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BANNER HEALTH

The Staff Emergency Instructions Guide is designed to guide you during emergencies such as fires, disasters, bomb threats or medical emergencies. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff, while preventing stress and panic among visitors to the hospital.

Keep this manual in a visible location so that it is readily accessible when needed.

Anyone wishing for more information regarding emergency procedures should contact their Director, Safety and Security or the Emergency Management Program Manager. Be familiar with the information contained in this manual.

INTRODUCTION

CODE RED – FIRE EMERGENCY

If you are directly confronted with the fire and/or instructed by the Fire Department to evacuate, heed the following instructions:

R – Rescue: move person(s) in immediate danger to a safe location.

A – Alarm: by activating nearest pull station. Report Code Red to the Operator and give the exact location.

C – Contain: Close doors to prevent spread of fire and/or smoke.

E – Extinguish or Evacuate: Attempt to extinguish the fire if possible. If not able to extinguish, close doors and evacuate, if possible.

For extinguishers, use:

P – Pull the pin in the handle of the extinguisher.

A – Aim the nozzle at the base of the fire.

S – Squeeze the trigger.

S – Sweep the nozzle from side to side.

NOTIFICATION:

- Activate the fire alarm at the nearest pull station.
- Report Code Red to the Operator and give the exact location.
- The Operator will announce *“Code Red, location.”*



CODE RED – FIRE EMERGENCY

ALARM ACTIVATION OCCURS EITHER BY:

- Fire pull stations
- Sprinklers
- Smoke detectors

ACTIONS:

- When alarm is activated, all fire doors enclosing zones/ compartments will automatically shut.
- Do not use elevators and respond only if alarm is on your floor.
- In the majority of fires, only local areas within the facility need to be evacuated.
- If you are not in immediate danger, await instructions from the Fire Department or authorized personnel.

EXITS:

Personnel should evacuate hazardous areas as directed by authorized personnel. There are emergency exits and pathways clearly identified throughout the entire facility. Note the location of the nearest exit.

The Code Red will remain in effect until the House Supervisor, Incident Commander or Administrator on Call designates the Operator to announce “*Code Red, All Clear.*”

CODE ORANGE – HAZARDOUS MATERIAL SPILL OR RELEASE

Hazardous Spill: hazardous material spill internal to the facility.

Hazardous Release: hazardous material release external to the facility.

CODE ORANGE is implemented whenever a hazardous spill or release cannot be contained in an area or cleanup requires the assistance of the local HAZMAT team.

NOTIFICATION:

- Contact the House Supervisor (HS) if you become aware of an actual event or potential emergency event.
- HS to contact Administrator on Call (AOC) and Safety Officer in order to relay situation information and assessment.

- If needed, contact the local fire department and county public health department.
- Upon notification from the AOC/designee, the Operator will announce, “*Code Orange, location.*”

ACTIONS:

- Remove any person(s) from danger, if safe to do so.
- If internal, close doors (if possible) to isolate the area.
- Obtain the Safety Data Sheets (SDS)/ Material Safety Data Sheets (MSDS), if substance is known.
- If you are trained to do so, stop and/or contain the spill by using the recommend personal protective equipment (PPE).
- If needed, call Security – to assist with securing the area.



CODE ORANGE – HAZARDOUS MATERIAL SPILL

REMEMBER RAIN:

1. **Recognize:** the possibility of a hazardous materials exposure by signs and symptoms.
2. **Avoid:** exposure by using basic precautions (gloves, mask, etc.).
3. **Isolate:** any staff/patients/visitors by moving away from the hazard to a safe location.
4. **Notify:** notify the House Supervisor of a possible incident with detailed information.

CODE BLUE – CARDIAC OR RESPIRATORY ARREST

Code Blue is announced to alert the Code Blue Team of a patient, staff member, or visitor who is experiencing an unexpected cardiopulmonary arrest, or near-arrest, condition.

- Contact the Operator to report a **“CODE BLUE.”** Tell Operator Adult or Pediatric, unit/location and room number.
- Operator will announce **“CODE BLUE, location.”**
- Begin CPR and continue CPR until the Code Blue Team arrives.
- Brief Code Blue Team when they arrive.
- Document the events of the **Code Blue** on the patient medical record.
- Follow the Code Blue procedures provided in the online Policy and Procedure.

“Code Blue”: Calls a code team for any and all situations to respond to visitors, staff, inpatients or outpatients.

