SEVERE WEATHER ALERT – SEVERE THUNDERSTORM OR TORNADO WATCH

General Response: When severe weather conditions exist, colleagues should take appropriate actions to protect people and property from injury or damage.

Severe Weather Watch: Conditions exist for severe weather to occur. Prepare and standby. Watch for further developments.

Types of Severe Weather: Examples of severe weather are thunderstorms with damaging high winds, tornado watches, hail, or lightening.

- Notification of severe weather is received through weather radio alerts, county siren, TV or radio.
- If the situation indicates, an administrator or ED registered nurse authorize a Severe Weather Watch announcement.
- All colleagues should keep patients and visitors informed based upon the announcements.
SEVERE WEATHER ALERT – TORNADO WARNING

General Response: When severe weather is imminent or upon the facility, colleagues should take appropriate actions to protect people from injury and property from damage.

Severe Weather Alert – Tornado Warning: A tornado is imminent or upon the facility. Full and immediate response is required.

Specific Response:

- If applicable, move to shelter areas (restrooms, stairwells, interior rooms free of windows, interior corridors away from windows, and lower level).
- Protect patients who cannot be moved away from windows: face away from glass, cover head/back with blankets, close drapes, close room door and reassure. Put shoes on patients and remove items from corridors. Check waiting/lobby areas for visitors.

Notification of severe weather is received through weather radio alerts, county siren, TV or radio and if applicable, an administrator or ED registered nurse initiates the Severe Weather Alert – Tornado Warning.
SECURITY ASSISTANCE REQUIRED

General Response: When an individual’s behavior is physically or verbally aggressive, endangers themselves or others in the area, destroys property and this person will not respond to a request to cease their actions by the person in charge of the area, then it is appropriate to call “Security Assistance Required” to obtain assistance.

Specific Response:
1. Any colleague can initiate the “Security Assistance Required” by dialing **O.
2. A trained team of responders, the Security Team, will respond to assist in de-escalating the situation.
3. If law enforcement is part of the response, a member of the Security Team will be with them.
MISSING PERSON

General Response: Colleagues will search locations inside and immediately outside their department for individual matching the announced description.

- Confirm and identify missing person (male/female, approximate age, and location).
- Dial **O and page the Missing Person overhead providing specific information. Then call 911 to notify local law enforcement.
- Mobilize colleagues and continue search in the immediate area.

Colleague Response:

- Be alert for gender, age number and other information announced with “Missing Person (Missing Person - Child/Adult, Male/Female, Age).
- Thoroughly search all areas in the department.
- Designate colleagues to search nearby areas (corridors, stairwells and exits) as designated in policy.
- Report to an administrator or ED registered nurse a person observed matching the patient description or need for assistance.
LOCK DOWN

**General Response:** If you hear a LOCK DOWN alert called overhead, that means there is an external threat near our facility. This is to alert anyone inside there is a threat in the vicinity and to keep people safe INSIDE the building.

**Specific Response:** The ED Physician/Charge Nurse, Administrator, or designee will initiate the announcement of a LOCK DOWN ALERT by calling **O. They will provide all available information! Stay tuned for additional announcements. DO NOT CALL THE ED or ADMINISTRATOR WITH QUESTIONS.

**Quick Overview:**
- Designated colleague dials **O and calls the LOCK DOWN.
- Administrator, ED registered nurse, or their designee works with local law enforcement to gain additional information to keep people inside the facility updated. Listen for ongoing announcements.
- Colleagues need to encourage anyone inside the LOCK DOWN area to remain until the “All-Clear” announcement.
- Be mindful of any shift changes during a LOCK DOWN.

If there is an INTERNAL threat, a VIOLENT INTRUDER/ACTIVE SHOOTER alert will be called – NOT A LOCK DOWN. Refer to the policy.

**OVERHEAD ANNOUNCEMENT**
(1) <LOCATION> LOCK DOWN External Threat + any additional details (three times)
(2) <ANY ADDITIONAL DETAILS>
(3) <LOCATION> LOCK DOWN ALL CLEAR (three times)
BOMB THREAT

General Response:

If threat is received by telephone:
- Handle the call quietly and calmly, and listen to what the caller says.
- Prolong the conversation as long as possible.
- Ask where, when, why and what the bomb looks like.
- Note words, voice and background noises.
- Try to alert another colleague to initiate the emergency response by dialing **O and 911 to notify local law enforcement.
- Refer to Bomb Threat Checklist in the policy for assistance.

