Transmit on Portable Radios During a Bomb Search
5. When specific location is given by caller/writer
 - a. respond rapidly to area.
 - b. notify area Administrator/Supervisor/Nurse in charge
 - c. Do Not wait for NYCPD. Begin search with the assistance of area supervisor/nurse in charge. The three (3) level search method will be used.
 - d. Do Not alarm employees, patients or visitors
 - e. Do Not Evacuate The Area
6. When no specific area is given by the caller
 - a. searches will be conducted in all areas, public/non-public
 - Office space
 - restrooms, public/private
 - waiting area
 - storage closets
 - elevator engine rooms, electrical closets
 - stairwells
 - clinics
 - wards
 - locker rooms
 - roofs
7. Notify supervisor/nurse in charge of each area before the search begins

8. Upon discovery of a suspicious object
 - a. Isolate the area
 - 1) remove employees, patients and visitors
 - 2) close all doors
 - b. Have NYCPD notify the bomb squad
 - c. Orders to evacuate will be given by the Executive Director/his designee.
 - d. No one is allowed in the building until ALL CLEAR BY THE NYCPD

E. The Director of Hospital Police will notify -

1. Executive Director/Designee
2. Deputy Executive Directors - Professional Services, Operations, Nursing
3. Associate Executive Directors - Engineering
4. Chief of Service
5. Medical Director

The Director of Hospital Police will supervise search of the hospital grounds.

Administrator, Supervisor & Nurse-In-Charge of the area will

1. Assist Hospital Police and NYCPD in search of the area.
2. Identify any unusual or suspicious items or packages to search team
5. Isolate the area if a suspicious object is discovered.

SECTION 10: Prevention of Infant/Pediatric Abduction

(To be updated by Hospital Police)

Purpose: To provide guidelines for employees and families in the prevention of Infant/Pediatric abduction.

Definitions: Abduction: the removal of an infant/pediatric patient from the hospital without consent

Policy: It is the policy of Kings County Hospital center to implement procedures and provide security equipment to minimize the potential of infant/pediatric abduction. In addition to the pediatric alarm system installed on Nursing Stations 32, 42 and NICU the following procedures are required to be followed:

- Families will be instructed regarding abduction prevention precautions. Handouts about abduction precautions are given to the parents/significant others on admission to the L&D and Pediatric Units.
- Newborns will be transported by crib or isolette only. Children will be transported in appropriate equipment and under nursing or physician supervision.
- Infants/children in cribs will not be left unattended in hallways. The mothers will be instructed to assign her baby's care to a nurse and NEVER leave the baby unattended.
- Employees shall only give out information regarding infants/children to a designated caregiver, and/or the mother/father/significant other, which must provide the infant/child ID number before releasing information.
- Infants will be transported on a one to one basis, with the exception of twins or infants with mothers in the same room.
- Pediatric patients are not allowed to leave the patient care area unattended.
- Do not post patient or parent names, addresses, or telephone numbers where they will be visible to visitors (this includes bassinet cards rooms, and status boards).
- **All employees** are to be instructed during initial orientation and feedback will be provided to staff on updates in abduction prevention precautions and guidelines to follow in the event of possible infant/pediatric abduction.

Special Considerations

- Employees should be alert to any unusual behavior of individuals they might encounter, i.e.
 - a. Direct questions about hospital procedures and layout of the floor such as "When is feeding time?" "When are babies taken to the mothers?" or "Where are the stairs?"
 - b. The physical carrying of a baby in the hospital instead of using the crib/isolette to transport the baby.
 - c. Persons carrying large packages and totes or duffel bags off patient care areas
- Be aware of targeted rooms i.e., rooms out of view of the nurses' stations, playrooms and those close to stairwells, fire exits, and elevators.
- Be aware that a disturbance may be created in another area of the hospital as a diversion to facilitate an infant/child abduction. Supervise infant/child at all times, especially during times of high activity or confusion.
- Notify the charge nurse, supervisor or Campus Police of any individual who displays unusual or suspicious behavior/activity.