The Rapid Response Team: To be called for an inpatient and should not be called for visitors, staff or outpatients.

Off-site Codes: Follow basic life-support recommendations once patient is determined to be unresponsive. This includes calling 911 and initiating CPR, if necessary.

CODE TRIAGE – INTERNAL/EXTERNAL DISASTER

Code Triage informs all staff of Emergency Operations Plan/Command Center activation in response to a known or perceived situation impacting the hospital (i.e., patients are on the way from a disaster scene). It applies to an internal or external emergency, and can include a partial or full hospital evacuation.

Code Triage – Internal – i.e., Facility or Security alerts within the hospital.

Code Triage – External – i.e., Mass Casualty Reception, Surge/Disaster Capacity, Weather, Security, or Medical alerts due to events outside the facility.

NOTIFICATIONS:

- The House Supervisor (HS) will notify the Administrator on Call (AOC) who will determine the need to call a Code Triage.
- If needed, Operator announces “**CODE TRIAGE, Internal or External.**”
- Follow directions from the HS, who will be in charge until relieved by the AOC or Incident Commander.
- The Emergency Operations Plan and the Hospital Incident Command System (HICS) may be activated.
- Remain calm and await further instructions.

ACTIONS:

- If there is immediate danger, assist others and move to a safe area. If no immediate danger, continue normal duties and wait for further instructions.
- Triage all patients on the inpatient units, to be determined if any patients can be discharged.
- Notify the appropriate physician of the need for expected discharge due to incoming patients.
- Report the number of available beds and holds to HS.
- Prepare to receive patients.
- Follow your department-specific plan.
- Assess current staffing levels.
- Anticipate staffing, supply and equipment needs.
- During a shift change, all staff will be retained until their Director/Supervisor, HS, or AOC releases them.
- The person in charge of the Staff Labor Pool at the onset of the emergency event will decide, in collaboration with the Incident Commander, whether or not to initiate the employee disaster call list for additional staff.
- If additional assistance/resources are required, the Incident Commander, will have the Staff Labor Pool notify Banner Corporate EOC.

CODE TRIAGE – INTERNAL/EXTERNAL DISASTER

CODE PINK – INFANT/CHILD ABDUCTION

NOTIFICATIONS:

- Upon discovery of a missing infant/child, dial the Operator.
- Inform Operator of Code Pink – give location, brief description of missing infant/child, age, and gender.
- Operator will announce ***“CODE PINK – location, description, age, gender.”***
- House Supervisor will notify Administrator on Call (AOC).

ACTIONS:

- Anyone presenting for treatment will be allowed to enter the facility and taken to the Emergency Department.
- Each employee will proceed to a door or corridor to watch for activity or suspicious persons.
- Each department has adopted an exit; use of the Code Red zones will provide information on entry/exits requiring staff coverage.
- All available on-duty staff who can be safely relieved of patient care will participate in the Code Pink covering all entrances, exits, stairwells, and elevators in their vicinity.

- Ensure that persons leaving the facility are not carrying or concealing an infant within a package, bag or coat, including any hospital staff leaving the building.
- Instruct employees that if an individual carrying an infant/child or package attempts to leave the facility, employees are to approach the individual and say: “I’m sorry to stop you, but we are being asked to momentarily detain all persons leaving the hospital. Would you mind if I check your bag?”
- This surveillance will continue until the ***“Code Pink, All Clear”*** is heard.



LOOK FOR:

- A person with a suitcase, gym bag or backpack.
- Anyone walking quickly or running towards an exit.
- Large, bulky or baggy clothing, especially if the clothing is unseasonable.
- Anyone with an infant/child who is resistive or crying.
- A person found in an area normally used only by hospital staff.

WHAT DO YOU DO IF YOU SEE A SUSPICIOUS PERSON?

- Contact Security.
- Do not impede the exit of the suspect person. The person should be allowed free exit.
- Provide a description to Security and law enforcement to aid in the investigation.
 - Height, weight, what they are wearing– get a good description.
 - What exit door was used if the person did not stop, the direction they left in, and mode of transportation?
- DO NOT speak to the media, refer them to Public Relations or Public Information Officer

CODE YELLOW – BOMB THREAT

CODE YELLOW indicates the facility has received a bomb threat, or an event that may threaten the safety or security of the hospital personnel.

