



University of Miami Health System &  
Miller School of Medicine

**Emergency Operations Plan**



**August 1, 2018**



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

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## Promulgations and Signatures

The University of Miami Health System and Miller School of Medicine Emergency Operations Plan (EOP) uses an all-hazards approach to the four phases of emergency management: mitigation, preparedness, response, and recovery.

All employees, students, and other stakeholders who are part of the University of Miami Medical community play an integral role in University’s overall preparedness and must:

- Have a working knowledge of their responsibilities, functions, and required actions as outlined in this document, the University Comprehensive Emergency Management Plan (CEMP), and their Unit Response Plans. This includes policies and standard operating procedures.
- Know their Unit’s critical functions and how to resume each in accordance with their specific Unit UReady Plan.
- Ensure they complete all ongoing training and exercises as assigned, and seek any additional training necessary to undertake all emergency responsibilities. National Incident Management System (NIMS) training is a mandatory training component for all community members who have any emergency role or responsibility.

**SIGNED**  
\_\_\_\_\_  
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**08/01/18**  
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Date

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# I. Introduction

The University of Miami Health System and Miller School of Medicine Emergency Operations Plan (EOP) provides all-hazards strategies and tactics to mitigate against, prepare for, respond to, and recover from large-scale emergencies and disasters.

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## **II. Preparedness & Planning**

### **A. Training & Exercises**

In addition to mandated National Incident Management System (NIMS) and Incident Command System (ICS) training managed University-wide, Emergency Management offers training and workshops to Medical Campus and UHealth System units on the following topics:

- Disaster Preparedness for Researchers and Labs
- Emergency Notification Network (ENN) Training
- General Emergency Preparedness
- Hurricane Preparation
- Interactive Active Shooter Response Training
- On-Scene Incident Management for Incident Commanders, General and Command Staff
- Public Safety Orientations for New Students
- Workplace Violence Prevention

Hospitals, labs, and other units also conduct hazard and location specific training and exercises in accordance with core competencies and requirements from accrediting agencies and departmental standards. Training and Exercises by these units are supported by the Department of Public Safety – Emergency Management Division.

The Department of Public Safety continuously develops additional training to address unique needs and emerging trends within specific units or areas.

### **B. Essential Employees**

An essential employee is required to perform duties as directed by their supervisor before, during, and after a disaster. These duties may not be consistent with normal, daily responsibilities. Employees who are designated as essential will be pre-identified in Workday by their managers. Emergency Management may also designate employees as essential to fill staffing voids during emergencies (see [Section II – C. Addressing Unmet Personnel Needs](#)).

Not all roles deemed essential, or employees within the role, will be activated during every emergency or disaster. The specific circumstances surrounding the threat or incident will dictate which employees and positions are required to continue working. Managers are responsible for communicating specific disaster work assignments to essential employees. Managers should consider all types of emergencies and disasters within the University’s hazard/threat profile (see [CEMP Section VIII – Threat and Hazard Identification and Risk Assessment](#)) in their decision to designate an employee as essential.

The following guidelines should be used to identify essential employees. Any personnel:

- Directly supporting critical functions identified via the unit UReady Plan ([www.miami.edu/uready](http://www.miami.edu/uready)) as Critical 1 (Must Continue) or Critical 2 (Must Continue, Perhaps in Reduced Mode)
- Assigned to positions which operate around the clock
- Directly involved with:
  - Protection of life and property (i.e. police, public safety)
  - Patient care (i.e. nurses, hospital technicians)
  - Maintaining or monitoring facilities and systems which support critical functions as identified in their Unit UReady Plan (i.e. physical plant, IT support)
  - Ensuring the continuation of critical University operations (payroll, purchasing)
  - Attending to the immediate needs of students

Essential employees may:

- Continue in their daily, job-specific role
- Undertake disaster specific roles to ensure the continued operation or resumption of critical functions within their unit
- Be assigned a role which addresses an unmet need of the University or Medical Campus

For advance notice emergencies and disasters with the potential for impacts over an extended period, essential employees may be broken into two groups; “A” and “B”. Group A consists of personnel who report for duty prior to the onset of impacts and work during the incidents or are on-campus and remain staged and awaiting deployment. Group B consists of personnel who will relieve Group A when conditions allow employees to safely return to work.

Review the [Designating Essential Personnel Guidance](#) document for additional information.

## **C. Addressing Unmet Personnel Needs**

All University employees may be required to undertake a disaster specific role to ensure the continued operation or resumption of critical functions. Impacts from disasters often do not fall under the day-to-day responsibility of a single unit and create an un-met need the University must address. Identifying an appropriate group of employees to fill these unmet needs presents an on-going challenge. The best practice based on extensive research and lessons learned from previous incidents, is to identify a group of employees from a single unit with no disaster assignment and with regular jobs that generally align with the disaster role. These employees will be assigned responsibility for addressing the unmet need. Addressing unmet needs by creating a piecemeal team of individuals from different units produces significant operational, logistical, administrative, and managerial challenges and is not a functional approach.

## **D. Data Preservation**

Protection/preservation of information is essential for all Medical Campus and UHealth units including research, administration, patient care, and education. Not all hazards provide time to prepare before impact; being prepared in advance minimizes loss and allows for quicker recovery. The University has various data preservation solutions available:



**1. Network File Services**

These directories are maintained on central IT servers which are kept physically protected and make use of redundant systems for added reliability.

