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BROOKHAVEN NATIONAL LABORATORY

MEMORANDUM

DATE: July 17, 1972

TO: All Medical Department Employees

FROM: R. B. Aronson RBA

SUBJECT: Medical Department Emergency Plan

Attached is the new Medical Department Emergency Plan. It is most important that you read it carefully and become thoroughly familiar with your responsibilities in the event that an emergency should arise. I suggest that the copy of the plan be put in a three-ring binder and kept readily available to you for quick reference.

The Medical Research Center
Brookhaven National Laboratory
Upton, L. I., New York

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Attachment

REPOSITORY Records Holding Area Bldg. 494
COLLECTION Meetings/Minutes/Agendas
BOX No. 2
FOLDER Governing Body 1971-1974

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Approved 12/71

MEDICAL DEPARTMENT LOCAL EMERGENCY PLAN

I. SCOPE OF PLAN

The Medical Department Local Emergency Plan includes emergency action for both the Hospital Pavilion areas as well as the Medical Department as a whole for emergencies arising in Building 490, 493, 494. The major objective is to protect the patients and assure sufficient care for them during the extent of the emergency.

A. Description of Medical Department Activity

1. Responsibility for emergency action in buildings of the Medical Department:

   a. Medical Department cognizance:

      (1) Hospital area (four pavilions, blocks 1 through 7 of Building 490). (See Appendix A).

      (2) Laboratory area and animal quarters, blocks 8, 9, 11 (Block 10 is Building 491).

   b. Buildings under other cognizance:

      (1) Building 491 - Reactor Division.

      (2) Buildings 492 and 629 - Plant Engineering and Planning Division. (The signal for 629 is Code 4-1-2).

      (3) Annex 476 of Building 902 - Accelerator Department.

2. Types of emergencies which would require implementation of this plan are as follows:

   a. Fire in the area, explosion, spillage of dangerous chemicals or radioactive materials.

   b. A major accident causing a radiation release from the Brookhaven Medical Reactor (Building 491). Such an accident could possibly present a hazard to patients and

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personnel in the Medical Department.

II. MEDICAL DEPARTMENT EMERGENCY ORGANIZATION

A. Lines of Authority

1. The Medical Department Emergency Coordinator shall be

R. B. Aronson	BNL Ext. 3615	Home Phone:	744-6665

2. The Alternate Medical Department Emergency Coordinators shall be

W. A. Finn	BNL Ext. 3630	Home Phone:	AT 6-0231
W. Walsh	BNL Ext. 3614	Home Phone:	RA 8-0913
A. Delph	BNL Ext. 3650	Home Phone:	269-9175

3. During non-working hours the Duty Physician shall act as the Emergency Coordinator until relieved by one of the Coordinators listed above. He will be assisted by available nurses and orderlies in handling the emergency. The Duty Physicians should be given special training to fulfill this function.

4. Medical Department Emergency Area Teams. The emergency team for each area shall consist of a Chief, Alternate Chief and Assistant as listed in Appendix A.

B. Control Point

1. The Control Point for the Medical Department Emergency Coordinator shall be the Reception Desk in the lobby of Building 490.

2. The Alternate Control Point shall be the Reception Desk in the Industrial Medicine Clinic.

3. The Duty Physician during off-hour emergencies may establish a more convenient Control Point.

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C. Medical Department Emergency Actions

1. Emergency Coordinator. The general responsibilities of the Medical Department Emergency Coordinator are outlined in Appendix C of the BNL Emergency Plan.

2. When an emergency occurs the Medical Department Emergency Coordinator will proceed to the Control Point (lobby) and carry out the following responsibilities:

   a. Determine the nature, location and extent of the emergency,

   b. Assure that the Police, Fire Departments and Health Physics are notified.

   c. Notify departmental personnel of the emergency and notify physicians to report to their respective pavilions to assist in the care and movement of patients. During off-hours, the Medical Department Emergency Call List (Appendix 3) may be activated if the emergency warrants this action. Establish contact with the local emergency area chiefs. He will not rely on the use of the public address system alone but will establish direct contact with the area chiefs to ensure that emergency procedures are instituted.

   d. Direct the routing for evacuation of patients and arrange for litters and AIR-PACKS and auxillary personnel to affect patient evacuation.

   e. Advise the Laboratory Emergency Supervisor (Appendix A, BNL Emergency Plan) of the existing situation on his arrival.

