

Blanket Carry:

- 1) Four persons are required for this carry.
- 2) Use two blankets, or one blanket and two sheets for added strength.
- 3) Place the blankets, or the blankets and sheets on the floor.
- 4) Roll from both sides toward the center, leaving only enough room for the patient's body.
- 5) Place the patient on the blankets
- 6) Lift and carry the patient, with one person supporting each side of the head and chest, and one person supporting each side of the hips and legs.
- 7) If moving up or down a stairway, ensure patient's feet point toward the bottom of the stairway.

Packsaddle Carry:

- 1) Two persons are required for this carry.
- 2) Each person grasps his left wrist with his right hand.
- 3) Each person now grasps the right wrist of the other person with the free left hand, forming a saddle.
- 4) Each person lowers himself enough to position the saddle under the patient's buttocks.
- 5) Instruct the patient to place his arms around their necks or shoulders for support before they rise to an upright position.

Four-Hand Carry:

- 1) Two persons required for this carry.
- 2) One person positions himself on each side of the bed.
- 3) Each person positions one arm and hand under the patient's back, just below the patient's armpits, and grasps each other's wrists.
- 4) Each person positions the other arm and hand under the patient's knees and upper thighs, and grasps each other's wrist.
- 5) The patient is lifted, walked to and lifted over the foot of the bed, and carried to the relocation point.

Fireman's Carry:

- 1) One person required for this carry.
- 2) Turn the patient and, by placing your hands under the patient's armpits, work him up to his knees.
- 3) Support the patient with your right arm around his waist, and grasp his right wrist with your left hand.
- 4) Raise the patient's right arm over your head, and bend until you can pull the patient's arm over and down your left shoulder.
- 5) Pass your right arm between the patient's legs and grasp the rear of his right knee with your hand.
- 6) Stand up with the patient lying across your shoulders.

- 7) Grasp the patient's right wrist with your right hand, leaving your left hand free.

Arms Carry:

- 1) One person required for carry.
- 2) Move patient to edge of bed nearest you.
- 3) Position one arm under patient's knees and one arm under patient's armpits.
- 4) Lift and carry.

Neck Drag Carry:

- 1) One person required for carry.
- 2) Tie patient's wrists together.
- 3) Lay patient on floor on his back.
- 4) Straddle the patient, on all fours, with your head toward the patient's head.
- 5) Lift patient's wrists over your head, with his tied hands at the back of your neck.
- 6) Crawl forward on all fours, dragging the patient.

Note: This carry is particularly good in removing a patient from a smoke-filled room, since there is less smoke near the floor. However, this method should not be used on stairs.

Mattress Drag Carry:

- 1) Two or more persons required for carry.
- 2) Secure patient on mattress with bed sheets.
- 3) Lift mattress off of bed frame on to floor.
- 4) Drag mattress with patient, feet first using stairwell
- 5) Additional assistance on stairwells for turning corners etc. will be necessary.

Note: This carry should be used only when other appropriate carries are not feasible.

B. External Transportation for Patients

1. If a complete hospital evacuation is necessary and ordered by an appropriate authority, all hospital owned vehicles shall be used, and employees who have completed their assignments in the evacuation of patients will be requested to bring their vehicles to the assembly area, either in the Ambulatory Care Parking Lot or to the Physician's Parking Lot adjacent to AHEC.
2. Additional transportation will be required, especially trucks for patients who are not capable of sitting upright in automobiles. Transportation assistance can be obtained through the following actions:
 - a. The hospital Director, or senior administrative representative present shall notify the Director of Civil Defense and request sufficient vehicles to transport patients to the relocation site. An approximate number and types, (ambulatory, stretcher)

of patients shall be provided to the Director of Civil Defense. Contact shall be made as follows:

	<u>Office</u>	<u>Home</u>
Colonel Ben Washburn Director, Civil Preparedness	763-7555	762-3452

- b. In the event the Director of Civil Defense cannot be reached, the hospital Director or senior administrative representative present has been delegated authority by the Director of Civil Defense to initiate such calls as are necessary to start evacuation procedures and obtain transportation.
- c. If contact cannot be established with the Director of Civil Defense, the hospital Director or senior administrative representative shall make, or cause to be made, contact with as many of the following firms as necessary to obtain the number and types of vehicles necessary. Each firm or agency called should be advised as to which relocation point for patients is to be utilized. An approximate number and types of vehicles available at the firms is included:

