

# **INTERNAL EMERGENCIES**

# **INTERNAL EMERGENCIES**

Management of internal events that arise at the Medical Center will typically fall chiefly under the standard operating procedures of the division of Facilities Management and Development and thus this section of the Emergency Preparedness Manual was developed by and will be the responsibility of the Vice President for Facilities. It is also noted that many of the incidents outlined in this plan will affect both the Medical Center and the Hospital. For the purposes of incident command and operations, the University and Hospital plans will be the same.

**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&D. 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 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 for MCI 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)

# **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:**

Immediately after the fire, a fire report must be prepared by the Campus Security Officer in attendance using a "Service and Regulatory Incident Report" form. A separate report must be filed by the Director of Environmental Health and Safety, which will then be routed for review by Department Head(s) involved, the Administrator, and the Vice President for Facilities. A meeting may be called to discuss major issues.

Incidences of fire will be presented by the Director of Environmental Health and Safety to the Safety Committee meeting and corrective actions will be discussed.

The Director of Environmental Health and Safety will coordinate implementation of preventive measures and it shall be the responsibility of department heads concerned to ensure compliance.

Copies of the reports will be given to the Administrator and the department heads concerned.

## **PROCEDURES IN CASE OF A FIRE**

### **POLICY:**

All persons in the University 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 Public Safety, ext. 2626)

**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 University Fire Safety Plan.

Immediately upon hearing the building fire alarm in the University Hospital and Basic Sciences building, University Police 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 University 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 4-4-4** 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. Complete building evacuation starts when **Evacuation Alarm 3-3-3 sounds**.

## DO NOT USE THE ELEVATORS

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### PERSON IN CHARGE OF AREA

	REGULAR	ALTERNATE
11:30pm – 7:30am	_____	_____
7:30am – 3:30pm	_____	_____
3:30pm – 11:30pm	_____	_____

**Duties :** Assume charge of all personnel at their assigned floor or area, and direct all employees in the performance of their duties as specified in the fire plan.

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## **SPECIAL PRECAUTIONS**

### **ENVIRONMENTAL CONDITIONS**

1. Oxidizing materials (oxygen, nitrous oxide, peroxides, etc.) are used and stored in this area.
2. Regulated medical waste and infectious material are handled here.
3. Toxic substances are used and stored here.
4. High pressure systems are installed here.
5. Compressed gases are used and stored here.
6. High-voltage equipment is installed here

### **PATIENT CARE**

1. Patients are on life support system.
2. Patients are not ambulatory.
3. Observe universal precaution.
4. Isolation of patients is required
5. Confine patients in sterile area.

## **PROCEDURES TO FOLLOW IN THE EVENT OF FIRE OR EXPLOSION INVOLVING INHALATION ANESTHESIA EQUIPMENT**

The following steps are recommended in the event of an explosion involving inhalation anesthesia apparatus:

Disconnect the patient from the apparatus

Procure a new gas anesthesia apparatus and make every effort to prevent injury to patient and save the life of the patient.

It is essential that all equipment involved in a fire or explosion be preserved for examination by an authority attempting to determine the cause. Additionally, pertinent administrative data, including photographs, should be recorded. The report should address the following:

- a. Whether wearing apparel of all persons in the room at the time of the fire met the requirements of NFPA 99 (12-4.1.38h1)
- b. Whether portable equipment, low voltage instruments, accessories and furniture met the requirements of NFPA 99 Chapter 3, Electrical Systems and Chapter 12, Hospital Requirements.

The area involved, with all involved items in place, should be closed off and secured for later examination by responsible authority.

If feasible, the zone valve supplying that station is to be closed off immediately, and all patients receiving oxygen through the same zone valve must be supplied with individual oxygen cylinders.

Shut off oxygen supply in the event of a fire involving equipment connected to an oxygen station outlet.

If a fire involves apparatus supplied by a cylinder of oxygen, it is desirable to close the cylinder valve if this can be done without injuring personnel.

Precautions should be observed if line powered electrical equipment is adjacent to or involved in fire because of danger of electrocution of personnel if streams of water contact live circuits.

