IV. INTERNAL – EXTERNAL DISASTER

A. FIRE:

In the event of a fire at Community Medical Center, the Fire Plan, as outlined here will be carried out and strictly adhered to. Existence of fire at Community Medical Center does not constitute full implementation of the Emergency Operations Plan. The extent of the Emergency Operations Plan to be utilized will be dependent upon the size, magnitude, and location of fire. Authorization to implement the full Emergency Operations Plan will rest with those outlined in the "Notification for Internal/External Disaster" section.

B. Definitions

1. Partial Evacuation: Patients at risk in their own room are moved to another room on the same unit.

2. Horizontal Evacuation: Moving patients out of the area usually to another unit or section on the same floor. (Pass through the fire door)

3. Vertical Evacuation: Moving patients downward away from a threat in upper floors, i.e., 4th floor to the 3rd floor, etc.

4. Building Evacuation Moving patients downward away from a threat to the outside of the building.

5. Ambulatory: Patients should be grouped together and assisted to safety by way of the nearest and best exit - one nurse leading a line of patients and one nurse following the last patient.

6. Semi-Ambulatory: Patients with wheel chairs, canes or walkers, provide limited assistance transporting the patient to safety.

7. Non-Ambulatory: Patients who are unable to walk, including wheel chair patients in bed at the time of the alarm. Use a Blanket Drag Hip Carry (Pack Strap) or a Swing carry to move the patient to safety.

8. EOC – Emergency Operations Center (Command Center)

NOTE:
CODE RED – Fire
CODE TRIAGE – Disaster Condition
CODE ORANGE – Hazardous Materials/Radiation Disaster Protocol
CODE CLEAR – All Clear, Resume Normal Operations

C. Fire Response

1. REMEMBER THE R.A.C.E. PROGRAM - RACE STANDS FOR:

R – Rescue, Remove patients from room and area in which the fire is found.

A – Alert (Alarm), Pull the fire alarm to initiate the alarm or Dial ***111 to report the fire. When the alarm is activated the fire bells will ring, followed by an announcement from the Hospital Operator.

C – Confine, Close all doors and windows to confine the fire. The hospital is designed into compartments. These compartments are built to hold back, fire and smoke, by closing the doors you are confining the fire to the area of origin.

E – Extinguish, Extinguish the fire, if the fire is small and dose not pose a threat to yourself and others you can extinguish the fire by using the portable fire extinguishers located throughout the hospital. You should not attempt to extinguish a large fire, as you may become a victim.

The Operator will announce "CODE RED" followed by the location of the alarm. In the event that the alarm system is disabled you may not here the fire alarm bells instead you will just here the operator announce "CODE RED" followed by the location of the fire.

The Operator will report the fire alarm to the Toms River Fire Dispatch center. The Boiler Room operator will serve as the internal back up to ensure the appropriate fire alarm notification has been made to the first responders. CMC's fire alarm is also monitored by an outside fire alarm monitoring company; the monitoring company will also place a call to Toms River Fire Dispatch to ensure the notification of the fire alarm is reported timely and accurately.

2. PERSONNEL INSTRUCTIONS

If you are not on your unit when the fire alarm sounds stay at your current location.

Staff responsibilities include: manning the oxygen shut off valves, closing any doors that did not automatically close with the activation of the fire alarm and/or closing all doors if the alarm did not sound, but was announced via the PA system by the Hospital Operator. Staff must clear the corridors of all items and wheeled equipment.

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Items to be removed from the corridors include, but are not limited to: beds, stretchers, wheelchairs, WOW's, all supply carts, all Isolation/Precaution carts, scales, BP machines, patient lift equipment and all other items impeding the means of egress.

3. AT THE SCENE OF THE FIRE

When the fire is on your floor: follow the R.A.C.E. FIRE PLAN instructions as listed above:

a) Assign a nurse the responsibility for the oxygen shut-off valve.
b) Keep a list of all patients and be sure that they are all accounted for.
c) Confine all patients and visitors to patients' rooms.
d) All personnel at their duty station during the fire alarm will remain at their workstation with all doors and windows closed and lights on.

FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

4. REMOTE FROM THE SCENE OF THE FIRE (WHEN FIRE IS ON ANOTHER FLOOR OR ON THE OTHER SIDE OF THE FIRE DOORS)

a) Close all doors and windows.
b) Assign a nurse the responsibility for the oxygen shut-off valve.
c) Reassure patients.
d) Stand by for instructions.
e) Use telephones for authorized calls only.