<u>Name of Firm</u>	<u>Telephone</u>	<u>Vehicles</u>
Mr. W. B. Pridgen (Yellow Cab)	762-4464	23 cabs 4 (11 seat) buses 2 cadillacs 3 (49 seat) buses 1 (39 seat) bus
Greyhound Bus Lines	762-6628	17 buses
Wilmington Transit Auth.	343-0106	19 buses
N.H. County Schools	762-8861	160 buses 5 Staff Cars
		22 (1/2, 1 & 2 ton trucks)
Leland Rescue Squad	371-2444	
Ogden Rescue Squad	791-8113	
N.H. Volunteer Rescue Squad	799-5820	

Additional Transportation may be obtained from the following:

U.S. Post Office	763-9071
U.S. Army Reserve	763-8264
U.S. Navy Reserve	762-9675
Farrar Transfer & Sto.	762-5317
Spector Freight System	762-5281
Overnight Transportation	791-6921
Pilot Freight	762-9631

Other companies available under "Moving and Storage in Yellow Pages. If offices are closed, City Police and Sheriff's Department should be able to reach managers.

IX. Traffic Control

A. Internal Traffic

1. Partial Floor Evacuation - If this type of evacuation has been ordered by an appropriate authority, the Security Department shall ensure that one or more officers report to that floor for the purpose of controlling traffic and maintaining order during the evacuation.
2. Complete Floor Evacuation
 - a. If this type evacuation has been ordered by an appropriate authority, and the area involved is the service floor or the first floor, Security Officers assigned to these floors shall control traffic and maintain order during the evacuation.
 - b. If the area being evacuated is the second floor, or any higher floor, the senior nursing service representative assigned to the area being evacuated shall be responsible for control of traffic on that floor, and further traffic control shall be accomplished in conjunction with the Security Department as follows:
 - 1) During Normal Working Hours
 - a) Business Office - Provide two employees for each patient care floor, to be stationed just outside each exit to the stairway for traffic control. If evacuees from higher floors are on the stairway, patients should be merged in order to maintain an orderly flow. Patients should be instructed to walk rapidly, holding onto handrails, and cautioned not to run.
 - b) If elevators are capable of being operated, the Security Department shall provide enough employees to control elevators with keys. These elevators will make continuous runs to the floor being evacuated until evacuation is complete and shall then be taken to the next floor to be evacuated according to the announcements.
 - c) Security Officers will be stationed on the service floor and first floor to maintain order and direct traffic flow of evacuees, and to prevent visitors or curiosity seekers from entering the building.

2) Outside Normal Working Hours

- a) The senior administrative representative present shall assign at least one hospital employee to each stairwell to control traffic as outlined under Traffic Control, page 74.
- b) The senior administrative representative present shall, if possible, assign one employee to each elevator for control as outlined under Traffic Control (2-b above).
- c) Security Officers will be stationed on the service floor and first floor to maintain order and direct traffic flow of evacuees, and to prevent visitors and curiosity seekers from entering the building.

3. Hospital Evacuation

- a. If this type evacuation has been ordered by an appropriate authority, the internal flow of traffic shall be controlled as outlined in the preceding section on "Complete Floor Evacuation", page 74.
- b. In addition to control of internal traffic, the external traffic control measures outlined in the following section shall be implemented.

B. External Traffic

1. If the type of evacuation ordered by an appropriate authority is a complete hospital evacuation, the senior administrative representative present shall request assistance from the city police department, sheriff's department, and the State Highway Patrol, if needed.

	<u>Phone</u>
City Police Department	762-9641
Sheriff's Department	762-5228
State Highway Patrol	791-5311

2. If the point of relocation is designated to be the primary location, University of North Carolina-Wilmington, the route for traffic will be as follows:
 - a. Left on 17th Street to Shipyard Boulevard.
 - b. Left on Shipyard Boulevard to College Road (N.C. 132) and proceed North to the first entrance to UNC*W.
 - c. One officer would be required at each of the following locations:

 Loading Area
 Hospital Exit and 17th Street
 Corner of Shipyard Boulevard and 17th Street
 Corner of Shipyard Boulevard and College Road
 UNC-W Entrance and College Road

3. If the point of relocation is designated to be the secondary location, John T. Hoggard High School, the route for traffic will be as follows:

