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. Alert others in your area to take cover if you are alerted to a Severe Thunderstorm or Tornado Warning in your vicinity.
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 law enforcement to obtain assistance.

Specific Response:
1. Any colleague can request assistance by dialing 911 and reporting the situation to the dispatcher.
2. Law enforcement will respond to de-escalate the situation.
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 911 and report the missing person if appropriate. Provide specific information. Alert other colleagues in your area to begin a search.

Colleague Response:

- Thoroughly search all areas in the department for an individual matching the description.
- Designate colleagues to search nearby areas (corridors, stairwells and exits).
- Report to person in charge and law enforcement, if appropriate, a person observed matching the patient description or need for assistance.
LOCK DOWN

**General Response:** A LOCK DOWN should occur when 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 person in charge will decide when to activate a LOCK DOWN.

- Lock all exterior doors and await further instructions from the person in charge.
- Work with law enforcement to gain additional information to keep people in the facility updated.
- Colleagues need to encourage anyone inside the facility to remain until an “All-Clear” is received.
- 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.
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 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 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 911 to notify local law enforcement.
- Do not delete or forward the message unless directed to do so by law enforcement.

Specific Response:
- If discovery of a bomb or suspicious device, leave it untouched and secure the area. Dial 911 to initiate emergency response. 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.
- 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 911 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.
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 dial 911 and request a “Code Blue” response. 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 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. The need for a Lock Down of the exterior campus will be determined based on the circumstances of the incident.

**Inform:** Movements and actions of the suspect should be relayed to the dispatcher 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.

- On-site colleagues should report and/or contact their appropriate leader/administrator or their designee with their Disaster Response Form indicating available staff.
- The emergency situation may reach a level requiring labor pool activation.
- Internal colleagues implement department specific response.
- Available colleagues respond to staff labor pool if directed to do so.
- 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 activation of the staff labor pool and report to effected site as needed.

- 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 911 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.
- Follow designated evacuation routes toward the safest exit.

External relocation sites for colleagues: ______________________________________________________________________

- 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 911 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.
- 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.
The failures indicated may not be applicable to every clinic location. Colleagues should familiarize themselves with the systems in place at their facility.

<table>
<thead>
<tr>
<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 generators. Minimal emergency lighting.</td>
<td>Some non-essential services will be without power. Refer to departmental emergency/back up procedures.</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. Notify leader, maintenance, or emergency responders (dependent upon site).</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 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>