- a. Personal File Directory - Associated with each individual network user’s Medical ID and is only accessible to that assigned owner.
- b. Shared File Directories (Network Drives) - Allows designated individuals within a unit or cross-functional group to access and store critical files in a single network based location.

**2. Cloud Based Storage Systems**

These services allow faculty, staff, and students to easily store and manage content, share files, and collaborate all in a secure online environment. University contracted Cloud Based systems include: [Box](#), [Google Drive](#), and [One Drive](#).

**3. Document Preservation**

Whenever possible, physical copies of important documents/information should be scanned and stored electronically on a cloud or network based solution. Physical documents should also be stored in a secure, physically protected location and multiple copies of the most critical documents should be made and stored in separate locations. Storage of documents with patient information must be done in compliance with HIPAA.

**E. UReady Plans**

All units are required to utilize the UReady continuity planning system to create their own Continuity of Operations Plan (COOP) focusing on response and recovery issues specific to the Unit. Over 150 UReady Continuity Plans have been created by units within the Miller School of Medicine and UHealth system. Plans must be updated annually within the UReady System by December first. Additional information on developing a UReady Plan can be found on the [UReady website](#). Also see [Section VI – D. Utilizing UReady Plans](#).

**F. Infrastructure Overview**

All of the University of Miami’s campuses have significant physical infrastructure enhancements specifically designed to mitigate against the effects of disasters. UM was one of the first institutions in the United States to be a part of the FEMA Disaster Resistant University program and has received a “Storm Ready” designation from the National Weather Service. Infrastructure enhancements include the following categories:

For more information, including structural ratings, contact the [Emergency Manager](#).

**III. Communications & Information**

**A. Contact Numbers:**

Emergency – Public Safety Department.....	(305) 243-6000
Non-Emergency - Public Safety Department.....	(305) 243-7233
University of Miami Hospital Public Safety Department.....	(305) 689-5622
Facilities Customer Service.....	(305) 243-6375
Human Resources.....	(305) 243-6482
Information Technology.....	(305) 243-5999

## B. Emergency Notification Network (ENN)

### 1. ENN System Components for Medical / UHealth

The University of Miami Emergency Notification Network (ENN) is a comprehensive communications solution used to provide rapid community notification of significant emergencies or dangerous situations involving an immediate threat to the health or safety of campus members. The system provides emergency notification (information) through multiple communication mediums, which include, but may not be limited to:

- Text messages
- Voice Messages
- Emails
- Social Media: Facebook, Twitter & RSS Feed
- Website Announcements
- Messaging via Voice over IP (VoIP) phone displays and speakerphones
- Emergency Information / Rumor Control Hotline Messages

### 2. ENN System Administrators

The Department of Public Safety administers the ENN for the Medical Campus and UHealth. The following individuals are authorized to distribute pre-scripted template messages during immediate life threatening emergencies, as well as custom messages when approved by the Crisis Decision Team (CDT).

- Executive Director of Public Safety
- Medical Emergency Manager
- Public Safety Uniformed Operations Manager
- UMH Public Safety Uniformed Operations Manger
- Public Safety Crime Prevention Officer / Investigator / Training Officer
- Public Safety Investigator
- Emergency Managers from the Coral Gables and Marine Campus
- University Communications

### 3. ENN Alerts

Pre-scripted ENN alerts are distributed when there is a confirmed immediate life-threatening emergency on any campus. This is defined as any emergency on campus where there is confirmed ongoing loss of life or great bodily harm, or such is apparently imminent. Regardless of the campus on which the incident occurs, the entire University community will be notified. Below are the three pre-scripted template alerts used for all immediate life threatening emergencies:

- **Armed Intruder:** “UMiami ENN: ARMED INTRUDER ON MEDICAL CAMPUS. Seek a secure location now if you are on campus. Avoid area if off campus. [www.miami.edu/prepare](http://www.miami.edu/prepare) or 1-800-227-0354”
- **Dangerous Situation:** “UMiami ENN: DANGEROUS SITUATION ON MEDICAL CAMPUS. If on campus, be alert. If off campus, avoid area. More info forthcoming. [www.miami.edu/prepare](http://www.miami.edu/prepare) 1-800-227-0354”
- **Weather Emergency:** “UMiami ENN: WEATHER EMERGENCY ON MEDICAL CAMPUS. Seek shelter immediately in the nearest building if you are on campus. [www.miami.edu/prepare](http://www.miami.edu/prepare) or 1-800-227-0354.”

For an incident classified as a **potential** life-threatening emergency, the Medical CDT will convene to determine whether an ENN alert will be distributed. A potential life-threatening emergency is defined as any emergency where there is unconfirmed

potential for loss of life or great bodily harm (nothing has actually taken place), or an incident that has potential to significantly impact campus safety or operations.

See [CEMP Section XV – B. Emergency Notification Network \(ENN\)](#) for more information.

### **C. Government Emergency Telecommunications System (GETS)**

The Government Emergency Telecommunications System (GETS) allows designated, critical UM employees to communicate in an emergency when normal telephone lines are non-functioning. GETS calling cards are provided to all members of the Crisis Decision Team (CDT) as well as to other key senior leaders. The GETS program is administered through the Department of Public Safety. See [CEMP Section XV – E. Internal Communication Tools](#) or the [GETS Policy](#) EM-06 for more information.

