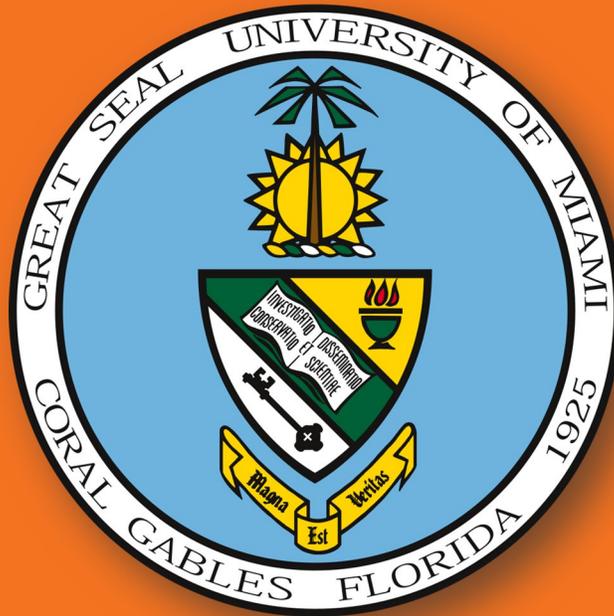




University of Miami Health System &
Miller School of Medicine

Emergency Operations Plan



August 2020



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, prevention, 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 UHealth / Miller School of Medicine University Comprehensive Emergency Operations Plan (EOP), 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.
- Ensure compliance with all Authorities Having Jurisdiction (AHJ) standards and elements of performance for regulation and accreditation.

08/05/2020
Dipen J Parekh, MD
Chief Operating Officer
University of Miami Health System (UHealth)

Signed
Date

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I. Executive Summary

The Emergency Operations Plan (EOP) establishes a framework to ensure the UHealth & Miller School of Medicine is prepared to respond to and recover from any hazards threatening the lives and property of students, staff, and visitors. The EOP outlines the responsibilities and coordination mechanisms of UHealth / MSOM personnel, units, and first responders during a disaster or emergency situation. The EOP also identifies system wide assets that will support preparation, response, and recovery operations.

Additionally, the EOP:

- Provides an all-hazards organizational structure for emergency operations.
- Establishes the UHealth / Medical Campus Crisis Decision Teams (CDTs)
- Establishes basic direction and control for all levels of a disaster response while creating a consistent unified approach to emergency management.
- Establishes official policies, program strategies, and planning assumptions for mitigation, disaster preparedness, response, and recovery.
- Assigns specific functional responsibilities to appropriate units, personnel, and volunteer groups.

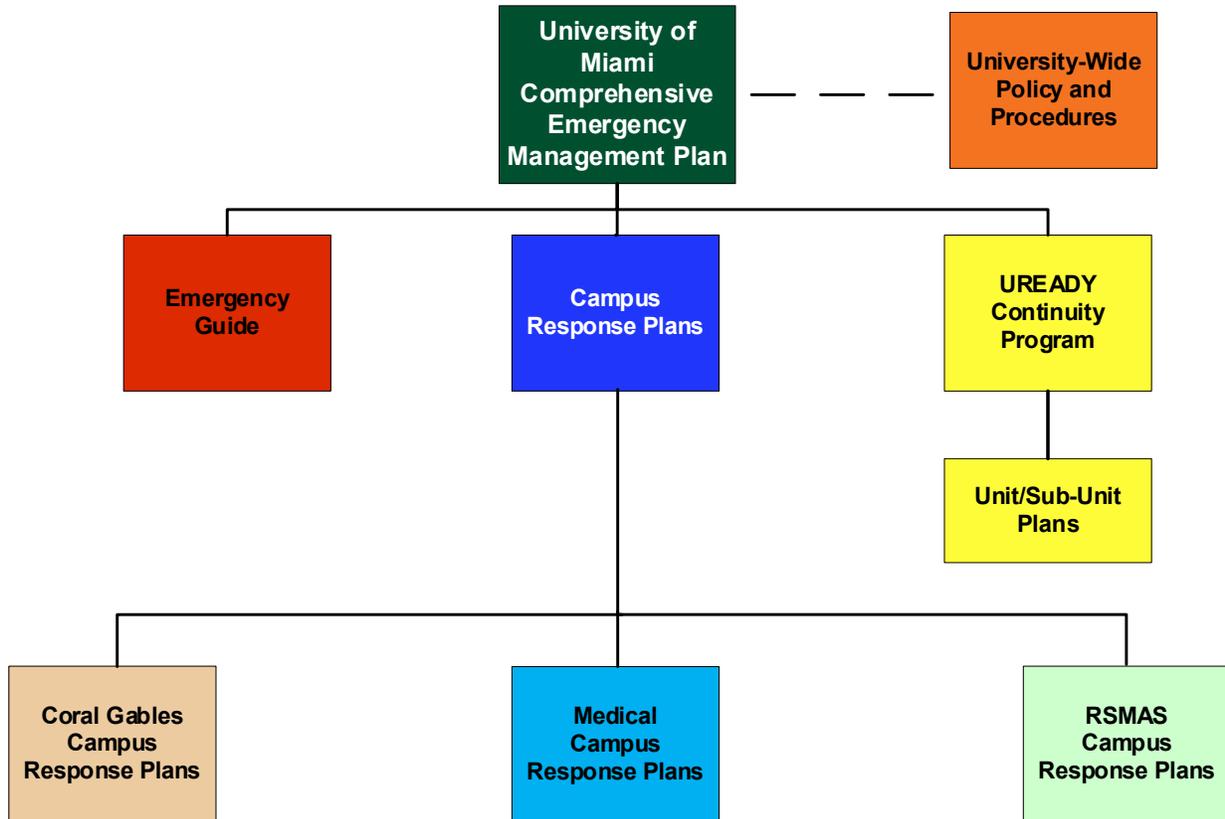
The EOP unifies the efforts of all three Hospitals and satellites facilities and units by utilizing the National Incident Management System (NIMS). The UHealth / MSOM EOP is consistent with the Miami-Dade County and State of Florida CEMPs and the National Response Framework (NRF).