- a. Left on 17th Street to Shipyard Boulevard.
- b. Left on Shipyard Boulevard to the first entrance to Hoggard High School off Shipyard Boulevard.
- c. One officer would be required at each of the following locations:

Loading Area
Hospital Exit and 17th Street
Corner of Shipyard Boulevard and 17th Street
Corner of Shipyard Boulevard and College Road
Hoggard Entrance and Shipyard Boulevard

X. Roll Call

- A. If the type evacuation involved is a partial floor evacuation, the senior hospital employee present who is assigned to the area involved shall cause a roll call to be held to ensure that all patients and employees are accounted for.
- B. If the type evacuation involved is a complete floor evacuation, the senior hospital employee present who is assigned to the floor involved shall cause a roll call to be held to ensure that all patients and employees are accounted for.
- C. If the type evacuation involved is a hospital evacuation, the senior employee of each department who is present at the time shall cause a roll call to be held to ensure that all employees are accounted for. The senior nursing service representative assigned to each patient care area shall cause roll calls to be held as frequently as necessary during the several phases of evacuation to ensure that all patients are accounted for. These roll calls should be held at least once in the assembly area, and once at the relocation site. Patients from each service shall be assembled in the same area and an effort shall be made to keep these patients together throughout the move.

Note: Upon completion of any type of evacuation, the senior administrative representative present shall ensure that all appropriate areas of the hospital have been evacuated.

XI. Evacuation of Patient's Records

- A. Patient's Charts - If the evacuation ordered is either a complete floor evacuation or a hospital evacuation, the patient's chart shall be given to the patient if he or she is able to care for it, or given to the person assisting in that patient's evacuation if the patient is helpless. If only a partial floor evacuation is ordered, and the area containing the charts is endangered, the senior nursing service representative shall cause the charts to be relocated to a safe point.

- B. Kardex - If a complete floor evacuation or hospital evacuation is ordered, or if the Kardex file is endangered, the senior nursing service representative shall cause the Kardex file to be evacuated or relocated to a safe point.

XII. Equipment and Supplies

- A. Although removal of substantial amounts of medical supplies and equipment from the facility may often be impossible, consideration must be given to carrying essential pieces of equipment and items of supply from the hospital to the relocation point for evacuated patients. Department Heads shall plan in advance what items of equipment and supplies should be evacuated from their particular areas of responsibility. Priorities should be established giving consideration to the time available and ensuring that higher priority items are evacuated first. These lists shall be made a part of departmental disaster plans. Plans should include, but not be limited to, evacuation of the following types of equipment and supplies.

1. Pharmacy

Serum Albumin	Common Usage Drugs
Narcotics	Alcohol and Antiseptics

2. Central Service

Dextrose 5% in water	Prep Trays
Normal Saline	Tracheotomy Trays
Plasmalyte M, D5	Venesection Trays
Lactated Ringers	Irrigation Saline
D5, .02½ Saline	Irrigation Water
IV Sets	Lap Packs
Blood Admin. Sets	Sheets
Foley Catheter Trays	Gowns
Robinson Catheter Trays	4 x 4's; 2 x 2's
Irrigation Trays	ABD's
All Disaster Carts	Thermometers
Suction Catheters	Xeroform & Furacin
Burn Linen	Plaster Bandages
Ace Bandage	Felt
Kling	Stockinette
Orthopedic Cart	Overhead Frames
Thomas Splints	Electric Suction
Foster Frames	Dialysis Set-Up & Fluids

3. Laboratory

Whole Blood
Equipment and Supplies Usable in Another Building

4. Engineering

Tools

5. Food Service

Easily Prepared Foods	Plastic Eating Utensils
Paper Plates	Napkins

6. X-Ray

Portable Equipment	Developing Supplies
Film & Cassettes	Patient Transporting Equip.

