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UT Physicians
Emergency Management Plan

Effective Date: January 1, 2026

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PURPOSE

UT Physicians (UTP) seeks to protect its personnel, property, and the community from the effects of predictable and spontaneous emergency situations by establishing methodologies and procedures to assist employees, students, medical residents, patients, and visitors in responding to emergency situations. The purpose of this template is to provide a uniform structure for the writing of a comprehensive site-specific emergency management plan for UTP clinics located both within the Texas Medical Center and around the greater Houston area.

SCOPE

The scope of this plan is to define emergency situations, to categorize levels of emergencies, and to provide procedures to prevent, prepare, respond, and mitigate emergency situations in a safe, orderly and efficient manner. Note that this UTP plan augments the overarching campus-wide UTHealth Houston Emergency Management Plan (EMP) which can be found here: https://www.uth.edu/safety/occupational-safety-and-fire-prevention/emergency-procedures.htm

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This Emergency Management Plan is for the following UTP clinic location:

Location Name: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

A copy of this plan is maintained in the following locations:

1. _____
2. _____
3. _____

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PLAN ACTIVATION

In general, an emergency that would require the activation of the site's plan would be described as the occurrence of one or more of the following:

Any event that results in the inability (or significantly reduced ability) of the site to conduct normal operations:

- Any event which results in loss of access to the facility (e.g. flood, snow or ice storm) or to critical business information (e.g. cyber-attack);
- Any event which results in significantly compromised internal or external communication ability (e.g. loss of electricity);
- Structural damage or an unexpected event inside the building which forces an unplanned evacuation of the building. (e.g. natural gas leak)

Coordinators

An incident coordinator is defined as someone who will take charge of managing the situation that has caused the facility to activate its emergency plan.

An operations coordinator is defined as someone who will take charge of maintaining facility operations during the time period that the site has activated its emergency plan.

The list of coordinators for this site's plan are found on page 29.

Incident Command Center

Once this plan is activated, an Incident Command Center is to be established. The Incident Command Center is the location from which response to the incident is directed and can be either a physical location or it can be set up virtually via MS Teams or another platform.

The location of the primary incident command center is: _____

The location of the secondary incident command center is: _____
(use this site if the primary location cannot be used for any reason)

Depending on the circumstances and type of emergency situation, the following information and supplies may be necessary to produce and/or share with Incident Command:

- Current copies of the clinic site's emergency response plan
- Current copies of the clinic site's emergency call list
- Current copies of the clinic site diagram
- Lists of any employees with declared mobility impairments or disabilities
- Any visitor or patient sign-in log maintained by the receptionist
- Flashlights and batteries
- A list of facility phone numbers
- Two (2) dedicated cell phone(s) with compatible power cords
- List of critical equipment and/or supplies

All clinic sites are to inventory their critical equipment and supplies at least annually. Use page 27 for this.

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EMERGENCY EVACUATION PROCEDURES

The emergency evacuation of the clinic/facility can be triggered by (check the one(s) appropriate for your clinic/facility):

☐ Activation of the building's audible/visual fire alarm system
☐ Intercom announcement on the public address or paging system
☐ Either audible/visual fire alarm or intercom announcement
☐ Other (describe): _____

Once an emergency has been determined to have occurred, everyone in the clinic/facility must be notified. Employees with response roles (e.g. clinic managers, Area Safety Liaisons, etc.) are to be mobilized. All employees must take the following steps:

- All employees must evacuate the building in an orderly manner to the designated departmental meeting areas detailed in this plan. Consideration must be given for patients currently being seen or any other visitors within the clinic – employees must provide guidance and direction for any evacuation event to these individuals.
- Supervisors will sweep their clinics to verify that the location has been effectively evacuated.
- Supervisors (or a department representative, or Area Safety Liaison) will report to the incident command center to provide the evacuation status of their clinic/department.

If an employee has activated the emergency evacuation of a facility by pulling a fire alarm station or calling 911, he/she must report to their supervisor upon evacuation from the facility. The employee should provide all known details of the incident to the supervisor and/or to the incident command. These important details are needed in order to direct a rapid and effective emergency response.

Evacuation of Mobility Impaired or Disabled Individuals

Mobility impaired individuals, including employees, contractors, patients and visitors, may be present in a building and must be considered for assistance during emergency evacuation events.

Employees

An updated list of individuals with declared mobility impairments or disabilities (temporary or long term) that require assistance must be maintained by the clinic supervisor and Human Resources. This list should be updated every 6 months. Area Safety Liaisons should be consulted and informed about plans for emergency evacuation for mobility impaired individuals. This list should not be posted or maintained in public areas or safety manuals, but should be kept in the building's fire depository box (also known as the "911 box") for access by the fire or police department. Employees working areas where mobility impaired individuals reside will be assigned to assist these employees during emergency evacuation events. Check the box below, if appropriate for the facility:

☐ There ARE employees with declared mobility impairments or disabilities in this clinic and their names/locations have been communicated to clinic supervisors as well as documented in the building's fire depository box.

☐ There are NO employees with declared mobility impairments or disabilities in this clinic at this time.

The site's human resources representative is to bring the list of employees with declared mobility impairments or disabilities to the incident command center as the representative evacuates the facility.

Patients and Visitors

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UTP clinic personnel must be prepared to assist in the evacuation of all persons with mobility impairments or disabilities (e.g. disabled contractors, patients, visitors) in their respective areas.