Before attempting to fight fire with water-based extinguishing agent, electrical apparatus should be disconnected from the supply outlet, or the supply circuit de-energized at the circuit panel. If such de-energization cannot be accomplished, water should not be employed. Fires involving or adjacent to electrical equipment with live circuits must be fought with extinguishers suitable for Class "C" electrical fires.

# **LOSS OF ENVIRONMENTAL SUPPORT SERVICES:**

## **PROCEDURE FOR UTILITY INTERRUPTION**

The following are considered to be a Utility.

- Electrical Systems
- Emergency Power
- All water supply, sanitary and storm systems
- All gas systems which include:
  - Natural Gas
  - Oxygen
  - Nitrous Oxide
  - Compressed Air
  - Vacuum
- HVAC Systems
- Boilers
- Elevators
- Fuel

1. During normal working hours, 8:00am-5:00pm, Monday-Friday, all events that affect any part of a utility system must be reported immediately to:
  - A. Associate Director of Physical Plant via Control Room at Ext. 2810, or if not available for Facilities Operations, or
  - C. AVP of Design and Construction, FM&D at Ext 2394

A, B or C will determine whether the events affects patient care in any way.

2. In the event of a utility emergency occurring other than 8:00am-5:00pm weekdays, the Senior Engineer on duty will notify by page or otherwise contact the Associate Director of Physical Plant and if necessary, the Director of Physical Plant. The Senior Engineer is to notify the Hospital Administrator on duty of any disruption of a utility service in the hospital building or satellite clinic at Ext.2401.

Record the individual contacted in the Control Room Log Book, include date, time and his/her comments or instructions. Even if the utility emergency was promptly corrected, and especially if it still exists, the Senior Engineer must call the Associate Director of Physical Plant and Director of Physical Plant.



# **WATER SUPPLY EMERGENCY PLAN**

**PURPOSE:** The purpose of this policy and procedure is to outline the available resources in the event of a break in a main pipeline that supplies water for patients and patient-related activities.

## **Action To Be Taken In Case Of A Water Shortage Emergency**

If the emergency occurs off-hours, the Control Room personnel will immediately shut off the main valves leading from the BSB water tanks. Control Room personnel will immediately contact the Hospital Administrator on duty, and the Director of Physical Plant. A joint decision will be made on how to ration the available water supply.

During normal working hours, after the main valves are shut off, the Hospital Administration and a representative of FM&D will decide on the ration plan.

To conserve the available water supply, water will be distributed manually by means of containers. The available water will not be piped. All water valves will be shut off as necessary.

The entire Plumbing Shop will be assigned to make temporary reroutings as needed to supply water for critical equipment and needs, such as dietary, ORs, ED, ICUs, Central Sterile Supply, etc.

University Hospital of Brooklyn obtains water from the New York City Municipal Water System, managed by the NYC Department of Environmental Protection (DEP), for potable and non-potable purposes. Two roof-level tanks on the Basic Science Building, adjacent to University Hospital, hold 30,000 gallons of potable water. This is available to the Hospital in event of emergency. In addition, University Hospital can deploy potable water, contained in 5-gallon bottles in offices and laboratories throughout the Health Science Center, in event of patient care needs during a NYC water supply interruption. Finally, to prepare for extended interruption, UHB is commissioning an engineering study to identify alternative sources of water, including, but not limited to, roof-top collection and cisterns, and underground wells.

# **FUEL REQUIRED FOR BUILDING OPERATIONS OR ESSENTIAL TRANSPORT**

Downstate uses #6 fuel oil and/or natural gas interchangeably for steam generation and #2 diesel for emergency electrical power generation. For boiler operation, Downstate is supplied natural gas by Hess through Keyspan Energy Delivery Systems. In event of interruption of natural gas supply, Downstate can switch boiler operation to #6 fuel oil, stored in 2 on-site underground tanks, each holding 30,000 gallons, sufficient for 5-8 days, depending on weather conditions. These are kept topped off at all times. Downstate has a contract in place with Castle Fuel Oil Co. for #6 fuel oil delivery. Finally, Downstate has a capital project in place to install two additional #6 fuel oil tanks, each holding 30,000 gallons, which will double the on-site supply by the end of CY2008.