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f. Provide technical advice and assistance to Laboratory Emergency Forces.

2. Individuals. It is each individual's responsibility to summon assistance from the appropriate emergency forces so that property losses and personnel injuries may be held to a minimum. Therefore, each individual should be familiar with the location of manual alarms in his work vicinity, those telephone procedures for notifying primary Laboratory-wide Emergency Forces and, where applicable, communication procedures within his Department or Division for notifying the Local Emergency Coordinator. Individuals are responsible for taking independent action to control or limit emergencies within the scope of their training. They are not expected to take any action that would expose themselves or others to undue risks.

When a building occupant is aware of an emergency in the Medical Department, he should signal the alarm by pulling the nearest fire alarm. (A red disc is suspended from the overhead corridor light nearest the fire alarm box.)

3. Emergency Area Teams

a. When an emergency occurs, the Chief or his alternate for the laboratory area involved (see Appendix A) will --

1. See that the appropriate alarm has been sounded.

2. Establish communication with the Medical Emergency Coordinator.

3. Under direction of the Medical Emergency Coordinator, supervise the available emergency assistants in handling

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of the emergency and evacuation if necessary.

4. Assist the safety and Fire Department personnel on their arrival.

b. The Chief or his alternate for areas not directly involved will proceed to the Control Point for instructions. If the evacuation signal is sounded he will proceed by the safest route to assist in the evacuation of patients. Emergency assistants will assemble at the Assembly Point.

c. All Chiefs are responsible for supervision of training of the Emergency Force in his area and keeping an up-to-date schedule for the Chief and alternate for his area at the Department Chairman's Office. He will report promptly any changes in the schedule.

III. MEDICAL DEPARTMENT EMERGENCY SIGNALS AND ACTION

A. The Medical Department alarm system consists of:

1. Warning Signal - Continuous ringing or buzzing of local fire alarms.

2. Evacuation Signal - Intermittent ringing or buzzing of local fire alarms.

B. Emergency Actions

1. Upon hearing the Warning Signal (continuous ringing or buzzing of local fire alarms,) ALL persons shall check to be sure of their own safety. If there is no immediate danger, personnel should secure their work area before leaving, and then proceed

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to the nearest corridor intersection and await specific instructions. The Medical Emergency Coordinator and Emergency Area Teams will carry out their responsibilities as outlined above.

2. Upon hearing the Evacuation Signal (intermittent ringing or buzzing of the fire alarms), ALL persons shall immediately leave the building by an announced safe route or by the nearest safe exit if no routing is announced. The Medical Emergency Coordinator and Emergency Area Teams will carry out their responsibilities as outlined above.

3. In certain emergencies not requiring general evacuation of the buildings, it may be necessary to evacuate one or more pavilions to one of the following areas contingent upon the extent of the emergency and weather conditions, i.e. wind direction, snow, sleet, rain, to --

   a. Another pavilion,

   b. Medical Department Seminar Room,

   c. Medical Department lunch room in basement,

   d. Gymnasium,

   e. Berkner Hall.

C. Activation of Emergency Signals

1. Warning Signal - The Warning Signal is activated by the automatic fire detection system, OR by pulling down the handle on a manual fire alarm box. Fire alarm boxes are located throughout the

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building and may be quickly located by the red disc suspended from the nearest corridor light fixture.

2. Evacuation Signal - The Evacuation Signal may be activated at the Reception Desk in the lobby and at Pavilions I and IV. Unless emergency dictates otherwise -- the evacuation signal should be activated only by the Emergency Supervisor or Coordinator so that the evacuation routings may be announced simultaneously.

D. Testing of Signals

The routine testing of the alarm system rests with Plant Engineering and Planning and Security Division.

IV. ASSEMBLY POINT

Unless otherwise designated for safety reasons, the evacuation Assembly Point for all personnel other than Hospital patients shall be across the driveway directly in front of Building 490's main entrance.

V. LOCAL EMERGENCY EQUIPMENT

A. Fire extinguishers throughout the building,

B. Hose stations throughout the building,

C. Scott AIR-PACKS located in Health Physics Office,

D. The Fire Department and Safety Services Office are responsible for maintaining the Emergency Equipment.

VI. LABORATORY EMERGENCY FORCES

A. The Response Point for Laboratory Emergency Forces, responding to an alarm at the Medical Department, is determined by the Fire Code activated.

