

Emergency Code Responses

Providence St. Mary Medical Center

Dial "6" for an Emergency Response

- Always remember to Dial "6" on any phone to activate an emergency code response.
- When you Dial "6" the PBX operator will know that this is an emergency code call and will answer stat.
- If you dial "0" the PBX operator will NOT know and your call will be answered in queue

Emergency Response Codes

- **Rapid Response Team:** Patient or visitor deteriorating – I need help!
- **Code Blue:** Cardiopulmonary arrest
- **Code Pink:** Cardiopulmonary arrest of infant newborn to six months
- **Code Red:** Fire
- **Code Orange:** Hazardous chemical spill

Emergency Response Codes

- **Code Amber:** Abducted or missing Infant/Child/ or Adult
- **Code Gray:** Team response to a combative, aggressive, or hostile individual who is acting in a way that is a danger to self or others
- **Code Silver:** Weapon (threatening person with a weapon, hostage situation, or active shooter)

Emergency Response Codes

- **Code Internal Triage (Internal disaster)** — A disaster or critical incident limited to our campus such as:
 - Bomb Threat
 - Medical Gas interruption
 - Power outage
 - Major plumbing/flooding problem
 - Loss of Internal Communications or EPIC EMR
 - Campus Lockdown

Emergency Response Codes

- **Code External Triage** — A Mass Casualty Incident or Community disaster such as:
 - Plane crash at the airport
 - Natural Disaster such as an Earthquake

Rapid Response Team

- Dial "6" to activate the Rapid Response Team when a patient has a deteriorating change in condition.
- A Critical Care RN, Respiratory Therapist, and a Hospitalist will respond.
- The purpose of the Rapid Response Team is to rapidly assess and intervene before a respiratory or cardiopulmonary arrest may occur.
- The Rapid Response Team may also be activated for visitors who have sudden medical events in reception or other areas such as fainting or seizures.

Code Blue



- **Cardiopulmonary Arrest:** (policy 8720.5900)
- **Within the hospital:**
 - Dial "6" or push the blue code button and report "Code Blue" name the exact location/department, begin BLS interventions and obtain the Automatic External Defibrillator (AED) and Crash Cart.
- **At PMG Clinic sites:**
 - Call 911, start BLS interventions, and bring the AED.
- **Code Blue – "All available physicians"**
 - When more than one Code Blue is happening

Code Pink

- An infant from newborn to six months in respiratory or cardiopulmonary arrest - Dial "6" request a Code Pink response to the PBX operator.
- The same members of the Code Blue team will respond with the addition of an RN from Women's Services
- Gather the pediatric emergency equipment
- At PMG Clinic sites call 911, start BLS interventions, and bring the AED

Code Red



- **Life Safety: Code Red** (policy 8610.7029)
- Life Safety includes fire prevention, fire safety and fire response training.
- The PSMC Life Safety Response Plan provides general instructions for staff responding to an emergency to protect patients, visitors and staff from fire and products of combustion. Certain departments may have additional unique emergency fire response procedures and special training of staff.

Code Red



- Life Safety: Code Red
 - It is each employee's responsibility to know where the nearest fire alarm pull stations and fire extinguishers are located in their department



Code Red



- **Life Safety: Code Red**
 - The proper response to fire and products of combustion is based on the acronym "RACE"
 - R=Remove those from immediate danger
 - A=Activate the nearest fire alarm pull station; Dial "6" and report Code Red and give your exact location
 - C=Close all doors to contain the fire
 - E=Evacuate as necessary upon instruction
 - Know where your next "safe compartment" is beyond the closest set of smoke doors and remove equipment from halls.

Code Red

- **Life Safety: Code Red**
 - **Extinguishers:** PSMMC uses ABC, CO₂, or halogenated agent fire extinguishers.
 - **PASS procedure:** Pull pin, Aim, Squeeze handle, Sweep back and forth at base of the fire.
- **DO NOT BLOCK LIST:**
 - Electrical Panels, Pull Stations, Medical Gas Shut-Off Valves, Fire Extinguishers, Smoke Doors and Exit Doors

Code Orange: Hazardous Materials

- **Hazardous Materials (policy 8610.7050)**
 - The Hazardous Materials and Waste Management Plan addresses the potential risks to staff, patients, and visitors from the variety of hazardous substances used at PSMMC. The program also is designed to assure compliance with applicable local, State and Federal hazardous communications, "Employee Right to Know" regulations.