NOTIFICATION:

- Obtain as much information as possible:
 - Refer to the Bomb Threat Checklist
- Signal another staff member to contact Security to inform of Bomb Threat.
- Security will notify House Supervisor.
- House Supervisor will notify Administrator on Call (AOC).
- Security will notify law enforcement.

- When instructed to do so, the Operator will announce overhead **“CODE YELLOW.”**

ACTIONS:

- Security will immediately respond and begin the search.
- Staff should remain calm and begin to search for suspicious packages or items in their department.
- If suspicious item is found, do not touch or move. Report item to Security.
- Mark the rooms that have been searched with tape or signs.
- All staff should immediately stop and turn off hand-held radios, cell phones and pagers, and ask patients and visitors to do the same.

SUSPICIOUS PACKAGE OR LETTER

WHAT IS A SUSPICIOUS PACKAGE OR LETTER?

Please take special note of those items that:

1. Are unexpected or from an unfamiliar source.
2. Appear to be lopsided or bulky.
3. Have excessive postage.
4. Are mailed from a foreign country.
5. Have handwritten or poorly-typed addresses.
6. Have incorrect titles.
7. Are addressed to title only with no name.
8. Have no return address or an address that cannot be verified.
9. Are marked with restrictive endorsements such as “PERSONAL” or “CONFIDENTIAL.”
10. Include misspellings of common words.
11. Contain oily stains, are discolored, emit an odor or have protruding wires.
12. Show a city or state in the postmark that doesn’t match the return address.

HANDLING A SUSPICIOUS PACKAGE OR LETTER:

1. Do not shake, empty or open contents of the letter/ package.
2. Notify your supervisor, who should immediately call Security, Administration, and House Supervisor.
3. If the letter has been already opened and powder spills out, do not clean it up.
4. Keep your hands below the height of your elbows if you have touched any unknown substance.
5. Do not touch any areas of your head or face.
6. If possible, place the letter/package in a plastic bag or some other type of container. If this is not possible, cover the item with anything available and do not remove cover.
7. Leave the area and close the door, or section off the area to prevent others from entering. Instruct others to stay away.
8. Immediately wash your hands with soap and water to prevent spreading any substance to your face or skin. Do not use bleach.

BOMB THREAT CHECKLIST

ASK AS MANY OF THE FOLLOWING QUESTIONS AS POSSIBLE AND LISTEN CAREFULLY

Person Receiving Call:		Phone Number:	
Date:	Time:	Employee Location:	
Write exact wording of the threat (To the best of your ability). ASK THEM TO REPEAT THE MESSAGE:			
EXTENSION CALL RECEIVED FROM:		TIME OF CALL:	TIME HUNG-UP:
WHERE IS THE BOMB?			
WHEN WILL IT EXPLODE?			
WHAT KIND OF BOMB IS IT/WHAT IS IT MADE OF?			
WHAT DOES IT LOOK LIKE?			
WHY DID YOU DO THIS?			
CHECK ALL THAT APPLY			
Sex: ___ Male ___ Female		Was voice familiar?	
Age: _____		If so whose voice:	
Description of Caller's Voice		Background Sounds	
Threat Language			
Crying	Cracking Voice	Animal Noises	Joking
Normal	Disguised	Clear	Righteous
Laughter	Deep Breathing	Factory Machinery	Deliberate
Rapid	Deep	House Noises	Tapped
Soft	High Pitched	Motor	Message read by threat maker
Slow	Raspy	Music	Incoherent
Loud	Clearing Throat	Office Machinery	Remarks
Excited	Lisp	PA System	Irrational
Calm	Nasal	Street Noises	Well Spoken (educated)
Angry	Stutter	Voices	Foul
Distinct	Accent	Phone Connection	Serious
Slurred	Familiar	Local	Nervous
Ragged	Tense	Long Distance	<i>Other:</i>
Intoxicated	Emotional	Pay Phone	
Foreign (accent):	Whispered	Static	

CODE PURPLE – SURGE MANAGEMENT

CODE PURPLE – response to safely manage periods of limited bed capacity, limited staff and/or resources, facilitate the timely admission of patients, minimize holding time in the emergency department (ED) and maximize hospital throughput caused by an influx of patients or reduction in resources.

- Assess staffing, supplies and clinical care areas for adequate resources to support increased patient census.

CODE PURPLE, PHASE I (Over Capacity): will be initiated when the hospital determines threshold guidelines has reach Over Capacity status (defined as the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community). Announced overhead at the request of House Supervisor (HS), CNO, ED Director, or Administration.

