

# **PUBLIC SAFETY** **EMERGENCY PREPAREDNESS MANAGEMENT** **PLAN**

## **Introduction:**

This procedure provides a brief overview of the types of disasters posing a potential threat to Kings County Hospital Center (KCHC). These can include: Fire, Severe Storms, Hurricanes, Winter Storms, Utility Failures, Hazardous Material Accidents, Civil Disorders, Terrorism, Bomb Threats, Explosion, Major Transportation accidents etc. Depending on the nature of the incident and its location, various sections of the plan will be implemented and acted upon.

As with any major or unusual event, supervisors should ensure that the appropriate notifications are made to the Hospital Police Command Center (HPCC), located in the B-building ground floor, and senior management and that there are sufficient personnel on duty to handle the incident. Supervisors are authorized to call in additional resources as necessary. Depending on the nature of the incident, special attention is to be given to the affected building entrances/exits, to control of the main bank and L&D area elevators in the hospital, and to the control of pedestrian and vehicular traffic in the area of the entrance to the Emergency Services area(s).

In all cases affecting Kings County Hospital, the ranking Hospital Police supervisor will confer with the Senior Administrator on Duty and the Chief Operating Officer/Senior Vice President for Administration and the Office of Communications and Business Development as appropriate (whose numbers are listed in Section III). For other Kings County locations, the Chief Operating Officer/Senior Vice President for Administration, the CEO, the Office of Communications and Business Development, and other management personnel as appropriate will be conferred with.

- In the event a disaster involves Kings County Hospital, the Senior Administrator on Duty (AOD), the Disaster Medical Officer (DMO), the Emergency Department Attending, the Chief Executive Officer (CEO) or their designees may authorize the implementation of the hospital's disaster plan and they will activate the Incident Command Center in the B-Building, 1<sup>st</sup> Floor (Hospital Administration Offices). The Command Center phone number will be 245-3986/7. A Hospital Police officer will be assigned to this location as liaison officer. If the hospital is not involved, the Hospital Police Office will function as the Command Center.
- There are two distinct phases to the Emergency Preparedness Management Plan, beginning with an alert of a possible disaster, with limited notifications, and the actual disaster when all portions of the plan are put into effect. When notified of a disaster alert, Hospital Police supervisor(s) shall make the necessary chain of command notifications and prepare to activate our disaster plan.
- If necessary, and upon direction from the Hospital Senior Administrator on duty, and the Hospital Chief Operating Officer, the Telecommunications Dept will ring the disaster bell (2-2-2-2, or Code Yellow) and notify HP.
- In the event of a fire, the Fire Safety Dept will activate the fire alarm system to the Fire Department and will also call 911. (See Fire Plan and Evacuation procedures).

- Should an emergency occur, evacuation of the facility may be necessary. Upon direction from the Kings County Hospital Senior Administrator on Duty, the evacuation bell (2-2-2-2) will be activated. Evacuation routes for facilities are displayed throughout staff work areas. Hospital Police staff will assist in the evacuation process.
- During the activation of the Emergency Preparedness Management Plan, all entrances to the affected facilities will be secured and only those authorized will be permitted into the buildings. Hospital visiting hours will be suspended, and outpatient clinics will normally be closed.
- The Hospital Police Department is a crucial component in maintaining the operation of the hospital's Emergency Department during a disaster response. Our function is to clear the waiting areas, limit access to the Emergency Department, to maintain communications via portable radio in the event of a communications failure, maintain communication with the NYPD, and to cordon off any decontamination area in the event of a Hazardous Materials incident.
- In the event the hospital will be accepting emergency patients, the main triage sites will be located on Clarkson Ave. and outside the D-building entrance. Ambulances and emergency vehicles will enter on Clarkson Ave. from west to east. Hospital Police personnel, along with NYPD will monitor these areas to ensure appropriate traffic flow. Appropriate identification vests will be worn by the Disaster Control Officer and Triage personnel. Only those personnel authorized by the Disaster Control Officer are to be permitted in the triage area(s).
- A Family Reception area will be established in the U-building lobby. All family arriving at the hospital will be directed to the Clarkson Ave. entrance and then Hospital Police personnel will direct them to the reception area. HP will also put up signs on the fences to help direct patients and their families. These signs will be located in the ICC closet, and its key is located in Mr. Proctor's office.
- Patient escort and mail-room personnel will be assigned to the Hospital Police office and utilized for messenger duties in the event telephone service is not operational. In addition, Hospital Administration also has a supply of portable radios that will be distributed to key units on various floors to serve as a communications link.
- At no time will media personnel be permitted to be unescorted in any of the Kings County Hospital Center facilities. The Media Relations Office will be responsible for the coordination of all media activity. When authorized by the Media Relations Office, the media will be directed to the T-building auditorium for press conferences etc.
- Depending on the nature of the incident, we may be called upon to provide transportation services either to pickup personnel and or equipment. Transportation Supervisors will ensure that all transportation vehicles are fueled and ready to respond.
- A Command Log, maintained by HP, will be utilized for any of these incidents. Thorough entries will be made to account for all personnel and incidents.
- At the conclusion of the incident, the All Clear signal ("Stand Down") will be activated by the Telecommunications Unit.

