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POLICY

It is the policy of The Johns Hopkins Hospital (JHH) to be ready to respond to and recover from internal or external emergency or disaster and to ensure that patient care and essential hospital operations are maintained throughout the response and recovery period.

An Emergency Management Committee and Incident Command Team shall be maintained to ensure that the designated policy is implemented. These two groups shall consist of members representing clinical, administrative and ancillary departments critical to efficient and effective planning and response to disaster-related incidents.

REFERENCES

The JHH Emergency Operations Plan

The JHH Corporate and Administrative Manual, Operational Policy Section

Joint Commission for Accreditation of Healthcare Organizations, Emergency Management Standards EM.01.01, .02.02 and.03.01

JHH Disaster Plan

42 CFR Part 73

ATTACHMENTS

JHH & JHU SoM Staff Emergency /Response Reference

JHH Disaster Report Form: Functional Unit and Nursing Unit Summary Forms

JHH Disaster/Exercise Evaluation Form

JHH Emergency Preparedness Policies & Procedures (located in the JHH Corporate & Administrative Manual).

RESPONSIBILITIES

| | |
|--------------------------------|---|
| Emergency Management Committee | <p>Meet as often as necessary to ensure an effective emergency management process (e.g., mitigation, preparedness, response and recovery) via incident command system</p> <p>Coordinate, conduct and evaluate four emergency educational sessions or exercises per 12 month period (plan exercises to meet Joint Commission standards).</p> <p>Develop the necessary hospital and School of Medicine wide disaster response and recovery plans.</p> <p>Plan and coordinate hospital-wide drills, exercises and training.</p> <p>Ensure that all departments have a plan for internal and external response.</p> <p>Define expectations for departmental disaster planning, training, and performance.</p> <p>Provide consultation to departments when requested.</p> <p>Evaluate the effectiveness of the JHH EOP, Plans and Policies</p> <p>Keep departments informed on changing needs in the area of emergency management.</p> |
| All Staff | <p>Participate in preparedness exercises and actual response and recovery procedures.</p> |
| Departmental Management | <p>Provide training for all staff regarding roles in emergency situations.</p> |

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Implement established duties and responsibilities in response to and recovery from disaster-related incidents.

COMMUNICATION

The JHH Disaster Plan is available on Hopkikns Policy On-Line and link to The Johns Hopkins Institutions Telephone Directory to provide an overview of the responsibilities for faculty and house staff to respond to “patient influx” disaster events. Seven specific patient influx policies and the Emergency Operations Plan are stored or filed on line at the following web sites: www.insidehopkinsmedicine.org/operations_integration or www.hopkinsonalert.org and Hopkins Policy On-Line. Activation of the specific emergency policies will normally be initiated by the Disaster Control Administrator or a Disaster Team Member (unless otherwise specified).

ADMINISTRATIVE ALERT - Requires members of the Disaster Team to be notified by the hospital’s web based communication system or through the Telecommunications Service operator whenever a local or regional catastrophe has occurred to implement pre-requisites when indicated

CODE YELLOW ED - Requires partial mobilization of personnel and resources to the Main Emergency Department as required to manage up to 10 patients from a single event.

CODE YELLOW HOSPITAL - Requires full mobilization of all personnel and hospital-wide resources as required for management of more than 10 patients from a single event.

CODE YELLOW BIO - Requires activation of partial to the complete bioterrorism policy. Activation of departmental plans via the Incident Command Center should not be implemented unless these plans are pre-approved.

CODE YELLOW CHEMICAL - Requires mobilization of all personnel and hospital-wide resources due to a large number of casualties from a chemical related catastrophe. Do not report to the Main ED unless assignments are pre-approved.

CODE YELLOW RADIATION - Requires mobilization of all personnel and hospital-wide resources due to a large number of casualties from a radioactive exposure catastrophe. Do not report to the Main ED unless assignments are pre-approved.