7. Laundry & Linen

All Bed Pack Carts	Excess Clean Linen
All Auxiliary Linen Carts	

8. Emergency Room

Suture Sets	Defibrillators
Instruments	Routine Drugs
Sphygmomanometers	Portable EKG
Splinting Material	Otoscopies/Ophthalmoscopes
Casting Materials	Crash Cart
Stethoscopes	
Exchange Central Service Cart	
Regular Supply Cart from Exam Room	
Portable Patient Transporting Equipment	

9. Recovery & Anesthesia

Recovery Stretchers	
Anesthesia Supplies	

10. Dialysis Unit

Crash Cart	
One Kidney Machine, (with special water fitting)	

11. 7-NP

Leather Restraints	
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12. Nursing Departments
 - a. All Floors

Patient's Charts	Otoscopies
Patient's Medication	Crash Carts
Stethoscopes	Dressing Carts
Sphygmomanometers	Medicine Tickets

 - b. ICU/CCU

Datascope Defibrillator (Battery)	
Cardioverter Defibrillator (Electric)	
All Demand Pacemakers (Battery)	
Asynchronous Pacemaker (Battery)	
Portable O ₂ Tanks	Rotating Tourniquet
Doppler	Medications
Visomonitor	

c) Operating Room

Instrument Sets	Sterile Packs
Sterile Drapes	Suture Materials

d) Delivery Room

Sterile Delivery Set-ups
Patient Transporting Equipment
Maternity Care Kits

e) Other Nursing Areas

Such equipment and supplies considered essential which could be utilized at the point of relocation.

13. Other Departments

All portable equipment and supplies essential to their operation which could be used at point of relocation.

- B. Linen personnel shall deliver a cart filled with bath blankets and thermal blankets to whichever exit is being utilized in taking patients to the loading area.
- C. Emphasis shall always be placed upon evacuation of patients prior to attempting evacuation of equipment and supplies.

XIII. Family Notification

- A. As soon as the urgency of the situation permits, families of all evacuated patients shall be notified. Employees in the Admitting Office shall be responsible for making these notifications and will be supplied patient evacuation information as early as possible.
- B. If the hospital telephones are not in operation, Admitting Office personnel will be sent to the nearest building having telephone service and the evacuation information will be relayed to them by messenger.
- C. It shall further be the responsibility of Admitting Office personnel to remove necessary records providing information regarding patients' relatives and telephone numbers if the hospital is evacuated.
- D. If the senior administrative representative deems it necessary, local radio and TV stations shall be notified of the evacuation and requested to broadcast pertinent information.

XIV. Permission and Notification of Physicians

- A. If the situation is not urgent during a hospital evacuation, an attempt will be made to reach each patient's physician in order to obtain permission to evacuate the patient. Permission shall be obtained for all of that particular

physician's patients, without the need for individual patient identification. Physicians' answering services may be utilized in making contact with physicians.

- B. It shall be the responsibility of the Nursing Office secretarial staff to obtain permission of physicians for evacuation of patients, and to provide them with information regarding the actual location of their patients within the relocation site.

XV. Utilization of Relocation Point

A. Primary Relocation Point

1. The Primary relocation point, University of North Carolina-Wilmington located on College Road (N.C. 132). The route to this point will be as specified in paragraph B-2, page 75.
2. Upon entry of the evacuation vehicles into the first entrance of the University, the vehicles shall be directed to proceed to the loading/unloading area located at the front entrance to Trask. The Trask Coliseum is located in the southwest portion of the University Campus (see map of UNC-W, appendix 8). Upon completion of unloading, the vehicles shall be directed to leave by the second entrance onto College Road, then shall proceed back to the hospital for additional loads, if required.
3. Unloading of patients - As patients are unloaded in the area specified above, they shall be routed onto the gymnasium. The gymnasium will be divided into areas and patients and nursing personnel will be assigned an area by floor, i.e., Second floor, third floor, etc. A complete assignment of patient care areas and ancillary departments is shown on a Master Set of Trask Coliseum Floor Plans which is located in the Hospital Director's Office and a duplicate set in the Athletic Director's Office at Trask Coliseum. A smaller scale of these plans, in much less detail, is shown in Appendix 9. These assignments have been made based upon the suitability and size of certain areas to accommodate our needs and were prepared by the Physician Disaster Chairman, Hospital Disaster Chairman, Chief Engineer and Environmentalist. This building also contains classrooms with each capable of housing various departments and/or patients. Senior nursing service personnel shall direct the classification and assignment of patients to a particular classroom. Bathroom facilities are available throughout the building. A covered hallway connects the Coliseum building with the Hanover Hall building, and shall be used in the movement of patients into this building if additional space is needed. The gymnasium of the Coliseum should, however, be adequate space for handling all evacuated patients.

