

HOSPICE OF CINCINNATI - EMERGENCY PROCEDURES AND UTILITIES SYSTEMS FAILURES - BA, East, and HOH INPATIENT CARE CENTERS

TYPE OF DISASTER	MEANING	HOW TO CALL
<p>HOC and TriHealth have each developed Command Centers (HCC) to coordinate</p>		
<p>Fire Emergency</p> <p>NOTE: Patients are not to smoke unattended. Visitors, vendors, and staff are not permitted to smoke inside or outside of the building.</p>	<p>There is a fire in the building . Alarms/horns will blare and strobe lights flash.</p> <p>Extensive evacuations (horizontal, total building) are determined by the fire department.</p> <p>Fire Department gives permission to re-enter the building.</p> <p>Do <i>Not</i> Use Elevator.</p>	<p>Pull the fire alarm. * Alarms are located at every exit.</p> <p>NOTE: The fire location will be displayed on Annunciator panels.</p>
<p>Weather Emergency: Severe Weather or Tornado Watch</p>	<p>Conditions are right for lightening &/or winds > 58 mph., hail up to 3/4 inch, and heavy rain.</p>	<p>TriHealth Security will notify HOC.</p>

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<p>Weather Emergency: Severe Weather or Tornado Warning</p> <p>• HCC may be activated.</p>	<p>These weather phenomenon have been sighted in your area. Severe thunderstorms can cause other natural hazards & failures (e.g., utility failure) & other disaster plans may need to be activated (e.g., manpower plan). Lightening can cause major damage.</p>	<p>TriHealth Security will notify HOC and give instructions. For further assistance, notify local police. • Call 911 for immediate assistance.</p>

TYPE OF DISASTER	MEANING	HOW TO CALL
<p>Evacuation Plan</p> <p>Note: The Environment of Care manual (also available on SourceNet) has an "Evacuation-Relocation Plan for Patients & Staff at a TriHealth Facility", which includes "Patient Removal Methods".</p> <p>(The universal carry, the swing carry, and the blanket drag methods may be helpful for evacuation of bedbound patients.)</p>	<p>Building evacuation may be necessary due to internal, external, or manmade disaster e.g. fire, utility failure (such as loss of water, electricity, ventilation), or explosion.</p>	<p>Call the following persons, who will determine the need to evacuate:</p> <ul style="list-style-type: none"> • TriHealth Security • Dir. Clinical Operations/HCC • Manager/AOC • RN on duty <p>(The local police/fire may also notify HOC to evacuate for an external disaster.)</p> <ul style="list-style-type: none"> ▪ Call 911 for outside assistance.

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<p>Violent Incident/Hostage Plan</p> <p>HOC maintains a zero tolerance toward workplace violence.</p>	<p>There is a situation in the workplace involving loss of control/violence. These situations can escalate into a hostage situation and may involve patients, families, visitors and past/present employees.</p>	<p>Use code words/Emerg. buttons/BR call lights to alert staff of the need for assistance.</p> <p>If/when time permits, notify 911/Security.</p>
<p>Bomb Threat</p>	<p>There has been indication of a bomb threat via:</p> <ol style="list-style-type: none"> 1. Telephone call 2. Person on site 3. Discovery of a suspicious package or object 	<p><u>DO NOT</u> pull the fire alarm.</p> <p>Call 911 & Security.</p> <p>* Remind them of other tenants in the building.</p> <p>* Press the <u>panic button</u> (at the nurse's station/reception desk).</p>

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<p>Multi-Casualty Response</p>	<p>A multi-casualty disaster could be internal (e.g. bomb threat), external (e.g. tornado), or manmade (e.g. plane crash).</p>	<p>Person in charge at the time of the disaster is to contact the Manager/ AOC, and, if appropriate the HCC would be activated and TriHealth security notified.</p>

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<p>A. Utility Interruption: Electricity</p> <p>Business processes can be continued while the generator is providing electrical power.</p> <p>If nurse call system fails, see: Utility Interruption: Nurse Call System</p> <p>(NOTE: See Addendum for unit- specific information.)</p>	<p>The primary source of electricity has been interrupted.</p>	<p>RN/designee is to call building Maintenance & Engineering, TriHealth Security, Manager/AOC.</p> <p>Maintenance will call Duke Energy and ask for assistance, and expected duration of outage.</p> <p>Activate HCC for extended outages.</p>