If threat is received in writing:
- Avoid handling the note, envelope, etc.
- Initiate emergency response by dialing **O and 911 to notify local law enforcement.
- Record names of those who have handled the message.

If threat is received via email/social media/electronic devices:
- Initiate emergency response by dialing **O and 911 to notify local law enforcement.
- Do not delete or forward the message.

Specific Response:
- If discovery of a bomb or suspicious device, leave it untouched and secure the area. Dial **O to initiate the Security Alert. The colleague(s) becoming aware of a threat or actual bomb inside or outside the facility will promptly act to protect persons/property and notify others by calling **O and 911 to notify local law enforcement.
- Move away from danger.
HAZARDOUS SPILL RESPONSE

General Response: Minimize all chemical exposures, leaks and spills. All accidental exposures, regardless of severity must be reported to the department manager. All persons who use chemicals or work in areas where chemicals are received, stored and/or distributed must be familiar with safe chemical management and clean-up procedures that include Personal Protective Equipment (PPE) and Engineering Controls (EC).

- PPE = Face protection, heavy-duty gloves, fluid-resistant gown, eye protection, etc.
- EC = Spill clean-up supplies, safe receptacle for waste, sinks, hoods, drench showers and eye wash stations, etc.

Specific Response:

- Remove anyone in immediate danger.
- Dial **O to report the incident.
- Seal off the area to prevent anyone from entering the danger zone.
- Await the arrival of trained HazMat responders to direct clean-up.
- HazMat responders will determine appropriate clean-up; small spills may be determined safe to clean up by the affected department.
RAPID RESPONSE TEAM

General Response: Colleagues will promptly consult the physician if identifying clinical deterioration of their patient.

Specific Response:
1. Notify primary physician of patient’s change in condition.
2. Dial **O to initiate the Rapid Response Team when patient meets criteria.

When to Initiate the Rapid Response Team:
1. Colleague is worried about the patient.
2. Acute change in heart rate.
3. Acute change in systolic blood pressure.
4. Acute change in respiratory rate.
5. Acute change in oxygen saturations.
6. Acute change in mental status.
7. Acute significant bleed.
8. Acute change in level of consciousness.
10. Failure to respond to treatment.
CODE BLUE

General Response: Colleagues will promptly act if observing a person who may need immediate medical assistance. “Code Blue” is an alert to activate a group of specialized colleagues, with appropriate equipment to provide initial treatment for medical emergencies.

Specific Response:
- Do not hesitate to activate a Code Blue if noticing any individual looks in need of immediate medical attention.
- Assess if the victim is without a pulse and/or not breathing.
- Call for help; stay with the victim and reassure.
- Direct someone to phone **O and announce a “Code Blue” announcement. Provide specific location of the emergency and if victim is adult or pediatric.
- Provide first aid according to the level of training and then wait for assistance.
- Provide information to responders upon their arrival.
- Keep elevators and corridors clear for responders.
- Maintain crowd control. DO NOT CROWD THE SCENE.
- Assist with children/companions in public areas.
- If located in the immediate vicinity, stand by to take direction from responders.
- Maintain confidentiality; do not discuss the situation with non-staff and where others may hear.
- Refer to the Code Blue policy.
**ACTIVE SHOOTER/VIOLENT INTRUDER**

**General Response:** Upon receiving information of someone within the facility or on the property using a dangerous weapon in a threatening manner, immediately dial **O**. If another colleague is available, have them dial 911 (if using a hospital extension call 9-911). Never assume that someone else has already made a call for help. A description, location and actions of the armed person should be given.

**Specific Response:** Use the acronym A.L.I.C.E. for specific response guidelines.

**Alert:** Announcement is made to the entire campus, giving specific information as to the location of the active shooter, so that informed decisions can be made.

**Lock Down:** An internal lock down should occur immediately by all who do not have the ability to evacuate to safety. Do not lock exterior doors unless a Lock Down Alert is called overhead. The need for a Lock Down of the exterior campus will be determined based on the circumstances of the incident.