Pandemic Influenza Plan – Requires activation in appropriate phases of the pandemic influenza plan. Activation of departmental plans via the Incident Command Center should not be implemented unless these plans are pre-approved.

REVIEW CYCLE

Every 3 years

| | | |
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**The Johns Hopkins Hospital
Nursing Unit Summary – Disaster Report Form**

Department _____
Nursing Unit _____

Date _____
Time _____

Instructions

Charge Nurse shall complete all requested information, utilizing a separate form for each reporting period. Submit this form to Dept. Control Center so that Functional Unit Form may be completed.

| | |
|---|--|
| Total Number of Beds | |
| Total Number of Occupied Beds | |
| Total Number of Empty Beds | |
| Total Number of Potential Discharges | |

| |
|--|
| Name of RNs or Staff Available for Reassignment to Other Areas |
| |
| |
| |
| |
| |

| Type of Staff | # On-Duty Staff |
|----------------------------|------------------------|
| RNs | |
| LPNs | |
| Clinical Associates | |
| Clerical Associates | |
| Support Associates | |
| Other Staff | |

| # On-Duty Staff That is Available for Reassignment | # Off-Duty Staff & Reporting In |
|---|--|
| | |
| | |
| | |
| | |
| | |

| | |
|--|--|
| Equipment Available in Dept for Use Elsewhere | |
| # Of Stretchers | |
| # Of Wheelchairs | |
| # Of Monitors | |

- White Copy for Nursing Unit
- Yellow Copy for Department Control Center
- Pink Copy for Nursing Director

| | | |
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**The Johns Hopkins Hospital
Functional Unit Summary – Disaster Report Form**

Department _____ Date _____
Nursing Unit _____ Time _____

Instructions

Department Control Center shall complete all requested information, utilizing a separate form for each reporting period. Summarize data from Nursing Unit Summary Forms onto this form.

| | |
|---|--|
| Total Number of Beds | |
| Total Number of Occupied Beds | |
| Total Number of Empty Beds | |
| Total Number of Potential Discharges | |

| | |
|--|--|
| Total Number of Critical Care Beds | |
| Total Number of Critical Care Beds Occupied | |
| Total Number of Empty Critical Care Beds | |
| Total Number of Potential Discharges | |

| Type of Staff | # On-Duty Staff |
|----------------------------|------------------------|
| RNs | |
| LPNs | |
| Clinical Associates | |
| Clerical Associates | |
| Support Associates | |
| Other Staff | |

| # On-Duty Staff That is Available for Reassignment | # Off-Duty Staff And Reporting In |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|--|--|
| Equipment Available in Dept for Use Elsewhere | |
| # Of Stretchers | |
| # Of Wheelchairs | |
| # Of Monitors | |

- White Copy for Hospital Incident Command Center (Smith Room: Admin 212)
- Yellow Copy Remains in Department Control Center

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Johns Hopkins Hospital – Disaster/Exercise Evaluation Form

Please submit this completed form to the Smith Room (Admin 212) within 48 hours after completion of any disaster related exercise. If Smith Room is closed, please send evaluation to Meyer 4-109 or fax to 5-0946.

| | | |
|--------------|-----------|--------------------|
| Prepared by: | Job Title | Department or Unit |
|--------------|-----------|--------------------|

| Notification & Activation Parameters | Reply | Any Notification Comments? |
|---|--------------|-----------------------------------|
| Date & Time Notified | | Notified by Whom? |
| Notified that Event Has Ended | Y N | |
| Primary Dept Control Center Activated | Y N | Activated by Whom (Job Title): |
| Alternate Dept Control Center Activated | Y N NA | Any Activation Comments? |
| Physician Squads Activated | Y N NA | |
| Did Squad Physicians Respond | Y N NA | |
| Dept Disaster Plan Readily Available | Y N | |

