



RIVERSIDE

Code Action Sheets

General Preparedness and Response Guide

Facility: RCIC Newport News

CODE RED

Fire or smoke

CODE YELLOW

Hazardous materials incident

CODE DR. NIKE

Elopement of patient, resident or participant

CODE BROWN

Facility lockdown

CODE PINK

Infant or child abduction

CODE ORANGE

Aggressive or unmanageable person, no weapons involved

CODE BLUE

Patient has stopped breathing or has no signs of circulation

CODE SILVER

Violent situation involving weapon or hostage

CODE GREEN

Medical emergency, non-patient, in public area

CODE BLACK

Bomb threat or discovery of suspicious item

CODE PURPLE

General disaster alert to activate Emergency Operations Plan

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General response info / Codes /
Evacuation guide / Severe weather

Your guide to emergency response

Terms

Incident Commander – The most qualified team member who is in overall charge of managing the response to the emergency or event.

Command Post – The location where the Incident Commander oversees the response to a short-term, no-notice emergency or event such as a mass casualty or hazmat emergency that lasts less than four hours. The Command Post is not active if the Command Center has been opened.

Command Center – The location where the Incident Commander oversees the response to a long-term no-notice, pre-planned or forecasted emergency or event. Examples: mass casualty emergency that will last more than four hours, a hurricane or an annual celebration. Team members will be notified as to when and which Command Center has been activated.

Command Center location: RRMC Round Room



Phone number: 757-594-3040

Fax Number: 757-534-5931

Staging Area – The location where responding team members report to check in prior to assisting during an emergency. Depending upon the size of the emergency there may be more than one Staging Area. Staging Area location depends on location of the emergency itself. The Staging Area will be communicated to team members responding to the emergency.

Incident Management Team – The IMT consists of pre-identified leadership and management members of a facility that assist the Incident Commander in managing the response to an emergency or event. The team's duties include: activating the facility's emergency plan, declaring an emergency or that one has ended, and assisting the Incident Commander by helping manage the response as part of the Command Post or Command Center.

Emergency Operations Plan – The EOP contains the facility's emergency management procedures, checklists, and other information to assist the facility with managing the response to the emergency or event. The facility's EOP is located on the Emergency Management website on the Riverside Intranet.

Keep in mind

What you normally do day-to-day may not be what you do during an emergency. For example, you may be a physical therapist, but during an emergency you may be assisting with moving patients or delivering meals.

Where you work during an emergency may be different than where you normally work. For example, if you are an ICU nurse you may be assigned to assist in the Emergency Department.

You will report to only one supervisor during an emergency. Who you report to during an emergency may be different than who you normally report to for day-to-day operations.

Team members selected as supervisors during the emergency response are chosen based on who is the most qualified to serve that function or position. As such, team members may find themselves reporting to another team member who they would normally not report to based on daily position titles.

During emergencies, operational periods or shifts may extend beyond your normal day-to-day shift. Consider bringing snacks, change of clothes, medicines, toiletries, etc.

Team member response

When responding to an emergency always check in at the Staging Area, or other designated location, prior to assisting with the emergency response. We need to be able to account for everyone who is participating in the response.

After check-in, locate your assigned supervisor and obtain your initial briefing. The briefing information helps you plan your tasks, obtain valuable information and communicate with others.

Your briefing from your supervisor should include:

- Current situation assessment
- Identification of your specific job responsibilities
- Identification of coworkers
- Location of work area
- Location of Staging Area
- Identification of eating and sleeping arrangements as appropriate
- Procedural instructions for obtaining additional supplies, services and personnel
- Operational periods/work shifts
- Required safety procedures and personal protective equipment as appropriate

Utilize appropriate sections of the Emergency Operations Plan, or other guidance documents as necessary to assist with your response.

Report problems to your assigned supervisor immediately.

Incident Management Team response

Your primary role is to assist within the ICS/HICS framework for managing the response to the emergency or event.

If you are the first responding IMT member, be prepared to assume the role of Incident Commander. Communicate to responders that you are establishing command and that you are the initial Incident Commander. Identify a Command Post and Staging Area. If necessary, activate the Command Center. Make position assignments and begin managing the response. The Incident Commander role will be transferred as necessary when a more qualified IMT member arrives and is briefed on the situation.