CODE PURPLE, PHASE II (Surge Capacity): will be initiated when Surge Capacity has been reached (i.e., on-site alternate holding areas for patients have been initiated and projected inpatient discharges are not anticipated to provide adequate relief of congestion). Announced overhead at the request of HS, CNO, ED Director, or Administration.

CODE PURPLE, PHASE III (Disaster Capacity): will be initiated when Disaster Capacity status is reached in one or more facilities and they are unable to continue to safely provide patient care without off-loading patients and/or recruiting additional resources (i.e., holding areas on-site exhausted and more patients holding). Announced overhead at the request of HS, CNO, ED Director, Incident Commander or AOC. Hospital Command Center is activated. Emergency Operations Plan will be activated.

- The Corporate EOC is activated to help coordinate from a central location.
- The Corporate EOC is NOT designated to take over facility operations during an incident.
- The Corporate EOC is designed to support strategic and resource coordination when a disaster is large enough that a facility needs additional support from the system.

The Code Purple will remain in effect until the HS, Incident Commander or AOC designates the Operator to announce *“Code Purple, All Clear.”*

CODE GRAY – COMBATIVE PERSON

NOTIFICATIONS:

- To initiate a **CODE GRAY**, contact the Operator.
- Operator will announce ***“CODE GRAY, location.”***

ACTIONS:

- Identify behavior that is, or may become, threatening or violent.
- Diffuse the behavior **ONLY IF IT IS SAFE TO DO SO**.
- If the behavior cannot be diffused, if actual threats of violence are noted, or if there is a weapon involved, remove all persons and patients safely from the area.
- Security will contact law enforcement, if required.
- Do not approach or attempt to apprehend the threatening or violent person.

- Dependent on the circumstances, after the situation is under control, a debriefing may be arranged. All staff involved may attend the debriefing. Security will complete the event report for each Code Gray occurrence.
- The objective is to remove the threatening or violent person. Do not impede the exit of the suspect person. The person should be allowed free exit. Provide a description to Security and law enforcement to aid in the investigation.

The Code Gray will remain in effect until the House Supervisor, Incident Commander or AOC designates the Operator to announce ***“Code Gray, All Clear.”***

ACTIVE SHOOTER

- This is a situation in which an individual or group of individuals have actively engaged in an effort to kill or seriously injure patients, staff, or visitors within the hospital or on the hospital campus; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims
- Our primary concern is the safety of our staff, our patients, and our visitors. You must act to maintain your personal safety and take action to protect yourself.
- **DO NOT PUT YOURSELF IN DANGER. REMAIN CLEAR OF THE INCIDENT AND THE SHOOTER.**

STAFF RESPONSE:

- Active Shooter situations are very unpredictable and can change quickly; consequently, it is impossible to predict the best course of action for every presenting situation.
- **Be aware of your environment and any possible dangers.**
- Following prompt notification of the authorities, assess the situation and then implement the appropriate response: **RUN, HIDE, or FIGHT.**

RUN – HIDE – FIGHT:

RUN:

- Have an escape route and plan in mind. Escape to safety when and if you are able to do so.
- If you do not know where the shooter is, running poses a greater risk to your safety.
- Leave your belongings behind and keep your hands visible.

HIDE:

- If possible, lock your unit. If available, move everyone to a lockable, window-less room.
- If you are in an office, stay there and lock the door.
- If you are in a hallway, get into a room and secure the door.
- Close window blinds and secure your work area whenever possible.
- If possible, find cover and utilize any available barriers, such as tables, desks, or chairs.
- Stay clear of windows and open areas.
- Remain quiet. Silence phones, pagers, and other audible devices.
- Turn off all lights.
- If possible, close all patient doors.

NOTIFY:

- Dial **911** when it is safe to do so. Provide all information as requested by the dispatcher.
- Have someone else notify the CAS Operator at **1-6666** of an Active Shooter and the location of the incident.

HOW TO INTERACT WITH LAW ENFORCEMENT:

- **WHEN LAW ENFORCEMENT ARRIVES:**

- Remain calm and follow all officers' instructions.
- Avoid pointing, screaming, and/or yelling.
- Immediately raise your hands above your head and spread your fingers.
- **DO NOT** stop to ask officers for help or direction when evacuating; proceed in the direction from which they officers entered.

