VANDERBILT UNIVERSITY
MEDICAL CENTER

Vanderbilt Department/Unit Emergency Operations Sub Plan

Directions for Dept/Unit Emergency Operations Sub Plan Requirements

Rationale: The VUMC subplan template is designed to help each department, clinical and non-clinical, create plans, procedures, and goals for staff to help during adverse or emergency situations that may occur at the medical center. The subplan templates are also designed to:

- Retain the critical department/unit specific information
- Assemble the department/unit specific scope of service and staffing information in one core location in the work area
- To ensure all subplan information is placed in one designated location (in the dept/unit Safety/Disaster manual)
- To assist staff understanding and knowledge during adverse or emergency events

To assist with this project, your dept/unit will be provided:

- An Evacuation map for your work area which can be obtained by contacting the Office of Clinical and Research Safety 615-322-2057.
- Guidance and information to assist in completing the required documents; please contact the Department of Emergency Preparedness at 615-343-3189 for questions and needs.

To complete this project:

- You will need to complete the following documents:
  - Subplan Template I
  - Offsite Quick Reference Guide (for offsite locations only; main downtown campus and One Hundred Oaks have hard copy Quick Reference Guides already on the units)
  - SDS (Safety Data Sheets)
- You will then need to enter these documents into Verge for electronic documentation
- For assistance with templates, documents, or entry of documents into Verge please reach out to Emergency Preparedness at 615-343-3189.

Department/Unit: Neurology
_____

Emergency Operations Sub Plans:

Core Documents (required for each clinic/department/unit)

Section 1: Department/Unit's Staff Call List
- The department call list should be updated frequently to accurately list permanent and temporary staff working in your area. This should also serve as a call tree for communication during an event.

Section 2: Space Utilization
- In this section, please look to designate a meeting point in your unit/department area, evacuation locations inside and outside the building, severe weather sites for staff and patients. This section also requires a department/unit floor plan and evacuation route.

Section 3: Department/Unit Scope(s) of Service
- Department scope of service is a written section meant to include information regarding the specific roles of your department, specialty services within the department, any individual practices within the department, what your department covers/is responsible for within the hospitals and clinics, and roles of staff within the department and unit.

Section 4: Staffing Information
- Staffing information can include a position report, staffing template, and can also include staff information based on shifts (day, night, weekend). This will help identify the numbers and availability of staff during events that might require labor pool activation.

Section 5: **Department/Unit Specific Information**
- This section asks each department/unit to dive into staff roles and responsibilities during an adverse or emergency event. There are potential event examples listed and this section asks us to look at how our staff/unit/department would respond. Your department/unit may/may not have additional sub plans, depending upon the service provided and the unique hazards within the department/unit but this section provides the space to detail how you would respond to house wide events (computer downtime, water failure) or help other units (evacuation, labor pool).

Section 6: Department Succession Plan *
- This section asks each department/unit to list up to six names who would assume decision making responsibilities during an adverse event or emergency. This list should be made with order of succession in mind, primary first, secondary next, and so on.

Section 7: Resources
- The resources section of the plan starts a list of online links and checklist options your department already uses or can use in the future that can be adjusted and changed as needed based on the department/unit.

Reviewed by/Date:

*Sub Plans should be reviewed and updated annually

Review Date	Reviewer	Reviewer Job Position
7/20/22	Amy Martens	Chief Business Officer

Section 1: Department/Unit's Staff Call List *

Please include the following information:

- A list of staff names
- Phone Numbers or method to reach each of these staff members in the department
- Consider staff who work on the floors on a regular basis but may not be tied directly to the department (social work, physical therapist, etc.)
- Consider vendor contact information (facilities management, suppliers, vendors, delivery services, supply chain, EVS for unit/floor, etc.)

Rhonda Gourley keeps an updated staff roster with office and cell phone numbers. This is stored on the shared NRG drive. See attached Excel.

Section 2: Space Utilization*

Department/Unit Command Post
- This is the meeting point chosen to discuss department plan of action for event.