Respond to the area of the emergency or event and check in at the Staging Area.

Receive your assignment and briefing from the Incident Commander or designee.

Work with the Incident Commander and other responding IMT members to determine a response based on the priorities in this order: life safety, incident stabilization, property preservation.

Work with the Incident Commander and other responding IMT members to conduct a scene size-up to help determine appropriate response measures and resources necessary to meet the demands of the emergency or event:

- How big is the incident?
- How does it impact your location now and in the future?
- Who is involved?
- How long will it last?
- How will it impact services?
- What resources will be necessary?
- How will everyone communicate?
- What safety/security concerns are there?
- How will clinical activities be affected?
- What demands will be placed on the utility systems?
- What team members will be needed and what roles will they perform?

Assist within the Command Post or Command Center as requested and assigned.

Perform any Command System role you are assigned. (Operations Section Chief, Safety Officer, Planning Section Chief, etc.).

Utilize appropriate sections of the Emergency Operations Plan, or other guidance documents, to assist with your response.

Report problems to your assigned supervisor immediately.

Keep team members informed.

CODE RED

Fire or smoke



Pull the fire alarm
Dial internal number NA
Dial 911

If it is in your area

RESCUE people in immediate danger.

ALARM (pull the fire alarm) and dial 911 to report exact location.

CONTAIN by closing all doors.

EXTINGUISH the fire only if it is small enough. Evacuate if necessary, first horizontally, then vertically.

When using a fire extinguisher:

PULL the pin.

AIM the extinguisher at the base of the fire.

SQUEEZE the handle.

SWEEP and spray from side to side at the base of the fire.

What will happen

Fire doors will close, strobes will flash, audible warning will go off.

Oxygen shutdown

Evaluate need to shut off oxygen valves, converting patients to portable oxygen as needed.

OXYGEN SHUTDOWN

LOCATION:

UNIT/FACILITY INSTRUCTIONS

Activate pull station fire alarm and call 911. Evacuate all patients and staff to parking lot, closing all doors. Fire extinguishers are located in hallway near pharmacy and back hallway. Pull station is located in the lobby.

If the fire is elsewhere

- Keep hallways clear.
- Station team member near elevators to keep visitors, staff and patients from using them.
- Limit phone use.
- Stay alert for announcements.
- Account for all staff, visitors and patients.
- Close doors and windows.
- Be ready to evacuate.

Fire safety basics

- Know location of the alarm pull boxes, fire extinguishers and emergency exits.
- Know location of fire doors, smoke and fire compartments and horizontal/vertical evacuation routes.
- Never block fire/smoke doors.
- Report any smoke/fire door that does not close properly.
- Keep halls clear from clutter.
- Put equipment and carts in hall only temporarily and always on one side.
- Report all fire hazards.
- When room or area has been emptied, close door and place pillow or other item as a marker that the room has been cleared.
- When removing patients, bring charts with them.

*Refer to Code Red Policy 802.310
for more information*

CODE DR. NIKE

Elopement of patient, resident or participant

Elopement in progress

- Attempt to redirect the person
- Get help from other team members



Dial internal number

NA _____

- Notify supervisor. (Supervisor will notify administrator or other members of management team as needed.)
- Contact family/caregiver.
- Contact physician.
- Keep your team updated.
- Maintain calm atmosphere for other patients, residents or participants.
- Nursing supervisor or management team member in charge of response will notify local law enforcement, division VP, RHS Protection and RHS on-duty public information officer as necessary.
- Establish incident commander and work with law enforcement's command component.

Eloping person returns



Dial internal number to report Dr. Nike Code clear

NA _____

- Notify supervisor. (Supervisor will notify administrator on call.)
- Facility administrator or designee notifies family and physician, determines need to notify regulatory bodies, and updates law enforcement if involved
- Clinical team assesses patient and documents in EMR
- Team discusses plan of care

UNIT/FACILITY INSTRUCTIONS

NA

CODE PINK

See something,
Say something!