Attached to this procedure is a listing of specialized equipment on hand at Hospital Police facilities. There is also a checklist for supervisors that should be followed in emergency situations.

## **Staff Evacuation Procedures**

When evacuation alarm sounds (Alarm Bells 2-2-2-2) or you are directed to evacuate the facility, all occupants, with the exception of essential personnel (i.e. Nursing and Medical staff) will immediately leave the building. Hospital Police personnel will:

1. Help people to remain calm.
2. As directed by Nursing, patients in immediate danger shall be moved first. Next, move ambulatory patients towards a safe area or fire exit on the same floor. Wheelchair cases shall be pushed to a safe area on the same floor. Mobility impaired patients can be carried on litters, blankets, or dragged along the floor on blankets.
4. Have personnel leave the area in an orderly fashion. Close doors, but do not lock.
5. Follow established evacuation routes. Use stairways and NEVER use elevators.
6. Move away from the structure. Go directly to the assembly area. Report to the Evacuation Coordinator for a "head count".
7. Do not block the street or driveway.
8. Direct personnel to stay at the assembly area until instructed otherwise.
9. Do not allow anyone back into the building until the "ALL CLEAR" verbal command is heard.

## **Fire**

See Fire Response Plans (SOP IV - E-1)

1. The person receiving a report of a fire is to gather data from the caller - the location of the fire (building, floor, room etc.), the caller's name and extension.
2. Advise the caller to activate the fire alarm, if it hasn't been done yet.
3. Activate the NYC fire alarm box closest to the fire. Also call 911.
4. Request the phone operator to announce "CODE RED" with the location on the overhead page system.
5. An employee is assigned to direct the Fire Department to the appropriate location upon arrival. He/she also assists with traffic and crowd control.
6. Other personnel are dispatched to assist with control of elevators, and to assist with implementation of the fire plan and evacuation of patients as required.

In a fire situation, personnel should await instructions from FDNY. They should go down at least one floor below and two floors above the fire. At that point they should go to the nearest safe area and await further instructions. Patients and personnel can be transferred to adjoining buildings if horizontal evacuation through the A, B, C, or D buildings can be effected in place of using stairways.

## **Extremes of Weather (POLICY)**

In the event of a severe storm watch within the surrounding area:

1. Listen to the local radio/TV or NOAA Weather Radio for instructions.
2. Plan ahead before the storm arrives.
3. Tie down loose items located outside or move them indoors.
4. Open windows slightly, time permitting, on the side away from the direction of the storm's approach.
5. Check battery-powered equipment such as portable radios and lights. Also ensure back-up power sources (generators) are in operating condition.
6. Fill vehicles with gas.
7. Have emergency "winter storm supplies" in the vehicle (e.g., sand, shovel, windshield scraper, tow chain or rope, flashlight, flares. It's also good to have a blanket, heavy gloves, overshoes, extra woolen socks, and winter headgear).

## **Power Outage (POLICY)**

In the event of a power outage:

1. In the event of a brownout or blackout, the senior hospital administrator will activate the Command Center.
2. Hospital Police personnel will be assigned to the Command Center to assist with communications.
3. All requests for information and communications relative to a power failure emergency shall be directed to the Command Center.
4. Hospital Police personnel will be assigned to various floors to assist with and/or augment communications with the various departments in the hospital.
5. All building entrances/exits will be secured, and only those persons who are authorized will be permitted access. All visitors will be requested to leave the hospital.
6. Supervisor(s) will patrol all buildings to ensure that all special procedures are followed and that there are no breaches of security.
7. If a blackout occurs, the emergency generators will automatically activate, supplying power to critical services and areas such as all critical care units, fire alarms, switchboard and paging system etc. Corridors, stairwells and exit lights will also be operational.
8. If directed to evacuate, assist disabled persons and follow directions given by the patrol supervisor.

## **Hazardous Material Accident**

(See SOP VI - E)

## **Civil Disorder and Demonstrations**

(See SOP IV - B11)

## **Terrorism**

An act of terrorism is similar to other man-made disasters in that the main characteristic is sudden onset and the resultant effect is significant human injury and/or death. Because of the nature of the incident, in many cases the opportunity for crisis management or intervention is not possible. Because terrorism is a deliberate act, these incidents may present unique hazards to response personnel. For example, it would not be unusual for terrorists to plan secondary events that target emergency responders. Although the results of a terrorist attack may not be different from conventional incidents, the approach to them must be. Aggressive response to these incidents must be curtailed. It must be moderated with careful consideration for any potential secondary threats to responders.