6. UNIT EVACUATION:

The decision to evacuate will be made by the Executive Director, COO, Vice Presidents, Director of Plant Operations, Director of Safety Management or the Nursing Supervisor.

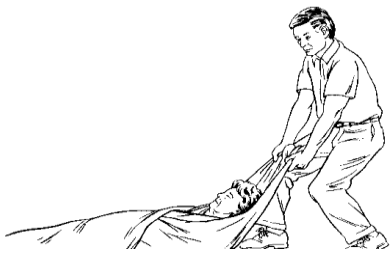
NOTE: In the event an evacuation is ordered, the Medical Center's Disaster Plan will be activated.

D. Evacuation Techniques

<u>Blanket Drag</u> - this is a one-person carry.

The Blanket Drag enables you to move a patient to safety by yourself quickly and effectively - even if you have to go down some stairs.

- Spread a blanket on the floor beside the bed.
- Lower the bed. Cradle the patient's head and shoulders. Gently slide the patient to the blanket.
- Wrap the blanket around the patient**.**
- Hold the blanket and drag the patient headfirst to safety.



Pack-Strap Carry - this is a one-person carry.

- Do not use this carry unless the patient is a child or an adult of less than average weight.
- Help the patient sit on the edge of the bed. Face the patient.
- Take the patient's right wrist in your left hand and left wrist in your right hand.
- Turn your back toward the patient and slip under his/her arm. The patient's arms should be crossed over your chest.
- Lean forward slightly and straighten up slowly.
- Hold the patient's wrists as you walk.

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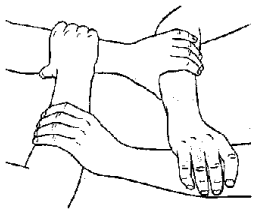
Swing Carry - this is a two person carry.
The Swing Carry enables you and a co-worker to carry a patient to safety by forming a cradle with both of your arms behind the patient's arms and knees

- Help the patient sit on the edge of the bed. Stand on opposite sides of the patient.
- Have the first person place one arm behind the patient's buttocks and grasp the second person's forearm. The first person then grasps his or her own forearm with the other hand.
- Have the second person put one arm behind the patient's thighs and grasp the first person's forearm. The second person then grasps his/her own forearm with the other hand.
- Carry the patient to safety as he or she sits on the rescuers' clasped hands and wrists.



E. Activation:

1. The decision to evacuate will be made by the Executive Director, COO, Vice Presidents, AOC, Nursing Supervisor (or her designee), Plant Operations Director, Safety Director or Fire Chief.

   NOTE: In the event an evacuation is ordered, the Medical Center's Operations Plan will be activated.

2. Activation Process

If an area of the hospital needs to be evacuated there will be an announcement "CODE 777 (location) is now in effect" The Operator will repeat the message three (3) times, then wait for three (3) minutes and repeat it again three (3) times.

NOTE: The use of CODE 777 PA announcements shall never be used in a drill situation.

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F. Phases of Evacuation

Vertical/Horizontal – All patient care areas within the facility have assigned routes and locations to evacuate patients from immediate danger. These exact locations and routes are posted in each patient care area, and are contained within this plan. (See Horizontal and Vertical Evacuation Plans – Unit Specific)

Total (Building) Evacuation – A total evacuation of the facility may be conducted in one of two methods. Emergency and Planned.

Emergency – Evacuation will be conducted as fast as possible, possibly moving patients into alternate buildings or area on the hospital campus or other local building. These evacuation sites will temporarily hold patients until they can be moved to permanent facilities. Emergency Evacuation should only be used when a hazard presents an immediate threat to the health and safety of patients. All attempts to shelter in place or use of Horizontal/Vertical evacuation should be exhausted first. (Example: structural collapse)

Planned – Removal of all patients from the facility in a slow controlled manner to allow complete continuation of care and minimal disruption. This evacuation method should be used when a hazard requires that patients be removed from the facility but an immediate threat does not exist. (Example: approaching category 5 hurricane) Family members can be used to assist in evacuations.

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Total evacuation will only be considered as a last resort in extreme circumstances. Such situations may include but are not limited to:

1. Impending severe weather or wildfire
2. Significant structural damage to the facility due to collapse or fire
3. Hazardous Materials release
4. Extended loss of utilities

The decision to totally evacuate the hospital shall be made by the Executive Director, COO, Vice Presidents, AOC, Nursing Supervisor (or her designee), Safety Director or Fire Chief.