With respect to fuel for emergency electrical power, Downstate has on-site 6400 gallons of #2 diesel for the Hospital's main generator bank, sufficient for 91 hours (@ 35 gal/hr X 2 generators) of operation to support life safety and critical load, and 1000 gallons for its CCU/CTICU generator, sufficient for 100 hours (@10 gal/hr) of operation. A contract is in place with Hess Fuel Oil to deliver additional #2 diesel oil as needed. In event of interruption of the Hess supply, Downstate will seek emergency fuel or generator services from NYC OEM.

An inventory of #2 and #6 fuel oils is maintained by the Department of Facilities Management & Development (FM&D).

University Police should be consulted for gasoline consumption data.

# **BOILER FAILURE**

**PURPOSE:** The purpose of this policy is to outline the available resources in the event of failure of steam line and/or power plant boilers.

## **1. Steam Line Break:**

The Plant Utilities Engineer on-duty will:

- a. Locate the nearest shut-off valve for area and shut off.
- b. Clear the area of steam vapor for immediate ventilation.
- c. Reroute steam through another line, if possible.
- d. Repair steam line.
- e. Restore steam service to line immediately after repair.
- f. If repairs cannot be made by in-house personnel, a contractor is to be called in by the Associate Director of Physical Plant with immediate e-mail or phone notification to Purchasing.

## **2. Single Boiler Failure:**

The Plant Utilities Engineer on-duty will:

- a. Take the defective boiler off-line and add the reserve boiler.
- b. Arrange any needed repairs to the defective boiler.
- c. Notify Associate Director of Physical Plant.
- d. Notify Director of Physical Plant.
- e. Director of Physical Plant will notify Administration.

## **3. Multiple or Total Boiler failure:**

The Engineer on-duty will:

- a. Notify Hospital Administrator on-duty.
- b. Notify Associate Director of Physical Plant.
- c. Notify Director of Physical Plant.
- d. Notify AVP for Facilities Operations
- e. Attempt to isolate and correct problem.
- f. Contact in-house Plumbers to reroute piping system.
- g. Obtain mobile steam trailer unit.
- h. **Notify SUNY Physical Plant Support Services to declare an emergency condition.** SUNY Physical Plant Support Services will obtain office of General Services support and resources of the campus. In these cases the hospital administrator on Duty will be responsible to activate the Emergency Management Plan

# **HVAC EMERGENCY PLAN**

**PURPOSE:** The purpose for this policy is to specify the action to be taken by the Control Room Plant Utilities Engineer on-duty during a HVAC equipment or system failure.

1. **Chilled Water/Heating Main Line, Riser or Lateral Line Break:**
  - a. Notify Associate Director of Physical Plant, Director of Physical Plant, and AVP for Facilities Operations.
  - b. Notify Hospital Administrator on duty, inform him/her which areas are affected.
  - c. Locate the nearest shut-off valve for area and shut-off
  - d. Drain the piping and repair it in the most expedient manner.
  - e. If repair cannot be made by in-house personnel, a contractor is to be called in by the Associate Director of Physical Plant.
  - f. Restore chilled water/heating service to line immediately after repair.
2. **Chilled Water/Heating System Pump:**
  - a. Take the defective pump off-line and add the reserve pump.
  - b. Notify Associate Director of Physical Plant
  - c. Notify Hospital Administrator on duty.
  - d. Arrange for any needed repairs to the defective pump.
3. **Total Chilled Water/Heating System Failure:**
  - a. Notify Hospital Administration on duty and inform him which areas are affected.
  - b. Notify Associate Director of Physical Plant and the Director of Physical Plant and Assistant Vice President for Facilities Operations.
  - c. Attempt to isolate and correct the problem.
  - d. If repair cannot be made by in-house personnel a contractor is to be called in by Associate Director of Physical Plant.
  - e. Restore chilled water/heating system to service immediately after repair.
4. **Supply or Exhaust Fan Failure:**
  - a. Notify Hospital Administrator on duty and inform him of which areas are affected.
  - b. Notify Associate Director and Director of Physical Plant and AVP for Facilities Operations
  - c. If more than one fan is used for the affected area, check to be sure that only the fan that needs to be worked on is down and that the other(s) are all working properly.
  - d. Arrange for any needed repairs to the defective fan.
  - e. If repair cannot be made by in-house personnel, a contractor is to be called in by the Associate Director of Physical Plant.