EVACUATION

Evacuation – To provide guidance and an effective response for the evacuation of patients, visitors, and staff; to plan for patient repatriation and restoration of services as soon as possible.

Limited Evacuation – Moving patients, visitors and staff from an area of immediate danger.

Horizontal Evacuation – Moving patients, visitors, and staff to the opposite side of a rated fire door.

- Every fire door should have a label in the inside of a door jamb that identifies it as a fire door.

Vertical Evacuation – Moving patients, visitors, and staff BELOW the affected area, or to a floor that can be evacuated directly to the outside via a permanent structure.

Total Evacuation – Utilized to move ALL patients, visitors, and staff outside the main building and subsequently to designated evacuation collection sites, temporary shelters and staging areas as identified in your facility-specific Emergency Operations Plans.

IF YOU ARE INSTRUCTED TO EVACUATE:

1. Prepare for the evacuation of patients and visitors.
2. Do NOT use the elevators.
3. Walk quickly – do not run to the nearest exit. Keep to the right in the halls and stairway – in single file. Use handrails when proceeding down the stairs.
4. Do not turn back for any reason.
5. Remain calm at all times – DO NOT PANIC.

IF YOU ARE NOT INSTRUCTED TO EVACUATE:

1. Remain calm.
2. If the fire/disaster is not in your area, please remain in your department, area or office.
3. Close all doors.

EXITS:

1. Stairwell exits are located in most areas of the hospital and the doors should remain open during evacuation.
2. Once in the stairwell, proceed to the floor level where you can safely exit the building.
3. Keep clear of the building and watch for emergency vehicles.
4. Proceed to the evacuation collection site, temporary shelter and/or staging areas as designated by your facility-specific Emergency Response Plans.

SPECIAL CONSIDERATIONS FOR THOSE WITH ACCESS AND FUNCTIONAL NEEDS:

- Gain attention ASAP by appropriate communication method, i.e., tap of shoulder, wave of hands, etc.
- Offer to give guidance as you walk, explain your destination, where you are, and any obstacles. Stay with them.
- The utilization of available evacuation devices for those who may require additional assistance by trained staffed personnel.



Triage Level	Patient Type	ACTION/DESCRIPTION
Green	Ambulatory (with or without assist)	<ul style="list-style-type: none"> • These patients require minimal assistance, and can be moved FIRST from the unit. • Patients are ambulatory and 1 staff member can safely lead several patients to the shelter area. • Evacuation Staff to escort patient to designated stairwell/ elevator / holding area.
Yellow	Non-Ambulatory	<ul style="list-style-type: none"> • These patients require some assistance and should be moved SECOND. • Patients may require wheelchairs or stretchers, and 1-2 staff members to transport. • Unit/Department staff to accompany patients as necessary to the holding area.
Red	Critical High Acuity	<ul style="list-style-type: none"> • These patients require maximum assistance and should be moved LAST from an inpatient unit. • In an emergent evacuation, these patients may require a minimum of 2-3 staff members. • Unit/Department staff to accompany patients, as necessary, to the holding area. Bedridden patients should be transported while in their beds, whenever possible.

FACILITY ALERTS

Facility Alerts include Plain Language coupled with Code announcements used within the facility. Facility Alerts provide additional information related to events and do not replace Banner Codes. Operators are designated to announce alerts within the facility in collaboration with the House Supervisors and AOC.

TYPES OF ALERTS – Facility Alerts • Medical Alerts • Security Alerts • Weather Alerts