- Visually Impaired- Tell the person the nature of the emergency and offer guidance to the nearest emergency exit. Ask the individual to take your arm and follow you.
- Hearing Impaired- Guide the individual to the nearest emergency exit. If necessary, write a note telling what the emergency is and the nearest evacuation route. If the building fire alarm system is not activated or the building does not have visual strobes, turn the light switch on and off to gain attention, then indicate what is happening through gestures and/or written communication.
- Mobility Impaired Individuals- Mobility impaired individuals (with either temporary or long-term impairments) should be escorted to the nearest exit or stairwell. Communicate the location of the mobility impaired individuals to the incident command center as soon as possible so that this information can be conveyed to emergency response personnel (e.g. fire or police department). Exit stairwells are designed to protect individuals from smoke and fire and will allow additional time for emergency responders to arrive to assist with any evacuations of mobility impaired individuals. If an emergency evacuation is needed immediately prior to the arrival of emergency responders (e.g. fire or police department), at least two people should assist if evacuation becomes necessary. Do not carry a mobility-impaired person unless the danger is imminent.

Wheelchairs may have movable parts that are not designed to withstand the stress of lifting. Always consult with the mobility-impaired individual regarding:

- Life support equipment
- The number of people necessary for assistance
- Ways of being removed from the wheelchair
- Moving or bending extremities when lifting because of pain, leg bands, catheters, braces, etc.
- The type of assistance necessary after evacuation.

Carrying options include two-person lock arm position or having the person sit in a sturdy chair, preferably one with arms. Do not use chairs with casters on them. Some clinic locations have emergency evacuation assistance devices that can be used to help safely carry a mobility impaired individual.

Designated Meeting Areas (Muster Points)

Primary and secondary meeting areas (also called muster points) have been established for the clinic and are noted on site diagrams in this plan and posted in each department near the department's exit. Ensure that all personnel in the clinic are informed of the designated primary and secondary meeting locations for your department. These locations should be 75 feet or greater distance away from the building and allow safe congregation of staff members to be accounted for during an emergency.

Patients/Visitors

Patients, visitors and contractors in the building at the time of the evacuation must be escorted by employees to the designated meeting areas outside the building. Any individuals who are not accounted for should be communicated to the incident command center to ensure an investigation is performed.

Shelter in Place

In certain emergency situations (e.g. tornado, flood, violent actions, etc.), evacuation may not be the best action; instead building occupants may be instructed to shelter in place. Shelter in place means selecting a small, interior room, with no or few windows, and taking refuge there. Ensure your clinic has a local plan for shelter in place scenarios. More on shelter in place:
https://www.ready.gov/shelter
https://www.fema.gov/sites/default/files/documents/fema_shelter-in-place_guidance.pdf

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All Clear Status

After the evacuation, the employees may re-enter the facility only when the "ALL CLEAR" notification is given by the incident command coordinator.

INCLEMENT WEATHER

UTP's Inclement Weather Policy can be found here: *https://www.utpconnect.com/inclement-weather*

Facility Preparedness

Monitoring

UTHealth Houston's Office of Environmental Health and Safety monitors severe weather conditions that may impact the Texas Medical Center and surrounding areas. An emergency communication text message will be sent out through UTHealth Houston ALERT when severe weather impacts our campus in the Texas Medical Center. However, it is not possible for weather conditions to be monitored in all of the outlying areas where UTP clinics exist. Therefore, an individual at the UTP clinic location must be designated to monitor weather reports for warnings and alerts when inclement weather conditions warrant this activity. The designated person must have access to and monitor multiple internet weather websites, forecasts, news stations, etc. Decisions on opening status of UTP clinics is made centrally through UTP leadership based on information provided from the outlying clinics based on local weather conditions. Always watch for additional communications from UTP leadership that go above and beyond the information contained within the UTHealth Houston ALERT text messages to provide more information and decision making about the opening status of UTP clinics. The UTHealth Houston emergency communications webpage contains various webpage links to important and helpful information resources at www.uthealthhoustonemergency.org.

The following designations have been adapted by the National Weather Service to characterize inclement winter weather:

Flood Watch – Severe flooding is possible.
Flood Warning – Severe flooding is expected.
Tornado Watch–Tornado formation is possible.
Tornado Warning – A tornado has been spotted in the area.

Name of Inclement Weather Monitor	Phone	Pager/Cell Phone

Emergency Employee Notifications

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Designated phone number:

NATURAL DISASTERS

Fire

If a small fire occurs, employees who are trained to use a fire extinguisher may attempt to extinguish the small fire with the available fire extinguishers strategically located throughout the clinic and building. Fires can become out of control very quickly, so do not put yourself or other individuals at risk when using a fire extinguisher.

Large fires or uncontrollable fires require an immediate facility evacuation. Please see emergency evacuation procedures on page 6. The local fire department must be summoned to control these fires.

Employees are to take the following steps for large or uncontrollable fires:

- Pull the fire alarm pull station in the work area
- Alert others in the area and evacuate the building to the departmental meeting areas
- If safely away from the fire and/or smoke, DIAL 911
- If the fire alarm pull station has been activated, the employee who activated it should also call 911 to provide additional information regarding the fire event to assist responders such as the fire department with location and situation information. This step is important in order to effectively direct the emergency response agencies that may be summoned to the site. Be prepared to communicate the clinic address and specific location within the clinic or building that is affected by the smoke or fire event.

Tornado

Note: These procedures are to be followed in the event of a tornado warning. The National Weather Service issues tornado warnings when tornadoes have actually been seen in an area.

Facility Preparedness

Facilities should take the following steps in order to reduce the adverse effects of a tornado:

- If a tornado threat is known in advance, tie down or remove loose items outside the building that could be blown away or blown over by high winds
- Contact neighboring tenants if they have loose items that could be blown by high winds
- Where appropriate, consider locking one or more doors to prevent debris from blowing inside clinic
- Identify a location within the clinic or building that serves as a place of refuge during a tornado event and communicate this information to clinical personnel.