Restore the fan to service immediately after repair.

**NOTE: Detailed Log entries must be made recording times of failures and notifications given**

# **LOSS OF MEDICAL GAS**

## **MEDICAL GAS EMERGENCY PLAN**

**PURPOSE:** The purpose for this policy and procedure is to specify the action to be taken by the engineer on duty during a failure of non-flammable medical gas system and/or equipment.

### **1. Riser or Lateral Line Break:**

- a. Notify the Hospital Administrator on duty, the Associate Director of Physical Plant – Power Plant, and the Senior Plant Utilities Engineer.
- b. Locate the nearest shut-off valve for the area and shut off.
- c. Repair medical gas line in the most expedient manner.
- d. If repair cannot be made by in-house personnel, a contractor is to be called in by the Associate Director of Physical Plant.
- e. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed (see NFPA #99C Gas and Vacuum Systems).
- f. After connection to the existing system and before use of the repaired piping for patient care, the tests in NFPA #99C shall be completed. Analysis shall be provided by outside contractor.
- g. All tests and analyses shall be documented. Permanent records of all these tests and analyses shall be kept in FM&D files.

### **2. Main Oxygen Tank Failure:**

- a. Take the main oxygen tank off line and add the reserve tank.
- b. Notify the Associate Director of Physical Plant, Power Plant and the Senior Plant Utilities Engineer.
- c. Notify Hospital Administrator on duty and Director of Physical Plant.
- d. Notify medical gas supplier
- e. Arrange any needed repairs.
- f. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed. (See NFPA #99C).
- g. After connection to the existing systems and before use of the repaired piping for patient care, the tests in NFPA #99C shall be completed. Analysis shall be documented. Permanent records of these tests and analyses shall be documented in the FM&D files.

### **3. Total Oxygen Tank Failure**

- a. To obtain and distribute an emergency supply of oxygen portable tanks, cylinders, etc. Notify the Hospital Administrator on duty, who will in turn notify the Director of Respiratory Therapy, the Hospital Medical Director, the ED attending physician, and the most senior anesthesiologist in-house.
- b. Notify the Director of Physical Plant.
- c. Notify the medical gas supplier.

- d. Attempt to correct the problem, arrange any needed repairs.
- e. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed (see NFPA #99C).
- f. After connection to the existing systems and before use of the repaired piping for patient care, the tests in NFPA #99C shall be completed. Analysis shall be documented. Permanent records of these tests and analyses shall be kept in the FM&D files.

4. **Multiple Medical Air Compressor Failure**

- a. Take the defective compressors off line and add the reserve compressors.
- b. Notify the Hospital Administrator on duty.
- c. Notify the Director of Physical Plant.
- d. If necessary, shut off all lines to research labs, but continue to supply compressed air for medical purposes.
- e. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed (see NFPA #99C)
- f. After connection to the existing system and before use of the repaired piping for patient care, the tests in NFPA #99C shall be completed. Analysis shall be provided by outside contractor.
- g. All tests and analyses shall be documented. Permanent records of all these tests and analyses shall be kept in FM&D files.

5. **Total Medical Air Compressor Failure:**

- a. To obtain and distribute an emergency supply of medical air (portable tanks, cylinders, etc.) Notify the Hospital Administrator on duty, who will in turn notify the Director of Respiratory Therapy, the hospital Medical Director, the ED attending, and the most senior anesthesiologist in-house.
- b. Notify the Director of Physical Plant.
- c. Attempt to correct the problem and arrange any needed repairs.
- d. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed (see NFPA #99C).

6. **Nitrous Oxide and Cylinder Supply System Failure**

- a. To obtain and distribute an emergency supply of nitrous oxide. Notify the Hospital Administrator on duty, who will in turn notify Director of Respiratory Therapy and the most senior anesthesiologist in-house.
- b. Notify the Director of Physical Plant.
- c. Attempt to correct the problem and arrange any needed repairs.
- d. Prior to the connection of the repaired piping or equipment to the existing systems, the necessary tests shall be successfully performed (see NFPA #99C).
- e. After connection to the existing system and before use of the repaired piping for patient care, the tests in NFPA #99C shall be completed. Analysis shall be provided by outside contractor.