Code Orange: Hazardous Materials

- The inventory of hazardous materials at PSMMC or PMG is online on the intranet. Select "Maxcom" menu button and then "St. Mary Medical Center" for the location.
- You can then further locate your department specific inventory, find Safety Data Sheets, and other important safety information for handling or spill management.

Code Orange: Hazardous Materials

- Hazardous Wastes are defined as (examples not all inclusive):
 - Dangerous Waste (flammable, corrosive)
 - Universal Waste (dry cell batteries, spent fluorescent lamps)
 - Special Waste (solid corrosives)
 - Pharmaceutical Waste (chemotherapeutics and sharps, other drugs solid and liquid considered toxic to the environment)
 - Radioactive (nuclear medicine isotopes)
 - Biohazardous Waste (infectious and pathology waste, sharps)
 - Solid Waste (trash taken to landfill, or other disposal site) is **NOT** considered a hazardous waste

Code Orange: Hazardous Materials

- Any caregiver who is involved in or discovers a hazardous chemical spill who is not trained to safely clean such a spill should activate the Code Orange Team.
- Activation of the internal spill response team is done by **Dialing "6"** and asking the PBX operator to announce a "Code Orange" to the impacted area.

Code Orange: Hazardous Materials

- The "Code Orange" spill response team should be trained to the level of a First Responder /Operations Level or above according to the Washington Emergency Response Standard (WAC 296-824) to assist with proper clean-up procedures.
- The "Code Orange" team should be familiar with appropriate personal protective clothing (PPE) to be donned for various hazardous waste stored at PSMMC and bring the Code Orange Cart located on Level 1.
- Any chemical spill including chemotherapy or response by the "Code Orange" Team should be reported to the Safety Officer and the department manager.

Code Orange: Hazardous Materials

- Department Directors or Managers are responsible for orienting new personnel to any task-specific procedures for handling hazardous waste and chemicals found in their department including the segregation of regulated waste from non-regulated waste as appropriate to the department.
 - Example: Trace chemotherapy waste discarded into designated yellow bins versus routine trash or biohazard bins.

Code Orange: Hazardous Materials

- All employees have responsibility for verifying that any chemical containers stored in their department are in properly labeled containers.
- Information from the product label is needed to research chemical information on-line. All employees have 24/7 access to Safety Data Sheets (SDS) on the PSMAC Intranet in the Maxcom program.
 - This resource uses the Hazardous Materials Identification System used by product manufacturers to provide clear, recognizable, hazard information to employees using pictographs, color codes, assigned numeric and alphabetical codes that can guide employees in safe handling of the product.

Code Orange: Hazardous Materials

Employees who complete general and department orientation on hazardous chemicals and waste disposal as well as assigned Health stream Safety Modules are trained at the First Responder/Awareness level which includes:

- Understanding of the hazardous substances and their associated risks stored or handled by their department
- Recognition of the presence and identification of hazardous substances in an emergency
- Can understand potential consequences of hazardous substances in an emergency

Code Orange: Hazardous Materials

Continued:

- Have access to the employer's emergency response plan including site security and control.
- Recognize when it is appropriate to activate the "Code Orange" response team for spills the employee is not trained to contain or clean up while establishing a safety perimeter.
- Understand how to report chemical spills and any associated exposure through the department and hospital chain of command.
- If exposure has occurred an Employee Incident report must be completed and Employee Health notified as soon as possible.

Code Amber Alert

Abducted or Missing infant/child/adult:

- Dial "6" on any phone and report/describe the missing or abducted child or adult. (to include age and clothing description, etc.)
- In response, all available staff should report to the nearest unmanned exit, stairwell, elevator, or corridor. Inspect the stairwells.
- The PBX operator will notify 911 for law enforcement response to campus.
- PMG Clinic sites to call 911 directly and notify Security and Administration.