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leadership based on information provided from the outlying clinics based on local weather conditions. The designated person must have access to and monitor multiple internet weather websites, forecasts, news stations, etc. Websites such as www.nws.noaa.gov or www.weather.gov or http://www.wunderground.com are available for these reports. Please also visit www.uthealthhoustonemergency.org for information and direct links to other helpful information websites. The tornado monitor should alert the Incident Commander and all employees immediately upon learning of a Tornado Warning posing an imminent threat to the facility. The notification to employees may be by intercom, word of mouth, or any other designated notification method reasonably designed to provide all employees with immediate actual notice. The means of notification of a tornado warning mobilization needs to be communicated and recognized by the employees in the building.

The National Weather Service has used the following designations to characterize possible tornado weather conditions:
Tornado Watch – Tornadoes are likely. Be ready to take shelter; Stay tuned to radio or TV stations or internet sites with current weather conditions and alerts for additional information.
Tornado Warning – A tornado has been sighted in the area or has been indicated on radar. Take shelter immediately.

Name of Tornado Monitor	Phone	Pager/Cell Phone

Employee Actions

- After securing doors and windows, employees should move to an interior room or hallway in the center part of the lowest floor of the building. Employees should not evacuate or leave the building.
- Individuals should avoid glass doors and windows along the perimeter of the building. Tornado winds can blow out this glass.
- If perimeter glass can still be seen from the center of the building where individuals have assembled, then they are to stay low until the storm has passed.

After the tornado has passed or the tornado warning has been lifted:
- Attend to injured personnel, if any
- Contact project management and EHS as directed by incident command (see below).
- Reoccupy your work area only after being directed to do so by incident command.
- Pay attention to any emergency communications and guidance from UTP leadership regarding the event.

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

Derrick Thomas	Office: 713-486-3842	Cell: 832-373-9348	Derrick.Thomas@uth.tmc.edu
Akber Mazhar	Office: 713-486-5279	Cell: 281-309-8028	Akber.Mazhar@uth.tmc.edu
Lauren Massey	Office: 832-325-7143	Cell: 713-248-8075	Lauren.Massey@uth.tmc.edu

Hurricane/Tropical Storm

UTP Clinic Hurricane/Tropical Storm Emergency Management Checklist

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Before the storm

-Review/update emergency management plan. Update phone lists.
-Review procedures with employees to ensure all members are properly trained. Ensure individuals understand their responsibilities before, during, and after the emergency event.
-Order emergency supplies such as flashlights, batteries, tarps for key equipment, etc.
-Identify key equipment, supplies, and vital records that will need to be relocated or covered.
-Test all generators, emergency lighting, power supply (UPS) equipment to ensure proper operation.
-Print and hand out copies of phone lists to all employees.
-Review outside perimeter and notify Project Management of any storm drains that may be blocked.
-Review inclement weather policy: https://www.utpconnect.com/inclement-weather

Impending storm

-Implement emergency management plan.
-Shut down operations in an orderly manner.
-Move refrigerated vaccines/drugs to locations that have generators.
-Charge batteries. Move vehicles to high ground where flooding is not expected to occur.
-Cover computers, machinery, stock and supplies with tarps.
-If possible, raise any equipment off the floor.
-Secure or move outside equipment, signage, chairs, benches, etc.
-Close all interior and exterior doors to mitigate damages.
-Set air conditioning to run continuously at 68-70 degrees.
-Remove all biohazard waste from rooms and package in biohazard waste box in secured area
-Conduct final inspection of building.

After the storm

-If safe, inspect damages, always with another person.
-If safe, make emergency repairs to try to prevent additional damage from occurring.
-Document damage–take pictures and video of any damage to both the building and its contents.
-Maintain an accurate inventory of damaged equipment and building areas.
-Send pictures/videos to Project Management (utp.facilities@uth.tmc.edu)
-Before utilities are returned to service, check for gas leaks, look for electrical system damage.
-Begin restoration and repair operations as soon as possible.
-Critique pre-and post-storm actions to identify strengths and weaknesses.

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During hurricane season (June 1 through November 30 each year), someone at the facility must be designated to monitor weather reports for warnings and alerts when possible hurricane formation conditions warrant this activity. The designated person must have access to multiple internet weather websites, forecasts, news stations, etc. This person should also monitor local radio and television stations or internet sites with current weather conditions and alerts. Websites such as www.nws.noaa.gov or www.weather.gov or http://www.wunderground.com are available for these reports. Please also visit www.uthealthhoustonemergency.org for information

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and direct links to other helpful information websites. The Hurricane Monitor should alert the Incident Commander immediately upon learning of a Hurricane Watch or Hurricane Warning posing a threat to the facility.

The National Weather Service has adopted the following terms to characterize the probability and timing of landfall of hurricanes:

Hurricane Watch – A hurricane landfall is possible in the next 24 to 36 hours. Stay tuned for additional advisories. Tune to local websites, radio, or TV stations with current weather conditions and alerts for additional information. An evacuation may be necessary.
Hurricane Warning – A hurricane will hit land in the next 24 hours. Take precautions at once. If advised, evacuate immediately.

Name of Hurricane Monitor	Phone	Pager/Cell Phone

Flash Floods

Note: Flash flooding is a local phenomenon based on the surrounding geography of the site. If the facility is near a major river, flood plain, or river basin, then additional preparations may be necessary. Consult with UTP Project Management if you have any questions. The flood stage will need to be obtained from authorities. During extended periods of rain at the facility or upstream from the facility, someone at the facility will need to be designated to monitor the flood stage during flood watches.

Facility Preparedness

Facilities in areas prone to flash flooding need to take the following steps:

- Inspect battery powered equipment and any backup power supply.
- Have Project Management inspect all sewers and drains, including roof drains.
- Have Project Management check any drainage pumps (if applicable) to ensure that they are functioning.