Should an act of terrorism occur within the surrounding area:

1. Follow the instruction of the HP Officer and emergency preparedness personnel.
2. If an explosion occurs, take cover immediately and anticipate there may be other explosions.
3. Notify Desk Officer of any known hazards (e.g., fire, bomb threat).
4. Stay indoors and away from windows unless directed to evacuate.
5. Evacuate when directed and follow procedures included at the beginning of this procedure and any instructions of the Evacuation Coordinators.
6. If incident is a nuclear, biological or chemical incident, ensure that appropriate personal protective equipment is utilized.

See Emergency Preparedness Management Plan for specific information on these types of incidents.

## **Bomb Threat**

(See SOP IV - B2)

## **Explosion**

In case of an explosion in your area:

1. Remain calm.
2. Take cover under a table or desk.
3. Be prepared for possible further explosions.
4. Stay away from windows, mirrors, overhead fixtures, filing cabinets, bookcases, etc.
5. Evacuate calmly, when directed, to the Assembly Area. Provide assistance to persons attempting to evacuate.
6. Do not move seriously injured persons, unless they are in immediate danger (fire, building collapse, etc.)
7. Open doors carefully. Watch for falling objects.
8. Do not use elevators.
9. Avoid using the telephone, except in a life threatening situation.
10. Do not use matches or lighters.
11. Do not re-enter the affected area until directed by emergency preparedness personnel.

## Major Transportation Accident

Major transportation accidents are those involving any of the various modes of transportation (e.g., highways, waterways, railways, and airways). Such accidents could occur at any time and any place, and often involve multiple injuries and/or deaths.

Many facilities are not prepared (and are not expected to be prepared) to cope with the type of problems created by a major transportation accident. Should such a disaster occur, personnel should initiate life-saving and property protection actions until assistance can be provided from other authorities. The medical staff and/or persons trained in first aid can attend injured persons. Also, during regular work hours, all staff can implement appropriate measures to protect the collections and other physical assets.

Should a major transportation accident occur, many decisions regarding the appropriate emergency actions to take will have to be made "on-the-spot" based on the situation. For instance, are hazardous materials involved and/or are there casualties? Is there a need to evacuate? Is there damage to the facility itself and/or are the utilities functioning? For the appropriate protective actions to take for a specific hazard (i.e., fire, hazardous materials, explosions, utility failure, etc.) refer to the respective section in our SOP Manual.

### **SPECIALIZED EQUIPMENT ON HAND FOR HOSPITAL POLICE/PUBLIC SAFETY**

ITEM	AMOUNT	REMARKS
Radio Base Stations	2	Located in HPICC
Portable UHF radios	40	Located in HPICC
Portable radio batteries	68	Located in HPICC
Portable radio charging units	44	Located in HPICC

NOTE: There are two (2) 800 MHz Emergency systems (radios) and three (3) satellite phones for use in the Command Centers. In addition, FM&OD has additional lights and other specialized equipment.

ON DUTY SUPERVISOR'S CHECK LIST		
1. RESPONSIBILITIES	DONE	TIME
Consult with the ED Attending Physician and the AOD as to the magnitude of the disaster and what plan to implement.		
Assign a Hospital Police Officer to the Command Center.		
Notify Chief, Assistant/Deputy Chiefs.		
Secure all affected hospital/other building entrances/exits.		
Recall personnel as needed.		
Assign personnel to critical care units as necessary.		
2. COMMUNICATIONS SYSTEMS:	Operating	
	YES	NO
Telephones	G	G
Portable Radios	G	G
Battery Charging Capability	G	G
Backup - Main portable radio system at the Hospital Police Office in KCHC is connected to the hospital's emergency generator. An additional backup dispatching unit is set up in Transportation with its own portable diesel generator		
3. STAFFING LEVELS:	Those Scheduled Appear	
	YES	NO
Normally Scheduled Staff	G	G
Overtime Scheduled Staff	G	G
Backup - Hold over staff already on duty from previous tour until sufficient numbers of personnel arrive and make reliefs. Call in additional staff if necessary.		
4. POWER FAILURE (check fire safety policy)	Operating	

	YES	NO
Sufficient 12 v. portable lights	G	G
Portable battery charging systems working	G	G
Fire Alarm Systems:	G	G
T – building	G	G
U – building	G	G
A – building	G	G
B – building	G	G
C – building	G	G
D – building	G	G
E – building	G	G
Pathology building	G	G
SOB	G	G
G – building	G	G
N – building	G	G
K – building	G	G
Nutrition building	G	G
P – building	G	G
R – building	G	G
Backup - Establish fire watch in affected areas.		
5. SECURITY ALARMS (check FM&O)	Operational	
	YES	NO
Intrusion Alarms:		
630 Flatbush Ave	G	G
5 <sup>th</sup> Ave Clinic	G	G
E-building	G	G



U-building	G	G
T-building	G	G
A,B,C,D-buildings	G	G
Panic Alarms	G	G
Backup - Establish Directed Patrols of affected area(s).		