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<p>B. Utility Interruption: Sewer</p>	<p>There has been an interruption of sewer service.</p> <p>NOTE: A loss of water supply will disable the wastewater system.</p>	<p>RN/designee to call building Maintenance & Engineering, TriHealth Security, Manager/ AOC.</p>
<p>C. Utility Interruption: Water/Wastewater</p>	<p>There has been an interruption of water service.</p> <p>Be aware that medical vacuum may fail or be interrupted.</p> <p>A loss of water supply will disable the wastewater system.</p>	<p>RN/designee is to call building Maintenance & Engineering, TriHealth Security, Manager/ AOC.</p>
<p>D. Utility Interruption: Telephone System</p> <p>(NOTE: See Addendum for unit- specific information.)</p>	<p>There has been an interruption of the telephone system.</p>	<p>RN/designee will call TriHealth security to report extent of outage.</p>

TYPE OF DISASTER	MEANING	HOW TO CALL
<p>E. Utility Interruption: Nurse Call System</p> <p>(NOTE: See Addendum for unit- specific information.)</p>	<p>There has been an interruption in part or all of the functions of the Nurse Call System.</p>	<p>RN/designee is to call building Maintenance & Engineering, Manager/ AOC.</p>
<p>F. Utility Interruption: Oxygen</p>	<p>There has been an interruption in the central Oxygen service. An alarm will sound at the zone alarm panel (failure may also be detected by failure of connected equipment).</p>	<p>RN/designee is to call building Maintenance & Engineering, Manager/ AOC.</p>
<p>• HOC and TriHealth have each developed Command Centers (HOC and TriHealth). The HCC may be initiated for any type of emergency/event, as needed.</p>		

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<ul style="list-style-type: none"> ▪ HOC has Emergency Notification processes that can be initiated <ul style="list-style-type: none"> > First, the Emergency Notification System is initiated (a voice message is sent to all staff) > Next, staff are notified/contacted, and then > The HOC Emergency Telephone Tree is activated. ▪ There are visitors' badges at the entrance to the IPCC. Visitors must wear badges and leave the premises after conducting business. Anyone found loitering will be removed. ▪ Supplies: At any time that supplies are not available on site and there is a need for supplies. Food and water may also be obtained from local vendors. <ul style="list-style-type: none"> > If critical supply needs cannot be met, patients will be transferred to other facilities. ▪ During a Weather Emergency (Severe Thunderstorm/Tornado Warning), notify all sites via a TriHealth-wide email alert, and also notify affected sites via phone. <p>Submitted to TriHealth Life Safety Committee for approval</p>		
Signature and Date		
Signature and Date		

TYPE OF DISASTER	MEANING	HOW TO CALL
<p>Additional information related to fire plan:</p>	<ul style="list-style-type: none"> • Dry chemical extinguishers are appropriate for: <ul style="list-style-type: none"> Class "A" fires - ordinary combustibles, Class "B" fires - flammable liquids, e.g. oil, grease, Class "C" fires - electrical equipment. • Fighting the fire: <ul style="list-style-type: none"> ▪ Fight the fire only if the fire is small and can be controlled with a portable fire extinguisher. ▪ NOTE: Before fighting even a small fire, be sure to have a clear exit path for escape. • Fire in another location within the building <ul style="list-style-type: none"> ▪ Upon notification of a fire in another area, evacuate the area. ▪ After ensuring the safety of your patient, report the fire to the fire department. ▪ Between 8:30 am and 5 pm, there are fire drills. • If possible, a staff member/volunteer will assist in the evacuation. • Building information/safety: (The IPCC holds the keys to the building) <ul style="list-style-type: none"> ▪ Maintain at least 18 inch clearance from fire exits. ▪ Doors are not to be propped open. ▪ Hall materials need to be at a minimum height and clear of equipment (all materials in hallways that are in the way of fire exits, offices so they will not hinder persons from exiting). ▪ Elevators are not to be used during a fire. ▪ "No Smoking" signs are to be posted in all areas. ▪ O₂ cylinders to be secured to prevent tipping. ▪ Staff members are to correct &/or report any unsafe conditions. ▪ Contractors working on fire protection systems are to follow the 'Fire Protection Procedure' and 'Lock Out/Tag Out Procedure'. ▪ time the sprinkler system is taken out of service. ▪ Sprinklers are built into the IPCC, and work in all areas. ▪ Ventilation - all BA IPCC patient rooms are equipped with mechanical ventilation. 	