4. Facilities for the Operating Room, X-Ray, Laboratory, Pharmacy, Special Testing, Physical Therapy, Medical Records, Engineering Department, and Laundry shall be established in the classrooms located in the northern and southern wings of the building. Departments shall be assigned to individual classrooms by senior administrative personnel, using the Master Set of Floor Plans mentioned above.
5. Various offices and classrooms, as shown on the Master Floor Plans, shall also be used for the Public Information Center and Administrative Office.
6. The University cafeteria, located northeast of the Coliseum on the Campus, shall be assigned to the Dietary Department.

B. Secondary Relocation Point

1. The secondary relocation point, John T. Hoggard High School, is located at the corner of Shipyard Boulevard and NC 132. The route to this point will be as specified in paragraph B-3, page 76.
2. Upon entry of the evacuation vehicles into the first entrance of the high school, the vehicles shall be directed to proceed to the loading/unloading area between the gymnasium and the main building. The gymnasium is located in the southeast portion of the school lot and the main building in the northeast portion. The two buildings are connected by a covered concrete veranda. Upon completion of unloading, the vehicles shall be directed to leave by the second entrance onto Shipyard Boulevard, then shall turn right and return to the hospital for additional loads, if required.
3. Unloading of patients - As patients are unloaded in the area specified above, they shall be routed to the ROTC building, located on the central western portion of the school grounds. This building contains twenty-eight classrooms on the lower floor and twenty-eight classrooms on the second floor, with each classroom capable of housing approximately eight patients. Senior nursing service personnel shall direct the classification and assignment of patients to a particular classroom and all classrooms on the first floor shall be utilized prior to use of the rooms on the second floor. Bathroom facilities are available on each floor. A covered hallway connects the ROTC building with the main building, and shall be used in the movement of patients.
4. Facilities for the Operating Room, X-Ray, Laboratory, Pharmacy, Special Testing, Physical Therapy, Medical Records, Engineering Department, and Laundry shall be established in the classrooms located in the southern and eastern wings of the main building. Departments

shall be assigned to individual classrooms by senior administrative personnel, taking into account the amount of equipment and supplies each department was able to evacuate from the hospital.

5. The principal's office, located in the southeastern wing of the main building, shall serve as the Public Information Center.
6. The school cafeteria, located in the western wing of the main building, shall be assigned to the Dietary Department.
7. The weight-lifting room, located in the western portion of the gymnasium, shall be utilized as a temporary morgue.
8. The gymnasium shall be utilized for Purchasing's storeroom and Central Service. If the Packaged Disaster Hospital is utilized, all cases will be delivered to this area, and then routed to the proper receiving departments.

SNOW/ICE STORMS

Purpose:

While snow and ice are a rare condition in our area of the state, there have been several occasions of such in the past ten (10) years that have caused problems to this institution and its normal operations. The most recent storm demonstrated to us that there was a need in our Emergency Plans for certain measures to be established and outlined for future reference in the event of a snow and/or ice storm.

Primary areas that follow in this section include Activation of Emergency Plans, Establishment of Control Center, Duties of Control Center, Duties of Department Heads, Duties of Employees, Transportation Requests Protocol (incoming and outgoing employees) and Termination of Emergency Plans. These plans should be followed as closely as possible and changes made only as conditions warrant. Our primary concern is for our patients and, thus, the safety of all employees is considered top priority.

I. Activation of Emergency Plans:

- A. In the event that snow and/or ice should begin to fall in the Wilmington area, the Director or Administrator on Call (during off-duty hours) shall monitor the conditions continuously. He or she should pay particular attention to the weather forecast and road conditions. A frequent check with the Highway Patrol Headquarters in Wilmington will be most helpful.
- B. Should road conditions become hazardous and driving is recommended only in case of emergency, the Director or the Administrator on Call (during off-duty hours) may declare the activation of these Emergency Plans and initiate phone calls to the appropriate administrative staff for assistance.

II. Establishment of Control Center

- A. Once the decision has been made to activate the Snow/Ice Emergency Plans, the manning of the Control Center (Director's Office) shall be accomplished by the Hospital Director and his administrative staff. During off-duty hours, the Administrator on Call shall accomplish this after direct consultation with the Director if possible. Arrangements shall be made by the Administrative Staff to provide twenty-four (24) hour around-the-clock staffing of the Control Center for the duration of severe weather conditions.
- B. The Switchboard, once notified by the Director or Administrator on Call, shall announce over the public address system "Attention all employees; Hospital Emergency Snow Plan is now in Effect". This shall be announced three (3) times at ten (10) second intervals. All phone calls,

both internal and external, regarding transportation, lodging, etc., shall be forwarded to the Control Center extension 7040, 7042, 7045.