The responsibilities include all hospital personnel and families involved in the care of infants/pediatric patients and not limited to nurses, physicians, technicians, ancillary staff, Hospital Police, parents, visitors, etc.

All hospital personnel, as per hospital policy, will wear hospital identification badges. The badge is to be worn on the outside of the employee's clothing, visible to other people, with the picture outward.

A. Labor & Delivery:

1. Upon delivery a numbered umbilical cord clamp, transponder, with matching wristbands will be assigned.
 - a. Two infant bands will be placed on either wrist or either foot of the infant
 - b. The L&D nurse will place one adult band and one infant band on the mother's wrist.
 - c. Another Adult band will be placed on the person designated by the mother, If the spouse/significant other is not present at the time of birth, the additional ID band will be placed in the mother's medical record. The ID band includes the mother's name, date of birth, sex, doctor's name and patient identification number to both the infant and the mother.
2. Footprint the infant.
3. Perform a complete/written physical assessment of the infant.

NOTE: The written physical assessment, footprints and documentation of the placement of ID bands must be entered in the baby's medical record.

B. Pediatric Admission:

1. All pediatric patients, regardless of age, are fitted with a wrist ID and transponder upon admission and worn throughout the child's hospitalization.

C. Maintain Tenancy of Unit Security:

1. In order for the security to function properly, doors on the alarmed units will be kept closed at all times.
2. The emergency exit stairwell doors are to remain locked and alarmed at all times.
3. The health care professional must enter the appropriate code to bypass the door prior to leaving/entering the unit with a patient. When a patient is off the unit, the health care professional with a patient fitted with a transponder, is responsible for the patient.
4. Any attempts to leave the unit without authorization or an abduction is attempted, the security system will activate, and the doors on the unit will magnetically lock. There will be an audible and visual signal on the unit. The hospital Police Office will also receive an alarm signal

simultaneously, and respond to the unit immediately.

5. If a patient is to be transported in an elevator while wearing a transponder, hospital police must be contacted to accompany the staff member transporting the patient. They maintain the override key for the elevator alarm system.
6. When an alarm condition exists, unit staff must immediately conduct a visual inspection of the area, and a head count must be taken to account for all patients. University Police personnel will be dispatched to the unit. The system is not to be reset until the cause of the alarm is determined.
7. If all patients are accounted for, Hospital Police Supervisor, AOD and unit supervisors are to be immediately notified.
8. Access to the Nursery/Pediatrics Unit will be restricted to authorized personnel only.
9. At least one staff member must remain in the nursery at all times, when infants are present.
10. The staff in all areas will enforce visitation rules. Any staff member who observes unauthorized or suspicious persons on the unit will notify the Charge Nurse, Supervisor and Hospital Police.
11. A staff member is to be assigned to each infant taken off the unit. The staff member will maintain constant visual contact with the infant until the infant is returned to the unit.
12. As noted, the newborn transponder is located on the umbilical clamp and must not be removed until discharge. If the patient is required to stay in the hospital for a longer period and the umbilical clamp is removed, the patient is to be fitted with a wristband transponder for the remainder of their stay.

D. Patient/Family Education:

Patient/family education shall include, but not be limited to information listed below and will be documented in the nurse's notes and on the patient/family education record:

1. Keep a deliberate, watchful eye on the infant/child at all times.
2. Mothers shall be given clear and concise instructions on not releasing their infants/children to anyone who is not wearing the proper identification. Parent/significant other/designated caregiver should know what the badge looks like and that the photo on the badge must match the person wearing the badge.

3. The patient/family should become familiar with the hospital staff on the unit and to know which nurse is assigned to care for their infant/child.
4. Families should question unfamiliar persons entering their room or inquiring about their infant/child, even if the person is in hospital attire or seems to have a reason for being there. They should alert the nurses immediately if a person seems questionable. They should not leave the child/infant in the room alone.
5. Determine where the infant/child will be taken for tests and how long the tests will take place. Alert the nurses for verification information.