- f. All tests and analyses shall be documented. Permanent records of all these tests and analyses shall be kept in FM&D files.

# **VACUUM EMERGENCY PLAN**

## 1. **Multiple Vacuum Pump Failure:**

The Plant Utilities Engineer on duty will:

- a. Take the defective vacuum pumps off line and add the reserve vacuum pumps.
- b. Notify the Hospital AOD.
- c. Notify the Director of Physical Plant.
- d. If necessary, shut off all lines to hospital research labs but continue to supply vacuum for medical purposes only.
- e. Prior to the connection of the repaired piping or equipment to the existing system, the necessary tests shall be successfully performed. (see NFPA #99C)
- f. Upon completion of the tests, a written record of the performance of these tests shall be maintained in the permanent records of FM&D.

## 2. **Total Vacuum Pump Failure**

The Engineer on duty will:

- a. Notify the Hospital AOD, who will in turn notify the Director of Respiratory Therapy, the senior anesthesiologist in-house, and the ED attending.
- b. Notify the director of Physical Plant.
- c. Attempt to correct the problem and arrange any needed repairs.
- d. Prior to the connection of the repaired piping or equipment to the existing system, the necessary tests shall be successfully performed. (see NFPA #99C)
- e. Upon completion of the tests, a written record of the performance of these tests shall be maintained in the permanent records of FM&D



## **NOTIFICATION OF UTILITY SERVICE INTERRUPTIONS**

The purpose of this policy and procedure is to ensure the continuity of essential patient services and safety of patients and employees in the event of an engineering service disruption. This policy addresses the notification of essential personnel and nursing units of service disruptions, and actions to be taken to respond to patient care needs. Notification is to be implemented bearing in mind sound judgment, good plant operation and clinical needs.

### **PROCEDURES:**

#### **A. Weekdays – Regular Working Days – 9:00AM-5:00PM**

In the event of a potential or actual service disruption identified by engineering personnel, engineering personnel will immediately notify the Director of Physical Plant, or designee at ext. 2345 (or page), and the AVP for Facilities Operations.

FM&D will then immediately notify the Hospital Administration Office ext. 2401, and subsequently, the Executive Vice President at ext 1234

The Hospital Administration Office will immediately contact essential hospital personnel and make notification to the necessary nursing stations, inclusive of the Nursing Director's Office.

If an engineering problem is identified initially by Nursing Unit Personnel, they will immediately notify:

1. The Plant Utilities Engineer – x2810
2. Hospital Administration – x2401
3. Other essential personnel needed according to their professional judgment.

The order of notification is to be performed according to clinical judgment. The Engineering Control Room Plant Utilities Engineer will notify the Director of Physical Plant.

Administrative Personnel will cover Critical Care Units in order to assist in obtaining any necessary personnel and supplies.

#### **B. Other Than Regular Working Hours**

Engineering personnel will immediately page the Administrator on duty or Nursing supervisor on duty upon identification of a potential or actual service disruption.

If the Nursing Unit staff initially identifies a problem, they will notify the Plant Utilities Engineer in the Control Room immediately at ext. 2810 and contact the Administrator on duty and the Nursing Supervisor

The administrator on duty or Nursing Supervisor will contact the Hospital Administrator who will make emergency notification to the ED attending, nursing units, Respiratory Therapy and other essential personnel. The order of notification will be made according to the clinical and operational judgment of the Administrator on duty and the nursing supervisor.

The security department will be available to assist as needed upon request of the nursing supervisor, or Administrator on duty and Plant Utilities Engineer. The top-level administrative person on the scene will have coordination responsibility during the emergency period (this will include the Nursing Supervisor and administrative staff.

### **C. Off Hours Emergency Notification Of Senior Personnel**

Procedures to be followed in the event of an emergency occurring other than 9-5 weekdays or weekends that require the assistance of senior-level Hospital Administration and the Department of FM&D.