1. The Response Point for Fire Code 4-1 is the roll-up door at the east end of the basement of Building 490.

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2. The Response Point for Fire Code 4-2 is the east door of the dietary kitchen wing of Building 490.

3. The Response Point for Fire Code 4-3 is the main entrance to the Industrial Medicine Clinic.

4. The Response Point for Fire Code 4-1-2 is the delivery entrance of Veterinary Service at the southwest corner of block 11. (Also response point for alarm from Building 629).

5. The Response Point for Fire Code 7-4 (Evacuation Code), if not preceded by any of the above codes, is the Main Lobby of Building 490.

6. The Response Point for Fire Code 4-4 (the Medical Reactor, Building 491) is at the loading platform opposite the kitchen.

7. The Response Point for Fire Code 4-5 is the Animal Quarantine Building (493).

8. The Response Point for Fire Code 4-7 is the Large Animal Facility (Building 494).

B. Fire Group

The Fire Group, upon automatic notification of an emergency at the Medical Department responds as indicated in paragraph A above. If notified by telephone or other means they will respond as directed.

C. Police Group

The Police Group responds similarly to an automatic alarm and takes whatever action is deemed necessary according to the BNL Emergency Plan.

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VII. LOCAL EMERGENCY TRAINING

A. It is the responsibility of the Medical Department Emergency Coordinator to ensure that all personnel assigned to the Medical Department Emergency Teams are properly trained in the following aspects:

1. Emergency Signals.
2. Individual responsibilities.
3. Use of emergency equipment.

B. He is further to maintain a current listing of "on-call" personnel at Police Headquarters and the Department Chairman's Office. (Appendix B).

VIII. EMERGENCY PLAN REVISION

A. The Emergency Plans Committee of the Medical Department (Appendix A) will be responsible for reviewing the Emergency Plans and recommending procedures to implement the necessary training and drills. The personnel officer of the Medical Department will update Appendix A of this plan each month and distribute revisions. The Emergency Coordinator will assure that appropriate drills are conducted, and keep the Laboratory Emergency Supervisor advised of any change in this plan.

B. The Laboratory Emergency Supervisor shall assure that proper revisions and distribution of the plan take place. He will annually review the plan with the assistance of the Medical Department Emergency Plans Committee, and Safety Services Office.

IX. REENTRY

Following evacuation reentry into the Medical Department buildings shall be at the discretion of the Medical Department Emergency Coordinator and the Laboratory Emergency Supervisor.

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EMERGENCY MEDICAL PLAN ORGANIZATION PERSONNEL

APPENDIX A

		Lab. Phone
Local Emergency Coordinator	R.B. Aronson	3615
Alternates	W.A. Finn	3630
	W. Walsh	3614
	A. Delph	3650
Off-Hours	Duty Physician	3676
Clinic Physicians	R.A. Love	3665
	J.J. Downey	3669
Off-Hours	Duty Physician	3676

Emergency Assistants

Building 490,490A

Lab Areas	Lab Phone
L.V. Hankes, Chief	3599
R.G. Fairchild, Alt. Chief	3649
R.A. Brown	3644
S.H. Cohn	3591
A. Chituk	3620
R.J. Durose	3601
J.C. Heinrichs	3675
R.M. Okula	3601
C.C. Otto	3563
M.T. Pavlova	3566
E.A. Popenoe	3622
J.S. Robertson	3569
M.A. Schmaeler	3599
T.L. Smith	3620
R.D. Stoner	3601
M.Z. Thomas	3634
J.J. Van Etten	3620

Building 493

D.D. Joel, Chief	3603
R.D. Stoner, Alt. Chief	3601
K. Bubb	3620
A. Chituk	3620
K. Conroy	3700
J. Gallo	3620
T. Kelly	3620

Building 494	Lab Phone
T. Weldon, Chief	3703
A. Chituk, Alt. Chief	3620
G. Counadis	3620
O. Gonzalez	3620
G. Gulliani	3703
F. Lawson	3703
J. Marto	3703