Code Amber Alert

Abducted or Missing infant/child/adult:

- Be alert for any suspicious looking person; if infant abduction is suspected, look for large bags, purses, backpacks, or loose clothing. Ask people if they will allow you to check their bags due to a security incident. DO NOT forcibly detain or search anyone.
- If you see a suspicious or non-cooperative individual leave, be sure to note the license plate and any description of the person or vehicle and direction they were heading to immediately report to local police.

Code Gray

Combative, Aggressive or Hostile Person (Policy 8610.7011)

- **Within the Hospital:** Code Gray is activated when there is a need to protect or restrain the combative, severely aggressive, or hostile individual who may be a danger to themselves or others. The team leader (usually Security Officer) is trained in verbal de-escalation techniques.
- **To Activate:** Dial "6" requesting a Code Gray response and give your location
- Caregivers without lifting restrictions who can leave their department should respond to the location to mobilize a show of force of at least 5-8 personnel.

Code Gray

Combative, Aggressive or Hostile Person

- The team leader is the only person to verbally communicate with the individual to avoid confusion and promote verbal de-escalation.
- Remove all objects from the area that can potentially be used as weapons.
- Do not attempt to independently chase or restrain a violent patient attempting to leave against medical advice.
- Do not touch the individual unless instructed to do so by the team leader.

Code Gray

Combative, Aggressive or Hostile Person

- **At PMG Clinic sites:** Staff should call 911 to activate local law enforcement support when individuals are acting in a manner suggestive of danger to self or others.
- Also notify hospital security

Code Silver



Policy 8610.7006

- **Should be Initiated:**
 - Dial "6" if individual with a weapon is threatening others, or there is a hostage situation. 911 will be notified by the PBX operator.
 - Staff and patients should be cleared from adjacent areas.
 - If Active Shooter 911 can be called by any caregiver first
- **Important Information:**
 - Do not attempt to intervene or negotiate
 - Keep others away from situation
 - If Active Shooter: Run-Hide-Fight

Code Silver – Active Shooter



- **RUN** if possible to escape outside the building or campus while directing ambulatory patients and visitors to also run with you.
- **HIDE** if you cannot run to closest "safe" room. Preferably a room that locks, turn off lights, push equipment in front of door, stay down low behind furniture or equipment, be quiet, put cell phone on mute.
- **FIGHT** as a last resort, you and your team members to save your lives. Locate equipment that can be used as a weapon to take out the shooter.
- **KEEP YOUR HANDS UP - PALMS OPEN** as law enforcement arrives. Do not run up to or shout at responding officers. Report to your manager that you are safe when all clear.
- Most Active Shooter Situations are over within 10 minutes or less prior to or at the arrival of law enforcement. Act Fast and have a plan.

Misc. Other Clinical Emergency Codes

- **Trauma Team Activation – Dial 6** in the Emergency Department for trauma patient(s) meeting Trauma Triage Criteria.
- **Stroke Alert – Dial 6** in the Emergency Department or other clinical location for patient meeting new signs and symptoms of stroke: **FAST** –Facial droop, Arm (or leg) weakness, Slurred Speech – determine time last known well.
- **Cardiac Alert – Dial 6** in the Emergency Department or other clinical location when patient presenting with ST elevation Myocardial Infarction.

**Emergency Preparedness:
Activation of Disaster Response**

External Triage

- **Within the hospital:** "External Triage" will be paged overhead when an emergency incident is expected to disrupt or exceed the normal operations of the hospital due to a disaster within the community. The hospital prepares to stand-up for a Mass Casualty Incident – MCI. Examples include an airline crash at the airport or a natural disaster such as an earthquake with significant damage in the community. Return to your department to prepare for a surge of victims.
- **At PMG Clinic sites:** "External Triage" will be initiated through the phone tree by your leaders.
- Staff on-duty at other satellite locations will be notified by leaders such as Home Health and YMCA to report back.

Emergency Preparedness:

Department activities during an External Triage:

1. Assist your Manager or Lead to determine your departments operability and needed resources to submit a situation report to the Incident Command team. Report accurate patient census and bed count. Activate your department plan.
2. Caregivers not needed in their departments should be sent to the manpower pool located in the Poplar Street lobby for a disaster assignment.
3. Disaster assignments will be made based on the priorities of the situation and the available clinical and non-clinical staff.
4. Employees may be called in from home or self report. It is essential to bring your photo ID badge for security clearance.
5. If community loss of power or phone outages bring your cell phone and charger.