During a flood watch, the following must be conducted:

- Move documents and equipment to higher levels within the facility. Off-site movement to higher ground can be considered for some materials if the space is available. Vital business records should be placed in watertight containers and optimally moved off-site away from the floodwaters.
- Have Project Management inspect roof drains to be sure that they are still clear and free of debris.
- Have Project Management inspect floor drains and any sumps to be sure that they clear and fully functional.
- Have Project Management check any storm water basins to be sure that they are clear and free of debris.
- Turn off electrical equipment as you would if you had a power outage (at the facility's main power switch).
- Listen to a battery-operated radio for the latest storm information.
- Close off medical waste shipping containers and move them off the floor to a bench or countertop until the flood watch has passed.
- Move as many hazardous chemical reagents as possible from bench tops into flammable storage rooms or flammable storage cabinets.
- Be prepared to evacuate.

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monitor weather reports for warnings and alerts when inclement weather conditions warrant this activity. Decisions on opening status of UTP clinics is made centrally through UTP leadership based on information provided from the outlying clinics based on local weather conditions. The designated person must have access to and monitor multiple internet weather websites, forecasts, news stations, etc. Websites such as www.nws.noaa.gov or www.weather.gov or http://www.wunderground.com are available for these reports. Please also visit www.uthealthhoustonemergency.org for information and direct links to other helpful information websites.
The National Weather Service has adopted the following terms to characterize the probability and timing of flooding:

Flood Watch – Flooding is possible. Stay tuned to local websites, radio, or TV stations for additional information.
Flood Warning – Flooding is already occurring or will occur soon. Take precautions at once. Be prepared to go to higher ground. If advised, evacuate immediately.

Name of Flash Flood Monitor	Phone	Pager/Cell Phone

Employee Actions

There are several steps that need to be taken during a flood:
If indoors:

- Check www.uthealthhoustonemergency.org and the associated resources provided on this webpage, as well as local television and radio stations, to get the latest emergency information.
- Get your preassembled emergency supplies.
- If told to leave, do so immediately.

During an evacuation conduct the following:

- If advised to evacuate, do so immediately.
- Evacuation is much simpler and safer before flood waters become too deep for ordinary vehicles to drive through.
- Check www.uthealthhoustonemergency.org and the associated resources provided on this webpage, as well as local television and radio stations, for evacuation instructions.
- Follow recommended evacuation routes--shortcuts may be blocked.
- Leave early enough to avoid being trapped by flooded roads.

After the flood, follow the steps below:

- Engage in salvage operations if prepared and directed by incident command.
- Reoccupy the building only after being directed to so by incident command.
- Flood dangers do not end when the water begins to recede. Check www.uthealthhoustonemergency.org and the associated resources provided on this webpage, as well as local television and radio stations, and don't return until authorities indicate it is safe to do so. Stay out of buildings if flood waters remain around the building. When entering buildings, use extreme caution.
- Wear sturdy shoes and use battery-powered lanterns or flashlights when examining buildings.
- Examine walls, floors, doors, and windows to make sure that the building is not in danger of collapsing.
- Watch out for animals, especially poisonous snakes and fire ants, that may have come with the flood waters. Use a stick to poke through debris.
- Watch for loose plaster and ceilings that could fall.
- Look for fire hazards: broken or leaking gas lines, flooded electrical circuits, submerged furnaces or electrical appliances, or flammable or explosive materials coming from upstream.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are health hazards.
- Check for gas leaks--If you smell gas or hear blowing or hissing noise, open a window and quickly leave the building. Turn off the gas at the outside main valve if you can and call the gas company from outside the facility. If you turn off the gas for any reason, it must be turned back on by a professional.

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- Turn off all testing instruments and computer equipment before restoring power at the facility's main power switch.
- Look for electrical system damage--If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician. Do not attempt to turn power on until electrical equipment has been inspected by a qualified electrician.
- Check for sewage and water lines damage--If you suspect sewage lines are damaged avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid the water from the tap.

LOSS OF UTILITIES

A response team member needs to be designated to contact Project Management in the event that a disaster strikes that results in loss or disruption of utility service. Please submit tickets for all issues. If any urgent/emergency issues are submitted please follow up with the facilities/Project Management team via phone/email.

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

Derrick Thomas	Office: 713-486-3842	Cell: 832-373-9348	Derrick.Thomas@uth.tmc.edu
Akber Mazhar	Office: 713-486-5279	Cell: 281-309-8028	Akber.Mazhar@uth.tmc.edu
Lauren Massey	Office: 832-325-7143	Cell: 713-248-8075	Lauren.Massey@uth.tmc.edu

Electricity/Power Outage

Immediately turn off the electricity if you see sparks, flames, or smoke coming from instruments or electrical equipment. Find the main circuit box or locate the main circuit breaker and switch the breaker for the instrument or areas to the off position. If the lights should go out, please remain calm. Remain in your work area or wherever you are until you are given instructions or the lights come back on.

In the event of an anticipated event that would interrupt electrical power, power down electrical equipment in technical and non-technical areas to guard against electrical surges. Prepare a planned power up of electrical equipment in both of these areas after the outage has been addressed in order to address these same concerns and possible electrical fires. This entails ensuring that testing instruments, computer equipment, and other critical electrical equipment is not damaged by possible electrical surges.

In the event of heat loss, ensure employees have heavy clothing (jackets or sweatshirts) to wear. Be aware that if heat is lost in the midst of extended outdoor sub-freezing temperatures, water lines of all types may rupture as heat returns. Depending on the location of these water lines, powering down of instrumentation and covering of the equipment during the period of time that power and heat are returned may be warranted.

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Loss of Water/Boil Water Plan

When a boil water event occurs at a clinic there is a potential for exposure to water contaminants. Medical professionals must ensure that patients, staff, and the public are protected and must take every appropriate precaution to eliminate possible exposures.

Listed below are actions that will help to control exposures.