E. Control of Infant/Child Release/Discharge From The Unit:

1. The numbered identification band must be provided to the nursing staff when a parent or significant other comes to the unit for their infant child.
2. The staff must confirm the identification of parents/significant others or caregiver and the infant/child before the patient will be released.
3. If there is any question as to the identification presented, the staff will escort the person to the mother's room to verify identification of the person wanting to remove the infant. If there is any doubt or if problems arise, the staff will notify the Hospital Police Office immediately at ext. 4300.

F. Staff Education:

1. Staff shall receive instruction in the security issues and procedures including the purpose and function of the pediatric alarm system as part of their department specific orientation, with review at least quarterly thereafter.
2. Staff education shall include creating an awareness of the risk of infant/child abduction and what to look for when observing activity on the unit.
3. Staff education shall include the actions to take when questionable or suspicious persons are observed on the unit.
4. Monitoring for staff compliance will be the responsibility of the Senior Associate Administrator for Women/Children Services and the Assistant Director of Nursing for each participating unit.
6. Periodic risk assessments of procedures and security systems should be conducted by the Senior Associate Administrator for Women/Children's Services and the Chief of Hospital Police.

G. Abduction Notification: The following actions will be implemented:

1. The staff member suspecting the abduction will immediately notify the ADN/Charge Nurse/Designee immediately.
2. The ADN/Charge Nurse/Designee will then notify Hospital Police that there is possible infant/child abduction.
3. All nurses will proceed to perform a bed-to-bed count of infants/children. All children will be returned to their designated rooms by parent or caregiver and accounted for. Determine/verify location of any patient that is not on the unit.
4. Immediately when it is known that the infant cannot be located the ADN/Charge Nurse/designee will invoke a Code Pink by calling the page operator at ext. 3142. Also notify the Nursing Supervisor/Nursing Administrator and the AOD.
5. Hospital Police will lock down all campus exits immediately. NYPD will be notified. A building search will ensue led by Hospital Police.
6. The parent/caregiver will be notified about the abducted child/infant and will be placed in a secure location. Nursing Administration will notify Social Services to aid the parents/family with any personal needs. All parent/family interviews will be conducted under the supervision of Hospital Police in conjunction with NYPD.
7. All requests for information from outside the university will be directed through the ICC.

Activation of The Infant Abduction Plan

1. The ADN/Charge Nurse/Designee and the Hospital Police (ext. 4300) is notified immediately.
2. If the infant is not located, the ADN/Charge Nurse/Designee will invoke a "Code Pink" by calling the page operator at ext. 3142. The Nursing Supervisor, Nursing Administrator, AOD and Hospital Police will be notified.
3. The Nursing Supervisor notifies the CEO, the AOD, the pediatrician and the obstetrician.
4. The attending obstetrician notifies the parents.
5. ICC is opened.

Personnel Alert :

Telecommunications will initiate the personnel alert immediately after receiving the "Code Pink" call.

1. Telecommunications will first alert on duty personnel by announcing three times via the public address system "Personnel Alert-Code Pink".
2. Hospital Police dispatcher will contact the New York City Police Department's emergency # 911 to report the abduction.

Administration/Departmental Responsibilities:

A. Hospital Administration

The Chief Executive Officer, Senior Administrator will report to the ICC immediately upon notification of activation of the "Code Pink Plan" to verify that:

1. A search of the hospital and grounds is underway.
2. The New York City Police Department has been contacted.
3. The Department of Communications and Business Development has been contacted.
4. The Chief Operating Officer or Senior Administrator will authorize additional staff as needed.
5. All personnel are kept at the hospital until law enforcement interviews are completed.
6. The ICO will open the ICC in the boardroom and follow his/her Job Action Sheet with special attention to the following:
 - a. Begin an event log and inform key persons
 - b. Arrange for media briefing
 - c. Place cord blood on hold. Locate and secure newborn medical records including footprint. Locate any photographs if available.
 - d. Prepare for visit from the State Department of Health Services.