**Inform:** Real time information is provided via overhead announcement. Movements and actions of the suspect will be announced to continually provide current information.

**Counter:** If colleagues/patients are unable to evacuate and have contact with the suspect and feel that they are in danger, they have the option of using counter techniques to interrupt the violent actions of the suspect. Use any weapon you can locate, such as a fire extinguisher, stapler, etc. to disable the person.

**Evacuation:** Immediately leave an area that could expose you to danger and go to a secure area safe from the threat.

**When deciding to evacuate or barricade, colleagues should assist as many patients as possible in doing the same.**
DISASTER ALERT

General Response: During any event which may result in normal operations being disrupted and/or a sudden influx of patients, colleagues have department specific plans assigning responsibilities. Response is in accordance with the Hospital Incident Command System (HICS).

The facility is given notice, about an emergency situation, which may require additional resources and or preparation.

- All leaders should report to the Hospital Command Center located near the Admissions Department with their Disaster Response Form indicating available staff and beds.
- The emergency situation may reach a level requiring labor pool activation.
- Internal colleagues implement department specific response.
- Available colleagues respond to labor pool.
- Colleagues are notified to respond in preparation for the disaster.
- The emergency situation may exceed the capabilities of the hospital’s internal staffing and or resources.
- Additional external colleagues and or resources may be called in to respond to the disaster.

Specific Response: Prepare for anticipated influx of patients which could overwhelm the current capabilities of the hospital. Determine possible discharges, cancellation of elective procedures, and minimizing normal operations as appropriate.

- Emergency Department receives notification from local authorities of a disaster event.
- Emergency Department or affected department consults with the person in charge regarding initiation of a Disaster Alert notification.
- Follow the department specific plan and communicate with your leader. Leaders will notify the Incident Commander of the need for additional resources, such as colleagues or materials.
EVACUATION

General Response:
Colleague response is needed for evacuation of the building, or a portion of the building, when it has been determined to be unsafe or is unable to deliver adequate patient care.

- Remove persons in immediate danger.
- Notify colleagues and person in charge in the area.
- From a safe area dial **O and report the situation.

Specific Response for Hospital Evacuation:
- Incident Commander or person in charge directs evacuation/relocation.
- Clear hallways of all equipment.
- Evacuate patients nearest the hazard first. If leaving the floor, evacuate patients in the following order: ambulatory, wheelchair, and then non-ambulatory patients.
- Provide for proper clothing or blankets, if needed. Medical information, medications and supplies go with the patient.
- Follow designated evacuation routes toward the safest exit.
- Assist other departments and respond as requested by the Incident Commander.
- Do not use elevators unless directed by the Incident Commander, or local authorities.

External relocation sites for colleagues:
- Colleagues at Oelwein Medical Center, including Oelwein Family Medicine and Williams Center will gather at Mercy Park.
- Colleagues will be given further instructions when the building is safe for re-entry.
**FIRE ALARM**

**General Response:** Colleagues will promptly act to protect persons and property from injury or damage.

At Fire’s Point of Origin: R-A-C-E-S

- **R** = REMOVE those in the immediate area containing fire and/or smoke.
- **A** = ALARM Activate the fire alarm at the nearest pull station and dial **O** to announce the exact location of the fire.
- **C** = CONTAIN the fire and smoke by closing all doors.
- **E** = EVACUATE/EXTINGUISH as appropriate.
- **S** = SEND Colleague to the appropriate door to meet the firefighters.

**Fire Extinguishment:**

- Smother the fire with a blanket or towel, if possible.
- Fire extinguishers may be safely used, ensuring an exit path is maintained.
- Fire extinguishers may only be used by trained responders.
- Follow the P-A-S-S acronym.
  - **PULL** the pin.
  - **AIM** the nozzle at the fire base.
  - **SQUEEZE** the discharge handle.
  - **SWEEP** from side to side.