G. General Evacuation Instructions

A) When an Evacuation is ordered, the hospital shall initiate its CODE TRIAGE

B) The Hospital shall initiate Divert Status – Once the decision to evacuate the facility has been made the Emergency Department shall follow normal procedures to notify local EMS agencies that the hospital is on "Full Divert" no additional EMS patients can be brought to the facility until further notice.

C) Evacuation will be initiated only as a last resort.

D) When a unit or department evacuation is ordered, all evacuees will move horizontally through the fire doors to the adjacent unit/department.

E) If horizontal evacuation is not possible due to a fire or smoke condition, all evacuees will evacuate vertically down the stairs to the floor below except when directed to another floor or area.

F) If the building is being evacuated, each unit will be moved in an orderly fashion to the elevators. Elevators that will be used include 1-2-3-4-5-6-7- 8-12-14-15-16-23-24

G) Elevators may be used during a fire condition at the direction of the fire department.

H) As each floor has completed their evacuation, rooms will be verified as empty. Note: In the event of a fire do not use elevators unless directed to do so.

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H. Patient Tracking / Discharge Area Set-Up

Patient Access shall:

1. Document all transfers with name of patient, transporter, destination facility, and next of kin with phone number.

2. Check to ensure patient chart and medications accompany patient.

3. Coordinate with elevator operator. Notify unit to pull patients.

4. All patients being evacuated to another facility will be moved through the hospital main lobby and/or outpatient lobby. Patients will NOT be moved out any other entrance(s).

5. Personnel will be assigned at the main/outpatient entrances to record the name, medical record #, age, sex, diagnosis; hospital unit the patient came from, destination, time of departure and transporting agency for each patient leaving the hospital. These logs will be sent to the EOC after every 10 patients or every 15 minutes, which ever comes first.

6. The EOC will track the location and status of all evacuated patients.

7. The hospital EOC will set up an information hotline for relatives to locate their evacuated family members.

8. EOC will confirm and reconcile all patient movements.

9. Facility EOC will send evacuation information to the Corporate EOC when requested on the standardized tracking form.

I. Coordination of Patient Movement

When relocating patients to other facilities, the hospital's Emergency Operations Center will coordinate with local, county, state Emergency Management and the Barnabas Corporate Operations Center.

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J. Patient Movement and Priority

1. Priority of evacuation:

   b. Out-patients should be evacuated immediately, prior to movement of in-patients. Non-Essential Staff should be sent to a personnel pool in the Auditorium.

   c. Critical Care In-Patients should be moved by ambulance as soon as transportation and receiving facilities are designated.

   d. Non-ambulatory In-Patients should be moved by ambulance after all Critical Care Patients have been moved.

   e. Ambulatory In-Patients may be moved by non-traditional means such as buses as soon as destinations and transportation are available.

3. Patient Movement

   Patients will be held in their nursing units until called for by the EOC to be moved to the transportation area in the main lobby and Administrative Corridor. All patients will exit the hospital through the main or outpatient entrances. Patients will not leave the hospital through any other entrance. An Ambulance staging area will be established in a safe area flowing into the main and outpatient entrances – Riverwood Lots and Access Road leading to Employee Parking Garage.

K. EVACUATION

Patients, Visitors and Staff - If safe, attempt to evacuate before firefighters arrive. Remove patients and visitors from room and ensure all occupants from the room have been removed. Close the door and place a pillow in front of the door to indicate that the room has been checked.

L. PATIENT EVACUATION

All patients, visitors, and employees will be evacuated as follows:

In the event patients need to be relocated internally, the following areas are to be utilized:

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Critical Care Patients: All ICU, CCU and ventilator patients, and all others at discretion of Nursing Administrator.

1. Same Day Surgery
2. Recovery Room
3. Dialysis

Non Critical Patients:

1. Outpatient Infusion
2. Minor Treatment

M. AREA SPECIFIC EVACUATION PLANS

5TH FLOOR

Evacuation of 5A (Nursery)

1) Horizontal Evacuation – All infants shall be evacuated to the 5 E & F Post Partum Units matching baby with Mom. If evacuation to the 5E & F Units is impossible due to fire, smoke or other conditions, all infants (patients), visitors, staff, etc. shall evacuate to the 5B Unit.