Emergency Preparedness:

Department activities during an External Triage CONTINUED:

6. Some departments may be able to close down and send staff to assist in other areas. PMG staff will support the needs at Urgent Care where ambulatory wounded may present.
7. Prioritize essential tasks in your work flow and set-aside nonessential tasks during the disaster
8. Be prepared to work in alternate sites as needed to care for victims including campus parking lots, or areas of building not generally used for acute care.
9. The Hospital Incident Command team will develop a communication plan to keep you informed and provide instructions on how to contact the Command post or an employee call-in number. Social media will also be used as possible.
10. Develop an emergency plan for your family on where to go and how to communicate with your loved ones for their safety and your peace of mind while at work.

Emergency Preparedness:

International Disaster Triage Tag and Coding used by EMS in the field:

- **RED:** Life threatening injuries (prioritized for treatment in the ED, OR, or ICU)
- **YELLOW:** Urgent-serious injuries but where definitive treatment can wait for several hours. May be taken to ED or designated "Urgent" holding area once screened.
- **GREEN:** Ambulatory, minor injuries (walking wounded) taken to Urgent Care, other clinic sites, or designated areas as identified through Hospital Incident Command.

Emergency Preparedness:

Internal Triage

- An Internal emergency incident or disaster that may disrupt the normal operations of the hospital or PMG Clinic sites. Relevant to the situation, components of our Emergency Operations Plan, Utilities or IT Failure Plans, or other policies will be activated by an Incident Command Team.
- When notified by authorized personnel, the PBX operator will announce "Attention Internal Triage – Attention Internal Triage" and as possible should announce a brief statement of the nature of the event as directed by Senior Leadership, Hospital Administrative Supervisor, or Engineering such as "Oxygen Shut-Down" or "Security Lock-Down" or "Loss of Power", or "Telephone Outage."
- PMG Clinic Sites will be notified by Leadership by a method appropriate to the situation.

Emergency Preparedness:

Internal Triage

- Because this emergency code covers a broad range of potential emergency incidents there may be times that the PBX operator cannot announce the exact nature of the event either due to complexity or the nature of a security threat.
- If it happens that the PBX operator only announces an "Internal Triage" without any specific information then caregivers should be alert and watching for further communication from their leaders either in-person, via runners, email, and other methods to receive important information and instructions on what to do. This will be done as quickly as possible.
- **DO NOT CALL THE PBX OPERATOR TO FIND OUT FURTHER INFORMATION**

Emergency Preparedness:



Internal Triage: Bomb Threat

- **Within the hospital:** Dial "6" and report "bomb threat" and give information to the PBX operator. The PBX operator then notifies Administrator On-Call, Hospital Administrative Supervisor, Security, and 911.
- This code may not be paged overhead. Instead, you may be notified by another means of communication as to next instructions.
- Directions will be provided based on what security and law enforcement determines is appropriate to the situation.

Emergency Preparedness:



Internal Triage: Bomb Threat

- **At PMG Clinic sites:** Call 911; notify your Supervisor and Administration. Notify all on-duty staff at the site involved.
- For all sites -If you encounter a suspicious object, **DO NOT TOUCH**, report it immediately!
- Evacuation is only done upon the recommendation of law enforcement.



Emergency Preparedness:



Internal Triage: Bomb Threat

- Employees who receive a bomb threat by phone should try and keep the caller on the phone as long as possible while obtaining information (such as when the bomb is going to explode, where it is now, what kind of bomb, how can we contact you, background sounds, the caller's voice and use of threatening language, etc.).
 - A hand written note can be passed onto another employee to alert the PBX operator and 911 while the caller is still on the line.
- Employees may be asked by Security and Law Enforcement to assist with the search of your department by escorting officers.