**Colleague Response:**

- Respond to fire drills the same as actual events.
- Clear corridors of all equipment.
- DO NOT USE ELEVATORS.
- Plant Operations will control utilities and medical gas valves, in consultation with the person in charge and Respiratory Therapy.
- Close smoke/fire doors if not already closed; close other doors to stop the spread of smoke/fire. Turn on all lights.
- Be prepared to assist patients and visitors with relocation, if necessary.
- Be prepared to receive relocated patients and visitors from adjacent areas.
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<th>Failure</th>
<th>What to Expect</th>
<th>Responsibility of User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Systems Network</td>
<td>Computers are down.</td>
<td>Use downtime procedures or backup manual/paper systems.</td>
</tr>
<tr>
<td>Electrical Failure</td>
<td>Brief flicker—restoration of equipment and electrical sources on emergency</td>
<td>Some non-essential services will be without power. Refer to departmental emergency/back up procedures.</td>
</tr>
<tr>
<td></td>
<td>generators. Minimal emergency lighting.</td>
<td></td>
</tr>
<tr>
<td>Electrical Emergency Power Failure</td>
<td>Generators failed. Loss of all emergency power.</td>
<td>Use flashlights, hand ventilate patients and manually regulate IVs. Prepare for possible evacuation.</td>
</tr>
<tr>
<td>Elevator Out of Service</td>
<td>Elevator is unresponsive.</td>
<td>Colleagues use stairs.</td>
</tr>
<tr>
<td>Elevator Stopped Between Floors</td>
<td>Persons may be trapped in elevator.</td>
<td>Maintain voice contact with persons in elevator and let them know help is on the way. Contact Maintenance.</td>
</tr>
<tr>
<td>Fire Alarm System</td>
<td>No fire alarms or sprinklers.</td>
<td>Institute Fire Watch: Colleagues round entire building. If a colleague detects unusual odors, smoke or fire – follow Fire Alarm procedures.</td>
</tr>
<tr>
<td>Medical Gases</td>
<td>Gas alarms; no oxygen, medical air or nitrous oxide.</td>
<td>Identify patients on oxygen. Coordinate with an administrator/designee or ED registered nurse. Hand-ventilate patients. Use portable oxygen and other gases. Call Respiratory Services (319-283-6129) for additional portable cylinders. Transfer patients to a different unit if necessary.</td>
</tr>
<tr>
<td>Medical Vacuum</td>
<td>No vacuum. Vacuum systems fail and are in alarm mode.</td>
<td>Obtain portable suction machines from storerooms. Coordinate with House Supervisor/designee or charge nurse.</td>
</tr>
</tbody>
</table>
# Utility Failure

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<tr>
<td>Natural Gas Failure or Leak</td>
<td>Odor or no flames on burner.</td>
<td>Turn off gas equipment. Don’t use spark-producing devices (electric motors, light switches). Evacuate area.</td>
</tr>
<tr>
<td>Nurse Call System</td>
<td>No patient contact through system.</td>
<td>Instruct patients to use bed-side phone if able. Assign colleagues to continuously round on unit.</td>
</tr>
<tr>
<td>Patient Equipment - Critical</td>
<td>Equipment does not function properly.</td>
<td>Replace and tag defective equipment.</td>
</tr>
<tr>
<td>Sewage Stoppage</td>
<td>Drains backing up.</td>
<td>Do not flush toilets. Do not use sink – do not pour excess water down sink. Use red bags in toilets.</td>
</tr>
<tr>
<td>Steam Failure</td>
<td>No building heat or hot water. Sterilizers don’t operate. Kitchen steamers don’t work.</td>
<td>Conserve sterile equipment/supplies. Provide extra blankets to patients. Prepare meals without the use of steamers – institute back up meal procedures.</td>
</tr>
<tr>
<td>Telephones</td>
<td>No phone service.</td>
<td>Use overhead paging, bypass telephones and runners.</td>
</tr>
<tr>
<td>Water Leak or Floor</td>
<td>Standing water or seeping.</td>
<td>Remove items that could get water damaged if possible.</td>
</tr>
<tr>
<td>Water/Non-Potable</td>
<td>Tap water is unsafe to drink.</td>
<td>Make and place “Do Not Drink” signs on all drinking foundations and faucets. Obtain bottled water for drinking.</td>
</tr>
<tr>
<td>Ventilation/HVAC Systems</td>
<td>No ventilation. No heating or cooling.</td>
<td>Open windows for ventilation when possible. Colleagues institute Fire Watch. Obtain blankets if needed.</td>
</tr>
</tbody>
</table>