   NOTE 1: The Nursery is equipped with two May West Vests, which are located in the Fire Blanket box at the Nurses Station. The vest will allow one staff member to evacuate 5 infants at one time. Four (4) infants in the vest pockets and one (1) in their arms. Staff members need to assist one another in donning the vest and safely and efficiently placing the infants into the vest compartments.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 4A unit utilizing stair # 1. *(If door security magnet lock has not released, push and hold door handle until the alarm sounds. Door will release in 30 seconds. NOTE: Doors will automatically release when the fire alarm is activated)*

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3) Building Evacuation - evacuate to transport elevators 12-14; proceed to OP lobby elevators 15-16-23-24 or use stairwell # 1 exiting outside to the OP Lobby atrium space.

Evacuation of the 5B Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 5A wing though the FIRE doors at the end of the unit. If evacuation to the 5A wing is impossible due to fire, smoke or other conditions, evacuate all patients, visitors, staff, etc. horizontally to the 5C wing though the FIRE doors at the end of the unit. If evacuation to the 5C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

Note: Any patient in need of a surgical suite shall be moved to the Operating Room.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 4B unit utilizing stair # 5 next to the staff lounge. *(If door security lock has not released push on door for 30 seconds an alarm will sound and door will release. NOTE: Doors will automatically release when the fire alarm is activated)*

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 2 and exit into the Main Lobby Atrium/Handicapped parking by Administration.

Evacuation of 5C Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 5B wing through the FIRE doors at the end of the unit. If evacuation to the 5B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

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2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 4C unit utilizing stair #4 located next to room 5311. *(If door security lock has not released push on door for 30 seconds an alarm will sound and door will release. NOTE: Doors will automatically release when the fire alarm is activated. 4TH Floor - If door security lock at the 4C-stair landing has not released pull on door for 30 seconds an alarm will sound and door will release. NOTE: Doors will automatically release when the fire alarm is activated)*

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby

Evacuation of 5E Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 5A wing through the FIRE doors at the end of the unit. If evacuation to the 5A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 4E unit utilizing stair # 11 located next to room 5509. *(If door security lock has not released push on door for 30 seconds an alarm will sound and door will release. NOTE: Doors will automatically release when the fire alarm is activated)*

Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or down stair 11 onto the driveway on the west side of the hospital.

Evacuation of 5F Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 5A wing through the FIRE doors at the end of the unit. If evacuation to the 5A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 4F unit utilizing stair # 12 located next to room 5621. *(If door security lock has not released push on door for 30 seconds an alarm will sound and door will release. NOTE: Doors will automatically release when the fire alarm is activated)*

3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or use stair 12 and exit into the driveway at the Outpatient Entrance

4TH FLOOR

Evacuation of 4 A Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 4B wing through the FIRE doors at the end of the unit. If evacuation to the 4B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 3A unit utilizing stair # 1 located next to room 4108.

3) Building Evacuation - evacuate to elevators 12-14-15-16; proceed to OP lobby or use stairwell # 1 exiting outside to the OP Lobby atrium space.

Evacuation of the 4B unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 4A wing through the FIRE doors at the end of the unit. If evacuation to the 4A wing is impossible due to fire, smoke or other conditions, evacuate all patients, visitors, staff, etc. horizontally to the 4C wing though the FIRE doors at the end of the unit. If evacuation to the 4C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 3B unit utilizing stair # 5 located next to room 4206.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 5 and exit into handicapped parking by Administration.

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Evacuation of 4C Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 4B wing through the FIRE doors at the end of the unit. If evacuation to the 4B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 3C unit utilizing stair #4 located next to room 4313.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 6 and exit onto Hospital Drive.

Evacuation of 4E Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 4A wing through the FIRE doors at the end of the unit. If evacuation to the 4A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 3E unit utilizing stair # 11 located next to room 4511.

3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or down stair 11 onto the driveway on the west side of the hospital.

Evacuation of 4F Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 4A wing through the FIRE doors at the end of the unit. If evacuation to the 4A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 3F unit utilizing stair # 12 located next to room 4609.

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3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or use stair 12 and exit into the driveway at the Outpatient Entrance

3rd FLOOR

Evacuation of 3A Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3B wing through the FIRE doors at the end of the unit. If evacuation to the 3B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2A unit utilizing stair # 1 located next to room 3108.

3) Building Evacuation - evacuate to elevators 12-14-15-16; proceed to OP lobby or use stairwell # 1 exiting outside to the OP Lobby atrium space

Evacuation of the 3B unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3A wing through the FIRE doors at the end of the unit. If evacuation to the 3A wing is impossible due to fire, smoke or other conditions, evacuate all patients, visitors, staff, etc. horizontally to the 3C wing though the FIRE doors at the end of the unit. If evacuation to the 3C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2B unit utilizing stair # 5 located next to room 3206.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 5 and exit into handicapped parking by Administration.