Before a boil water event, review and update your emergency response plan:

- Update contact lists for personnel and organizations.
- Use standard infection control practices and work with facility engineering and maintenance staff to identify all routes of exposure to tap water for patients, visitors and staff. Develop standard procedures to control these exposures.
- Identify all procedures, appliances, tanks, equipment, etc. that use tap water, especially where tap water is used for patient care, medical processes, sanitizing, preparing solutions, preparing food and beverages, etc.
- Prepare to meet your water needs. Determine in advance how much water you will need, where you will need it, how you will prepare it or where you will get it. Keep an emergency supply of bottled water on site.
- Develop standard procedures for restoring water use once the boil water event has been solved. Medical facilities have unique equipment and complex plumbing that will require special attention for flushing and disinfection.

During a boil water event, do not use tap water without appropriate precautions:

- The recommended treatment for tap water for consumption purposes during a boil water event is to bring water to a full rolling boil for 2 minutes, then cool before use. This may take 20-30 minutes, plan ahead.
- Do not use tap water for: drinking, mixing oral solutions, contact with open wounds or sores, internal treatment or contact within body cavities, patient rinsing, or hand washing. Use boiled water, bottled water, or water from a safe alternate source.
- Identify and control (shut off, bag or post signs) all locations where people can obtain tap water to ingest: water fountains, sinks, spigots, ice machines, etc. Provide drinking water (boiled or bottled) at convenient locations.
- Under most water boil circumstances, handwashing with soap and water is acceptable as long as this process is followed by the use of alcohol-based hand sanitizer. Although under ordinary circumstances alcohol-based hand sanitizers are an effective and acceptable method of hand decontamination when hands are not visibly soiled, washing hands with soap (nonantimicrobial or antimicrobial) and clean, warm water is the preferred method for hand hygiene after using the restroom.
- Make sure patients and staff on all shifts are aware and understand what to do.
- Any ice made or mixed with ice made since the boil water event began should not be consumed. If the age of ice is uncertain, label it unsafe for consumption and if it does not have a critical use, such as cooling medication or food, discard it.
- Any solution or equipment prepared with water during or just prior to the boil water event should be evaluated before use.
- Adjust or eliminate procedures that are hard to perform with limited water. If appropriate, switch to an acceptable water treatment procedure or an acceptable alternate water supply. Also consider packaged ice from a safe

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alternate source.

- Some medical equipment provides additional treatment of tap water that may be sufficient to operate without boiling water, but many forms of water treatment may not provide adequate protection.
- Tap water can be used to wash floors and walls and to flush toilets but should not be used for sanitary surfaces.
- Tap water can be used to wash clothes and linens, as long as they are completely dried with heat before being used.

After the boil water event is over, facility personnel, UTP Project Management and EHS must take appropriate steps to ensure that the facility water system, plumbing and equipment connected to it are all free of contamination. Some actions that will help you restore normal water use include:

- Flush all the water lines. A general flushing recommendation is at least 5 minutes at each tap. Your facilities engineer should be able to advise you on a flushing time appropriate for the layout and complexity of your facility. Then consider washing sinks, fountains, faucets and spigots with a hospital grade disinfectant.
- Appliances, such as your water heater, water filters and water tanks, should also be flushed at least one tank volume. Water filters should be replaced or have the filter media backwashed per the manufacturer's recommendations.
- All potentially affected equipment that uses tap water, such as your medical equipment, solution machines, beverage machines, dishwasher, and ice machines, should be flushed and disinfected per the manufacturer's recommendations. This should include dedicated water lines and tubing. Run equipment through a full cycle and flush contents to waste.

Sanitary surfaces, patient contact surfaces, surfaces that will come into contact with utensils and medical tools, and ice bins should be cleaned with a hospital-grade disinfectant solution.

Facility Preparedness

Potable and non-potable water supplies should be inspected periodically to ensure that they are in good working order and their supply lines are intact.

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

Derrick Thomas	Office: 713-486-3842	Cell: 832-373-9348	Derrick.Thomas@uth.tmc.edu
Akber Mazhar	Office: 713-486-5279	Cell: 281-309-8028	Akber.Mazhar@uth.tmc.edu
Lauren Massey	Office: 832-325-7143	Cell: 713-248-8075	Lauren.Massey@uth.tmc.edu

Loss of HVAC (Heating and Air Conditioning) System

In the event of air conditioning failure, steps must be taken to ensure that the facility is as cool as possible such as turning off unnecessary devices and lights. Doors must not be propped open because the heat from outside will enter the facility. Electric fans may be used if available.

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There must be secure access to the controls for these systems, as per the requirements in the disaster planning guide. Someone from the site with keys to the room where these controls are located must be prepared to meet the HVAC contractor and allow them access upon their arrival.

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Loss of Refrigeration Capability

Medication Management Policy can be found here: https://www.utpconnect.com/medication-management

If individual household units lose their refrigeration capability, reagents/specimens/medications/vaccines must be shuffled around throughout the clinics to accommodate these items. Refrigerators not normally used for biohazardous specimens must be labeled appropriately with the biohazard sign. Such units must be disinfected when operations return to normal. Communicate with the department for the movement of refrigerated supplies to locations with generators.

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Service Request: https://www.utphysicians.com/maintenancerequest

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Loss of Internet or Telephone Service

Loss of internet or phone service can result in compromised client service and reduced ability to communicate during emergency situations.

For Clinic Leadership ONLY: If an emergency causes the loss of internet, conference calls will occur at 5 a.m. and 5 p.m. daily until the situation is over.

To join the conference call, dial **1-888-537-7715** - participant code ***54994534#***

When an emergency conference line is in use instead of Microsoft Teams, participants MUST mute their phones when joining.

- IT Help Desk: 713-486-4848
- Telecom Main Line at 713-486-8353.
    - To leave a voicemail message press 1 or say "voicemail". To call the on-call engineer press 2 or say "engineer".
    - If you do not get a response within 10 minutes, please call Shaun Smith at 713-486-2191
    - Telecom on-call cell 713-205-1299.