The Nursing Supervisor on duty will notify the hospital administrator on call. Senior level staff can then be paged via the operator (if not on site, see attached listing).

The Plant Utilities Engineer on duty will notify by pager or otherwise contact the Associate Director of Physical Plant.

The responsible person serving as Plant Utilities Engineer and the Nursing Supervisor in charge are on duty at all times, therefore, notification to and from these personnel must be noted by name, hour and date in their respective log books.

### **Senior Administrative Staff**

In the event of a utility service disruption please contact Hospital Administration directly or via page operator in the following order:

1. Administrator on call
2. Mr. Robert Richards – Senior Associate Administrator
3. Mr. William Gerdes – Senior Associate Administrator

In the event none of the above can be reached, please contact Anny Yeung at ext. 3985.

\* Note: Senior Administrative Staff in reference to all major disruptions shall contact the Assistant Vice President for Patient Operations.

IN THE EVENT OF A MAJOR ACTUAL OR INCIPIENT INTERRUPTION OF UTILITIES OR A MAJOR FAILURE OF A BUILDING SYSTEM (e.g. electrical, central heating, central air conditioning, major pipe break, building collapse, water shortage, main oxygen/vacuum /air failure) CONTACT IMMEDIATELY THE FOLLOWING MANAGEMENT PERSONS:

<b><u>Name</u></b>	<b><u>Responsibility</u></b>	<b><u>Ext</u></b>	<b><u>Beeper</u></b>
Brian Pitt	Environmental Health & Safety	1216	917-219-6613
Wayne DeSouza	Fire Safety	4064	917-219-6000
Danny Bejasa	Chemical Safety	2395	917-483-8183
Administrator	Hospital Administrator On Duty	2401	917-218-4439
Thomas Farrell	AVP for Facilities Operations	2345	917) 218-5997
		2121	Eve/Wknds- Page Operator

AFTER THE KEY MANAGEMENT PERSONS ARE CONTACTED, FM&D WILL CONTACT THE APPROPRIATE SUPERVISORS OR SPECIALISTS NEEDED TO CORRECT THE PROBLEMS.

<u>Name</u>	<u>Responsibility</u>	<u>Ext</u>	<u>Beeper</u>	<u>Home Tel. #</u>
Neville Edwards	Refrigeration/Fan Coils	1711	917-948-3072	718-531-3786
Lugard Sagon	Control/Boiler Rooms/Sheetmetal Weekend Coverage	4148	917-948-0541	718-773-1699
Robert Levine	Electric Shop/Beds Cribs	3759	917-948-6898	718-774-2138
Steve Dimayo	Plumbing	1782	917-948-1650	
Danny Bejasa	Chemical Safety	2395	917-483-8183	
Vito Rivera	Paint Shop	1202	917-948-2559	718-953-4516
Carlton Francis	Carpentry Shop	1201	917-218-1810	
	Facilities Office	2345		

# **BOMB INCIDENT PROCEDURE**

## **Bomb Incident – Warning and Discovery**

A person may write to the hospital, the Police Department or other agency, indicating a bomb has been placed in the hospital.

A person may telephone the Health Science Center Operator, the Police Department, or other agency, stating a bomb has been placed in the hospital.

A person may call a particular department or ward stating a bomb has been placed.

A suspicious package or object may be found by an employee, patient or visitor.

## **RESPONSIBILITIES:**

### **Try to identify the characteristics of the caller by:**

Prolonging the conversation as long as possible.

Being alert to any identifying background noises such as music, other voices, aircraft, church bells.

Asking the caller where and what time the bomb will explode.

Noting if the caller indicates knowledge of the hospital by his description or the location of the bomb.

### **Notify your immediate supervisor.**

The person who discovers a suspicious package or object will notify his/her supervisor without delay.

### **The supervisor will**

- a. Notify Hospital Security immediately (x2626).
- b. Notify the office of the Vice President of Hospital Affairs, the Administrator on duty, or the Administrator on call.
- c. If a suspicious package is found – **Remove all patients, employees and visitors from the area.** Remain calm and offer assurance to all, especially the patients. Do not publicize the fact that there is a bomb threat. Do Not Touch The Package. Isolate the object by closing doors. Follow instruction of the security Officers and the NYC Police Department.