TYPE OF DISASTER	MEANING	HOW TO CALL
	<ul style="list-style-type: none"> ▪ When the fire alarm is activated, dampen the other smoke compartment. • Fire Alarm: <ul style="list-style-type: none"> ▪ Fire alarms/horns will blare and strobe light ▪ The Fire Department will announce "All Clear" ▪ Only the Fire Department can clear the alarm 	
<p>The information on this page It is in addition to the "Emergency Procedures"</p>		
<p>Additional information related to phone outage at BA IPCC:</p>	<p>To activate and deactivate 'Call Forwarding'</p> <ul style="list-style-type: none"> • (513) 891- 7700 (for the second floor phones) • (513) 792-6905 (for the West nursing station) • (513) 792-6917 (for the East nursing station) <p>and use the PIN (6000). Follow prompts to forward calls to:</p> <ul style="list-style-type: none"> • (513) 936-5000 (second floor phones) or • (513) 936-5002 (nursing station phones). <p>Place test calls to: (513) 891-7700, 792-6905 backup telephones.</p>	
<p>QUESTIONS TO ASK DURING A BOMB THREAT</p> <p>NOTE: Try to write down the exact words of the caller if possible.</p>	<ol style="list-style-type: none"> 1. Who is calling please? 2. When is it set to explode (exact time and date)? 3. Where is it located? 4. What floor and/or wing? 5. What type of bomb is it? 6. Description? What does it look like? 7. Why kill or injure innocent people? 8. What is your name? 9. What will cause the bomb to explode? 10. Description of the voice? (male/female, high/low, laughing/crying...normal, familiar, slurred, distorted, voice, disguised, any unusual phrases.) <p>Listen for background noises (e.g., street traffic, factory machinery, animal noises, clear, static)</p>	
<ul style="list-style-type: none"> • During any emergency situation, staff usage is to be monitored to prevent long duration) as well as staff fatigue etc. for possible need for rest 		

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<ul style="list-style-type: none"> • After any major emergency situation, documentation and a critique <p>NOTE: Staff debriefing sessions will be conducted as needed.</p>		
Empty space for content		

RESPONSE/UTILITY CONTINGENCY PLAN
<p>Coordinate a response to an emergency situation. The Emergency phone # for all sites is 911.</p> <p><i>Caution:</i> Stay low to ground if smoke is in area since smoke is a major hazard in a fire.</p> <ol style="list-style-type: none">1. Know location of fire alarm pull boxes, fire extinguishers, exits, egress routes, smoke barrier walls, and Annunciator panels.2. Exit routes, such as hallways, must be kept clear of carts, equipment, etc. Be aware that emergency vehicles/personnel may be entering at the front door.3. Remember RACE:<ol style="list-style-type: none">A. Rescue - rescue everyone in immediate danger from fire or smoke. (Do not place your safety in jeopardy.)B. Activate Alarm - immediately pull fire alarm box (red stations) and call 911.C. Confine - close all windows and doors.D. Extinguish - Extinguish fire if possible. <p>NOTE: Evacuate the fire room, the two adjacent rooms, and the room across the hall from the fire room (and if applicable, the room(s) above.) *</p> <ul style="list-style-type: none">• If horizontal relocation is necessary, move patients to the other side of the smoke barrier wall. There are two smoke doors along the smoke barrier wall. When closed, these two doors divide the 2 smoke compartments. <ol style="list-style-type: none">4. * IF Extensive EVACUATION Is Necessary - See 'Evacuation Plan'5. Use PASS to operate the fire extinguisher: Pull the pin Aim at the base of the fire Squeeze the handle Sweep back and forth at the base of the fire6. Do NOT turn off the oxygen ZONE valve if the fire alarm sounds. Should the need to turn it off arise, it will be handled by the Fire Department and Plant Engineering.7. Whenever a fire alarm or automatic sprinkler system is out of order for >4 hours in a 24 hour period, notify TriHealth maintenance, and SRIM, and set up a Fire Watch.
<ol style="list-style-type: none">1. Continuously monitor weather conditions and reports (e.g., via radio, TV, computer).2. Review severe weather plan and prepare to implement if needed.3. Prepare for power failure.4. Remove articles from window sills & close drapes, windows & doors.