| Call Roster Parameters | Reply | Call Roster Comments? |
|--------------------------------------|--------------|------------------------------|
| Initiated Call Roster | Y N NA | Time Started: |
| Administrative Staff Names Current | Y N NA | |
| Admin Staff Phone Numbers Current | Y N NA | |
| Clinical Staff Names Current | Y N NA | |
| Clinical Staff Phone Numbers Current | Y N NA | |
| Call Roster Completed | Y N NA | Time Completed: |

| Disaster Forms and Supplies | Reply | Disaster Forms: Functional Unit Summary, Nursing Unit Summary &/or Evaluation Form |
|--|--------------|---|
| Were Forms Available | Y N | |
| Functional Unit Summary Form Delivered or Faxed to Smith Room (4-1115) in 1 Hour | Y N | |
| Problems Obtaining Any Supplies | Y N NA | Describe Problem: |

| Communication Parameters | Reply | Communication Comments? |
|---|--------------|--------------------------------|
| Problems Interfacing with Other Departments | Y N | |
| Any Problems with Communication to... | | |
| Administrative Staff | Y N NA | |
| Nursing Staff | Y N NA | |
| Faculty / Residents | Y N NA | |
| Support Services Staff | Y N NA | |
| Smith Room Staff | Y N NA | |

| |
|---|
| Describe Any Impact to Normal Operations |
| Issues to be Investigated |
| General Impressions of Dept Performance (e.g., Timely Response, Leadership and Staff Performance) |

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**JHH Emergency Management
Policy & Procedure Index**

| JHH Emergency Management Policy | Policy # |
|---|-----------------|
| Biohazardous Material Spills | EP015 |
| Bioterrorism (Code Yellow Bio) | IFC038 (#22) |
| Bomb Threat | EP003 |
| Chemical Plan: Code Yellow Chemical | EP023 |
| Civil Disturbance | EP002 |
| Code Yellow ED | EP019 |
| Code Yellow Hospital | EP018 |
| Computer Outage | EP020 |
| Contingency Planning (In The Event of A Strike) | EP004 |
| Credentialling of Clinical Workers | EP031 |
| Disaster Plan -- JHH | EP017 |
| Electric Power Outage | EP005 |
| Evacuation | EP021 |
| Emergency Operations Plan | N/A |
| Fire Emergencies | EP013 |
| Gas (Natural) Outage | EP007 |
| Hazardous Chemical Spills | EP014 |
| High Winds Policy | EP026 |
| Inclement Weather | EP001 |
| Medical Air / Vacuum Outage | EP009 |
| Oxygen Outage | EP010 |
| Pandemic Influenza Plan | #EPS029 |
| Radiation Plan: Code Yellow Radiation | EP24 |
| Radioactive Spills | EP016 |
| | |
| Steam, Chilled Water and Ventilation Outage | EP006 |
| Structural Failure | EP008 |
| Unknown Substances | EP030 |
| Workplace Violence: Shooters / Hostages | EP032 |