**Evacuation:**

Barring obvious immediate disaster, evacuation of patients and personnel shall be carried out only on the order of the V.P. of Hospital Affairs or the Administrator on duty.

**Notification:**

- a. The Administrator on duty or Nursing Supervisor shall direct the University Police to notify 911.
- b. University Police will place the necessary calls and immediately inspect the hospital.
- c. The Control Room should be notified at extension 2810. Engineering personnel shall assist University Police in their check of the premises.
- d. The facility is to be considered under inspection until cleared by the Police and/or Fire departments.
- e. Contact senior administrative personnel as indicated in Policy #G-18

**Special Instructions**

- a. DON'T CALL THE POLICE DEPARTMENT – This is a function of the University Police.
- b. DON'T TOUCH, MOVE OR TAMPER WITH ANY SUSPICIOUS PACKAGE OR OBJECT.
- c. DON'T ATTEMPT TO PUT OBJECT IN WATER OR THROW WATER ON ANY SUSPICIOUS PACKAGE OR OBJECT.

**Fill out attached checklist**

## TELEPHONE PROCEDURES: BOMB THREAT CHECKLIST

**INSTRUCTIONS:** Be calm, be courteous and do not interrupt the caller. Notify Hospital Police as soon as possible and give location of suspected bomb.

**Name of Person Receiving Call:** \_\_\_\_\_

**Time:** \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

**Date:** \_\_\_\_\_

**Caller Identity:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Adult \_\_\_\_\_ Juvenile

**Approximate Age:** \_\_\_\_\_

**Origin Of Call:** \_\_\_\_\_ Local \_\_\_\_\_ Long Distance \_\_\_\_\_ Booth

**Internal (From Within Building):** \_\_\_\_\_ *(If internal, DO NOT hang up and break the connection)*

**Voice Characteristics:** \_\_\_\_\_ Loud \_\_\_\_\_ Soft \_\_\_\_\_ High Pitch \_\_\_\_\_ Deep \_\_\_\_\_ Raspy  
\_\_\_\_\_ Pleasant \_\_\_\_\_ Intoxicated

**Accent:** \_\_\_\_\_ Local \_\_\_\_\_ Not Local \_\_\_\_\_ Foreign \_\_\_\_\_ Regional \_\_\_\_\_ Race

**Speech:** \_\_\_\_\_ Fast \_\_\_\_\_ Slow \_\_\_\_\_ Distinct \_\_\_\_\_ Distorted \_\_\_\_\_ Stutter \_\_\_\_\_ Nasal

**Language:** \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Foul

**Manner:** \_\_\_\_\_ Calm \_\_\_\_\_ Angry \_\_\_\_\_ Rational \_\_\_\_\_ Irrational \_\_\_\_\_ Coherent  
\_\_\_\_\_ Incoherent \_\_\_\_\_ Deliberate \_\_\_\_\_ Emotional \_\_\_\_\_ Righteous \_\_\_\_\_ Nervous Laugh

**Background Noise:** \_\_\_\_\_ Office Machine \_\_\_\_\_ Factory Machine \_\_\_\_\_ Airplanes  
\_\_\_\_\_ Trains \_\_\_\_\_ Voices \_\_\_\_\_ Music \_\_\_\_\_ Animals \_\_\_\_\_ Traffic \_\_\_\_\_ Quiet

**Did caller seem familiar with company or premises? \_\_\_\_\_**

**If so, how?**

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**To the best of your ability, write the exact message stated by the Caller:**

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# **Prevention of Infant/Pediatric Abduction**

- 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 Downstate Medical 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 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, University 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 University 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, security 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, University Police Supervisor, AOD and unit staff s 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 University Police Office at ext. 2626.
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 University Police Office immediately at ext. 2626.

**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 University Police.

**G. Abduction Notification:**

In Case of suspected infant/child abduction 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 University 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.2121. Also notify the Nursing Supervisor/Nursing Administrator and the AOD.
5. University Police will lock down all campus exits immediately. NYPD will be notified. A building search will ensue lead by University Police.
6. The parent/caregiver will be notified about the abducted child/infant. The parent/caregiver of abducted infant/child 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 University Police in conjunction with NYPD.
7. All requests for information from outside the university will be directed through the Office for University Affairs.