- Main Location:
  Medical Center North
  1161 21st Avenue South
  Nashville, TN 37232
  (1st & Basement Floors Administrative & Research Staff)
  21st Avenue South sidewalk outside double wooden doors

  Medical Research Building III (MRBIII)
  465 21st Avenue South
  1161 21st Avenue South
  Nashville, TN 37232
  (6th Floor Research Staff)
  21st Avenue South sidewalk outside double wooden doors

  Villages at Vanderbilt
  1500 21st Avenue South
  Nashville, TN 37232

(2nd Floor Research & Administrative Staff)
Back parking lot

Stallworth Rehabilitation Hospital
201 Children's Way
Nashville, TN 37212
(1st floor Immunology/MS Research Staff)
Children's Avenue sidewalk

Green Hills
3841 Green Hills Drive
Nashville, TN 37215
(1st floor Immunology/MS Staff)

One Hundred Oaks
719 Thomspson Lane
Nashville, TN 37204
(2nd floor providers)

- Alternate Location:
  Medical Center North
  1161 21st Avenue South
  Nashville, TN 37232
  Outside Wooden Double Doors to 21st Ave

Department/Unit Evacuation sites:

<u>Horizontal: 21st Street Sidewalk</u>
1. Move any staff or visitor from immediate danger. Do not wait for instructions. (Neurology MCN space is currently not a patient care area. It is understood there are clinical care areas throughout the building, however.)
2. Coordinate horizontal evacuation with the Emergency Operations Center as necessary.
3. All facilities are evacuated from the top floor down unless immediate danger dictates otherwise. Evacuate Neurology admin and research staff, as well as faculty and clinical providers, on both the MCN first floor and basement. There is one set of fire doors on each floor at MCN to contain a fire. Can exit out main glass department doors, out double wooden doors, or out metal exit door on 1st floor. Can exit out metal exit door on basement floor. Exit 2nd floor VAV, 6th floor MRBIII, and 1st floor Stallworth Rehabilitation, 1st floor Green Hills, and 2nd floor OHO in the same manner using exit doors and stairwells.
4. Do not use elevators unless directed to do so.
5. Use visitors/staff to assist in evacuation.
6. Perform a head count to account for all visitors/ staff to be done by the team leader/assistant manager/manager.
7. If the Emergency Operations Plan is activated, contact the Emergency Operations Center (EOC) if additional resources are required (615-322-4362).
8. Assign staff member to check the computer on an hourly basis to obtain updates sent out through the Vanderbilt email system if electrical power is available. Update leader/supervisor in your work area as they become available.
9. Wait for the announcement that the situation is cancelled before returning to normal operations.

<u>Vertical (if applicable): 21st Street Sidewalk</u>

Can exit out main glass department doors, out double wooden doors, or out metal exit door on 1st floor. Can exit out metal exit door on basement floor.

Department/Unit Severe Weather Safe Site(s):
1st floor MCN stairwells, restrooms, Chairman's conference room
Basement floor stairwells, restrooms, Resident's conference room, or breakroom
All areas are on interior hallways with no windows
Villages at Vanderbilt (VAV)– See attached specific guidelines for VAV
MRBIII tornado shelter – stairwells, restrooms, basement
Stallworth tornado shelter- stairwells, restrooms
Green Hills tornado shelter – stairwells and restrooms; follow clinic specific plan
One Hundred Oaks tornado shelter – stairwells and restrooms; follow clinic specific plan

Section 3: Department/Unit Scope(s) of Service *
Please include information regarding the specific roles of department, specialty services within the department, any individual practices within the sub department, what your department covers/is responsible for within the hospitals and clinics, and roles of staff within the department and unit.

The Department of Neurology has approximately 280 faculty and staff, as well as the many areas of patient care, research, and education to which we dedicate our work. The Department has 10 divisions, a stand-alone Memory & Alzheimer's Center, and a growing Teleneurology Program. Vanderbilt is a collegial institution, and our department reflects this by fostering an environment of trust, transparency, inclusion, and collaboration. We are committed to developing new programs that incorporate novel technology and clinical innovation into the personalized care of our patients, while enabling our physicians and scientists to continue to make discoveries that change the way we understand and treat neurological disease. Our residency and fellowship programs are training the next generation of leading neurologists, who are improving and expanding Vanderbilt's impact and prestige nationwide.