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Evacuation of 3C Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3B wing through the FIRE doors at the end of the unit. If evacuation to the 3B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2C unit utilizing stair # 4 located next to room 3311.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 6 and exit onto Hospital Drive.

Evacuation of 3D Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3C wing through the FIRE doors at the end of the unit. If evacuation to the 3C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2D unit utilizing stair # 2 located next to elevators 5-6-7-8.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 2 and exits into the Main Lobby Atrium

Evacuation of 3E Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3A wing through the FIRE doors at the end of the unit. If evacuation to the 3A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation will be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2E unit utilizing stair # 11 located next to room 3511.

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3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or down stair 11 onto the driveway on the west side of the hospital.

Evacuation of 3F Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 3A wing through the FIRE doors at the end of the unit. If evacuation to the 3A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the 2F unit utilizing stair # 12 located across from room 3609.

3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or use stair 12 and exit into the driveway at the Outpatient Entrance

2nd FLOOR

Evacuation of 2A Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 2B wing through the FIRE doors at the end of the unit. If evacuation to the 2B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to Auditoriums A & B utilizing stair # 1 located next to room 2108. *(NOTE: Stair 1 discharges into the courtyard at the Outpatient Entrance. Patients will be moved through the courtyard and back into the building utilizing the Outpatient entrance doors. All patients will be relocated into Auditorium A & B.)*

3) Building Evacuation - evacuate to elevators 12-14-15-16; proceed to OP lobby or use stairwell # 1 exiting outside to the OP Lobby atrium space

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Evacuation of the 2B unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 2A wing through the FIRE doors at the end of the unit. If evacuation to the 2A wing is impossible due to fire, smoke or other conditions, evacuate all patients, visitors, staff, etc. horizontally to the 2C wing though the FIRE doors at the end of the unit. If evacuation to the 2C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the Auditoriums A & B utilizing stair # 5 located next to room 2203. *(NOTE: Stair 5 discharges into the handicapped parking lot outside Administration. Patients will be moved back into the building utilizing the Handicapped entrance doors. All patients will be relocated into Auditorium A & B.)*

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 5 and exit into handicap parking by Administration.

Evacuation of 2C Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 2B wing through the FIRE doors at the end of the unit. If evacuation to the 2B wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the Auditoriums A & B utilizing stair # 4 located next to room 2314. *(NOTE: Stair 6 discharges onto the sidewalk next to the Main Entrance on Hospital Drive. Patients will be moved back into the building utilizing the Main entrance doors. All patients will be relocated into Auditorium A & B.)*

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 6 and exit onto Hospital Drive.

NOTE:
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CODE TRIAGE – Disaster Condition
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CODE CLEAR – All Clear, Resume Normal Operations

FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Evacuation of 2D Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 2C wing through the FIRE doors at the end of the unit. If evacuation to the 2C wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # two below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc. down the stairs to the Auditoriums A & B utilizing stair #2 located next to elevators 4-5-6-7.

3) Building Evacuation - evacuates to elevators 5-6-7-8; proceed to main lobby or use stair 2 and exits into the Main Lobby Atrium

Evacuation of 2E Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the 2A wing through the FIRE doors at the end of the unit. If evacuation to the 2A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc down the stairs to Auditoriums A & B utilizing stair # 11 located next to room 2515. *(NOTE: Stair 11 discharges onto the access road on the east side of the hospital next to the Outpatient Entrance. Patients will be moved back into the building utilizing the Outpatient entrance doors. All patients will be relocated into Auditorium A & B.)*

3) Building Evacuation – evacuates to elevators 12-14-15-16; proceed to OP lobby or down stair 11 onto the driveway on the west side of the hospital.

Evacuation of 2F Unit

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc horizontally to the 2A wing through the FIRE doors at the end of the unit. If evacuation to the 2A wing is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate vertically as outlined in # 2 below.

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2) Vertical Evacuation - Vertical evacuation shall be accomplished by moving all patients, visitors, staff, etc down the stairs to the Auditoriums A & B utilizing stair # 12 located next to room 2610. *(NOTE: Stair 12 discharges into the parking lot across from the visitor garage by the handicap parking lot outside Administration. Patients will be moved through the back into the building utilizing the Handicapped entrance doors. All patients will be relocated into Auditorium A & B.)*

3) Building Evacuation - evacuates to elevators 12-14-15-16; proceed to OP lobby or use stair 12 and exit into the driveway at the Outpatient Entrance

1st Floor

Evacuation of Unit 1West

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the Auditoriums A & B down the corridor through the SMOKE doors at the end of the unit. If evacuation down the Case Management corridor is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate through the fire doors by room 1114 and down the Surgical Suite corridor to the Auditoriums A & B. If evacuation is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate through stair # 6 to Auditoriums *(NOTE: Stair 6 discharges onto the sidewalk next to the Main Entrance on Hospital Drive. Patients will be moved through the back into the building utilizing the Main entrance doors. All patients will be relocated into Auditorium A & B.)*

2) Building Evacuation – evacuates through stair 6 and exits onto Hospital Drive.