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- Network text the on-call engineer at *713-201-1889* or e-mailing *7132011889@vtext.com*.
    - If you have not received a call back within 10 minutes, call the on-call engineer at *713-201-1889*.

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

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Akber Mazhar	Office: 713-486-5279	Cell: 281-309-8028	Akber.Mazhar@uth.tmc.edu
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MEDICAL EMERGENCIES

Preparedness for Emergency Medical Care Policy can be found here:

https://www.utpconnect.com/emergency-medical-care

First Aid

Employees designated and trained to provide first aid at this facility are as follows:

Name	Department/Extension	CPR/AED trained?

Medical Transport Services

The Policy on Patient Transport can be found here: https://www.utpconnect.com/patient-transport

The nearest emergency medical facility is:

Facility: _____

Address: _____

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_____

Phone: ( ) _____

Directions to the emergency medical facility noted above are in the block below:

WORKPLACE VIOLENCE/UNAUTHORIZED VISITORS

Unauthorized visitors, such as disgruntled former employees or ex-spouses of employees, will be asked to leave the building. If the unauthorized person does not leave the building, call 911 and a manager or supervisor must be notified immediately. Also, notify a security guard on duty if applicable. **All incidents, threats of violence, suspicious behavior or violent acts must be reported to the STOP Line at 713-792-7867 (713-792-STOP).**

Local security guard	Phone	Home phone	Pager/Cell Phone

Non-Emergency Numbers

County Sheriff	Local Police

Threat Management Unit: A team of professionals authorized to investigate, make determinations and work with management to take action to prevent and/or resolve incidents of violence. The Team is comprised of representatives from The University of Texas at Houston Police Department (UT Police), Legal Affairs, UT Employee Assistance Program, and Human Resources. The Team has the authority to include, as needed, representatives from other areas. For more information: https://www.utph.org/index/about/tmt

Reporting of Incidents: All incidents, threats of violence, suspicious behavior or violent acts must be reported to the STOP Line at 713-792-7867 (713-792-STOP).

1. Imminent Threats: In the event of a threat of imminent bodily harm, injury or use of a weapon, the reporting individual should seek protective cover and call 911 immediately. Once the situation is safe, the reporting individual must report the incident to the supervisor. If the supervisor is unavailable, the individual should report the incident to the STOP Line.

2. Non-Imminent Threats: Incidents or acts of violence not involving imminent bodily harm, injuries or weapons should be immediately reported to the supervisor. The supervisor is responsible for reporting the incident to the STOP Line (713-792-STOP).

UT Police will report all STOP Line reports and the outcome, if known, to the Behavioral Assessment Team. The Behavioral Assessment Team will conduct an investigation of the complaint if: 1) the supervisor failed to make a report to the STOP Line or 2) the report is not being adequately addressed by the management within the department where the incident occurred. In such cases, the Behavioral Assessment Team will contact the supervisor(s) and work with the supervisor(s) to assess, investigate, determine violations and make recommendations.

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If requested, UT Employee Assistance Program will perform a critical incident stress debriefing with employee(s) affected by any incidence of violence or threat of violence.

Examples of situations in which employees may need to call the STOP Line include, but are not limited to:

- An employee may find out than another employee is experiencing serious emotional issues.
- A staff member may be unsure of the appropriate protocol after hearing rumors about potentially volatile comments made by another employee.
- Staff member may notice that another employee's behavior is unpredictable — sometimes the employee does not show up for work, is perhaps not making much sense, or the employee seems to have stopped caring about his/her appearance.
- A person may appear to be distressed and his/her behavior is somewhat out of the ordinary.
- A person may not be acting like him/herself.
- A person notices that a co-worker has been yelling at people and seems angry all the time.

Active Shooter in *Clinical Areas*

AVOID, DENY, DEFEND

Avoid Danger, Deny Access, Defend Yourself and Others

If you can, Run- evacuate the area. If not…

AVOID: Plan ahead and know how to avoid / escape:

- Silence any alarms or monitors that might attract attention
- Minimize movement, talking
- Avoid being seen or heard, silence cell phones
- Only provide life-saving patient care

DENY: Prevent the attacker from accessing you or others:

- Rooms with locking doors (Med rooms)
- Barricade entry points. Lock doors and close window shades or curtains
- Move to most hardened, sheltered area in your space, away from windows and doors
- An exposed door closer can be secured with belt or rope to prevent opening

DEFEND: Take Action! – Defend yourself and others:

- Fire extinguishers (spray, swing, or throw)
- Hot liquids (throw)
- Sharp objects (throw)
- Projectile objects (office supplies)

Active Shooter in *Non-Clinical Areas*

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RUN, HIDE, FIGHT

RUN: Get out - Identify possible evacuation routes:

- Stairwells that lead directly to outdoors are best
- Avoid using elevators
- Always move towards closest safe exit, do not further restrict yourself
- Avoid restricting yourself to an area with only one exit
- Address what routes will be most accessible for non-ambulatory patients

HIDE: Hide out - Identify secure rooms / areas:

- Rooms with locking doors (bathrooms, offices)
- Windowless room/ Curtains on windows
- Ability to block door with furniture
- An exposed door closer can be secured with belt or rope to prevent opening
- Address what areas will be most accessible for non-ambulatory patients

FIGHT: Take out - Identify objects in areas to use as a last resort weapon:

- Fire extinguishers (spray, swing, or throw)
- Hot liquids (Throw)
- Sharp objects (Throw)
- Projectile objects (office supplies)

Guidelines for Handling a Patient in Crisis Policy can be found here:

https://www.utpconnect.com/patient-in-crisis

Suicidal/Homicidal Call Process Policy can be found here:

https://www.utpconnect.com/suicidal-homicidal-call

BOMB THREATS

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Bomb Threat guide: https://www.utph.org/index/docs/Bomb-Threat-Guide-and-Phone-Record-Form.pdf