### **D. UM Emergency Information & Rumor Control Hotline**

The University has established a central Emergency Information hotline to provide pre and post incident information to the University community. Additionally, there is a dedicated Rumor Control hotline for the Medical Campus. In non-emergency times, a template message is recorded on the line. When the Crisis Decision Team determines an emergency situation exists, these lines will be activated and manned by live operators. Callers can obtain the most recent information on the situation and the University’s status in regards to class cancellations, clinical operations, library and office closings, etc.

In the event that an incident occurs which overwhelms the University’s capability to handle calls internally, calls may be routed to an external Crisis Call Center. The University has contracted with *Black Swan Solutions* to provide pertinent information to affected or concerned members of the University community. Once activated the Crisis Call Center will provide public information and/or counseling support. See *Office of Emergency Management SOP EM-04* for detailed information.

### **E. Satellite Phones**

Emergency Satellite Phones are located in select buildings throughout the Medical campus. These phones are intended for emergency use only when landlines and cellphones are out of service. Mounted and permanently activated satellite phones are positioned in the following locations:

- Medical Public Safety Communications Center.....(480) 458-9316
- UM Hospital Incident Command Center.....(877) 896-9730
- UMHC/Sylvester Incident Command Center.....(480) 263-8720
- ABLEH/Bascom Palmer Incident Command Center.....(480) 263-8719
- Coral Gables Campus Emergency Operations Center (EOC).....(480) 263-8594

In addition, the Department of Public Safety has a cache of portable satellite phones that can be rapidly activated and deployed during an emergency or disaster.

### **F. Unit Calling Tree**

All managers should maintain a complete unit calling tree including names, addresses, and phone numbers for all employees in their units. These calling trees should remain updated and accessible at all times. Each unit should designate responsible individuals to maintain digital and print copies of their calling trees. See the [Emergency Preparedness Website](#) for more information.

## **G. WeatherSTEM**

The Medical Campus Weather Station (WeatherSTEM) provides highly accurate, hyper local weather information via a web, mobile, and social media friendly interface that includes a sky-view webcam. Access the weather station at [www.miamidade.weatherstem.com/uhealth](http://www.miamidade.weatherstem.com/uhealth).

# **IV. Command & Control**

## **A. Decision Making Authority**

The University President has overarching authority on all emergency and disaster related decisions. The Senior Vice President of Health Affairs / UHealth Chief Executive Officer (CEO) has the authority to declare a Medical campus state of emergency. This declaration activates the Medical Campus Crisis Decision Team. The Senior Vice President of Health Affairs / UHealth CEO, or designee, assumes the role of Incident Commander, and maintains command unless delegated to an equally capable and qualified person.

### **Medical Campus Delegation of Authority:**

1. Senior Vice President of Health Affairs / UHealth CEO
2. Dean of the Miller School of Medicine
3. Executive Director of Public Safety
4. UHealth / MSOM Emergency Manager

See [CEMP Section VIII – B. Campus Level](#) for more information.

## **B. Medical Crisis Decision Team (CDT)**

The Medical CDT is composed of the senior-most leadership within major campus units and other subject matter experts who are requested to join the CDT on a case-by-case basis. The CDT is generally activated by public safety personnel via conference call when there is a pending threat, or immediately following a no-notice incident, which has or may cause life safety concerns, or presents a significant impact to campus operations. After being briefed on the incident, members of the CDT may be asked to operationalize protective action recommendations or alter regular operations as a result of incident impacts. See [Appendix III](#) for the CDT meeting agenda.

If an incident results in a failure of communications infrastructure and a conference call not being possible, all Medical CDT members will report to the Don Soffer Clinical Research Center – Senior Vice Presidents Office – 3<sup>rd</sup> Floor for an in-person meeting.

University-wide decisions are refined by the Medical Crisis Decision Team to align with the core functions of the Medical Campus and Health System. The Medical Campus and UHealth community will be notified of decisions made by the CDT by any or all of the following communication mechanisms including, but not limited to: ENN, e-mail, and the Rumor Control Hotline. Protective action and operational changes for the Medical Campus and UHealth facilities may differ from the Coral Gables and Marine Campus based on clinical responsibility. A primary and alternate representative from the following units are included on the Medical CDT:

### Medical Campus Crisis Decision Team Units

- Senior Vice President’s Office
- Medical Dean’s Office
- Facilities / Physical Plant
- Public Safety / Emergency Management
- Healthcare Services
- Communications & Marketing
- Medical Education
- Information Technology
- Veterinary Resources (DVR)
- Faculty Affairs
- Human Resources
- Research, Research Education, and Innovative Medicine

#### *Subject Matter Experts – Called Upon as Needed*

- Environmental Health and Safety
- Radiation Control
- Epidemiology and Public Health
- Business and Finance

#### *University – Wide / Other Campus Representatives*

- University President
- Executive Vice President & Provost
- Senior Vice President for Business and Finance / CFO
- Vice President for Budget & Planning
- Vice-President for Real Estate and Facilities
- Vice President for Human Resources
- Director of Emergency Management
- RSMAS Campus Safety & Emergency Management

### C. Campus Command Post / Hospital Command Centers

The Medical / UHealth Campus Command Post serves as the centralized location for decision making and information coordination. The Command Post will be activated as needed based on the response structure, hazards and complexities of each incident. Additionally, depending on the nature of the incident, each hospital may also activate their Hospital Command Center.