II. Introduction

The University of Miami Health System and Miller School of Medicine Emergency Operations Plan (EOP) provides all-hazards approach and establishes official emergency management policy for the health system, units and University first responders to mitigate against, prepare for, respond to, and recover from all emergencies and disasters affecting the health system and Miller School of Medicine.

The following flow chart shows the relationship of the University-wide Comprehensive Emergency Management Plan to the UHealth & Miller School of Medicine Emergency Operations Plan, and unit specific response plans and procedures.

Standard operating procedures (SOPs) are unit specific and provide structure for the successful completion of functions, missions, and activities. Response plans and procedures correspond with the SOPs and include Hazard-Specific Guidelines (HSGs), which serve as the basis for effective response and recovery to specific hazards. Examples of HSGs include hurricane plans and hazardous chemical release response plans.



III. 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, Command Staff
- Public Safety Orientations for New Students
- Workplace Violence Prevention
- Annual Emergency Preparedness Training

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 UHealth/MSOM Emergency Management.

In accordance with the UHealth Emergency Preparedness Management Program Management Plan the following are Training & Exercise requirements that must be met annually to ensure compliance with the respective Authorities Having Jurisdiction (AHJs) to include but not limited to; The Joint Commission (EM.03.01.03, EM.02.02.07, EP13), Centers for Medicare & Medicaid Services Emergency Preparedness Rule and Agency for Health Care Administration.

- UHEALTH conducts Operations Based exercises at least twice per year that utilize the EOP
- These exercises are both discussion (Seminar, Workshop, Tabletop) and Operations Based (Drills, Functional and Full-Scale Exercises). These Operations Exercise are live-action, not tabletop.
- At least one exercise must include an influx of patients to the hospital/s to test surge capabilities.
- An actual emergency that requires activation of the EOP can serve in place of emergency response exercises.
- Each exercise or actual event includes an After Action Report and Improvement Plan (AAR/IP) that outlines noted deficiencies and opportunities for improvement. The AAR/IP is reviewed at the Emergency Management Committee meetings and tasks are assigned to improve future responses. The EOP is modified as needed to reflect any improvements, or interim measures are put in place.
- Subsequent exercises reflect modifications and interim measures to the EOP
- All new team members receive training on basic Emergency Preparedness during computer based training, as well as hospital and department orientation.
- All team members will be provided with an annual Emergency Preparedness training through computer-based learning or in person training sessions.
- More specific Emergency Management trainings are available at least quarterly to all interested team members. These trainings may include topics as varied as hazardous materials incident response, hurricane response, or incident command.

No less than two Operations Based Exercises will follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.

HSEEP provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.

The Emergency Management Division continuously develops additional training to address unique needs and emerging trends within specific units or areas.

B. Emergency Workforce Employees

Emergency workforce employees are 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 part of the emergency workforce will be pre-identified in [Workday](#) by their managers. These employees address unmet personnel needs and may either undertake disaster specific roles or may continue in their daily, job-specific roles.

Emergency workforce employees will always remain a part of their non-disaster team/unit.