Hospital	Lab Phone
T.R. Johnson, Chief	3676
S. Jungreis, Alt. Chief	3688
P. Bernier	3662
C. Bortscheller	3676
A. Celentano	3679
A. Ceresko, Jr.	3676
K. Ellis	3574
R. Ferguson	3654
O. Figluizzi	3662
E. Fowler	3662
A. Gillen	3679
T. Gray	3676
H. Hankins	3679
W. James	3659
L. Lambeck	3690
W. Lehman	3692
P. Melvin	3659
R. Nicholas	3679
H. Pate	3693
J. Rothman	3658
D. Sacker	3590
M. Stravino	3658

Emergency Plans Committee

R.A. Conard, Chairman	M. Hill
R.B. Aronson	T. Johnson
A.W. Delph	R.A. Love

For home telephone numbers, see Emergency Plan Appendix 2B

It is essential that the Chief, Alternate Chief, or one of the Emergency Assistants establish communication with the Local Emergency Coordinator by telephone or "runner".

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MEDICAL DEPARTMENT EMERGENCY PLAN

APPENDIX B

OFF-HOUR EMERGENCY TELEPHONE CALL LIST

1. If advised by Duty Physician, the Supervising Nurse should contact:

   a. Dr. Cronkite 941-9220
   b. Dr. Love AT 6-0624
   c. Dr. Conard 941-4127
   d. Police Headquarters (Ext. 2231) to activate the secretaries call list if requested to do so by the Duty Physician.

A. Wagner	924-3267	B. Rauso	281-8343
A. Kiesling	878-0717	C. Kerr	924-4097
M. Brockner	732-5338	R. Gonzalez	281-1773

2. Call-Secretaries should keep a copy of this call list at home so as to be able to quickly draw upon the following Center and Station Leaders (A)

(A)	Dr. Cronkite	941-9220	Mrs. Brooks	878-0504
	Dr. Dahl	AT 6-0379	Dr. Aronson	744-6665
	Dr. Cotzias	AT 6-1184	Dr. Shellabarger	AT 6-8060
	Mr. Finn	AT 6-0231		

or any of the following Physicians (B), Nurses (C), or Technicians(D).

(B) Physicians

Dr. Ansari	HR 3-6633	Dr. Iwai	286-0257
Dr. Asad	538-0637	Dr. Love	AT 6-0624
Dr. Atkins	751-3930	Dr. Mena	3576-on site
Dr. Borg	AT 6-0428	Dr. Monnier	3201-on site
Dr. Bradley-Moore	751-4433	Dr. Ohl	3208-on site
Dr. Chikkappa	3092-on site	Dr. Papavasiliou	744-6433
Dr. Cotzias	AT 6-1184	Dr. Pavlova	286-1556
Dr. Cronkite	941-9220	Dr. Robertson	941-4562
Dr. Dahl	AT 6-0379	Dr. Slatkin	744-1942
Dr. Downey	941-4795	Dr. Wu	589-2990

(C) Nurses

P. A. Alonzo	924-4123	C.F. Kramer	744-8632
M. Arnesen	SH 4-9812	R. Long	GR 5-0958
M. A. Bell	281-8096	B. U. McGonigle	924-3795
M. Bownes	744-8013	M. McKee	289-0565
V. Brooks	878-0504	M. Netusil	744-5278
J. Burke	744-3290	M. T. Orlowski	727-7580
M. W. Coyle	3115-On site	M. H. Sacker	298-4138
M. Eleazer	LT 9-9745	R. Saloukas	289-8386
M. I. Hill	AT 6-8598	E. Sceviour	298-5828
L. M. Hillen	GR 5-7792	D. Scott	286-1292
K. Johannesen	924-4070	J. L. Shane	475-7464
R. Kanuga	GR 5-1254	H. Stern	324-0132
P. A. Keller	744-6446	J. Vail	924-4058
D. L. Kilthau	AT 6-8614	E. W. Zollo	GR 5-1349
L. J. Konon	AT 9-0489		

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(Appendix B-Cont'd) MEDICAL DEPARTMENT EMERGENCY PLAN

(D) Technicians

Clinical Chemistry

L. Boyd	281-5211
J. C. Heinrichs	924-3528
S. van der Kolk	473-6570
H. Ulyat	744-2581

Clinical Hematology

P. F. Bernier	588-7770
O. Figluizzi	281-7588
E. A. Fowler	SH 4-2312

X-Ray

R. Ferguson	PE 5-2299
D. Sacker	298-4138
W. Lehman	HR 3-3733
M. Stravino	PE 5-1144

Dietary

N. Gillespie	AT 6-1186