Infant or child abduction



Dial internal number NA

Dial 911. Provide description of abductor (height, weight, race, sex, clothing, distinguishing characteristics). Report last direction of travel.

If it happens in your area

- Get help from others close to you.
- If safe to do so, identify yourself and use verbal commands to try to keep the individual from leaving. *Do not attempt to physically detain the person.*
- Ask the individual what they are doing.
- Ask the individual if you can check their belongings and/or any areas that may conceal the abduction – bags, under coats, stroller, etc. *Do not attempt to force a check of their belongings.*
- If the individual is cooperative, remain with the person and await law enforcement assistance.
- If the individual is uncooperative or continues to leave, attempt to maintain visual contact if it is safe to do so.
- Provide updates on the person's location.
- If the abductor gets into a vehicle, note the vehicle description (make, model, color, license plate, distinguishing characteristics – i.e. broken rear tail light)

Use verbal commands, and not force. Do not attempt to physically detain anyone.

Refer to Code Pink Policy 715 for more information

If it happens elsewhere

- Ensure your team is aware of the Code Pink.
- If you have a hospital radio, turn it to the Security channel.
- Assign team members to go to the nearest exit, stairwell or elevator to watch for any suspicious activity that may be related to the Code Pink.
- Keep phone lines clear.
- Await updates on the status of the Code Pink and react based on information received.

UNIT/FACILITY INSTRUCTIONS

NA

CODE BLUE

Patient has stopped breathing or has no signs of circulation

- Ensure the scene is safe, with no apparent hazards that would prevent you from approaching the patient.

Dial internal number NA



Dial 911.

Call out for help.

Activate the Emergency Response Button/Code Blue Button in areas where available.

- Begin CPR.
- Provide briefing and turnover to responders.
- Assist as requested.

UNIT/FACILITY INSTRUCTIONS

NA

CODE GREEN

Medical emergency, non-patient, in public area

- Ensure the scene is safe, with no apparent hazards that would prevent you from approaching the individual.

Dial internal number 44#



Dial 911, if necessary. Provide operator with a description of the event and what is occurring.

- Provide care and support.
- Safeguard the individual by keeping others away and protecting privacy to extent possible.
- Provide briefing and turnover to responders.
- Assist as requested.

UNIT/FACILITY INSTRUCTIONS

Clinical staff will provide care to patient while others will monitor the area and await arrival of EMS or Code Green team to escort to the emergency.

CODE PURPLE

General disaster alert to activate Emergency Operations Plan

Who can initiate a Code Purple?

A member of the facility's Incident Management Team, or other management team member.

What if I need to call a Code Purple?



- Dial internal number NA
- Contact supervisor, or someone in charge.
- Dial 911 if necessary.

Resources to respond to a Code Purple

Everyone

- Use the Code Action Sheets for specific guidance and response.
- Use the Emergency Operations Plan.

Incident Management Team

- If on site, respond to the location of the Code Purple and establish command.
- Use the Command Center Emergency Management Job Action Sheet, 802.401.64.

Departments/Units

- Use the Department/Unit Emergency Management Job Action Sheet, 802.401.61.
- Use the Department/Unit Emergency Status Report, 802.401.62.

What to do

- If on site, report to your unit unless instructed to go to a staging area or other location.
- If you are responding from another work location, report to the staging area.
- Your assigned supervisor will provide you with a briefing to include your work assignment, work location, assessment of the situation, etc.
- Perform as assigned, reporting updates, needs, or requests to your assigned supervisor.

Code Purple examples

- Loss of critical utility such as water, power or medical gases
- Significant structural damage
- A natural or man-made hazard that significantly impacts operations such as an evacuation or flooding

Find Job Action Sheets, Status Reports, Code Action Sheets and Emergency Operations Plan on the Emergency Management Intranet site.

UNIT/FACILITY INSTRUCTIONS

Supervisor will conduct immediate head count. Staff will be notified as soon as possible what is occurring and updates as available.

Refer to Code Purple Policy 802.820 for more information

CODE YELLOW

Hazardous materials incident within a Riverside facility

- Notify others in the immediate area.
- Isolate and secure the area.
- Evacuate if necessary.