Not all roles and/or employees deemed part of the emergency workforce will be activated during every emergency or disaster. The specific circumstances surrounding the threat or incident will dictate which employees are required to continue working. Managers are responsible for communicating specific disaster work assignments to emergency workforce employees. The decision to designate an employee as part of the emergency workforce should not be based solely on a hurricane situation, but should be based on all types of emergencies and disasters within the University’s hazard/threat profile (see [UM CEMP Section V – A. Hazard & Vulnerability Analysis](#)). The following guidelines should be used to identify emergency workforce employees:

- Any personnel directly supporting critical functions identified in the unit UReady Plan (www.miami.edu/uready) as Critical 1 (Must Continue) or Critical 2 (Must Continue, Perhaps in Reduced Mode)
- Any employee assigned to positions which operate around the clock
- Any employee 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 unit UReady Plans (i.e. physical plant, IT support)
 - Ensuring the continuation of critical University operations (payroll, purchasing)
 - Attending to the critical needs of students

For advance notice emergencies and disasters with the potential for impacts over an extended period, emergency workforce 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.

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:

- Emergency Power & Chilled Water Loop Connection – [See Appendix I](#)
- Window Protection (Shutters / Impact Resistant Glass) – [See Appendix II](#)

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

IV. Communications & Information

A. Contact Numbers:

Emergency – Public Safety Department.....	(305) 243-6000
Non-Emergency - Public Safety Department.....	(305) 243-7233
UMHC – UHealth Tower Public Safety Department.....	(305) 689-5622
Facilities Customer Service.....	(305) 243-6375
Human Resources.....	(305) 243-6482
Information Technology.....	(305) 243-5999
Emergency Information Hotline.....	1(800) 227-0354

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 (www.facebook.com/UMiamiENN)
 - Twitter (www.twitter.com/UMiamiENN)
 - RSS (www.getrave.com/rss/miami/channel1)
 - Instagram (www.instagram.com/UMiamiENN)
- Website Announcements
- Messaging via Voice over IP (VoIP) phone displays and speakerphones
- Emergency Information Hotline Messages

2. ENN System Administrators

The Department of Public Safety-Emergency Management Division 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 Public Safety / MSOM
- Emergency Manager UHealth / MSOM
- Director UHealth / MSOM Public Safety Uniformed Operations
- Manager Public Safety Uniformed Operations UMHC – UHealth Tower
- Director Office of Emergency Management
- Emergency Management Coordinators from Medical, Gables, and Marine
- 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 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 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 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 [UM 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 Hotline

The University has established a central Emergency Information Hotline to provide pre and post incident information to the University community. UHealth / MSOM Medical maintains a separate call center operations from the same centralized number. 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

Fixed emergency satellite phones are located in five 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:

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In addition, UHealth Emergency Management 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.

V. 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. President
2. Executive Vice President of Health Affairs/Chief Executive Officer of UHealth
3. Executive Vice President & Provost
4. Executive Vice President of Business & Finance and Chief Operating Officer
5. Vice President and Chief Operating Officer of UHealth / CEO UMHC
6. Dean of the Miller School of Medicine
7. Public Safety, Executive Director
8. Emergency Manager, UHealth/Miller School of Medicine

See [CEMP Section VI – 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 – 3rd 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 Education |
| • Medical Dean’s Office | • Information Technology |
| • Facilities / Physical Plant | • Veterinary Resources (DVR) |
| • Public Safety / Emergency Management | • Faculty Affairs |
| • Healthcare Services | • Human Resources |
| • Communications & Marketing | • Research, Research Education, and Innovative Medicine |

Subject Matter Experts – Called Upon as Needed

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

University – Wide / Other Campus Representatives

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

C. Medical Coordination Center / Hospital Command Centers

The Medical Coordination Center (MCC) is the healthcare-focused version of an Emergency Operations Center (EOC) under the Hospital Incident Command System (HICS). The MCC coordinates response between the three Hospital Command Centers (UMHC – UHealth

Tower, UMHC – SCCC, UMHC – BPEI), Coral Gables Campus Emergency Operations Center (EOC), City of Miami EOC, Lennar, Miller School of Medicine, Satellites. It also establishes response and recovery priorities, acquires and allocate resources, resolves emerging policy issues and provides overall strategic coordination before, during and after a storm. The following locations have been pre-identified to serve as the Medical Coordination Center or components thereof. All sites will require University Information Technology and Telecommunications to setup computers, telephones, and supporting equipment commensurate with the scope of operations.

Additionally, depending on the nature of the incident, each hospital may also activate their Hospital Command Center.