See [Appendix X](#) for the Medical Command Structure.

### D. City of Miami Emergency Operations Center

The University of Miami has a dedicated seat at the City of Miami Emergency Operations Center (EOC). The UM representative at the City of Miami EOC will support on-campus operations by assisting with information coordination with governmental and non-governmental partners and facilitating requests for additional resources, if needed.

## V. Response

Response focuses on immediate actions to save lives, stabilize impacts, continue critical functions, and protect property. Response also includes the execution of emergency plans and actions as the Medical Campus and UHealth transition into short-term recovery.

### A. Threat Assessment

Public Safety Officials in coordination with Medical Leadership rapidly assess threats with the potential to affect life safety or operations on the Medical Campus or at UHealth facilities. Public Safety Officials will consult with partner local, state, and federal law enforcement and intelligence entities to evaluate the credibility of any threat received.

## 1. General Methods of Threat Communication

- Phone
- Email
- Social Media
- Conventional Media
- Person-to-Person
- Law Enforcement / Intelligence Entities
- Written Notes

## 2. Factors in Threat Assessment

- a. Specific - The threat includes detailed information on location, method (weapon), target, timeframe, and reason. Specificity can indicate that substantial thought, planning, and preparation has taken place. Details that are specific, but not logical or plausible, may indicate a less serious threat.
- b. Credible - The threat can be corroborated by examining supporting information such as subpoenaed information, University & Law Enforcement databases, and reliable source information.
- c. Actionable - Information supports the capability of executing the threat.

## 3. Threat Levels

- a. Non-Credible Threat
  - Threat is vague and indirect.
  - Information contained within the threat is inconsistent, implausible, or lacks detail.
  - Threat lacks realism.
  - Content of the threat suggests perpetrator(s) is unlikely to carry it out.
- b. Elevated Threat
  - Threat is direct and feasible.
  - Wording in the threat suggests the perpetrator(s) has given some thought to how the act will be carried out.
  - Threat includes a general indication of a possible place and time (though these signs still fall well short of a detailed plan).
  - There is no strong indication that the perpetrator(s) has taken preparatory steps, although there may be some indirect reference pointing to that possibility.
  - There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!" or "I really mean this!"
- c. Imminent Threat
  - Threat is direct, specific, and realistic.
  - Perpetrator(s) provides his or her identity.
  - Threat suggests concrete steps have been taken toward carrying it out.
  - Perpetrator(s) makes statements indicating they have acquired or practiced with a weapon or have had the victim(s) under surveillance.

The initial level assigned to a threat does not preclude the future escalation or de-escalation of the threat level if new information is made available. If Public Safety Officials classify the threat as “imminent,” and there is an immediate danger to life safety, then an emergency alert will be issued. The Medical CDT will then be briefed on the threat assessment, actions implemented, and then provided with additional protective and operational recommendations for consideration.

## B. Protective Actions

The nature and scope of an incident or threat will play a significant role in dictating what protective actions are implemented to ensure the safety of the Medical / UHealth community in the impacted area. Protective actions in response to emergency incidents or threats generally include one of three options: shelter-in-place, localized evacuation, or

temporary closures. For additional information on the general “Protective Actions” described below see [UM CEMP – Section XII. Response – E. Protective Actions](#).

**1. Shelter-In-Place**

Shelter-In-Place is the immediate securing of students, faculty, and other community members in the building or area they are currently occupying.

**2. Evacuation**

The leadership of each individual unit is responsible for ensuring every employee within their respective unit is aware of their evacuation plan and evacuation assembly area. Evacuation Assembly Areas are identified in the figure below and broken down by building in [Appendix V – Evacuation Sites](#).

**3. Temporary Closure (Stay Away)**

Temporary closure is the cancellation of all non-essential functions and events until further notice. This protective action is aimed to keep students, faculty, staff, and visitors safe by keeping them out of the impacted area and away from emergency response operations.

In an effort to foster a uniform University-wide response to emergency incidents, units should not independently alter their operations unless there is an immediate risk to life-safety. During an emergency incident, it is the responsibility of Emergency Management to closely monitor the incident status and to coordinate with the Medical CDT regarding implementation of protective actions or significant changes to campus operations.

**C. Declaring a Campus State of Emergency**

The University President or Senior Vice President for Health Affairs / UHealth CEO, or designee, will determine if a state of emergency will be declared for the University of Miami Medical Campus and UHealth system. Once a Campus State of Emergency has been declared, the Medical Campus Emergency Operations Plan (EOP) and the University’s Comprehensive Emergency Management Plan (CEMP) will be implemented. As a result of the incident, employees and resources may be utilized for tasks outside of their normal scope of operations. All units will be required to implement their unit emergency procedures as well as take whatever prudent actions are necessary to protect the health, safety, and welfare of the University of Miami Medical Campus community and prevent damage to University property.

See [Appendix IV](#) for the Medical Campus Emergency Declaration Template.