THE UNIVERSITY OF TEXAS
POLICE AT HOUSTON

BOMB THREAT GUIDE

IF A BOMB THREAT IS RECEIVED BY PHONE

In response to a bomb threat, employees should consider the following actions:

- ❑ Be calm, courteous, and do not interrupt the caller.
- ❑ Keep the caller on the phone as long as possible and do not hang up.
- ❑ Signal to someone near you to alert a supervisor.
- ❑ Write down everything the caller tells you.
- ❑ Ask the caller as many questions as possible. Refer to page 2, the *Bomb Threat Phone Call Checklist form,* to record any impressions from the call (tone of voice, background noise).
- ❑ **Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**

IF A BOMB THREAT IS RECEIVED BY EMAIL

- ❑ **Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**
- ❑ Print a copy of the email for UT Police at Houston.
- ❑ Do not delete the message.

IF A BOMB IS SEEN/RECEIVED ON CAMPUS

- ❑ **If you find a device or suspicious package, DO NOT move or touch the device or package.** Immediately retreat, leave the area to a safe location, and notify UT Police of its location and description.
- ❑ **Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**

IF AN EVACUATION IS ACTIVATED BY EMERGENCY RESPONSE PERSONNEL

- ❑ Remove patients, visitors and employees from immediate danger as instructed by UT Police.
- ❑ Account for the people and patients under your direct supervision who were evacuated and verify that everyone has left the affected area(s) as instructed by UT Police.
- ❑ When evacuating patients, ensure the following are accounted for:
  - Tracking records
  - Medical records
  - Personal items
  - Family and visitors
  - Identification bracelet

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THE UNIVERSITY OF TEXAS
POLICE AT HOUSTON

BOMB THREAT PHONE RECORD FORM

In case of bomb threat, provide the original of this form to the University of Texas Police at Houston.

Log Call

Date reported: _____

Time reported: _____

How reported: _____

Exact words of caller: _____

_____

_____

_____

Ask Questions

When is the bomb going to explode? _____

Where is the bomb right now? _____

What kind of bomb is it? _____

What does it look like? _____

Why did you place the bomb? _____

Where are you calling from? _____

What is your name? _____

Identify Characteristics

Description of caller's voice: _____

☐ Male ☐ Female ☐ Young ☐ Middle-aged
☐ Old ☐ Accent

Tone of voice: _____

☐ Intoxicated ☐ Speech Problem ☐ Hostile

Background noise? _____

Time caller hung up: _____

Remarks: _____

Recipient/Call-taker

Name of recipient: _____

Address of recipient: _____

Phone number of recipient: _____

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HAZARDOUS CHEMICAL AND WASTE SPILL EMERGENCY RESPONSE

Natural Gas Leak

Natural gas is readily recognized by the mercaptan smell placed in the gas to enable its presence to be detected. If the gas is smelled in a facility with natural gas heat or a hot water heater supplied with natural gas, then the building management company and possibly the natural gas company needs to be promptly notified.

Check the appropriate box regarding the use of natural gas at this facility:

☐ Natural gas is in use.
☐ Natural gas is NOT in use.

Employees need to take the following steps if a natural gas leak is detected in their area:

- Alert other employees in the area.
- Secure possible ignition sources in the area.
- Evacuate the area and notify EHS or the incident command coordinator (See "Evacuation Procedures")
- The clinic manager or incident coordinator will contact building management or the gas company.
- The facility will be re-occupied after the incident coordinator has been through the facility and determined it to be safe.

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

Derrick Thomas	Office: 713-486-3842	Cell: 832-373-9348	Derrick.Thomas@uth.tmc.edu
Akber Mazhar	Office: 713-486-5279	Cell: 281-309-8028	Akber.Mazhar@uth.tmc.edu
Lauren Massey	Office: 832-325-7143	Cell: 713-248-8075	Lauren.Massey@uth.tmc.edu

Compressed and Flammable Gasses

Some compressed gas cylinders may leak or become damaged as a result of manipulations in/out of the facility or during cylinder changes. The compressed gas within the cylinder represents a hazard, because if gas is released anywhere but through a properly functioning regulator, the cylinder can become a projectile and cause harm to persons and property. Gasses in use will also not be able to be readily detected.

Check the appropriate box for the facility:

☐ Compressed gases are in use at the facility.
☐ Compressed gases are NOT in use at the facility.

If a site does find a problem with a faulty compressed gas cylinder or its regulator, then it needs to summon help to render assistance. The gas vendor may be able to provide such assistance, depending on the problem and the gas involved. Otherwise, a hazardous materials response unit that is known to have the needed materials and expertise to deal with this situation must be summoned to render assistance. It cannot be automatically assumed that the local hazardous materials response team is capable of providing this assistance.

Employees who find damaged compressed gas cylinders, regulators, or manifold gas lines need to take the following steps:

- Alert others in the area so the tanks gasses are not used and are not moved.
- Secure ignition sources in the area if a flammable gas such as hydrogen or acetylene is involved.

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- Secure access to the area if it is a manifold gas area.
- Notify the site safety officer or the incident coordinator.
- The clinic manager or the incident commander will notify the compressed gas vendor or EHS if needed.
- The area will be re-occupied after the incident coordinator has walked through the area and given their approval.