Medical Coordination Center (MCC) Location Options:

- **REDACTED:** The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

Hospital Command Centers

- **REDACTED:** The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

Other

- **REDACTED:** The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

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

D. City of Miami Emergency Operations Center

The UHealth / MSOM 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.

VI. 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](#).

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The factors outlined below inhibit the mass evacuation of the Medical Campus:

- The campus community would likely be further exposed to the hazard / threat while attempting to vacate the campus via the limited transportation options available
- Roadway infrastructure in the area cannot support the vehicle volume of all Medical Campus employees leaving simultaneously
- Clinical Operations cannot be suspended campus-wide and a notice of campus evacuation may cause significant confusion between clinical and non-clinical units

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. Facilities Operations
- c. Office of Environmental Health & Safety
- d. Debris Removal (FEMA Category A) Vendor –
REDACTED: The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.
- e. Emergency Protective Measures (FEMA Category B) Vendor –
REDACTED: The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

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.

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VII. 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:

REDACTED: The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

Debris Monitoring:

REDACTED: The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

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

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:

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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 if approved by the Crisis Decision Team. 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.

VIII. 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. Emergency Management

- Provide protective action and operational recommendations to the Medical Crisis Decision Team (CDT)
- Issuing of timely warnings 24/7 in accordance with federal law (Clery Act)
- 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 Facilities & Operations and designated vendors
- Activate and coordinate staffing of Medical Emergency Information Hotline
- Management of the Medical Coordination Center
- Develop Situation Report(s) and Incident Action Plan(s)
- Manage the CDC's Strategic National Stockpile CHEMPACK program
- Manage the CDC's Strategic National Stockpile Closed Point of Dispensing Plan (CPOD)
- Maintain the Government Emergency Telecommunications Service (GETS) and the Wireless Priority Service (WPS)

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 UMHC – UHealth Tower, UMHC – Sylvester Comprehensive Cancer Center, and UMHC – Bascom Palmer Eye Institute), and hospital based clinical practices will implement hospital specific plans as dictated based on the nature of the incident.

IX. Partnerships / Community Involvement

The University’s three main campuses and satellite facilities are serviced by multiple law enforcement and fire rescue agencies. UM is committed to enhancing collaboration and communication with these agencies to avoid duplication of efforts and to ensure that the University’s emergency policies, plans, and procedures are consistent with local, state, and federal plans.

A. Miami-Dade County

The University has a close relationship with Miami-Dade County. The two entities have worked together on a number of exercises and coordinated response activities during real-world incidents.

1. Miami-Dade County Office of Emergency Management (OEM) / Emergency Operations Center (EOC)

The Miami-Dade County Office of Emergency Management, and the Emergency Operations Center (EOC), provides county-wide disaster information and intelligence to the University. Likewise, the University, along with many others, must provide information to the County so an accurate countywide operating picture and situation status can be developed.

The Miami-Dade County EOC is organized through the following hierarchy:

- **County EOC:** This is a physical location where representatives from key County agencies, municipalities, partners, and stakeholders coordinate information and resources.
- **Divisional EOC:** There are seven designated divisional EOCs in Miami-Dade County: Coral Gables, Hialeah, Homestead, Miami, Miami Beach, North Miami, Florida International University, and North Miami Beach
- **Satellite EOC:** Smaller municipalities and universities have their own Satellite EOCs, and seats within their assigned Divisional EOC. The University of Miami has a dedicated position in the Coral Gables Divisional EOC.

2. Municipalities

UM’s three main campuses fall in different jurisdictions including Coral Gables, City of Miami, and unincorporated Miami-Dade County. Campuses and clinics span across Miami-Dade, Broward, Collier, and Palm Beach

Counties. For campuses and facilities not patrolled by UHealth Public Safety, municipal police provide law enforcement response. Municipal Fire/Rescue Departments provide all fire and Emergency Medical Services (EMS) coverage for campuses and clinics.

3. Health Department

The Florida Department of Health in Miami-Dade County and their respective Emergency Support Function Eight (ESF-8) within the County’s Emergency Operations Center (EOC), provides public health information and intelligence to the University. Likewise, the University, along with many others, must provide information to the County Health Department so an accurate countywide operating picture and situation status can be developed.

4. Cities Readiness Initiative (CRI)

The University is a part of the County’s Cities Readiness Initiative (CRI) program, which is focused on several aspects of preparedness including events necessitating mass dispensing of medical countermeasures/prophylaxis. Meetings are held regularly. Bi-directional communications is a critical aspect of a CRI activation to assure all the medical countermeasures are properly delivered, utilized, and accounted for. All Emergency Management personnel at each campus are registered CRI partners.