RESPONSE/UTILITY CONTINGENCY PLAN

In the event of a warning, implement the severe weather plan immediately:

1. RN on each wing will assign responsibilities to staff.
2. Close windows & doors/corridor doors. Close drapes & remove items from windowsills.
3. Staff to: ▪ Move patients to long hallways away from exterior glass. ▪ Protect patients (with blankets, pillows, mattresses) who cannot be moved to an interior location. ▪ Assist visitors to areas without windows: patient bathrooms/shower areas, family shower rooms. ▪ Account for all patients (using census) and staff.
4. When danger **has** passed, notify TriHealth Security/911 for assistance, and AOC.
5. Communicate using **land**/emergency/cell phone, fax machine, runners etc.
6. If indicated, evacuate patients according to the Evacuation Plan.

RESPONSE/UTILITY CONTINGENCY PLAN

1. Notify Dir. Clinical Operations, HCC, Manager/AOC, Security etc., as appropriate, of situation and evacuation order.
2. Gather staff and assign roles, including providing instructions to non-staff.
3. Assist patients to evacuate. IF EVACUATION IS NECESSARY:
 - Avoid using front door when possible.
 - Using nearest exit, assist ambulatory patients first.
 - Close each door & place white linen in front of door to indicate area has been evacuated.
 - Check bathroom &, if applicable, close windows prior to closing room door.
 - Move patients, staff, & visitors to designated gathering area.
4. **NOTE:** Patients in 'Droplet Precautions' should be positioned 3 feet away from other patients.
5. Alert Director of Clinical Operations/AOC of possible need to activate the HCC.
6. Transfer patients via TriHealth Patient Transport, utilizing other HOC inpatient units first, then TriHealth Hospitals and, lastly, other community hospitals as needed.
NOTE: Notify transporters and receiving facility of patients in Special Precautions.
7. Place MAR and medical records in pillowcase to be transported with each patient.
 - If time permits, assemble medications & personal belongings to accompany patients.
 - Send escorts with patients/groups of patients to their destination, if feasible.
8. Utilize Patient Evacuation Form (in EOC manual) to log transfer information on patients.
9. Account for all patients as evacuated, making sure ID bands are secure, & for all staff.
10. Notify families/physicians/external pharmacy of final disposition of patients.
11. Transfer main telephone lines to another number/facility.
12. If time & safety permit, assigned staff to remove trash, linens, & food from refrigerators.
13. If time & safety permit, Pharmacy staff to remove controlled substances.
14. Security/police to coordinate final check of all rooms and remain until area secured.
15. Recovery procedures will commence when the environment of care can safely support activities.
16. The HCC/management team will issue instructions to staff for the next day if needed.

RESPONSE/UTILITY CONTINGENCY PLAN

1. Developing a plan to obtain assistance from co-workers is advisable.
2. Involve other staff by calling for assistance.
3. Code words staff use to obtain assistance are:
Dr. Strong - assistance from another staff member is needed, and
Dr. All Come - contact the police immediately.
4. Call 911 when verbal interventions cannot contain the individual's behavior, or if the situation may become out of control.
5. It may be necessary to isolate yourself and/or other occupants in a safe area that can be locked, **such as family shower rooms, or staff bathrooms.**
6. Once the situation is resolved, notify TriHealth Security and the **manager/AOC.**

1. If bomb or unidentified/suspicious object is found, do NOT touch or remove it - report location to Security/police/HCC (who will coordinate the search).
2. Restrict access to area.
3. Staff will search their areas and report suspicious objects. ▪ Maintenance, and other departments, may be utilized to assist with the search.
▪ **Check storage/utility/equipment/rest rooms etc., and secure lockers after being searched.**
4. Staff will prepare for possible evacuation (department and surrounding areas if item discovered).
NOTE: The decision regarding/extent of evacuation will be made by **police/fire/security/HCC.**
5. Avoid panic.
6. Do not try to restrain or apprehend a person on site. Inform security if they are present, their characteristics, and where they went.
7. Return to work only with permission from Fire/**Police**/TriHealth Security.
Person receiving the bomb threat is to:
 1. Keep caller on the phone and obtain as much information as possible, using bomb threat questionnaire posted near phones.
 2. Immediately notify surrounding staff.
 3. **Push the panic button if accessible.**
 4. DO NOT place caller on hold or transfer the call.
 5. Keep calm, DELAY (ask caller to repeat) & note phone line on which call was received.