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| Outage or System Failure | Characteristics/Symptoms | JHH Locate Problem And Call | JHH Action to be Taken | JHU/SOM Locate Problem And Call | JHU/SOM Action to be Taken |
|---|--|--|--|---|---|
| MAINFRAME COMPUTER, SOFTWARE OR NETWORK OUTAGE | System or software unavailable. Intra/intranet network connection not accessible | IT Data Center (5-2571) | <input type="checkbox"/> Use backup system and/or manual procedures to complete duties <input type="checkbox"/> Input any manual reports into computer system once mainframe software is operational | ISO Data Center (5-2571) | Same as JHH Actions |
| Electrical Power Outage | Failure of electrical systems Many lights are out Patient equipment not functional | Facilities Engineering (5-5770) If emergency power does not activate within 10 seconds, call (5-4444) | <input type="checkbox"/> Notify shift coordinator; use flashlights <input type="checkbox"/> RN Staff: Identify impact to patients <input type="checkbox"/> Check life support equipment, call Resp Therapy if needed (5-5303) <input type="checkbox"/> Hand ventilate patients; manually regulate IVs <input type="checkbox"/> Do not start new OR cases | Facilities Mgt. Customer Svc Center (5-3323) If emergency power does not activate within 10 seconds, call (5-3323) | - Notify Facilities Mgt Customer Svc Center. - Determine critical equipment that needs to be manually restarted. Minimize use of refrigerators and freezers. Transfer contents to another freezer if indicated |
| HVAC – TEMPERATURE + VENTILATION | Critical change in temperature | Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Notify department shift coordinator <input type="checkbox"/> RN Staff: Determine impact to patients <input type="checkbox"/> Check equipment that is dependent upon temperature regulation | Facilities Mgt. Customer Svc Center (5-3323) | RAR Staff: Determine impact to vivarium areas and coordinate activities with Facilities Mgt. Other Areas: Notify Dept Supervisor and implement dept plan |
| MEDICAL AIR / VACUUM Outage | No vacuum | Respiratory Therapy (5-5303) and Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Notify department shift coordinator <input type="checkbox"/> RN Staff: Determine impact to patients <input type="checkbox"/> Check backup systems and other equipment that is dependent upon air <input type="checkbox"/> Use portable suction equipment from Code Cart when indicated | Facilities Mgt. Customer Svc Center (5-3323) | RAR Staff: Determine impact to vivarium areas and coordinate activities with Facilities Mgt. Other Areas: Notify Dept Supervisor and implement dept plan |
| NATURAL GAS OUTAGE | Little remaining gas | Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Notify department shift coordinator <input type="checkbox"/> Implement backup system | Facilities Mgt. Customer Svc Center (5-3323) | Turn off gas valve in use. If a gas leak is detected, call Facilities Mgt Customer Svc Center (5-3323) and give location. Evacuate area. |
| OXYGEN OUTAGE | Oxygen alarm will sound on clinical units | Telecommunications Operators Marburg B-101 (5-4444) and Oxygen Therapy (3-7913) | <input type="checkbox"/> Notify Department Shift Coordinator <input type="checkbox"/> RN Staff: Determine if O ₂ pressure is really low. Make overhead announcement to all rooms <input type="checkbox"/> Repressurize area by turning off O ₂ zone valve <input type="checkbox"/> Attach "H" cylinder to nearest O ₂ outlet + open valve to repressurize area <input type="checkbox"/> If unit does not have "H" cylinder, place patients on "E" cylinders (transport tanks) | Facilities Mgt. Customer Svc Center (5-3323) | If an oxygen outage or loss in pressure results, call Facilities Mgt Customer Svc Center (5-3323) and give location. |
| STRUCTURAL FAILURE | Breach in structural integrity | Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Notify department shift coordinator <input type="checkbox"/> RN Staff: Identify impact to patients <input type="checkbox"/> Evacuate any patients, family or staff from immediate danger | Facilities Mgt. Customer Svc. Center (5-3323) | <input type="checkbox"/> Evacuate faculty, staff or students. <input type="checkbox"/> RAR Staff: Determine impact to vivarium areas and coordinate activities with Facilities Mgt |

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|---|-------------------------------|---|--|---|---|
| TELEPHONE OR PAGER OUTAGE | No telephone or pager service | Telecommunications Operators Marburg B-101 (5-5277) or (4-3921) | <input type="checkbox"/> Determine if pager outage affects 1- or 2-way models. Access CEPAR web site for cell phone numbers <input type="checkbox"/> Notify Shift Coord (inform other units) <input type="checkbox"/> Inform patients, families + employees <input type="checkbox"/> Establish "runner" system <input type="checkbox"/> Identify nearest payphones <input type="checkbox"/> Collect all available cellular phones and pagers and distribute as indicated <input type="checkbox"/> Open DICC if requested | Telecommunications Operators Marburg B-101 (5-5277) or (4-3921) | Same as JHH Actions |
| WATER LOSS PRESSURE REDUCTION OR FLOOD | Little or no water or flood | Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Notify Department Shift Coordinator <input type="checkbox"/> RN Staff: Check equipment dependent upon water or temperature regulation. <input type="checkbox"/> Obtain water / ice from CSD/nutrition | Facilities Mgt Customer Svc Center (5-3323) | <input type="checkbox"/> RAR Staff: Determine impact to vivarium areas and coordinate activities with Facilities Mgt. <input type="checkbox"/> Contain flood to the extent possible until help arrives |