NOTE: This unit will not evacuate vertically

Evacuation of Unit 1A (Dialysis)

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the Auditoriums A & B down the corridor through the Fire Doors into the Outpatient Lobby. If evacuation to Auditoriums A & B is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate through the handicap entrance doors and through the Administration door to Auditoriums A & B.

NOTE 1: Once all patients are accounted for patients will be sent back to the patient floor that they are admitted to.

NOTE 2: This unit will not evacuate vertically

2) Building Evacuation - evacuate using stairwell # 1 exiting outside to the OP Lobby atrium space

Evacuation of Unit 1A (MRI Trailer)

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc. horizontally to the Auditoriums A & B down the corridor through the Fire Doors into the Outpatient Lobby. If evacuation to Auditoriums A & B is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. will evacuate through the handicap entrance doors and through the Administration door to Auditoriums A & B.

NOTE: This unit will not evacuate vertically

2) Building Evacuation - evacuate using stairwell # 1 exiting outside to the OP Lobby atrium space

Evacuation of Center Building 1st Floor Surgical Services - Same Day Surgery (excluding minor rooms) (fire compartment #1):

The Perioperative Services Department is broken into six separate fire compartments. In the event of a fire in any one compartment, patients and staff can evacuate horizontally into another compartment without leaving the Perioperative Services Department.

1) Horizontal Evacuation – In the event of a fire in any of these rooms (excluding minor rooms), evacuate all patients and staff horizontally through the double fire doors outside room 4/5 and move into the adjacent fire compartment in Perioperative Services (PACU fire compartment #2 – includes PACU and SDS minor surgery rooms). If evacuation is not possible due to fire, smoke or other conditions, patients and staff shall evacuate horizontally to fire compartment # 3 which includes OR rooms 1-2-3-4-5.

NOTE: This unit will not evacuate vertically

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2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

Operating Room Evacuation Plan – PACU and SDS Minor Surgery Rooms (fire compartment #2)

1) Horizontal Evacuation – evacuate all patients and staff horizontally into Fire Compartment #1 – includes SDS surgery (excluding minor surgery rooms). If evacuation is not possible due to fire, smoke or other conditions, patients and staff shall evacuate horizontally to fire compartment #3 which includes OR rooms 1-2-3-4-5.

NOTE: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

Operating Room Evacuation Plan – OR Rooms 1-2-3-4-5 (fire compartment #3)

1) Horizontal Evacuation – evacuate all patients and staff horizontally into the adjacent fire compartment (fire compartment #4 – OR room 6). If evacuation is not possible due to fire, smoke or other conditions, patients and staff will be evacuated horizontally to fire compartment #2 – PACU and SDS minor surgery room area.

NOTE: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

Operating Room Evacuation Plan – OR room 6 (fire compartment #4)

1) Horizontal Evacuation - evacuate all patients and staff horizontally into the adjacent fire compartment (fire compartment #3 – OR rooms 1-2-3-4-5). If evacuation is not possible due to fire, smoke or other conditions, patients and staff will be evacuated horizontally to fire compartment #5 – OR rooms 7 & 8.

NOTE: This unit will not evacuate vertically

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2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

Operating Room Evacuation Plan – OR rooms 7 & 8 (fire compartment #5)

1) Horizontal Evacuation- evacuate all patients and staff horizontally into the adjacent fire compartment (fire compartment #4 – OR room 6). If evacuation is not possible due to fire, smoke or other conditions, patients and staff shall be evacuated horizontally to fire compartment #6 – OR rooms 9 and 10.

   NOTE: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

Operating Room Evacuation Plan – OR rooms 9 & 10 (fire compartment #6)

1) Horizontal Evacuation - evacuate all patients and staff horizontally into the adjacent fire compartment (fire compartment #5 – OR rooms seven and 8). If evacuation is not possible due to fire, smoke or other conditions, patients and staff shall be evacuated horizontally through the main OR doors down the corridor and up the hallway into the EEG/EKG area.