RESPONSE/UTILITY CONTINGENCY PLAN

1. In the event of a multi-casualty disaster **not** affecting **the HOC IPCC**, the fundamental role of HOC would be as a receiving facility for patients who do not require complex medical equipment/procedures. HOC may also be called to provide staffing support and/or material/equipment support to the hospital system(s)/other hospice units. Staff would be instructed to report to designated personnel pool (e.g., *B. North Golder Room*).
2. During a multi-casualty event, the ranking person on duty is in charge until relieved by a manager or person designated to take charge.
3. Person in charge would assess the following information and report to the HCC:
 - immediate department capabilities (e.g., patient beds and/or number of personnel that could be spared, equipment surpluses);
 - need for additional staff/supplies/equipment;
 - call-in capabilities (with likely time delay);
 - department contact phone number.
4. Communicate using land/emergency/cell phone, faxes, runners etc. as appropriate.
5. If requested by the HCC, manager will call in additional help.
6. Person in charge should keep the HCC informed as appropriate (e.g. department situation and support capabilities).
7. In the event of a multi-casualty disaster **at the HOC IPCC**, activate the HCC (Hospice Command Center) and initiate the evacuation plan.

RESPONSE/UTILITY CONTINGENCY PLAN

1. There are no safety hazards to the patients.
 2. Back up generator will start when electric supply is interrupted.
NOTE: Generator runs 15 -30 minutes after electricity is restored, as a 'cool down'.
 3. Plug life-sustaining/necessary/required equipment into red outlets.
 - *Examine equipment on red outlets for possible need to restart.*
 4. Take measures to protect patient safety.
 5. Alert people in department and request additional outside assistance as necessary.
 6. Post "Do Not Use Elevators" signs.
 7. There will be a decrease in lighting during generator power usage.
 8. After hours, **security/RN** to secure all exit doors.
 9. Station someone at the front door to admit visitors **if necessary**.
 10. If necessary, contact B.N. maintenance for portable A/C units/generator fuel.
 11. After power is restored, recheck all equipment and patients.
- NOTE: Emergency phones function when local power & phone service are not working.
- Also, if there are sliding doors at the main entrance, they are "break away" doors which open when pushed if the electricity is not functioning.

IF THE EMERGENCY GENERATOR POWER SYSTEM FAILS:

- a. Switch patients, **who are** receiving oxygen, to oxygen cylinders.
- b. Be prepared to switch patients on IV pumps to PCA pumps (change mode of delivery on pump as indicated).
- c. Monitor PCA pumps for the need to replace batteries.
- d. Monitor patients on electric-driven air mattresses and be prepared to switch to a regular mattress.
- e. Distribute flash lights to staff (have extra batteries available).
- f. Initiate alternate procedure for call light system **failure** (e.g., walking rounds every 10 min.)

*IF EXTENDED OUTAGES OF BOTH NORMAL **AND** GENERATOR POWER:*

- a. Assess patients for possible need to evacuate.
- b. Communicate with HCC regarding needs and assistance.
- c. Evacuate patients according to the Evacuation Plan.

RESPONSE/UTILITY CONTINGENCY PLAN

A public health hazard would exist without proper sewage disposal; therefore patients would need to be evacuated.

1. Routine services could not be provided until the sewer system is working properly.
2. Take measures to protect patient safety.
3. Alert appropriate people in department and request additional assistance from outside department as necessary.
4. Alert manager/AOC of possible need to initiate the HCC.
5. Evacuate patients according to the Evacuation Plan.
6. Contact Infection Control at Bethesda North if applicable.

There would be no immediate risk to patients. Patients would each have a water pitcher at the bedside which would provide water for four hours.

1. Assess immediate and long term patient needs, and intervene to protect patients.
2. If necessary, request water for staff & patients from supplier/B. North.
3. For water outage longer than two hours, instruct staff and families regarding water interruption.
4. Due to potential issues with sanitation and lack of drinkable water, interruption of water service longer than 4 hours could necessitate evacuation of patients.
5. Alert appropriate people in department and request additional assistance from outside department as necessary.
6. Alert manager/AOC of possible need to initiate the HCC.
7. Evacuate patients according to the Evacuation Plan.
8. TriHealth would inform HOC of possible contamination, or need to purge system.