FACILITY & INFORMATION TECHNOLOGY ALERTS

Incident/Event	Recommended Plain Language Code	Staff Actions
Elevator	“Facility Alert + Elevator (number or other designator) stopped or downtime + Location Description”	<ul style="list-style-type: none"> • Review fire and evacuation plans. • Contact Facility Services and Security. • Identify resources to mobilize and establish movement teams for non-ambulatory patients.
Evacuation	“Facility Alert + (Partial/Full) Evacuation + Location Description”	<ul style="list-style-type: none"> • Review evacuation plans. • Refer to EVACUATION card for information.
Fire	“Code Red + Location Description”	<ul style="list-style-type: none"> • Review fire and evacuation plans. • Refer to CODE RED card ACTIONS. • Do not use elevators.
Fire Alarm / Suppression	“Facility Alert + Fire Alarm/Suppression System Downtime + Location Description - Please initiate fire watch and await further instructions.”	<ul style="list-style-type: none"> • Contact Facility Services. • Institute Fire Watch; minimize fire hazards, use phones or runners to report smoke/fire.
Generator	“Facility Alert + Generator Disruption + Location Description”	<ul style="list-style-type: none"> • Determine the extent of the downtime by contacting Facility Services. • Ventilate patients by hand as necessary. Complete cases in progress ASAP. Manually regulate IV’s and do not start new cases. • Contact Respiratory Care Services if additional resources are needed. • Use flashlights and lanterns.
HazMat Spill	“Code Orange + Location Description”	<ul style="list-style-type: none"> • Refer to CODE ORANGE card for information.
HVAC	“Facility Alert + HVAC Disruption + Location Description”	<ul style="list-style-type: none"> • Use Portable fan and temporary cooling units.
IT system (i.e. Network, Specific application)	“Facility Alert + System(s) Affected Downtime + Location Description - Please initiate downtime procedures and await further instructions.”	<ul style="list-style-type: none"> • Report any issues to appropriate Facility IT personnel. • Utilize downtime procedures if system used by affected department is impacted. • Monitor IT Communications Center or check email for Mass Communication Announcements from IT for additional information.
Medical Gases	“Facility Alert + Med Gas Disruption + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services, Storeroom, and Respiratory Care Services. Request for additional portable cylinders, if needed. • Hand ventilate patients; transfer patients, if necessary. • Use portable O2 and other gases.



Incident/Event	Recommended Plain Language Code	Staff Actions
Medical Vacuum	“Facility Alert + Med Vacuum Disruption + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services and Respiratory Care Services for support if directly impacted. • Request for portable vacuum through Air Gas. Additional portable vacuums from crash cart may be used to finish cases in progress. Do not start any new cases.
Natural Gas: Failure or Leak	“Facility Alert + Natural Gas Disruption + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Open windows to ventilate; turn off gas equipment. • Do not use any spark-producing devices. • Await further instructions.
Nurse Call Systems	“Facility Alert + Nurse Call System(s) + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Use alternate communication tools such as bedside phones, if available. Deploy bells or detail a runner to check on patients.
Other Facility Systems	“Facility Alert + System(s) Affected + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Await further instructions.
Patient Care Equipment/Systems	“Facility Alert + System(s) Affected + Location Description”	<ul style="list-style-type: none"> • Contact Clinical Engineering. • Replace and tag defective equipment.
Phone system	“Facility Alert + Phone system downtime + Location Description - Please initiate downtime procedures and await further instructions.”	<ul style="list-style-type: none"> • Contact Telecommunications Services. • Utilize overhead paging, radios, emergency phones, cell phones, and runners as needed.
Power	“Facility Alert + Electrical power disruption + Location Description”	<ul style="list-style-type: none"> • Ensure that life support systems are on emergency power (red outlets). • Determine the extent of the outage by contacting Facility Services. • Ventilate patients by hand as necessary. Complete cases in progress ASAP. Manually regulate IV’s and do not start new cases. • Contact Respiratory Care Services if additional resources are needed. • Use flashlights and lanterns.
Sewer	“Facility Alert + Sewer Disruption + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Do not flush toilets. Do not use water.
Steam	“Facility Alert + Steam system downtime + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Conserve sterile materials and linens; provide extra blankets; prepare cold meals.
Tube system	“Facility Alert + Tube system downtime + Location Description - Please initiate downtime procedures and await further instructions.”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Initiate downtime procedures and await further instructions.
Water	“Facility Alert + Potable (Drinking/washing)/ Non-potable Water Disruption + Location Description”	<ul style="list-style-type: none"> • Contact Facility Services if directly impacted. • Non-potable water; which is unsafe water will not be consumed. Place “Non-Potable Water. Do Not Drink” signs at all identified locations. • Potable water will be obtained and deployed out to staff for use until water source is restored. • Await further instructions.

MEDICAL ALERTS

Incident/Event	Recommended Plain Language Code	Staff Actions
Emergency Operations Plan/ Command Center Activation (i.e. Mass Casualty Reception, Surge/ Disaster Capacity, or activation due to Facility, Security, or Weather Alerts)	“Code Triage + Description”	<ul style="list-style-type: none"> • Refer to CODE TRIAGE card for information.
Medical Decontamination (i.e. Chemical, Biological, Radiological, Nuclear, or Explosives exposures from small or large incidents)	“Medical Alert + Medical Decontamination Activation + Location Description -or- Medical Alert + HERT Team (Other Bio Team) Activation + Location Description”	<ul style="list-style-type: none"> • Refer to CODE ORANGE card for information. • Stay clear of affected area unless trained to manage the incident.
Medical Emergency	“Code Blue + Location”	<ul style="list-style-type: none"> • Refer to CODE BLUE card for information.