Dial internal number NA

If necessary, dial 911 and report spill or release and injuries

Responder roles

- Incident Management Team will establish command.
- Decontamination Team will assist with decontamination efforts.
- Other team members will assist as assigned.

Response

- Find the Safety Data Sheet that applies in the department or on the Intranet. Use the SDS to determine first aid measures and decontamination methods.
- Isolate contaminated individuals from non-contaminated individuals.
- Decontaminate contaminated individuals according to SDS, Emergency Response Guide or other available information.
- Removal of an unknown substance, chemical or biological contamination DOES take precedence over life-saving measures; removal of radiological hazards DOES NOT take precedence over life-saving measures.
- As able, minimize spread of contamination.
- If the spill or release cannot be safely cleaned by facility personnel continue to isolate the spill. Work with Incident Command to identify third parties to clean the spill or release.
- If the spill or release may involve radioactive sources, ensure that the radiation safety officer has been contacted. Consider need to close off or increase ventilation in impacted areas.
- Ensure Employee Health is contacted for any follow-up with affected team members.

Internal spill clean-up

- Wear appropriate personal protective equipment as directed by the SDS.
- Have a safety person available to ensure safe operations and report any emergencies.
- Clean up spill and collect all waste for proper disposal.
- Ventilate as necessary.
- Decontaminate reusable supplies.
- Restock spill kits.
- Reopen area after it has been deemed safe by the authority having jurisdiction.

UNIT/FACILITY INSTRUCTIONS

Isolate the spill. Eyewashes are located in BR 6, treatment room 4 and near the ice machine at the nurses station. Individuals will be asked to remain in safe area. Only properly trained and equipped personnel can clean the spill. Contact supervisor for more information.

Refer to Code Yellow Procedure #802.815 for more information

CODE YELLOW

External hazardous materials incident victims coming to Riverside ED for treatment



Dial internal number NA
to activate Code Yellow

Notify Emergency Department

UNIT/FACILITY INSTRUCTIONS

Those who should respond

- Incident Management Team members as available.
- Decontamination team members as available.
- Other available team members to receive assignments.

Next steps

- Code Yellow response is initiated, with incident commander determining best measures given known information.
- Find the Safety Data Sheet that applies on the Intranet. Use the SDS to determine health or physical hazards, first aid measures and decontamination methods. (Decontamination room also has resource documents to assist with determining appropriate response.)

Hazard identification is crucial

- Do not receive patients inside the ED until hazardous material is identified.
- If the spill or release may involve radioactive sources, contact the radiation safety officer.
- Life-saving measures DO NOT take precedence over chemical, biological or unknown hazards.
- Life-saving measures DO take precedence over radiological hazards.

Other factors

- Consider locking down facility, or parts of it, if necessary.
- Depending on size of event, be prepared to receive self-referred and EMS delivered contaminated patients.

CODE BROWN

See something,
say something!



Full or partial facility lockdown



Dial internal number NA

- _____ will initiate lockdown
- Door access system, for those locations so equipped, will be activated to lock doors.
- _____ will verify doors as being secured.
- _____ will notify Administration and other designated management team members.
- _____ will notify 911 if necessary.

At unit or department level:

- Keep communication lines open. If you have a facility radio, turn it to the channel used for security.
- Receive information updates and be prepared to respond (for example, sheltering in place if there is a Code Silver)
- Help notify team members, visitors, patients and vendors.

All team members:

- Follow directions on entering or exiting the facility.
- Do not circumvent established security measures. For example, do not prop open exterior doors leading into the facility.
- Be prepared for enhanced security measures, including 100 percent identification verification upon entering the facility.

Reasons for a facility lockdown

- Activation of a Code Silver, Pink, Black or Yellow.
- Declared state of emergency or disaster.
- Requested by leadership, manager or team member based on an emergent situation.

Responding Incident Management Team will:

- Establish command and appoint an incident commander.
- Help verify doors and entry points are secure.
- Determine appropriate entry and exit into the facility based on circumstances.
- Determine notification, including signage.
- Work with law enforcement as needed.
- Provide direction to units for communicating with patients, visitors and vendors.
- Assign team members to monitor entry and exit points.
- Communicate updates to team.
- Cancel the lockdown when it is safe to do so.