1. The emergency phone will continue to work when the telephone lines are not functioning. This phone does not require generator power.
2. Prior to calling for assistance, verify extent of the problem [e.g. within facility/TriHealth/ local/incoming/outgoing/all phones].
3. Communicate using land/emergency/cell phone, faxes, runners etc. as appropriate.
4. Notify staff and manager/AOC of extent of problem/outage.
5. If calls were previously placed to physicians, notify physicians involved and give them the phone number of the emergency phone.

RESPONSE/UTILITY CONTINGENCY PLAN
<ol style="list-style-type: none">1. Assess and intervene to protect patients.2. Inform staff of extent of failure.3. Inform all patients of situation and alternate procedure, such as walking rounds by staff every 10 minutes etc.4. Call in added staff, reassign staff, or borrow staff as indicated.
<p>If Oxygen alarm sounds, or if there is inadequate/no flow from an outlet, notify maintenance.</p> <ol style="list-style-type: none">1. Assess and intervene to protect patients.2. Alert staff in department.3. Utilize emergency oxygen tanks until system is restored.4. Notify B. North maintenance, who will call Airgas for delivery of additional tanks. <p>NOTE: In the event of a fire alarm in this area, you should <u>not</u> turn off the oxygen ZONE valve. Should the need to turn off the oxygen to the area arise, it will be handled by the Fire Department and TriHealth Maintenance & Engineering.</p>
<p>CC) to coordinate a response to an emergency situation. necessary.</p> <p>Use the ACC/UCO in the event of a disaster.</p>

RESPONSE/UTILITY CONTINGENCY PLAN
<p>by the ACC/NCC in the event of a disaster. (email blast to certain managers etc.),</p>
<p>are to be escorted to the appropriate manager, and are to entering on the premises will be asked to leave.</p>
<p>d/or from the contracted supplier, BN will be notified of the local sources (e.g., stores, schools, restaurants) as available. red from the IPCC.</p>
<p>Watch or Warning), B. Oak Security will send a e.</p>
<p>approval on March 23, 2009</p>
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RESPONSE/UTILITY CONTINGENCY PLAN

te for class "ABC" fires:
e.g., wood, cloth, paper, rubber, and many plastics.
, oils, grease, tars, paints and flammable gases.

ontained (e.g., a wastebasket fire), and only if you have been trained to operate a

e sure that the area has been evacuated, the fire has been reported, and you have a

:

a, begin ensuring patient safety, and closing all doors and windows.
s and staff, assist other occupants of the building if necessary, and **safe to do so**.
additional staff in the building to assist with evacuation of patients & visitors if needed.

be assigned to direct the fire department as well as ancillary staff from other depts.

uses terminally ill patients, on the first floor of the building.)
sprinklers, and no storage is permitted to the ceiling.

at all times. In a fire alarm or fire situation, clear hallways of patients, visitors, and
would obstruct emergency egress pathways will immediately be moved into rooms or
om fighting the fire or evacuating the area).
be drill or fire alarm until the fire department has given the "ALL CLEAR".
areas designated as "Oxygen Storage" or "Oxygen In Use".
em from being knocked over.

t any noted fire hazards (e.g., smoking near mulch).
ystems or hot works (e.g., welding) are to comply with both the TriHealth 'Hot Works
edure'. In addition, the TriHealth 'Sprinkler Red Tag Procedure' is to be followed any
service.
ll be activated by heat.
re vented to the outside - keep doors/windows securely closed during a fire.

RESPONSE/UTILITY CONTINGENCY PLAN
rs in the HVAC ductwork close to prevent smoke from entering nts flash. (NOTE: There is no overhead announcement of a "Code" situation.) ear" when it is safe to re-enter the building/department. arm at the fire alarm panel.
is for the AOC manual. cedures and Utilities Systems Failures". , (call (513) 421-7869, type in the 10-digit phone #: nes) or on phone) or on phone) 5, and 792-6917 to make sure Deluxe Call Forwarding is working and being routed to the
date)? le... old/young... calm/angry/excited... slow/rapid... soft/loud/whispered ... stinct, accent, nasal, stutter, lisp, raspy, deep, ragged, clearing throat, deep breathing, cracking t noises, kitchen sounds, voices, PA system, music, motor, office machinery, house noises, ic, local, long distance, phone booth etc.)
prevent exhaustion of manpower supply (i.e. in the event of an incident of and recuperation.

RESPONSE/UTILITY CONTINGENCY PLAN
of the situation will be forwarded to TriHealth's Emergency Preparedness Committee.