Emergency Preparedness:

Internal Triage: Medical Gas & Vacuum

- If a malfunction occurs Engineering will Dial "6" and report "Internal Triage" (specify gas or medical vacuum and the location)
- Check the status of patients who are dependent on oxygen, medical air or vacuum. Portable oxygen and/or portable suction devices will be used until wall gases or vacuum have been restored

Emergency Preparedness:

Internal Triage: Medical Gas & Vacuum

- Oxygen shut-off valves
 - In departments where oxygen shut-off valves are located, it is the responsibility of all caregivers to know the location
 - Engineering will communicate with clinical leader on the unit to coordinate oxygen shut off for patient safety.

Emergency Preparedness:

Internal Triage: Medical Gas and Vacuum

- Medical gas systems include oxygen, medical air, nitrous oxide, nitrogen, and medical vacuum.
- Oxygen, medical air, and vacuum are available on all levels of the main hospital building.
- Central wall oxygen and medical vacuum is not available outside the main hospital building



Emergency Preparedness:

Internal Triage: Power Failure

- In the event of a power outage:
 - Remain in your area and wait for instructions
 - Emergency power in the main hospital building is designed to activate within 10 seconds- lights will momentarily flicker off until generators are fully operational
 - PMG Clinic sites and POC do not have backup emergency power

Emergency Preparedness:

Internal Triage: Power Failure

- Check the status of patients who are dependent on electrical devices.
- Verify that critical medical devices, including beds, are plugged into appropriate outlets.
 - **Only red wall outlets and red light switches are served by emergency power.**
- Battery powered exit lights are installed to provide exit path illumination during a power outage.

Emergency Preparedness:

Internal Triage: Power Failure

- In the event of a prolonged power outage:
 - Distribution plan for flashlights, battery lanterns, and headlamps as needed in patient care or other critical areas
 - Many restrooms may be dark as well as most offices. Corridor lighting will be dimmed.
 - Inform patients of the plan of care

Emergency Preparedness:

Internal Triage: IT/Communications

- **Phone & Network Outages Important Actions**—Includes any combination of loss of Desktop phones, Ascoms, Network Connectivity, Outlook, and EPIC
 - Security to distribute 2-way radios to key personnel where needed
 - Utilize caregiver cell phones – distribute key numbers to the PBX operator, Command Team, and other locations where needed
 - Assign Runners
 - PBX operator will announce emergency codes overhead
 - Evaluate outside phone and 911 connectivity in PBX. Direct lines in ED or other areas that bypass the PBX operator, and Satellite phones
 - Use BCA computer emergency phones
 - If prolonged phone and network outage or loss of connectivity to 911 Dispatch - County Emergency Management may deploy Amateur Radio volunteers to campus

Emergency Preparedness:

Internal Triage: IT/Communications

- Inform Telehealth Support Desk
- Inform Transfer Center
- Inform EMS & Life Flight to use HEAR radio or Direct Line into ED
- **If loss to EPIC Connectivity:**
 - Initiate EPIC Downtime procedures
 - Utilize BCA computers to print off forms and review current patient data
 - Pharmacy will place Pyxis in emergency over-ride mode
 - Clinical Informatics will round in patient care areas to assist

Emergency Preparedness:

Internal Triage: Lockdown

- **Locking Down the Facility** – May be a department only or entire building as determined by the security threat and announced
 - No one will be allowed to enter the lock-down department or building without security screening. Caregivers who need to provide care may go into the locked area with their badge.
 - If building-wide; departments will secure their areas as much as possible from outside access until "Code Internal Triage All Clear" is announced.
 - Caregivers and Medical Staff must provide their hospital photo ID to gain access.

Emergency Preparedness:

Internal Triage: Lockdown

- A designated access point for presenting patients will be patrolled by Security for screening – usually the ED entrance.
- Employees may be requested to enter or leave via a designated exit as determined by the security threat and communicated to staff.
- Be watchful of the practice of "tailgating" where unauthorized persons follow employees through badge access doors into a department or building.
- Have situational awareness of strangers or suspicious activity and report immediately to Security.
- The "All Clear" will be given after Security has discussed with law enforcement and agreement that threat has been cleared.