   NOTE: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through outpatient lobby to Hospital Campus.

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FIRE - EVACUATION PLAN – (Emergency Evacuation/Planned Evacuation)

Ground Floor

Ground Floor Building 7 Emergency Room

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc horizontally through the FIRE doors to the Cafeteria down the corridor past Radiology. If evacuation to the down the Radiology corridor is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate through exterior doors around the front of the hospital and into the loading dock doors to the cafeteria.

   NOTE 1: Doors to the loading dock will automatically unlock when the fire alarm sounds. If the door is not unlocked use the call box next to the loading dock doors to request the door to be opened.

   NOTE 2: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through walk-in and ambulance doors into the ER Parking Deck and Driveways

Ground Floor Center Building Radiology (X-ray – Nuclear Medicine)

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc horizontally through the Smoke doors to the Cafeteria. If evacuation down the corridor is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate through the Emergency Room main lobby.

   NOTE 1: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through walk-in and ambulance doors into the ER Parking Deck and Driveways

Ground Floor Building 8 Radiation Oncology

1) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc horizontally through the Fire doors to the Cafeteria. If evacuation to the Cafeteria is impossible due to fire, smoke or other conditions, all patients, visitors, staff,

etc. shall evacuate through the back door down the ramp to the Outpatient Lobby.

NOTE: This unit will not evacuate vertically

2) Building Evacuation - Evacuates through MD office exit onto driveway west side of the hospital.

Ground Floor Building 8 Outpatient Infusion

2) Horizontal Evacuation - Evacuate all patients, visitors, staff, etc horizontally through the Fire doors to the Cafeteria. If evacuation to the Cafeteria is impossible due to fire, smoke or other conditions, all patients, visitors, staff, etc. shall evacuate through the back door down the ramp to the Outpatient Lobby.

NOTE: This unit will not evacuate vertically

3) Building Evacuation - Evacuates through exit door in Radiation Oncology Corridor next to Mechanical room onto the driveway west side of the hospital.

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M. Phone System Failure

EXTERNAL COMMUNICATION

1. External Telephone Failure (Verizon/AT&T)

In the event of an external telephone failure (Verizon or AT&T) and phone service is not available in the county or state, the Medical Center will follow the weather emergency policy with three modifications:

A) Radio Station Notification:

Security will be dispatched to WOBM radio station to have the Medical Center's Emergency Announcement made

B) Key Personnel Notification

Using the disaster call list for key personnel in Communications, the Medical Center will dispatch a vehicle to each home to have the department head respond to work. The Administrator, Safety Director or Nursing Supervisor will implement and coordinate the emergency dispatch of personnel to key personnel homes.

C) Emergency Communications

CMC's Operations Center (Command Center) is equipped with a 800 MHz radio, cell phones, satellite phone, amateur HAM radio, video teleconferencing, portable two-way radios and the Barnabas Health two-way base station. The 800 MHz will be used to communicate via radio with Med Central.

2. Internal Communications Failure

In the event of a failure of the primary telephone service, the Communications Operator will announce:
"Attention Please! NEC telephone service has been interrupted. Please proceed with the emergency telephone procedure. For all emergencies, dial 732-349-7027 or 732-349-7029."

Designated Emergency Telephone Lines
Forty-six (46) NEC telephone lines in Community Medical Center have been designated emergency telephone numbers. No other NEC Extensions in the hospital will function. During the disruption, these emergency extensions will lose their identifying extension number and automatically acquire a new 7-digit independent private number similar to a residential telephone.

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The location of these forty two emergency telephones and their new designated numbers are provided in the attachment. The location and telephone numbers for these Emergency Telephones is listed on page 4-27 & 4-28.

To use an Emergency Telephone

1. Pick up the "RED" phone that is designated as the power failure phone and dial 9 followed by 1 the area code and the seven digit of the number.

2. All emergency telephones lose their current NEC features such as call hold, call transfer, call forwarding, etc.

Emergency Telephone Location	**Red Phone Number**
MGMT	9-1-732-349-7027
Hospital Operator	9-1-732-349-7029
Hospital Operator	9-1-732-349-4603
Administration	9-1-732-349-4621
Bedboard Room	9-1-732-349-4626
Blood Bank in Lab	9-1-732-349-4789
Cardiac Services	9-1-732-349-4803
Cath. Lab	9-1-732-349-4847
Respiratory	9-1-732-349-4924
Dialysis	9-1-732-349-4947
Emergency Room D.I.T. Desk	9-1-732-349-5002
Aud. C, Command Center	349-5083
Laboratory Front Office	9-1-732-349-5147
	9-1-732-349-5163
Plant Operations	White Trim-line phone
Nursing Staffing Office 2nd.Fl.	9-1-732-349-5312
Operating Room Control Desk	9-1-732-349-5315
Out Patient Infusion / Oncology	9-1-732-349-5407
Radiology Front Desk	9-1-732-349-5443
Pharmacy	9-1-732-349-7235
Central Sterile	9-1-732-349-6909
P.A.C.U.	9-1-732-349-7037