**D. Damage Evaluation**

The Damage Evaluation Task Force is responsible for conducting a preliminary damage and safety evaluation of the campus after an emergency or disaster. The Task Force will not initiate operations until the order is issued by the Crisis Decision Team. The Task Force will initially focus on providing a broad snapshot of impacts sustained at a campus level. Each Hospital has a damage evaluation process integrated into their existing standard operating procedures. Support will be provided to each hospital based on resources available and recovery priorities as identified by the Medical CDT.

**1. Goals and Objectives**

- a. Take general photos of all buildings and building systems (including undamaged areas).
- b. Take detailed photos of all building areas and systems which have sustained impacts.
- c. Obtain preliminary building status information.
- d. Determine whether it is safe for additional employees to return to Campus.

**2. Damage Evaluation Task Force Members**

- a. Medical Public Safety / Emergency Management
- b. Physical Plant
- c. Office of Environmental Health & Safety
- d. Debris Removal (FEMA Category A) Vendor – SFM Services, Inc.
- e. Emergency Protective Measures (FEMA Category B) Vendor – National Group & Super Restoration

**3. Key Safety Precautions**

- a. Task Force members will always operate in teams of two or more.
- b. All Task Force Teams must maintain radio contact with the Public Safety Communications Center.
- c. All Task Force members will wear closed toe shoes and long pants.
- d. Additional personal protective equipment will be utilized based on the hazards present as a result of the incident.

**4. Action Steps**

- a. The Damage Evaluation Task Force will meet prior to leaving the on-campus temporary staging center. Damage Evaluation Task Force members not pre-staged on the Medical Campus will contact the Public Safety Communications Center or Medical Campus Command Post for information on when to report.
- b. The Damage Evaluation Task Force will utilize the Damage Evaluation Form (see [Appendix VI](#)) to document all impacts observed during their survey.
- c. Each Damage Evaluation Task Force Team will be assigned a specific geographic area and buildings to survey.
- d. Task Force Teams will conduct an initial exterior evaluation of all buildings in the assigned area and, if deemed safe to do so, will enter buildings and conduct an interior evaluation.
- e. The Task Force will gather information on all facilities and then develop a recommendation for the Medical CDT on whether additional essential employees can be allowed to return or if there are safety hazards which would prevent re-entry.
- f. The Task Force will provide an initial damage evaluation report and preliminary recovery objectives to the Medical CDT. The Medical CDT will develop the initial response and recovery plan and will forward information to the University EOC (if activated).



## 5. Specific Systems / Areas to be Evaluated

At a minimum, the following systems, areas, and functionalities will be surveyed as part of the initial damage evaluation process:

### a. Building Impacts

- Roof
- Windows
- Walls
- Hardscaping (i.e. walkways, fences, sidewalks, etc.)
- Building Amenities (i.e. fountains, art, plazas, etc.)
- Drainage (i.e. storm water, gray water, black water, etc.)
- Interior Support Structures
- Water Intrusion
- Landscaping
- Underground Utilities
- Debris

### b. Systems Impacts

- Electrical Systems
- Emergency Generator(s)
- HVAC Systems
- Water/Sewer Systems
- Fuel Systems
- Fire Alarm Systems
- Fire Suppression Systems
- Elevators
- IT & Communications
- Security Systems
- Medical Gas Systems

## E. Situation Report Updates

All major units with representatives on the Medical CDT must provide a situation report as of 2:00 PM to the Command Post no later than 3:00 PM each day that the Command Post is activated. These situation reports should include:

- Current Response / Recovery Actions
- Operational Status (impacts to labs, offices, clinical areas, etc.)
- Significant Events
- Personnel / Staffing Issues
- Resource(s) Requested

## F. Access Control

Only essential personnel will be allowed on campus until the Medical CDT has determined limited or normal campus operations can resume. Any Medical employee working on-campus during the response and recovery phase must have their ID Badge on display at all times. Contractors working on-campus will be properly uniformed and/or displaying company issued ID. All personnel entering and leaving campus will be required to sign in/out with their respective supervisors.

## G. Perimeter Control

As a result of increased security vulnerability following a major incident, the enhanced perimeter access control procedure (displayed below) may also be implemented. The procedure focuses on securing buildings and areas which are either temporarily closed or have minimal staffing. The eastern and southern borders of the campus have been identified as the areas of greatest concern. Increased patrols and added perimeter public safety posts will be implemented to mitigate the potential threat of looters and trespassers attempting to enter the campus post-incident.

## VI. Recovery

Recovery is the development, coordination, and execution of service and site-restoration to its pre-disaster state, and development of initiatives to mitigate the effects of future incidents.

### A. Debris Removal – FEMA Category A

The following vendors have been contracted with to provide debris removal and monitoring services for the Medical Campus:

Debris Removal:           SFM Services, Inc.  
 Debris Monitoring:       Florida Disaster Consulting, Inc.

The diagram below divides University property on the Medical Campus based on debris removal priority. The Debris Removal vendor will utilize this diagram as primary guidance for operations unless otherwise directed by the Medical Campus Command Post.

The pre-authorized disaster debris management site (DDMS) is also identified in the diagram below and is located at: Redacted

Specific accounts are in place for tracking costs related to construction and vegetative debris removal for the Medical Campus. Costs associated with debris removal (FEMA Category A) must be tracked separately from those associated with emergency protective measures (FEMA Category B).