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| Emergency Event | Characteristics/ Symptoms | JHH Locate Problem And Call | JHH Action to be Taken | JHU/SOM Locate Problem And Call | JHU/SOM Action to be Taken |
|---|--|---|---|--|--|
| BIOHAZARD MATERIAL (HSE 703) OR RADIATION SPILL OR RELEASE (HSE 909) | Release of potentially infectious materials, hazardous chemical or radiation has spilled or released in unit or employees appear in ED | HSE (5-5918) or Radiation Control Unit (5-3712) If no answer, call (5-4444) | <input type="checkbox"/> Notify department shift coordinator <input type="checkbox"/> Attempt to identify the source, nature, +location of spill. Implement HAZMAT response plan +contain spill w plastic-backed absorbent pads (Chux). <input type="checkbox"/> Evacuate any patients, visitors, and/or staff in immediate danger. Restrict access to affected area(s). <input type="checkbox"/> Contact ED at 5-2280 if potential casualties will need tx (inform supervisor, dept leaders and DCA (5-4444) of any injuries) | HSE (5-5918) or Radiation Control Unit (5-3712) If no answer, call (5-4444) | Same as JHH actions |
| <u>BOMB THREAT (Code Gold)</u> | You receive a call about an explosive device on premises or have a suspicious package | Security (5-5585) | Record as much information as possible on the Bomb Threat Telephone Checklist then call Security Office. Shift Mgr and Security Mgr will decide the need to evacuate once an inspection is conducted | Security (5-5585) | Same as JHH Actions |
| <u>Code Yellow Hosp. Chemical or Radiation</u> | DCA notifies Shift Mgrs. Notifind & possible overhead announcement | ED Charge Nurse or Attending In-Charge Calls Telecom at 5-4444 to activate Disaster Plan | <input type="checkbox"/> All employees are to report to their duty stations <input type="checkbox"/> Dept representative report to Smith Room (Admin 212) when requested <input type="checkbox"/> Implement DICC & departmental plans | N/A | Same as JHH Action for Clinical Enterprise. No action required for SoM Basic Sciences except become familiar with safety procedures |
| <u>Earthquake</u> | Experience Tremor, Items Falling or Structural Damage | Facilities Engineering (5-5770) If no answer, call (5-4444) | <input type="checkbox"/> Do not evacuate unless evacuation order given by on-site official. Protect patients & yourself from falling items <input type="checkbox"/> If evacuate, go to open area to avoid falling debris <input type="checkbox"/> Do not use elevators unless cleared by Facilities <input type="checkbox"/> Report structural damage to Facilities | Facilities Mgt. Customer Svc. Center (5-3323) | Same as JHH actions |
| <u>EVACUATION (HSE 041)</u> | Dept mgt + Security Mgr notify staff to evacuate the area in the event of uncontained smoke, fire, suspected bomb | Contact Security, Safety or DCA dependent on type of incident causing evacuation through Telecom (5-4444) | <input type="checkbox"/> Implement unit-specific disaster plan <input type="checkbox"/> Initiate dept call rosters <input type="checkbox"/> Review possible evacuation sites with highest ranking on-site official <input type="checkbox"/> Evacuate under direction of on-site official (BCFD, VPs, DCA, HSE, Security) or delegated authority | Contact DCA through Telecom (5-4444) | Same as JHH actions |
| <u>FIRE EMERGENCY</u> | Fire alarms sound and/or Smoke seen | Telecom Operators (5-4444) Indicate where the fire is, What kind of fire it is, your name and extn. | Notify dept shift coordinator and pull nearest fire alarm box. Evacuate any patients, visitors, and/or staff in immediate danger. Close all doors. Know your evacuation routes | Telecom Operator (5-4444) Indicate where the fire is, What kind of fire it is, your name and extn. | Same as JHH Actions |