UNIT/FACILITY INSTRUCTIONS

Shelter in place if needed.

CODE ORANGE

See something,
say something!



Aggressive or unmanageable person,
no weapons involved

Dial internal number NA



If necessary, dial 911 to activate law enforcement. Provide your location, description of person, and outline of actions being taken.

If it happens in your area

- Take charge, or appoint someone to take the lead.
- Notify other team members.
- Help safeguard patients, visitors and others. Remove them if necessary.
- Remain calm.
- Keep a safe distance away from the individual.
- Use a soft but firm tone. Do not be argumentative.
- Be observant to the individual's behaviors and actions.
- Reassure the individual that you are there to help them with their concerns.
- Actively listen.
- Repeat any requests or demands to ensure understanding. Ask if you can make notes to write any requests or concerns down to help fulfill the individual's requests or demands.
- Always have an escape route.
- As team members respond to assist with the Code Orange, provide an update and assist as able.

DO NOT:

- Do not touch the individual.
- Do not promise, make concessions, challenge or antagonize the individual.

Responding team members

Team members responding to assist should quickly meet and assess the situation, develop a response plan, and begin appropriate interventions.

Refer to Policy 802.280 for more information

If a weapon becomes involved
initiate a Code Silver

Signs of potential violent behavior

- Direct or veiled threats of harm
- Intimidating, belligerent, harassing, bullying or other aggressive behaviors
- Clenching fists or jaws. Assuming fighting posture
- Threats, insults, unreasonable demands or challenging team members' authority
- Extreme changes in attitude and or behavior
- Articulating thoughts of suicide
- Acting out emotionally or aggressively
- Severe mood swings
- Appearing overly withdrawn
- Showing interest in incidents of workplace violence or approving of those that resort to violence to solve problems.

UNIT/FACILITY INSTRUCTIONS

Notify supervisor to attempt to redirect individual off stage with another team member. Others not involved will be relocated until situation resolved. Dial 911 if needed-assign staff member to escort if called.

CODE SILVER

See something,
say something!



Violent situations involving a weapon or hostage

If threat is in your area

EVACUATE the area if possible

SHELTER: Seek shelter and stay there unless no longer safe or you receive further instructions (this is sheltering in place)

CALL 911

ALERT others as much as able, including team members in your area. Call internal number NA

PROVIDE information to responders (police)

ENGAGE threat only as a last resort

Sheltering in place

- Locate an area that provides cover and concealment.
- Turn out lights.
- Shut all doors, including fire doors. Lock those doors that can be locked.
- Close blinds.
- Turn cell phones and pagers to vibrate or quiet mode.
- Silence other equipment as able.
- Barricade the door.
- Remain quiet.
- Leave communication lines open.
- Remain sheltered in place until it is no longer safe or you receive further instructions. Always keep an escape route in mind.

If you are unable to evacuate due to hostage situation

- Maintain operations as able.
- Remain calm.
- Do not make any quick or sudden movements.
- Do not try to be a hero.
- If you have to move ensure you let the individual know what you are doing.
- Do not initiate conversation.
- Do not try to negotiate.
- If the individual communicates with you, actively listen and repeat back any demands to ensure understanding.
- Use a soft, firm tone. Do not argue.
- Reassure the individual that you are there to help them with their concerns.
- Do not promise, make concessions, challenge or antagonize the individual.

If the threat is outside your area

- Maintain operations.
- Be prepared to shelter in place if necessary.
- Divert individuals from going to the area of the threat.
- Await further directions.

Refer to Policy 802.280 for more information

CODE SILVER

Violent situations involving a weapon or hostage

See something,
say something!