See [Appendix VIII](#) for disaster recovery account numbers.

### B. Building Recovery Priority List

Emergency Management, in coordination with Facilities and Support Services, has reviewed all Medical Campus buildings and developed a recovery priority list to assist with the deployment of resources to stabilize and restore critical services to buildings that sustained impacts because of a disaster. The list places primary emphasis on the resumption of critical clinical operations and protection of research samples, experiments, and high value equipment. The priority list serves as a guideline for campus recovery and alterations may be made based upon the incident impact.

See Building Recovery Priority List – [Appendix VII](#)

### C. Emergency Protective Measures – FEMA Category B

Emergency protective measures are taken before, during, and after a disaster to eliminate/reduce an immediate threat to life, public health, or safety. Protective measures also serve to eliminate/reduce an immediate threat of significant damage to public and private property through cost-effective measures. Agreements are in place with the following emergency protective measures vendors:

- National Group
- Super Restoration
- Belfor Property Restoration

These vendors are responsible for the implementation of emergency protective measures at Medical Campus and UHealth facilities, and procuring approved response and recovery resources.

Emergency Purchase Orders are also in place to procure resources and services that cannot be provided by these vendors. All requests for resources from an emergency protective measures vendor or via an emergency purchase order must be routed through the Medical Campus Command Post. For a comprehensive list of Emergency Purchase Orders contact the [Medical Campus Emergency Manager](#) or [Purchasing](#).

Permanent repair, demolition, and reconstruction of facilities and infrastructure are the responsibility of Physical Plant in coordination with the University Real Estate and Facilities Division.

See [Appendix VIII](#) for building specific disaster recovery account numbers.

## **D. Utilizing UReady Plans**

UReady plans are designed to support a unit's ability to restore or sustain critical operations following an emergency or disaster impacting their space, employees, equipment, and information. Well-developed UReady Plans include:

- Employees who may work from home
- Minimum requirements for continued operations
- Emergency contact information for employees
- IT systems required to support critical operations
- An overview of critical equipment and supplies
- Methods for coping when lacking key resources
- Photo documentation of all work spaces and equipment

## **E. Campus Re-Entry**

After the Damage Evaluation Task Force has determined the campus or a specific building(s) is safe for re-entry, faculty and staff designated as essential within Workday will be allowed to return. Essential personnel must be pre-designated by their supervisors within Workday prior to re-entry. Extreme caution will be exercised when initially entering all facilities and safety hazards must be immediately reported to Public Safety Communications Center (305-243-6000). Photos should be taken of all workspaces prior to initiating cleanup or recovery operations. Non-essential personnel will not be allowed on campus until it has been deemed safe and the Medical CDT determines the campus is prepared to resume normal operations.

## **F. Emergency Fuel for Employees**

Fuel for essential employees' personal vehicles may be provided by the University if fuel stations are significantly impacted. Additional information can be found in Department of Public Safety Standard Operating Procedure *E-028 – Employee Emergency Fuel Plan*.

## **G. Alternate Workspace**

Immediately following an incident, units/sub-units will coordinate with Space Management to identify appropriate temporary work locations for displaced departments / employees. Once an appropriate location has been identified, Facilities and Operations, Information Technology, and other support departments will facilitate the set-up of temporary workspace.

See [Appendix IX](#) for a list of alternate work spaces.

## **VII. Response/Recovery Roles & Responsibilities**

Disaster roles and responsibilities assigned to specific units are outlined below. Additional responsibilities may be assigned to any unit by the Incident Commander.

### **A. All Departments / Divisions**

- Supervisors review essential personnel designations in Workday and update as needed
- Conduct a review of existing plans including UReady plans
- Ensure photo-documentation of all offices, laboratories, and equipment has been completed and properly saved in the UReady plan
- Ensure all employees are familiar with the [University Emergency Guide](#) (contact the [Emergency Manager](#) to obtain a copy for your workspace)

### **B. Medical Crisis Decision Team**

- Support decision making on the following topics:
  - Campus Closures
  - Building Evacuations
  - Operational Changes / Cancellations
  - Service Resumption Timeline
  - Internal and External Communications

### **C. Public Safety / Emergency Management**

- Provide protective action and operational recommendations to the Medical Crisis Decision Team (CDT)
- Coordinate response and recovery efforts among clinical, research, and academic units
- Ensure ongoing coordination with municipal, County, State, and Federal agencies supporting incident response and recovery
- Ensure the safety and security of Medical/UHealth facilities
- Coordinate debris removal and emergency protective measures with designated vendors
- Activate and coordinate staffing of Medical Emergency Information / Rumor Control Hotline
- Coordinate activation of Medical Campus Command Post
- Develop Situation Report(s) and Incident Action Plan(s)

### **D. Facilities and Support Services**

- Implement facility protective measures for advance notice incidents
- Ensure ongoing functionality of all redundant and back-up emergency systems
- Manage preparation, response, and recovery operations with emergency protective measures vendor(s)
- Provide direct oversight of Debris Removal and Debris Monitoring vendors
- Lead Damage Evaluation Task Force and provide recommendations to Medical CDT on facilities ready to resume critical and normal operations