| High Wind warning | Alert to "High Wind Warning" is now in effect. All staff are to report to their duty stations | Use Disaster Call Tree (443-287-7000) and Press #4 for updates | RN Staff: Move patients, visitors and staff away from glass windows or provide barriers between window and patients and staff. Implement unit-specific disaster plan. Evacuate unit if unit or building unusable | Use Disaster Call Tree (443-287-7000) and Press #4 for updates | Move patients, visitors +staff away from glass windows or provide barriers between window and patients and staff. Implement dept disaster plan |
| <u>PANDEMIC FLU, SARS or Code Yellow Bio</u> | Patient(s) or staff experiencing symptoms from virus or ID outbreak | HEIC (5-8384) or Emergency Pager (3-3855) | Implement instructions provided by Hospital Epidemiologist and/or Infection Control Practitioner. Do not implement disaster plans until instructed to do so | HEIC (5-8384) or Emergency Pager (3-3855) | Same as JHH Actions |
| <u>SHOOTER OR HOSTAGE INCIDENT</u> | Patients or staff aware or experiencing incident | Security (5-5585) | <input type="checkbox"/> Secure immediate area; remain calm <input type="checkbox"/> Notify Security (STAT) & dept leaders <input type="checkbox"/> Take protective actions <input type="checkbox"/> Protect patients, staff, et al | Security (5-5585) | Same as JHH Actions |
| <u>UNIDENTIFIED SUBSTANCE OR PACKAGE</u> | You notice an unidentified and/or receive or notice a suspicious package | Security (5-5585) | <input type="checkbox"/> Contain unidentified substance or pkg <input type="checkbox"/> RN Staff or Staff: Notify supervisor <input type="checkbox"/> Keep patients, visitors and staff away from package. Do not move package <input type="checkbox"/> Ask staff if they saw who dropped off package or unidentified substance <input type="checkbox"/> Identify anyone that was exposed <input type="checkbox"/> Evacuate patients, visitors and/or staff if package is suspected to be an explosive device | Security (5-5585) | Same as JHH Actions |

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|---------------------------------|--|--|---|--|---|
| INCLEMENT WEATHER (SNOW) | Hospital or University Position on Current Weather Situation | Use Disaster Call Tree (443-287-7000) and Press #4 for updates | <input type="checkbox"/> Do not leave at the end of shift unless immediate supervisor releases you <input type="checkbox"/> Open DICC when requested | Use Disaster Call Tree (443-287-7000) and Press #4 for updates | Comply with essential staff procedure for your respective area, division and/or dept |
| ANIMAL FACILITIES | 1) Escape or malicious release of laboratory animals. 2) Environmental emergency or catastrophic failure of animal facility physical plant. | 1) Research Animal Resources (RAR) (5-3273 or 5-3275) 2) RAR (5-3273) + Facilities Engineering (5-5770) | 1) Close doors or cordon off area to contain animal. Do not attempt to capture physically. Contact RAR. 2) Determine If conditions place animals at risk and require the relocation of animals to other areas. | 1) Research Animal Resources (RAR) (5-3273 or 5-3275) 2) RAR (5-3273) + Facilities Engineering (5-5770) | 1) Alert JHU Security and Admin if animal rights mischief is suspected. 2) RAR to work w Facilities and JHU Admin to explore short term housing prospects for displaced animals. |