When law enforcement arrives:

- Police usually deploy in multiple three- or four-man teams.
- They may not be in a recognizable uniform.
- If the individual is an active threat (i.e. shooting or injuring others) they will go directly to the threat.
- If the individual is not an active threat (i.e. barricade or hostage situation) they will establish a perimeter around the affected area and work to resolve the situation, including assisting with evacuating the immediate area.
- Provide information to arriving law enforcement such as what is occurring, location, weapons involved, number of casualties, and any demands of the individual.
- Police will shout commands. Obey them!
- Do not make any sudden movements in front of law enforcement.
- Tell law enforcement what you are doing if you have to do something.
- Realize that everyone may be treated as a threat by law enforcement until they can identify where and who the threat actually is.

UNIT/FACILITY INSTRUCTIONS

If in immediate area, evacuate if possible and conduct head count while awaiting further instructions. If unable to evacuate, shelter in place until all clear announced.

CODE BLACK

See something,
say something!



Bomb threat or discovery of suspicious item,
piece of mail or package

Receiving a bomb threat

- Turn all your attention to the person making the threat.
- Remain calm and professional. Treat all threats seriously.
- If receiving the threat by phone never hang up the phone first.
- If you have caller ID write down the number displayed.
- Obtain as much information from the person making the threat as possible. Use the Bomb Threat Report Form on the next page to record information.
- Notify your supervisor if possible while caller is on the line.
- Once call has ended, hang up phone. Immediately pick it back up and dial *57. Once you hear a series of tones, hang up. This will lock in the caller's number on phones enabled with this feature.



Dial internal number NA

Dial 911

- If facility is managed by a third party, i.e. Landmark or Thalhimer, notify the property managers.

What happens next

- Incident Management Team will establish command.
- Response measures will be communicated and implemented.

Bomb threats are most often just that — threats. But all bomb threats and suspicious mail, packages or items will be taken seriously.

UNIT/FACILITY INSTRUCTIONS

Be observant for suspicious activity and report to supervisor and/or law enforcement. Have 2 team members check department for suspicious items.

Searching

If you are willing, you may be asked to join a team to search an area. Here's what to do:

- Do not alarm others who don't need to know about the threat.
- Do not use portable radios or cell phones in the affected area. Instead, use a runner system to relay messages.
- Leave the environmental conditions as you find them. If the lights are off in a room, use a flashlight. If the air conditioning is off, leave it off.
- Ensure back areas, restricted areas, planters, trash cans, ceilings, rooms, furniture and other areas are checked as appropriate to the threat.
- Disturb as little as possible.
- Use a consistent pattern of searching. For example always start in the same corner of a room and search toward the other end of the room. Do not search using a random pattern.
- Do not search in an area where airborne contaminants or hazardous materials may be present.
- Report search team findings to Command Center right away.
- If a suspicious device is found note the location and description. Notify the Command Center. The Command Center will notify the police and fire departments.

Refer to Code Black Policy 802.855 for more information

Bomb Threat Report Form

Be calm and courteous • Do not interrupt • Notify supervisor if possible while caller is on the line • Do not hang up

Exact words of person placing call:

Date:

Time:

Your name:

Receiving phone:

What to ask

When is the bomb going to explode?

Where is the bomb now?

What kind of bomb is it?

What does it look like?

Why are you doing this?

Caller identity

- Male
 Female
 Adult
 Juvenile

Age:

Voice

- Loud
 Soft
 High-pitched
 Deep
 Raspy
 Pleasant
 Intoxicated

Other:

Accent

- Local
 Not local

Speech

- Fast
 Slow
 Distinct
 Distorted
 Stutter
 Nasal
 Slurred

Language

- Excellent
 Good
 Fair
 Poor
 Foul
 Other:

- Foreign
 Regional

Additional information:

Manner

- Calm
 Angry
 Rational
 Irrational
 Coherent
 Incoherent
 Deliberate
 Emotional
 Righteous
 Laughing
 Intoxicated

Background

- Office machines
 Factory
 Bedlam
 Trains
 Animals
 Music
 Voices
 Mixed
 Airplanes
 Street traffic
 Party

Other:

Immediately after the call

Hang up the phone. Immediately pick it back up and dial *57. Once you hear a series of tones, hang up. This will lock in the caller's number on phones enabled with this feature.

Next steps

- Initiate a Code Black
- Notify your supervisor if you haven't already
- Call internal number NA
- Call 911

SUSPICIOUS MAIL OR PACKAGES

Protect yourself, your business, and your mailroom.