### **E. Environmental Health and Safety**

- Identify and mitigate environmental hazards before, during, and after a disaster
- Provide a dedicated staff member to serve as Safety Officer

## **F. Information Technology**

- For advance notice incidents, provide the Medical community with pre-impact data back-up recommendations
- Provide computers, telephones, printers, scanners, and IT infrastructure to support Medical Campus Command Post operations
- Update the Medical CDT on issues that may result in significant operational impacts
- Coordinate IT related messaging with University Communications

## **G. Communications**

- Disseminate information before, during, and after a disaster to employees, students, and the community to ensure individuals remain informed over the incident lifecycle
- Develop and manage of methods of emergency communication that clearly differentiate messaging from routine communications
- Coordinate all messaging with University Communications
- Identify and train designated Public Information Officer(s)
- Develop materials for use in media briefings by senior leadership
- Develop media releases
- Develop and monitor social media messaging
- Monitor media reporting for accuracy
- Manage and respond to media and public inquiries

## **H. Human Resources**

- Provide staff/employees with information regarding disaster pay
- Resolve any disputes between employees
- Ensure Essential Employees understand their roles and responsibilities

## **I. Hospital and Clinical Operations**

All hospitals including University of Miami Hospital, University of Miami Hospital and Clinics (Sylvester Comprehensive Cancer Center and Bascom Palmer Eye Institute/Anne Bates Leach Eye Hospital), and hospital based clinical practices will implement hospital specific plans as dictated based on the nature of the incident.

## **VIII. Reference and Support Documents**

- University of Miami Comprehensive Emergency Management Plan
- University of Miami Health System and Miller School of Medicine Hurricane Guidelines
- UMH Emergency Operations Plan
- UMHC-SCCC Emergency Operations Plan
- BPEI-ABLEH Emergency Operations Plan
- UHealth and Miller School of Medicine Public Safety Standard Operating Procedures
  - E-015 – Emergency Notification (Immediate Notification – ENN)
  - E-020 – Building Occupancy During Hurricanes
  - E-022 – Evacuation and Evacuation Sites (Primary and Alternate)
  - E-028 – Employee Emergency Fuel Plan
- 2015 Hurricane, Wind, and Flood Risk Assessment

## **IX. Additional Resources**

- UHealth Public Safety –Preparedness & Disaster Resiliency  
<http://publicsafety.med.miami.edu/preparedness-disaster-resiliency>
- University of Miami Office of Emergency Management  
<http://www.miami.edu/prepare>
- Research, Research Education and Innovative Medicine – Emergency Preparedness  
<http://research.med.miami.edu/discovery-research/discovery-preparedness>  
<http://research.med.miami.edu/clinical-research/clinical-preparedness>
- Michael S. Gordon Center for Research in Medical Education  
<http://www.gcrme.miami.edu/>
- City of Miami Office of Emergency Management  
<http://www.miamigov.com/EmergencyManagement/>
- Miami-Dade County Office of Emergency Management  
<http://www.miamidade.gov/fire/emergency-management.asp>
- Miami-Dade County ArcGIS Platform  
<http://gisweb.miamidade.gov/flipper/>
- Ready South Florida  
<http://readysouthflorida.org/>
- Florida Power and Light  
<http://www.fpl.com/powertracker>  
<http://www.fpl.com/outage> or 800-468-8243
- Florida Division of Emergency Management  
<http://www.floridadisaster.org/>
- Federal Emergency Management Agency – Ready Campaign  
<http://www.ready.gov>
- National Hurricane Center  
<http://www.nhc.noaa.gov/>

## **X. Appendix I – Emergency Power**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XI. Appendix II – Building Mitigation**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XII. Appendix III – Crisis Decision Team Meeting Agenda Template**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XIII. Appendix IV - Emergency Declaration Template**

### **DECLARATION – CAMPUS STATE OF EMERGENCY**

WHEREAS, the University of Miami Medical Campus on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ has suffered widespread or severe damage, injury, or loss of life or property (or there is imminent threat of the same) resulting from \_\_\_\_\_ and;

WHEREAS, the Senior Vice President for Health Affairs or his/her Crisis Decision Team (CDT) designee has determined that extraordinary measures must be taken to ensure the safety of faculty, students, staff and the general public, and to prevent, reduce or repair damage to University property;

NOW, THEREFORE, BE IT PROCLAIMED BY THE SENIOR VICE PRESIDENT FOR HEALTH AFFAIRS:

1. That a state of emergency is declared for the University of Miami Medical Campus, which includes the Miller School of Medicine and the UHealth system.
2. That the Medical Campus Emergency Operation Plan (EOP) has been implemented, inclusive of the University's Comprehensive Emergency Management Plan (CEMP).
3. That all units with a role in ensuring the safety of the community, through the Incident Commander, are hereby ordered to implement unit emergency procedures as applicable, or take whatever prudent actions are necessary to protect the health, safety, and welfare of the University of Miami Medical Campus community and prevent damage to University property.
4. That this campus state of emergency shall continue for a period of not more than seven days of the date hereof, unless the same is continued by consent of the Senior Vice President and Dean or his Crisis Decision Team (CDT) designee.
5. That this proclamation shall take effect immediately from its issuance.