## **Activation of The Infant Abduction Plan**

1. The ADN/Charge Nurse/Designee and the University Police (ext. 2626) 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. 2121. The Nursing Supervisor, Nursing Administrator, AOD and Security will be notified.
3. The Nursing Supervisor notifies the CNEO, Associate Vice President, the pediatrician and the obstetrician.
4. The attending obstetrician notifies the parents.

### **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. University Police dispatcher will contact the Police Department's emergency # 911 to report the abduction.

### **Administration/Departmental Responsibilities:**

#### **A. Hospital Administration**

The Chief Operating Officer, Senior Administrator will report to the Hospital 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 Police Department has been contacted.
3. The Office of Institutional Advancement 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 chief Operating Officer or Senior Administrator is responsible for notifying the Chief of Medical Staff.
7. The Chief Operating Officer or Senior Administrator will:
  - a. Establish a Command Center in Room A1-359
  - b. Begin an event log and inform key persons
  - c. Arrange for media briefing
  - d. Place cord blood on hold. Locate and secure newborn medical records including footprint. Locate any photographs if available.
  - e. 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 police 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 hospital-wide 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 University Police Department will be contacted at ext. 2626 upon completion of the search.
6. See Attachment "A".

**D. BioMedical Engineering/SMIC**

1. The Director of SMIC will assign employees to conduct a search of the department and/or surrounding public accesses around the department.
2. The University Police Department will be contacted at ext. 2626 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 University Police will be contacted at ext. 2626 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 University Police will be contacted at ext. 2626 upon completion of the search

3. See Attachment "A".

**H. Institute for Continuous Learning**

1. The Director of the Institute for Continuous Learning or designee will assign employees to conduct a search of the department and/or surrounding public accesses around the department.
2. One employee will be assigned to the exit
3. The University Police will be contacted at ext. 2626 upon completion of the search.
4. See Attachment "A".

**I. 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 University Police at ext. 2626.
4. See Attachment "A".

**J. 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 University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

**K. 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 University Police will be contacted at ext. 2626 upon completion of the search.
4. See Attachment "A".

**L. 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 University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

**M. Medical Records**

1. The Director of Medical Records will assign employees to search the department and/or public accesses around the department.
2. The University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

**N. 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 University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

**O. 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 University Police will be contacted at ext. 2626 upon completion of the search.
3. See Attachment "A".

**P. 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 University Police Department will be contacted at ext. 2626.

**Q. Office of Institutional Advancement**

1. The representative from the Office of Institutional Advancement will contact the Planning Department for additional personnel as needed to manage the media interface .
2. The representative from Office of Institutional Advancement 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.

**R. 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 University Police will be contacted at ext. 2626 upon completion of the search.
- 5 See Attachment "A".

**S. 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 University Police will be contacted at ext. 2626 upon completion of the search



4. See Attachment "A".

**T. 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 University Police will be contacted at ext. 2626 upon completion of the search
7. See Attachment "A".

**U. 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 University Police will be contacted at ext. 2626 upon completion of the search
5. See Attachment "A".

**V. Plant Operations, Facilities Management**

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

**W. 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 University Police will be contacted at ext. 2626 upon completion of the search
4. See Attachment "A".

**X. 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 University Police will be contacted at ext. 2626 upon completion of the search
5. See Attachment "A".

**Y. 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".

**Z. 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 University Police will be contacted at ext. 2626 upon completion of the search
4. See Attachment "A".

**AA. University Police**

1. See Attachment "B"

**BB. 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 University Police will be contacted at ext. 2626 upon completion of the search
3. See Attachment "A".

**CC. 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 University Police will be contacted at ext. 2626 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 University 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 Chief Operating Officer or Senior Administrator 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 Downstate Medical Center, The officer at Post 2 (Desk Officer) will:

- Immediately notify the Tour Supervisor and the Investigations Office (if on duty).
- Notify the Senior University 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 University 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 University Police/Public Safety Administrator on Duty;

- Notify the Chief of University 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, University Police/Public Safety 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. 1176.
- 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 University Police/Public Safety 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.