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Nursing Stations

1W	9-1-732-349-6955
2A	9-1-732-349-5776
2B (ICU RM. 2200 - 2210	9-1-732-349-5811
2C	9-1-732-349-5833
2D	9-1-732-349-5956
2E (CCU RM 2500-09 2523-2525)	9-1-732-349-6038
2E (CCU RM 2510 - 2522)	9-1-732-349-6097
2F (ICU RM 2601 - 2616)	9-1-732-349-6170
3A	9-1-732-349-6199
3B	9-1-732-349-6229
3C	9-1-732-349-6268
3D	9-1-732-349-6330
3E	9-1-732-349-6545
3F	9-1-732-349-6553
4A	9-1-732-349-6703
4B	9-1-732-349-6716
4C	9-1-732-349-6755
4E	9-1-732-349-6761
4F	9-1-732-349-6907
5C	9-1-732-349-7005
Labor and Delivery	9-1-732-349-5672
Nursery	9-1-732-349-5721
OBS (Post Partum)	9-1-732-349-5750

Public Pay Telephones

During disruption of NEC telephone services, public pay telephones throughout the hospital may also be used to contact the designated hospital emergency telephones or other telephones outside the hospital.

PAYPHONES

ED Area TTY	732-341-9819
ED Area	732-341-9831
Main Lobby	732-349-9854
Outpatient Area	732- 349-9789

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CODE BLUE (ADULT) CODE WHITE (PEDIATRIC), Fire, Stat calls, or other emergencies

Emergency line "***111" will **NOT function**.
For all emergencies, dial: 732-349-7027 or 732-349-7029

Resumption of Normal Telephone Service
Upon resumption of normal telephone service, the hospital telephone operator will make an appropriate public address announcement "Attention please, NEC telephone service has been restored."

N. DISRUPTION OF UTILITIES

1. In the event of the failure or disruption of one or more utilities the Facilities Management Department will implement the Utility Failure Plans. These plans are maintained in Facilities and include:
    a. Operational Description of each utility
    b. Failure Plan including emergency shutdown

2. User Failure Plans for Utilities are located under section 10 of the Emergency Management Plan

P. PROCESSING OF DISASTER CASUALTIES

All casualties will be taken to the Triage Area (Emergency Room or other areas as designated by the Command Post). They will be sorted and sent to the following areas relative to their appropriate injuries.

1) Triage - Emergency Room Entrance/other areas designated by Command Post
2) Burn/Shock/General Treatment – Same Day Surgery
3) Imminent Surgical Emergencies – Same Day Surgery/OR
4) Maternity - OB/GYN
5) Psychiatric/Militant – Physical Therapy
6) Trauma – Emergency Room

At the discretion of the Nursing Administrator, the Auditoriums and Outpatient Infusion rooms can be utilized as additional general treatment areas. After treatment, they will be directed to designated areas where they may wait until transportation has been arranged or they have been released to leave by themselves.

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O. PERSONNEL IDENTIFICATION

All doors leading to the outside will be secured for emergency egress and guarded by Security or assigned personnel upon notice of a disaster. Only patients, hospital employees and properly identified emergency response personnel will be permitted to enter the hospital. Physicians will be admitted upon the presentation of proper identification.

P. PATIENT AND DISASTER VICTIM IDENTIFICATION

A member of Community Medical Center's Patient Relations Department will be present at all times, and will direct all activities pertaining to patient information and disaster victims.

Q. PATIENT VALUABLES

Patients' valuables will be collected, labeled, and recorded by Medical Center personnel assigned to the following areas:

1. Same Day Surgery
2. Emergency Department
3. Physical Therapy
4. Outpatient Infusion/Dialysis and Quick Care
   (if designated by Nursing Administrator)

A Security officer will collect valuables envelopes from the above areas every 30 minutes. These valuables envelopes will be put in the hospital's main safe.

R. Family Waiting/Reception Area
   a. The Medical Centers Outpatient Lobby will be set-up for Family Waiting/Reception

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