Emergency Preparedness:

Internal Triage: Evacuation of Patients (Policy 8610.7019)

- Evacuations can only be authorized by the Administrator on-call or Hospital Incident Command, and the Fire Department.
- Elevators are not normally used during fire, but may be authorized for use by the Hospital Incident Command or Fire Department if deemed safe or in other situations than fire resulting in need for evacuation.
- First move patients or staff in immediate danger to safe areas in adjacent wings behind the next set of smoke doors (**lateral transfers**)

Emergency Preparedness:

Internal Triage: Evacuation of Patients

- Vertical Evacuation of Patients:
 - If not able to evacuate to adjacent wings in a lateral transfer:
 - Level 3 & 4 Patients who are ambulatory or minimal assist are led down the central or other designated stairwell.
 - Non-ambulatory are slid down mattresses from designated corner stairwell to the next floor and then outside the hospital if directed.
 - Level 1 & 2 patients and staff will be directed to outside exits.
 - Follow illuminated exit signs to outside exit

Emergency Preparedness:

Internal Triage: Evacuation of Patients

- Vertical Evacuation of Non-Ambulatory Patients:
 - The manpower pool will send two teams to the area(s) being evacuated.
 - **Team one** brings mattresses (located on carts in the rear elevator lobbies on Level 3 and 4) to the corner stairwell identified as the evacuation route and sets up the mattress chute.
 - **Team two** cocoon wraps for transfer the patients being moved and slides from beds to the appropriate stairwell.
 - Evacuation team members are stationed in the stairwell using the diagram posted in that stair-well. The patients are then slid down the chute by staff, grasping the transfer sheet and passing the patient from one staff to the next, slowly, feet first, with the feet elevated to control descent.

Emergency Preparedness:

Internal Triage: Evacuation of Patients

- Vertical Evacuation of Non-Ambulatory Patients:
 - 4th floor to 2nd floor stairwells require 18 mattresses to form the chute. Mattresses should fit snugly together to prevent slippage.
 - Security to be bring radios to the Evacuation Team Leaders to coordinate the communications within the stairwell between landings as well as with the Incident Command team.
 - All patients being evacuated should be accompanied by a clinical staff member and taken to the destination ordered by Command Team.
 - Wheelchairs and gurneys should be brought to the Level 2 landing of the designated stairwell.

Emergency Preparedness:

Internal Triage: Evacuation of Patients

- Babies may be carried by their mother or staff.
- Managers or Unit Leads should verify and report to Incident Command that all patients and staff are accounted for from your department after the evacuation.
- Search all rooms and mark as searched.
- Essential records should accompany all evacuated patients (demographics sheet and most important clinical information). *EPIC EMR can be sent by system to non-Providence facilities post-evacuation if needed.
- All evacuated patients must have identification banding.
- Disaster Tracking of all evacuated patients must be maintained by Command Center.

Emergency Preparedness:

Internal Triage: Evacuation of Patients

- **Evacuation of Patients — Priority Order of Emergent Evacuation:**
 - *1st priority:* Ambulatory patients closest to danger,
 - *2nd priority:* All other ambulatory patients who can be led to safety,
 - *3rd priority:* Minimal assist patients who can be assisted down a stairwell or taken in a wheelchair
 - *4th priority:* Total assist patients (very ill, non-ambulatory, in traction, etc.) using the mattress chute in the stairwell.
 - If "staged" evacuation over several days the most unstable and vulnerable patients are transferred our first.

Emergency Safety Information

- Safety is everyone's responsibility
 - Preventing injuries or harm is essential
 - If you have questions or concerns regarding emergency response procedures, contact your Supervisor, Safety Officer, or one of the members of the Safety Committee.
 - **Dial "6" to activate any Emergency Code.**



Safety Committee

- **The Environment of Care Safety Committee:**
 - Meets 6 times per year and is responsible for review of safety of people, buildings and infrastructure, medical equipment, employee injuries and mitigation planning, and Emergency Preparedness.
 - Employees can forward any concerns or great ideas to Susan Leathers Chair for committee review.

Safety Committee

- The appointed **Safety Officer is Susan Leathers**, Trauma Services & Emergency Preparedness. The Life Safety Specialist is Greg Russell in Facilities.
- Minutes of the Safety Committee, a list of members, and "Safety Alerts" are located on the PSMC Intranet. Go to "Resources" tab and click on, "Safety Information Link".
- Minutes and information on Safety Alerts are also posted on the bulletin board behind the elevators on Level 1.