Project Management Contact Information:

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Service Request: https://www.utphysicians.com/maintenancerequest

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Minor Hazardous Chemical Spill Response

In the event of a minor spill of hazardous chemicals:

- Alert anyone in the area that a spill has occurred.
- The clinic manager and EHS (713-500-8100) should be contacted immediately. These parties will determine if an evacuation of the department is needed.
- Any contaminated clothing must be removed. Skin must be thoroughly flushed with water and then washed with mild soap and lukewarm water. If indicated, use the emergency shower or eyewash station and seek medical care.
- Mark off or isolate the area to prevent accidental contact with the chemical(s) by others.
- Consult the Safety Data Sheet (SDS) for the chemical(s) to determine clean up procedures or precautions.
- Don personal protective equipment that is supplied in the spill kit (gown, gloves, and face shield).
- Use the appropriate spill neutralizer or absorbent to collect and manage the material.
- Place the contents into the plastic bag in the spill kit. Twist the bag and seal it with the twist tie from the spill kit. Consult the site safety officer to determine the proper means of disposal for the material.
- If the department has been evacuated, then the department will be re-occupied after EHS or the incident coordinator has been through the department and deemed it permissible to reoccupy.
- If, at anytime during the spill clean up procedure, adverse effects or irritation occurs, then leave the area immediately and notify the supervisor.
- Restock supplies used in the spill kit, or replace the spill kit when through.

Major Hazardous Chemical Spill Response

In the event of a major chemical spill of hazardous chemicals:

- Alert other employees in the spill area. All departmental employees must evacuate the area immediately.
- After evacuating the room or area, close the door or isolate that area to prevent entry. Do not attempt to re-enter the room to clean up the spill or for any other reason.
- Contact the incident coordinator and EHS immediately (713-500-8100).
- The incident coordinator and EHS will assist in the determination of spill cleanup response and approach. The first responders of the hazardous materials response team will have the proper personal protective equipment as appropriate based on the chemical spill scenario.

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- Employees who may have contaminated clothing need to remove their clothing and wash their skin with soap and warm water. If indicated, use an emergency shower or eyewash station and seek medical care.
- EHS will help to determine when reoccupation of the space may safely occur.
- Restock or replace any spill kits used during the response.

COMPUTER SYSTEM EMERGENCY

System Crash
Contact Information Technology (IT) in the event of a computer system crash.

- IT Help Desk: 713-486-4848

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

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CLINICAL CONTINUITY PLAN

The Clinical Continuity Plan is a companion plan used for business continuity purposes. It can be found here:

SITE SPECIFIC DISASTER INFORMATION

(*Insert any site-specific disaster planning information here*)

1.
2.
3.
4.
5.

Critical Equipment/Supplies Inventory List

Item	Location	How many?

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EMERGENCY MANAGEMENT PLAN MAINTENANCE

	Name	Date
Initiated By:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		
Reviewed and Revised:		

Responsible Party for this Disaster Plan: _____

Facility Name: _____

Copies of this disaster plan provided to:

Name	Name

Responsible Party for disaster plan site diagrams: _____

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EMERGENCY PHONE LISTINGS

Project Management Contact Information:

General email box: utp.facilities@uth.tmc.edu
Service Request: https://www.utphysicians.com/maintenancerequest

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INCIDENT COORDINATORS

Facility Name: _____

Command Center Cell Phone Numbers: _____

Date of Last List Update: _____ Page ____ of _____

Name	Shift	Work Phone/Pager	Home Phone/Cell Phone

OPERATIONS COORDINATORS

Facility Name: _____

Date of Last List Update : _____ Page ____ of ____

Name	Shift	Work Phone/Pager	Home Phone/Cell Phone

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SUPPORT RESPONSE PERSONNEL

Facility Name: _____

Command Center Cell Phone Numbers _____

_____

Date of Last List Update : _____ Page ___ of ____

Responsibility	Name	Shift	Work Phone/Pager	Home Phone/Cell
Scribe				
Scribe				
Accounting for visitors				
Notifications to websites/radio/TV				
Hurricane monitor				
Flood stage monitor				
Tornado monitor				

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UTHealth Houston Environmental Health & Safety Contact Numbers

Main Line **713-500-8100**

Biological Safety		**OFFICE**
Kristin King	Safety Manager	713-500-8162
Rebecca Kairis	Safety Specialist	713-500-8161
Zack Becker	Safety Specialist	713-500-5311
Allison Lino	Safety Specialist	713-500-8166

Chemical Safety		**OFFICE**
Will Bryan	Safety Manager	713-500-5836
Madison Huse	Safety Specialist	713-500-5843
Jin Kim	Safety Specialist	713-500-5831
Charisma Lattao	Safety Specialist	713-500-5846

Occ Safety & Fire Prevention		**OFFICE**
Snehal Rana	Safety Manager	713-500-8165
Michael Gillum	Safety Specialist	713-500-8139
Cedric Peace	Safety Specialist	713-500-8154
Christopher Hall	Safety Specialist	713-500-8114
Darris Peace	Safety Specialist	713-500-8112
Elliot Walls	Safety Specialist	713-500-8148
Mike Allen	Safety Specialist	713-500-8143

Radiation Safety		**OFFICE**
Janet Gutierrez	Safety Manager	713-500-5844
Danette Fennesy	Safety Specialist	713-500-5834
Stephanie Araiza	Safety Specialist	713-500-5833
Travell Hollingsworth	Safety Specialist	713-500-7076
Spencer Chichester	Safety Specialist	713-500-5839

Environmental Protection		**OFFICE**
Colin Harrison	Safety Specialist	713-500-5835
Felipe Munoz	Safety Specialist	713-500-5835
Waste Line	***713-500-5837***	***CYF Waste Room*** ***713-500-5190***
CYF EPP Office	***713-500-5835***	

Hospital & Clinic Safety Program		**OFFICE**
Bill Hebel	Safety Coordinator	713-500-8163
Kara Mirza	Safety Specialist	713-500-8128
Shawn Shah	Safety Specialist	713-500-5823

Risk Management & Insurance		**OFFICE**
Bryan Evans	Risk Manager	713-500-8133
Sondra Faul	Claims & Insurance Analyst	713-500-8127

UTPD

Dispatch 713-792-2890

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Employee Health Clinic 713-500-3267

EMPLOYEE REVIEW:

NAME	TITLE	DATE

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