In recent years, the Department of Neurology has focused on providing personalized care of all patients with neurological disease, using the most advanced technologies and practice models available. Neurology faculty members represent every subspecialty in neurology, providing expert care for patients throughout Middle Tennessee and beyond. By incorporating technological advances like online scheduling and telehealth, access to these physicians has been greatly expanded, especially in rural areas. The department also recently initiated its neurohospitalist service in 2018, significantly streamlining inpatient consults. By making changes to increase volume and innovation of clinical care and hiring additional providers, the department has been able to address growing demand.

The Department of Neurology performs research throughout the ten Divisions of Behavioral and Cognitive Neurology, Epilepsy, General Neurology, Movement Disorders, Inpatient General Neurology, Neuroimmunology, Neuromuscular Disorders, Neuro-Oncology, Sleep Medicine, and Stroke. Vanderbilt University Medical Center is also home to more than 40 Core operations, intended to provide shared resources to support research needs in areas including but not limited to clinical research, clinical trials, data coordination, imaging, genomics, and investigational drug services. These Core services are complemented by 85 Centers and Institutes of nearby Vanderbilt University, which support trans-departmental research through, among others, the Vanderbilt Brain, Data Science, Surgery and Engineering, and Cognitive Medicine

Institutes. A unique resource is the Vanderbilt Institute for Clinical and Translational Research (VICTR), which provides intramural support and funding for trainees and faculty across the enterprise.

Vanderbilt is an academic institution, and the Department of Neurology is dedicated to training the future leaders of neurology, both at the undergraduate and graduate level. The neurology clerkship program is one of the highest ranked in the nation. The residency program is expanding, and several initiatives are in place to promote diversity, inclusion, and wellness for residents. The didactic program meets practical training and one-on-one mentoring, preparing residents to meet the ever-evolving challenges and discoveries in neuroscience while exploring individual interests. Graduates of the Vanderbilt Neurology residency program consistently obtain the fellowship or employment position of their choosing. More importantly, they become leaders in their respective fields, making great strides in patient care and research. The department currently offers fellowships in nine subspecialties, which attract physicians from across the country seeking to pursue further training. The Department of Neurology fosters a culture of lifelong learning, and opportunities for trainees, faculty, and staff to continue their education are offered around every corner.

Section 4: Staffing Information

       4A: Department/Unit Position Report *
       4B: Department/unit Staffing Template*

Please include the following information:

- Number of staff and individual roles within the department
- Staffing plan

- Example questions to ask about staffing plan:
    - What is the plan for continuing normal operations with limited staff?
    - What is the 'breaking point' for needing additional staff or float pool/labor pool help?
    - What staff roles must be/are required to be in house to continue normal operations?
    - Do you have another unit or facility to transfer patients to, move appointments to, call in staff from for help if applicable? Please make sure to leave contact information for those locations
    - Do we have a staff rotation plan build in for shift work during events? Think about inclement weather events (snow/ice)

Staffing

Business hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m.
Staff include administrative, education, and research related positions. There is cross training among staff as necessary and term staff and student hourly employees are used temporarily for limited projects. Please see attached organizational charts for a list of staff and current reporting structures. Standards and guidelines for staffing follow VUMC, VMG, and SOM policies. The department is self-contained and rarely, if ever, uses float pool staff.

Section 5: Department Specific Information
Additional department specific plans to address your department needs and roles in the following potential events you may see at the medical center or at your clinic/unit.