B. Nursing Administration

The Director of Maternal Child Services, Associate Director of Nursing and/or Assistant Director will take charge of the floor operations, or in their absence, the on-duty Nursing Supervisor upon notification of the activation of the Infant Abduction Plan.

1. The on-duty Nursing Supervisor will verify that the elements of the "Nursing safety: Infant Abduction Policy" has been addressed.

C. Admitting and Cashiers:

1. The department supervisor will assign two employees to the main entrance to the hospital.
2. Visitors exiting the hospital will be directed to one side of the lobby and asked to remain there until the NYPD give permission for them to leave.
3. Visitors entering the hospital will be directed to the opposite of the lobby and asked to remain there until the facility search is completed.
4. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
5. The Hospital Police Department will be contacted at ext. 4300 upon completion of the search.
6. See Attachment "A".

D. BioMedical Engineering/SMIC

1. The Director will assign employees to conduct a search of the department and/or surrounding public accesses around the department.
2. The Hospital Police Department will be contacted at ext. 4300 upon completion of the search.
3. See Attachment "A".

E. Cardiology

1. The Director of Cardiology or designee will assign employees to conduct a search of the department and/or surrounding accesses around the department
2. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
3. See Attachment "A".

F. Central Sterile Supply

1. The Director of Central Sterile Supply or designee will assign employees to conduct a search of the department and/or surrounding public accesses around the department.
2. The University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

G. Central Stores

1. The director of Central Stores or designee will assign employees to conduct a search of the department and public accesses around the department.
2. The Hospital Police will be contacted at ext. 4300 upon completion of the search
3. See Attachment "A".

H. Environmental Services

1. Housekeeping personnel are responsible for searching all housekeeping closets on their assigned floors, the trash chute room and will secure all dumpsters. All housekeeping closets are to be secured after the search.
2. Personnel will go to the nearest exit or elevator lobby to observe and report any suspicious activity.
3. Any suspicious activity will be reported to Hospital Police at ext. 4300.
4. See Attachment "A".

I. Food Services

1. The Director of Food Services or designee will assign employees to conduct a search of the department and public accesses, including the dumpster around the department.
2. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
3. See Attachment "A".

J. Laboratory

1. Any person who cannot be identified will be asked to go to the main lobby until the police investigators arrive.
2. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department
3. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
4. See Attachment "A".

K. Laundry

1. The Supervisor will assign employees to search the department, including the linen chute and/or all public accesses around the department.
2. The Hospital Police will be contacted at ext 4300 upon completion of the search.
3. See Attachment "A".

L. Medical Records

1. The Director of Medical Records will assign employees to search the department and/or public accesses around the department.
2. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
3. See Attachment "A".

M. Neurology

1. The Director of Neurology or designee will assign employees to conduct a search of the department and/or public accesses around the department.
2. The Hospital Police will be contacted at ext4300 upon completion of the search.
3. See Attachment "A".

N. Nuclear Medicine

1. The Director of Nuclear Medicine or designee will assign employees to conduct a search of the department and/or public accesses around the department.
2. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
3. See Attachment "A".

O. Nursing Units/OPD Suites

The Assistant Directors/Charge Nurse/Designee for the Nursing Unit will assign personnel to conduct a room-to-room search of their unit, which includes the closets, staff lounge and conference room. Public access areas around these units will be searched. One employee will be assigned to each exit and remain posted at the exit until instructed otherwise by the administration. Upon completion of the unit search the Hospital Police Department will be contacted at ext. 4300.

P. Department of Communications and Business Development

1. The representative from the Department of Communications and Business Development will contact the Planning Department for additional personnel as needed to manage the media interface .
2. The representative from Department of Communications and Business Development will coordinate with the Administrator on call to maintain factual and consistent informational releases to the media. All information released must be cleared and approved by the law enforcement commander on site.