ORDERED this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Edward Abraham, MD  
Executive Vice President for Health Affairs  
CEO of UHealth  
University of Miami

ATTEST:

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## **XIV. Appendix V – Evacuation Areas**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XV. Appendix VI – Damage Evaluation Form**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XVI. Appendix VII – Building Priority List**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## **XVII. Appendix VIII – Disaster Account Numbers**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

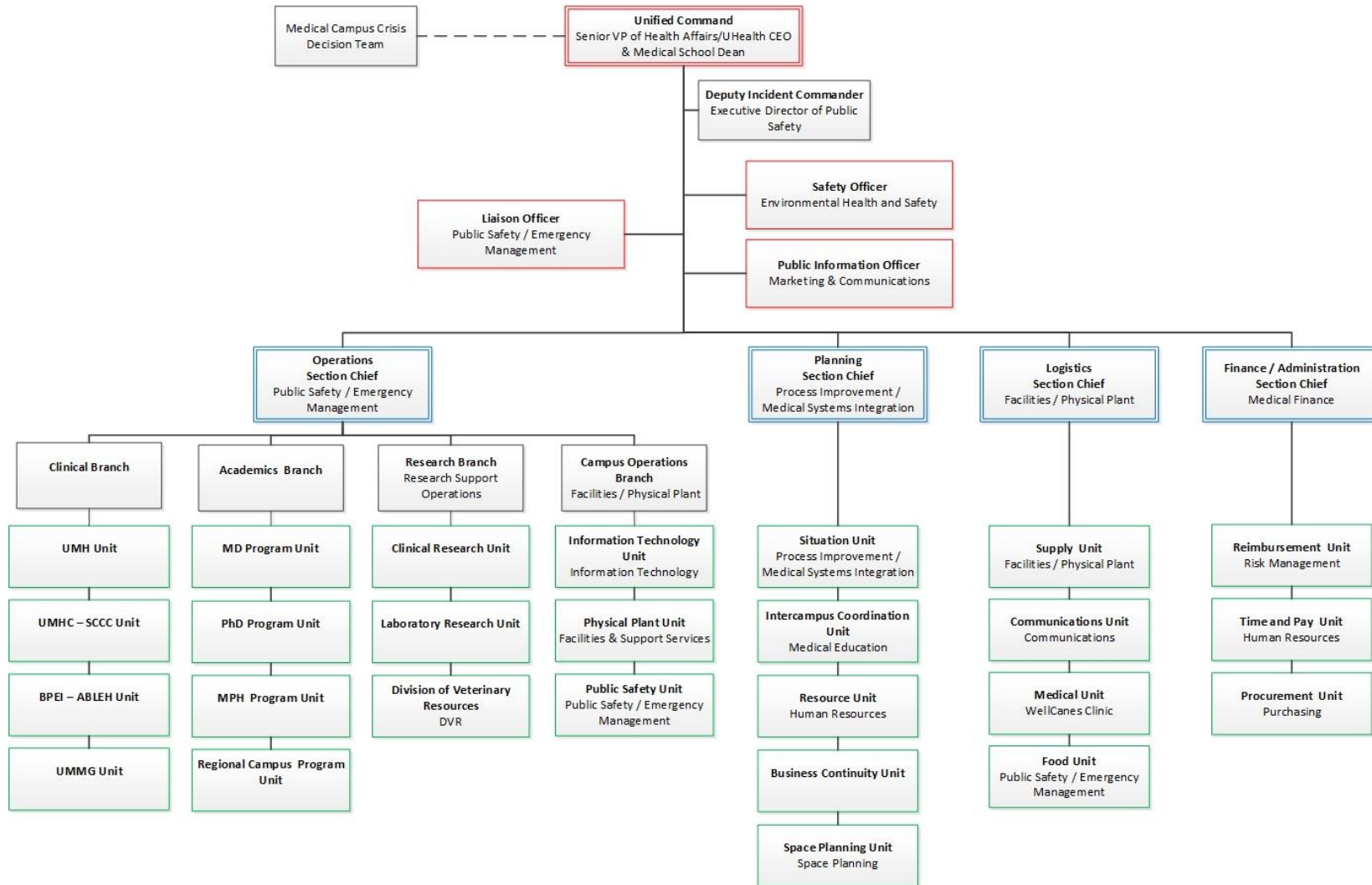
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## **XVIII. Appendix IX – Alternate Workspaces**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

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## XIX. Appendix X – Medical/UHealth Command Structure



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This document has been prepared by the University of Miami Health System and Miller School of Medicine Department of Public Safety – Emergency Management Division.

Please direct any questions, comments, or feedback to the Medical [Emergency Manager](#).



## **Appendix XX UMHC – Tower Emergency Operations Plan**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment

## **Appendix XXI UMHC Sylvester Comprehensive Cancer Center Emergency Operations Plan**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment

## **Appendix XXII UMHC Bascom Palmer Eye Institute (BPEI)-Anne Bates Leach Eye Center Emergency Operations Plan**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment

## **Appendix XXIII BPEI at Palm Beach Gardens Emergency Operations Plan**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment

## **Appendix XXIV BPEI at Naples Emergency Operations Plan**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment

## **Appendix XXV UMHC Lennar Foundation Medical Center**

The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Emergency Manager for more information.

See Attachment