If any of the following events occurs in your department or in your building/surrounding area please consider what your staff roles and responsibilities are including the following functions:
- Staffing plan
- Supply check
- Functions and services impacted
- Recovery strategies
- Relevant policy referrals
- Department responsibility (think in terms of a Mass Casualty Incident, Decontamination Event, or Labor Pool opening)
- Referral department or clinic if not able to remain open or continue work or patient care
- Downtime procedures

Potential adverse or emergency events to have department plans and procedures for:

Fire	Computer	Flood (Internal/External)	Active Shooter
Loss of Power	Mass Casualty	Security Emergency	Loss of Equipment
Missing person	Tornado	Bomb/Bomb Threat	Evacuation
Loss of Space	Earthquake	Inclement Weather	Snow/Ice
Phone Downtime	Chemical	Decontamination	Loss of Water
Loss of Vendor (delivery or pick up of items)	Patient Surge		

Section can be structured as needed and appropriate for your department/unit, see example below:
- Fire Event:
  - o Fire extinguisher/pull station locations:
  - o Staffing plan:
  - o Evacuation Plan:
  - o Staff roles for evacuation:
  - o Staff roles for marking cleared rooms:
  - o Staff roles for head counts:
- Inclement Weather:
  - o Work from home plan:
  - o Staff plan:
  - o Labor Pool requirements or needs:
  - o Staffing numbers needed to function as normal:
  - o Staff role responsible for calling patients/moving appointments:
  - o Plan for supplies if deliveries or pick-ups not able to be completed

Fire

Overhead announcement for fire is: Red Alert

Any alarm or fire situation will impact Medical Center North.

If there is a fire or fire alarm in your area:
- Rescue anyone in immediate danger
- Activate nearest fire alarm
- Alert any co-workers in the immediate vicinity of the fire
- Confine the fire by closing the doors
- Extinguish the fire by smothering with blanket or using a fire extinguisher
- Evacuate the building using the nearest exit. Move at least 100 away from the building to the designated evacuation meeting site.

When you hear the fire alarm:
- Prepare for evacuation by alerting all staff and visitors of the emergency and evacuation plan, terminating procedures, directing visitors and staff to the nearest exit, supervisor/designee assesses area for presence of visible smoke or fire
- Evacuate to the outside
- Wait for announcement that the situation is cancelled before returning to normal operations
- Call Risk management (615-936-0660) to report the incident and document the incident using the on-line incident reporting system.

Mass Casualty

Yellow Alert for Mass Casualty – Standby for potential situation. Prepare to activate Emergency Operation Plan

Orange Alert for Mass Casualty – Activate Emergency Operation Plan
- During an Orange Alert staff must remain on duty until released by the Incident Commander Supervisor coordinates staffing with designated Emergency Operations Center (EOC) Command staff
- Assess equipment and supplies in your work area and prepare to activate clinic/department/unit emergency operations sub-plan
- When the Emergency Operations Plan is activated, contact the designated Emergency Operations Center (EOC) if additional resources are required
- Assign a staff member to monitor Medical Center Communications and report out to update staff
- Instruct staff to refer all press inquiries on any subject to VUMC News & Communications or to the designated Administrative Coordinator (AC)
- Provide administrative/leadership staff with unit/department updates on an hourly basis as necessary
- Ensure all visitors and staff have appropriate identification
- Provide visitors/staff with incident updates as needed.
- Secure unit/department as necessary
- Wait for announcement that the situation is cancelled before returning to normal operations

Tornado

Yellow Alert
- Inform visitors/staff of the threat of inclement weather
- Ensure that hallways are clear
- Prepare to move into safe areas

- Obtain extra blankets and pillows as needed

Orange Alert
- Staff are responsible for directing all visitors and staff to interior areas away from external walls, windows, and concourse skylights
- If the Emergency Operations Plan is activated, the Emergency Operations Center may be activated for tornado response (615-322-4362)
- Assign a staff member to check the computer on an hourly basis to obtain updates

Electrical Failure
- Report outage to Facilities Management (615-322-2041). Communicate need for emergency electrical supplies like flashlights, extension cord
- If emergency power is not available call Facilities Management as (615-322-2041), use flashlights as necessary
- Staff must remain on duty until released by supervisor or incident commander
- If the EOC is activated, call for additional resources (615-322-4362)
- Call Risk Management to report the incident and document in Veritas

Water Outage
- Advise all staff/visitors to avoid hospital water supply/ice machines/ flushing toilets
- Verify that all water faucets are turned off
- Obtain water-less hand cleaner from Service Center
- Identify area for bottled water delivery
- Call Facilities Management (615-322-2041) if problems are found
- Staff must remain on duty until released
- Dependent on severity consider terminating operations and/or sending staff home