5. Healthcare Preparedness Coalition

The University of Miami Health System is a active member of County’s Healthcare Preparedness Coalition which is focused on standardized healthcare preparedness throughout the County. Meetings are held regularly. Communication between each of the hospitals in the County is critical in the event of any emergency / disaster, especially public health or mass casualty situations. All Emergency Management personnel at each campus are registered HPC members. UHealth is a signatory of the MDCHPC Mutual Aid Agreement.

B. Regional Domestic Security Task Force (RDSTF)

The University is a member of the Southeast Florida Regional Domestic Security Task Force which is a statewide working group focused on assessing, preparing for, preventing, protecting, responding to, and recovering from acts of terrorism that affect the State. Bi-directional communication and inter-organizational collaboration are the primary means through which this is accomplished. Florida's seven Regional Domestic Security Task Forces play key roles in implementing statewide, regional, and local policy recommendations. Each task force represents functional component groups including Law Enforcement, Fire-Rescue, Health-Medical, Emergency Management, Interoperable Communications, Critical Infrastructure, Education-Schools, Public Information, and Training. All Emergency Management personnel at each campus are RDSTF members.

Virtual Fusion Center

The Virtual Fusion Center system, coordinated by the RDSTF, is a web-based tool designed to facilitate communication and information sharing between all RDSTF members for emergency/disaster preparedness and response. All Emergency Management personnel have been granted access to the Virtual Fusion Center.

C. National Weather Service (NWS)

The University is a member of the National Weather Service (NWS) Forecast Office Miami – South Florida Emergency Management group. When weather emergencies/disasters are threatening or experienced, the NWS will communicate critical information to this group. As a result, information can be learned before official NWS briefings are released to the public. In addition, specific questions can be asked directly to the forecasting meteorologists. All Emergency Management personnel at each campus are registered with NWS.

D. Federal Agencies

The University is a partner of the Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA). UM also works with the Federal Bureau of Investigation (FBI) and National Counterterrorism Center. Bi-directional communications occur regularly, as well as during times of emergency/disaster.

National Terrorism Advisory System (NTAS)

This system effectively communicates information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector. All Emergency Management personnel at each campus receive NTAS communications.

E. National Intercollegiate Mutual Aid Agreement (NIMAA)

The [National Intercollegiate Mutual Aid Agreement \(NIMAA\)](#) provides a framework for providing / receiving assistance between institutions of higher education that are signatories of the agreement. The University of Miami became a NIMAA signatory on July 28, 2015.

X. Reference and Support Documents

- University of Miami Comprehensive Emergency Management Plan
- University of Miami Health System and Miller School of Medicine Hurricane Guidelines
- UMHC – UHealth Tower Emergency Operations Plan
- UMHC – SCCC Emergency Operations Plan
- UMHC – BPEI Emergency Operations Plan
- UMHC – BPEI at Palm Beach Gardens Emergency Operations Plan
- Ambulatory Emergency Operations Plans
- Emergency Management Program Management Plan
- UHealth and Miller School of Medicine Public Safety Standard Operating Procedures
 - M-002 – Hurricane Food Services for Essential Personnel
 - 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
- 2018 Hurricane, Wind, and Flood Risk Assessment

XI. 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.prepare.miami.edu>
- 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/>

Appendix I — Emergency Power

REDACTED: The information contained in this section has been deemed sensitive and redacted. Contact the UHealth & MSOM Director of Emergency Management for more information.

Appendix II — Building Mitigation

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Appendix III — Crisis Decision Team Meeting Agenda Template

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Appendix IV — Emergency Declaration Template

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Appendix V — Evacuation Areas

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Appendix VI — Damage Evaluation Form

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Appendix VII — Building Priority List

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Appendix VIII — Disaster Account Numbers

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Appendix IX — Alternate Workspaces- Updated 04/09/19

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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 [Director of Emergency Management](#).

Appendix XI — UMHC – UHealth Tower Emergency Operations Plan

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Appendix XII — UMHC – Sylvester Comprehensive Cancer Center Emergency Operations Plan

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Appendix XIII — UMHC – Bascom Palmer Eye Institute (BPEI)-Anne Bates Leach Eye Center Emergency Operations Plan

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Appendix XIV — UMHC – BPEI at Palm Beach Gardens Emergency Operations Plan

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Appendix XV — UMHC – BPEI at Naples Emergency Operations Plan

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Appendix XVII- Emerging Special Pathogens Response Plan

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Appendix XVI — UMHC – Lennar Foundation Medical Center

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Appendix XVII — Life Alliance Organ Recovery Agency Business Continuity Plan

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