Q. Operating Room

1. The Director of the Operating Room/designee will conduct the search of the second floor.
2. Public Access areas will be searched.
3. One employee will be assigned to each exit.
4. The Hospital Police will be contacted at ext. 4300 upon completion of the search.
5. See Attachment "A".

R. Pastoral Care

1. All employees of pastoral care will report to the main lobby to assist with visitors.
2. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department and be available to provide support for the families involved as needed.
3. The Hospital Police will be contacted at ext. 4300 upon completion of the search
4. See Attachment "A".

S. Pharmacy

1. The Director of pharmacy or designee will assign two employees to the basement elevator lobby.
2. Both public elevators and staff elevators should be monitored.
3. The center stairwell exiting into the basement will also be monitored.
4. Any person who cannot be identified will be asked to go to the main lobby until the police investigator arrive.
5. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
6. The Hospital Police will be contacted at ext. 4300 upon completion of the search
7. See Attachment "A".

T. Physical Therapy

1. The Director of Physical Therapy or designee will assign an employee to the doors.
2. Request that anyone exiting return to the main lobby until the arrival of police investigators.
3. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
4. The Hospital Police will be contacted at ext4300 upon completion of the search
5. See Attachment "A".

U. Plant Operations, Facilities Management

1. Employees will report to the AVP for Physical Facilities/designee.

V. Radiation Therapy

1. The emergency exits will be monitored
2. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
3. The Hospital Police will be contacted at ext. 4300 upon completion of the search
4. See Attachment "A".

W. Radiology and MRI

1. The Director or designee will assign an employee to each exit.
2. One employee from MRI will be assigned to the door, which exits to Clarkson Avenue.
3. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
4. The Hospital Police will be contacted at ext. 4300 upon completion of the search
5. See Attachment "A".

X. Receiving

1. The Director of Receiving will assign two employees to respond to the loading dock area. Special attention should be paid to exits.
2. See Attachment "A".

Y. Respiratory Therapy

1. The Director or designee will assign as many employees as possible to conduct a search of the department and surrounding area.
2. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
3. The Hospital Police will be contacted at ext. 4300 upon completion of the search
4. See Attachment "A".

Z.

Hospital Police

1. See Attachment "B"

AA. Social Services

1. The Director of Social Services or designee will assign as many employees as possible to conduct a search of the department and surrounding area.
2. The Hospital Police will be contacted at ext4300 upon completion of the search
3. See Attachment "A".

BB. Volunteer/Greeters

1. The Director of Volunteer Services will report to the main lobby to coordinate the screening of visitors exiting the elevators.
2. Volunteers/Greeters will be assigned to both public and staff elevator lobbies on the second floor.
3. Employees will be assigned to conduct a search of the department and/or surrounding public accesses around the department.
4. The Hospital Police will be contacted at ext4300 upon the completion of the search.
5. See Attachment "A".

ATTACHMENT A

I. General Responsibilities

The Infant Abduction Response Plan requires the immediate coordinated response of all hospital services and departments. Remember that time is critical. The Abduction Response Plan indicates specific assignments of certain departments/services/units/. In addition, each department service unit is required to carry out the following general responsibilities:

- Immediately assign staff to conduct a search of the entire department/unit, all entrances and exits including fire exits. Search all closets and lock if possible after search.
- Report results of search to Hospital Police, including any person who cannot be identified.
- Immediately assign staff to monitor all exits/entrances to unit until "Code Pink" is cancelled.

II. Listed below is a general profile of an abductor

- Female
- Fifteen to forty five years old
- Low self-esteem, emotionally immature and compulsive
- Has given birth previously
- Involved in a relationship with a man
- Has undergone a vicarious birthing experience

- III. Personnel assigned to specific exits or locations and those assigned to conduct searches should be alert and suspicious of anyone who;
- Is dressed in hospital type clothing, be attentive for identification badge
 - Is physically carrying an infant in the corridors (Nursing policy requires that infants are to be transported in bassinets)
 - Is carrying a large package, gym bag and bundle of clothes or linen
 - Appears nervous or emotional
- All personnel will remain at their assigned post until the "Code Pink All Clear" is paged. Administration will consult with the Police Department and will make the decision to discontinue the search and exit monitoring.