Missing/abducted person
Code Pink – missing infant (younger than 12 months)
Code Purple – missing child (1-12 years)
Code Walker Adolescent – missing teen (13-17 years)
Code Walker Adult – missing adult (18 years or older)

RESPONSE
- Suspect Patient is missing (Refer to Policy SA 30-10.06)
- Refer all questions to News and Public Affairs (615-322-4747)
- Staff in areas located at or around exits/access points of MCN would monitor those areas and report any possible sightings of the missing or abducted person immediately VUPD 911
    - Staff should search their admin and adjacent common areas for the missing person

Security Emergency
- Combative patient
- Someone making threats
- A suspicious person
- A disruptive, hostile, or threatening person
- A missing patient
- Harassing or threatening phone calls

RESPONSE

- Notify VUPD at 911. Provide the following information:
    - Location
    - Description of subjects
    - Description of events
    - Types of weapons or threats
- Stay on the line until instructed to hang up.
- Do not try to detain the suspicious person. Be alert to their movements to report to VUPD.

Person with Firearm or Dangerous Weapon
- If you receive information that a firearm or other dangerous weapon may be present in the OHO complex, follow VUMC Policy SA 30-10.04 Possession of Firearms, call VUPD from OHO phone at 911 and arrange to meet with the officer away from the person suspected of having a weapon. Advise the police of the following:
    - Your location
    - Location of suspect
    - Description of suspect
    - Types of weapons
    - Threats
    - Description of event/circumstances that led to the belief that a firearm or other weapon may be present
    - Number of victims and any known injuries
- Do not attempt to negotiate, apprehend, or intervene with the suspect
- Identify a nonpublic area where officers may speak with the individual away from other patients, visitors, and staff
- Call Risk Management (615-936-0660) to report the incident and document the incident using the online incident reporting system

For staff that may be working remotely, if there is downtime, VUMC systems are not accessible, and/or there is inclement weather, staff will be allowed to make time up and/or flex hours. They can also use PTO if approved by a supervisor.

Section 6: Department Succession Plan*

- List of three-five staff members in order of succession who are designated and trained to effectively assume decision making responsibilities of a leadership role in the event of unavailability of more senior members of the department/unit's leadership team.

    Print Names below:

    1. Kelly Brown, MD: Vice Chair of Clinical Operations

    2. David Charles, MD: Vice Chair of Business Development & Strategy

    3. Justin Sullivan, MBA: Administrative Officer of Operations

    4. Kristie Shirley: Administrative Officer of Research

    5. _____

Section 7: Online Resources

- VUMC Department of Emergency Preparedness website: https://www.vumc.org/emergency
  Note: Job Action Sheets, HICS Forms are located on this site
- Office of Clinical and Research Safety website: https://www.vumc.org/safety
- Safety Data Sheet (SDS) website: https://www.vumc.org/safety/sds
- Policy Tech: https://vanderbilt.policytech.com/

- Community Resources and Checklists:
  - Public Spaces Safety: https://www.ready.gov/public-spaces
  - Active Shooter: https://www.ready.gov/sites/default/files/2020-03/active-shooter_information-sheet.pdf
  - Make a Plan: https://www.ready.gov/plan
  - Winter Weather: https://www.ready.gov/winter-weather?gclid=Cj0KCQjwgtWDBhDZARIsADEKwgN2UBKgAo2lzFm538eHz04gOfZs-MStEARn0iC0UAzAxqGACZegtGkaAvIbEALw_wcB
  - Emergency Supply Kit: https://www.ready.gov/kit
  - Ready Responder Tool Kit: https://www.ready.gov/sites/default/files/documents/files/RRToolkit.pdf
  - Red Cross Tornado Safety: https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness___Disaster_Recovery/Disaster_Preparedness/Tornado/Tornado.pdf
  - Ready.gov Tornado Safety: https://community.fema.gov/ProtectiveActions/s/article/Tornado
  - Winter Storm Information: https://www.ready.gov/sites/default/files/2020-11/winter-storm_information-sheet.pdf