SECURITY ALERTS

Incident/Event	Recommended Plain Language Code	Staff Actions
Active Shooter	“Security Alert + Active Shooter + Location Description - Follow Run, Hide, Fight Protocols and await further instructions.”	<ul style="list-style-type: none"> • RUN - Evacuate if safe to do so. Assist others if capable. • HIDE - Shelter-in-place until an “All Clear” is announced or until Law Enforcement clears the scene. • FIGHT - If you are in immediate danger; as a last resort to preserve life; identify a weapon for use.
Armed, Violent Intruder	“Security Alert + Threat/Location Description - Please take protective measures and/or await further instructions.”	<ul style="list-style-type: none"> • Contact Security Services if person(s) are viewed with weapon(s) on campus. • Do not go to the location of the threat. • Consider RUN, HIDE, FIGHT as a method of response.
Bomb Threat	“Code Yellow + Threat/Location Description - Please standby for further instructions”	<ul style="list-style-type: none"> • Refer to CODE YELLOW card for information.
Hostage Situation	“Security Alert + Threat/Location Description - Please standby for further instructions”	<ul style="list-style-type: none"> • Remain Calm. Consider your personal safety 1st. • Review Evacuation Plan. • Contact Security Services. • Provide information to requesting parties (i.e., Law Enforcement). • Evacuate if safe to do so. • Secure and isolate immediate area. • Assist others in evacuation/isolation.
Infant/Child Abduction	“Code Pink + Age Description + Location Description”	<ul style="list-style-type: none"> • Refer to CODE PINK card for information.
Lockdown	“Security Alert – Incident Location – Lockdown in effect. Secure units and stay in place. Await further instructions.”	<ul style="list-style-type: none"> • Secure immediate areas. • Advise visitors of the event. • Await further instructions.
Missing Adult	“Security Alert + Facility Search + Location Description”	<ul style="list-style-type: none"> • Contact Security Services. • Contact Operator to announce event (if directly involved in event). • All employees not involved in non-direct patient care search immediate area.
Need for Security Assistance	“Code Gray + Threat/Location Description”	<ul style="list-style-type: none"> • Refer to CODE GRAY card for information.
Security Systems (i.e. badge access controller, infant abduction (HUGS, CCTV, etc.)	“Security Alert + Security System Downtime + Location Description”	<ul style="list-style-type: none"> • Contact Security Dispatch Services

WEATHER ALERTS

Incident/Event	Plain Language Code	Staff Actions
Flash Flood Watch	“Weather Alert + Flash Flood Watch”	<ul style="list-style-type: none"> • Be prepared. Know your risks. • Monitor news feeds (TV, Radio, and emails) to receive updates and instructions. • Communicate known risks / potential impacts with Supervisor/Manager.
Flash Flood Warning	“Weather Alert + Flash Flood Warning”	<ul style="list-style-type: none"> • Take Action. Stay on high ground. • Avoid walking or driving through flood waters. • Report any emergent issues related to event to appropriate facility department leaders. • Assist those in need; keep personal safety in mind.
Severe Weather Watch	“Weather Alert + Severe Weather Watch”	<ul style="list-style-type: none"> • Be prepared. Know your risks. (i.e., Tornadoes, Thunderstorms, Lightning, Dust storms) • Monitor news feeds (TV, Radio, and emails) to receive updates and instructions. • Remain on the alert. • Communicate known risks / potential impacts with Supervisor/Manager.
Severe Weather Warning	“Weather Alert + Severe Weather Warning”	<ul style="list-style-type: none"> • Take Action based on hazard type. • Reduce conditions that pose a threat to life or property. • Assist those in need; keep personal safety in mind.
Tornado Watch	“Weather Alert + Tornado Watch”	<ul style="list-style-type: none"> • Be prepared. Know your risk. • Monitor news feed (TV, Radio, emails) to receive updates and instructions. • Remain on the alert.
Tornado Warning	“Weather Alert + Tornado Warning”	<ul style="list-style-type: none"> • Take Action. Take shelter. • Reduce conditions that pose a threat to life or property. • Assist those in need; keep personal safety in mind.