If you receive a suspicious letter or package:

• Stop. Don't handle.

• Isolate it immediately.

• Don't open, smell, or taste.

• Activate your emergency plan. Notify a supervisor.



If you suspect the mail or package contains a bomb (explosive), or radiological, biological, or chemical threat:

• Isolate area immediately • Call 911 • Wash your hands with soap and water



Evacuation

The urgency and degree depends on the event. Any team member can order, but vertical or total evacuations should be authorized by the Incident Commander working with the local fire department and facility administrator.

Procedure

Notify supervisor.

Advise who you are, where you are and reason for evacuation.

- Administration, management team and system director of Emergency Management will be notified.
- Incident Command will be established.
- Responding team members will report to a staging area near the evacuation to sign in and receive assignment.

Refer to the Evacuation Procedure 802.820 for more information.

UNIT/FACILITY INSTRUCTIONS

For any evacuation, conduct a head count to ensure all are accounted for.

Phased approach

Evacuations should be conducted at the lowest, safest level possible to minimize impact.

PHASE

Phase 1, Local Evacuation: Moving residents/patients, staff and visitors from one room to another room on the same floor and in the same fire/smoke zone.

Phase 2, Horizontal Evacuation: Moving residents/patients, staff and visitors laterally to the other side of a smoke or fire-rated door or wall.

Phase 3, Vertical Evacuation: Moving residents/patients, staff, and visitors from one floor to another floor, preferably in a downward direction and at least two floors below the affected floor. Upward evacuations should only take place when there is no safe haven on floors below the affected floor.

Phase 4, Total Evacuation: Moving residents/patients, staff, and visitors completely out of the affected facility.

YOUR PLAN:

move room to room

NA

to the first floor

to the parking lot

Evacuation triage level

	In house	Transfer
Green: Ambulatory, stable, little or no equipment for support	First	Third
Yellow: May require some assistance or wheelchair, condition not likely to change, minimal equipment for support	Second	Second
Red: Requires maximum assistance to move, unstable without supporting technologies, requires equipment for life support	Third	First
Black: Deceased	Last	Last

Evacuation equipment and methods

Availability may vary by location



Evacu-Trac

1. Instructions are with equipment.
2. Move patient to Evacu-Trac and strap in.
3. Moving down stairs the tracks securely grip the stairs and control descent. Depress handle to move Evacu-Trac.



Paraslyde/Med-sled

1. Instructions with equipment.
2. Unfold equipment on flat surface.
3. Log-roll patient and slide equipment under patient.
4. Strap in patient. Use straps to move patient.
5. Requires at least two staff members.



Baby Scat

1. Six infants can be placed in Baby Scat.
2. Instructions with equipment.
3. Place infants in individual pockets.
4. Protects from all sides.

Mattress-slide method

1. Team members pull mattresses off beds.
2. Place mattresses end to end down the stairwell to the next floor.
3. Station team members at the junction of the mattresses.
4. Place patients on the mattresses at the top of the slide and progressively slide patients down to the next floor.
5. Team members should be positioned at the end of the slide to receive patients and transport to patient staging area.

The mattress-slide method can be used for any kind of patient, but is especially useful for non-ambulatory patients.



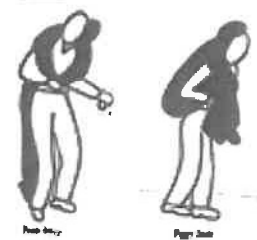
Extremity carry

1. First person raises patient to sitting position at edge of the bed.
2. First person grasps the patient's upper torso from the back.
3. Second person stands between the patient's legs, and grasps the legs.
4. Both staff then stand up together and carry the patient out.



Pack strap carry

1. Cross patient's arms, and grab both wrists.
2. Pull up as you turn to step under patient's arms; cross his arms in front.
3. Lean forward, and step to the head of the bed; the patient will roll out onto your back.
4. Carry patient out of area to safely let patient down. Lean patient against the wall, and slide to the floor as you drop to one knee.