IV. **Cancellation**

The ICC will contact Telecommunications and advise that the Code Pink is all clear. Upon receiving this message, the communications operators will page "Code Pink All Clear" three times.

ATTACHMENT B

Infant Abduction (Code Pink) Kidnapping Situations

When any of the above incidents occur at Kings County Hospital Center, The officer at Post 2 (Desk Officer) will:

- Immediately notify the Tour Supervisor and the Investigations Office (if on duty).
- Notify the Senior Hospital Police/Public Safety Administrator on duty, who will assume command.
- Dispatch patrol officers to the scene to investigate and to prevent the removal of the person if possible.
- Notify all officers at the entrances/exits and all other officers on duty to be on the lookout and prevent removal of the person from the premises if possible. Give a comprehensive description of the person(s) involved.
NOTE: All entrances/exits shall be sealed until clarification of the situation. Persons will not be permitted in or out of the hospital without proper authorization.
- Dispatch personnel in patrol vehicles to the vicinity of the exits/entrances and direct that they canvass the area.
- If the incident is confirmed, notify the NYPD via 911.

- Record all details in the Desk Log.

Note: If an officer on patrol is the first Hospital Police member to become aware of any of the above incidents, he/she shall immediately notify the Desk Officer of the situation providing as many details as possible. The Officer shall make every effort to detain the subject(s) and be guided by other instructions provided by the Desk Officer and/or the supervisor.

Tour Supervisor/Senior Hospital Police/Public Safety Administrator on Duty;

- Notify the Chief of Hospital Police, the Assistant/Deputy Chief(s) as appropriate and indicate the actions taken.
- Ensure that the desk officer has taken the steps noted above.
- Mobilize additional personnel as needed. Initiate an immediate search of the area and building(s) as appropriate. If the offender is located, attempts should be made to contain or restrict him/her to a certain area.
- Assign additional resources to entrances/exits to assist in sealing these locations.
- If offender not immediately located, obtain the pedigree, medical/mental history etc. of the victim and the perpetrator (if known), direction of escape, if the offender is armed, demands made etc. Provide updates to University Police/Public Safety personnel as additional information is obtained.
- Protect the crime scene in order to preserve the subsequent collection of any forensic evidence. Detain witnesses and obtain full statements, if possible.
- Ensure the following are notified as soon as possible:
 - Senior Vice President for Administration
 - Hospital Administrator – if situation involves the hospital
 - Appropriate Administrator/Dean – If the situation is a non-hospital incident)
 -
 - Office for Institutional Advancement – in all cases ext 1176.

OTHER ACTIONS

- If necessary, Hospital Police personnel will be canvassed as to bilingual capabilities that may enhance or be useful in immediately communicating with the victim or offender. It is to be stressed that University Police/Public Safety personnel are not to act as mediators, give advice or make recommendations in any of the above situations.
- Upon arrival of the New York City Police Department, they will be responsible for the handling and investigation of said incident.
- All media requests for information will be referred to the Office of Institutional Advancement at ext. _____.

- Safety of the victim and the by-standers is of paramount importance, and must be kept in mind while performing any of the above pertinent procedures. Criminals who use hostages to effect their escape are desperate individuals who, if allowed to escape, will pose a continuing threat to their hostage and to the public at large. The Hospital Police does not have the ability to protect the safety of hostages who are allowed to be removed from the presence of officers. However officers should realize that exceptional circumstances may arise where considered judgment might dictate allowing the removal of a hostage, such as where there is imminent and probable danger to a large group of people, or to the officer(s) themselves.