III. Duties of Control Center:

The following are duties which should be performed by the Control Center during a Snow/Ice Emergency:

- A. Contact representatives of the local media (i.e., newspaper, radio and television) requesting they convey to the public that:
 1. Hospital Snow/Ice Emergency Plans are in effect;
 2. Essential employees should try to get to work but may obtain transportation by calling 343-7040, 7042, or 7045;
 3. Volunteer drivers of four-wheel drive vehicles are needed and should report to the administrative offices of the hospitals.
- B. Contact local service stations to make arrangements for the purchase of fuel on a 24 hour basis by drivers (sample of authorization form is available in Control Center).
- C. Contact Civil Defense Director to request possible assistance in the transport of employees and patients; i.e., National Guard.
- D. Contact appropriate Department Heads to determine what essential personnel are needed for the operation of their departments. (While it is the responsibility of each Department Head to contact the Control Center, it may be necessary, due to time factors, for the Control Center to contact certain Department Heads immediately).
- E. Arrange transport of essential personnel who request rides to work (Recommended Breakdown of city is available in Control Center). See also "Transportation Requests Protocol".
- F. Contact Chief Engineer to arrange clearing of all hospital access roads beginning with Emergency Department and Main Lobby roadways:
 1. Using hospital owned equipment and manpower; or
 2. Using purchased services from local contractors.
- G. Ensure that the Citizens Band Radio is operational and manned as needed.

H. The following are duties which may be performed by the Control Center at the discretion of the Director or in his absence, the Administrator on Call:

1. Implement 12 hour shifts for all personnel;
2. Cancel all elective surgery;
3. Contact physicians to request that those patients who are capable of going home be discharged early;
4. Cancel all scheduled Outpatient services except Emergency Services.
5. Arrange motel accommodations in local motel(s) for employees who cannot return home.

IV. Duties of Departmental Heads:

- A. Once a Department Head is aware of severe weather conditions, it shall be his/her duty to telephone the Control Center and provide a list of key personnel that will be needed to staff the next shift and subsequent shifts. The Department Head may be asked to report for duty as needed at this time. Each Department Head should "check in" with the Control Center, however, as soon as possible.
- B. Department Heads, outside normal working hours, whose department is responsible for direct patient care (i.e., Nursing, Respiratory Therapy, Laboratory, etc.) or indirect patient care (i.e., Dietary, Housekeeping, etc.) shall ensure that adequate coverage is provided for their Department to meet the needs of our patients. This should be done as needed for the duration of the Emergency situation.

V. Duties of Employees:

- A. Employees scheduled for duty, once severe weather conditions exist, should make every effort to report for duty on their regularly scheduled shift. In the event that the employee does not have adequate transportation to report for duty, he/she should call the Control Center and request transportation as stated in paragraph VI-A under "Transportation Requests Protocol".
- B. Employees who are already on duty, once the Emergency Plans are in effect, who do not have adequate transportation home should report to the Control Center at the end of their shift and request transportation as stated in paragraph VI-B under "Transportation Requests Protocol".

VI. Transportation Requests Protocol:

- A. Employees needing transportation to the hospital due to severe snow/ice conditions should call the Control Center and give the following information:

1. Give full name and request transportation;
 2. Give complete address with specific instructions as to how to get there;
 3. State your department, shift scheduled to work and date.
- B. Employees who are ending a shift and need transportation should report to the Control Center at the end of shift and give the following information:
1. Full name and request transportation home;
 2. Give address and general location of that address (i.e., Tanglewood, Taylor Homes, etc.);
 3. Department Name.

It should be noted that every effort will be made to get transportation for you to and from work, but the ability to do this depends solely upon the numbers of available vehicles and volunteer drivers. It is quite possible that you may have to wait for rather long periods of time for transportation and your cooperation and understanding is most important. A Citizens Band radio is located in the Control Center, however, to communicate with volunteer drivers, thus expediting some transportation.

II. Termination of Emergency Plans:

At such time that the road conditions have improved to a point which is not hazardous to driving and safety and it is advisable by the State Highway Patrol, the Hospital Director, or in his absence the most senior Administrative Staff member, may declare the Emergency Plans terminated. Once this is done, news media should be notified in order to expedite informing employees, volunteer drivers and other appropriate persons and agencies.