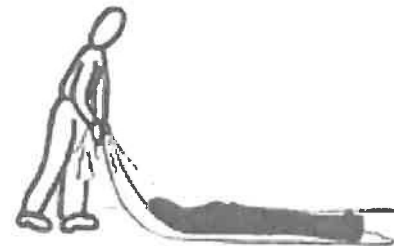
Swing carry

1. The first person raises the patient to a sitting position at the edge of the bed.
2. Both team members place their arms around the patient's shoulders, and under the patient's legs.
3. Both team members grasp each other's hands and wrists, forming a chair for the patient.
4. Team members stand up and carry patient to designated area of safe refuge.
5. Swing carry may be used to evacuate patient down stairs, but may injure the rescuer's back. Great care should be taken to use body mechanics carefully.



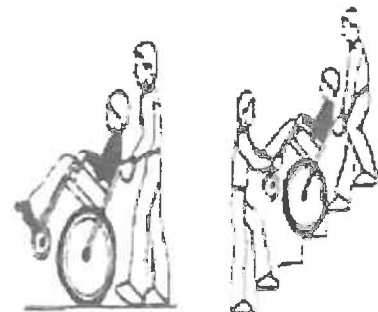
Blanket drag

1. Place a blanket on the floor lengthwise next to the bed.
2. Grip patient under shoulders and knees, and slide to edge of bed.
3. Dropping down to one knee, slide patient's legs, then the body off the bed and down on your chest to the blanket.
4. Pull patient out by grasping the blanket at the patient's head – always drag the patient out head first.



By wheelchair down the stairs

1. Unlock brake. The chair is then gently leaned backward and moved to the edge of the first step.
2. One helper steadies the chair by holding the rods to which the foot rests are attached.
3. The helper in the top position controls the descent of the chair by bending their legs slowly and taking most of the weight.



Tornado preparedness

Watch: A tornado is possible. Remain alert.

Stay informed: Listen to weather-alert radios to stay informed of tornado watches.

Danger signs: A cloud of debris can mark the location of a tornado even if a funnel is not visible. Before it hits, the wind may die down and the air may get still. Tornadoes occur near the trailing edge of a thunderstorm. It is not uncommon to see clear, sunlit skies behind a tornado.

If you cannot get indoors: Never try to out-drive a tornado. Lie in a ditch or low-lying area or crouch near a strong building. Be aware of the potential for flooding. Do not seek shelter under an overpass or bridge. Use arms to protect your head and neck.

Prepare: Close blinds and remove objects from window sills. Alert team members. Review emergency plans.

Warning: A tornado has been sighted or indicated by weather radar. Take shelter immediately.

Taking shelter: Move patients, team members and visitors into interior hallways away from windows and doors. Appropriate areas of shelter also include windowless interior rooms, the basement or the lowest level of the building.

Shelter tips: Go to the center of the room. Stay away from the corners because they tend to attract debris. Get under a piece of sturdy furniture and hold onto it. Use arms to protect head and neck.

Afterward: After a tornado, do not remain in damaged buildings. Evacuate patients and visitors as necessary. Once outside, stay away from downed power lines.



Refer to Riverside Health System Severe Weather Policy, 802.850
or www.ready.gov for more information

Preparing for severe weather disasters and emergencies

Being prepared for severe weather or other disasters and emergencies is important. Preparedness starts in the home and with your family. Severe weather events can include a hurricane or tropical storm, flood, winter storm or tornado. Learn specifics about every kind of disaster online at **ready.gov**.



Get prepared by making plans to keep your family and pets safe. Learn more about getting an emergency supply kit together and making a family plan on these websites:

- vaemergency.gov/readylvirginia
- emergency.cdc.gov
- www.redcross.org
- The Riverside Emergency Management Intranet site

Watch or advisory: A weather event is possible in our area

Stay informed by listening to weather-alert radios. Monitor radio, television and the Internet for updates.

Warning: The weather event is now posing a threat

Take shelter. If you are at work, this means taking steps to ensure the safety of patients and visitors. Be prepared to shelter in place until conditions clear or help arrives.

Resources

Weather information

- weather.gov
- National Hurricane Center: www.nhc.noaa.gov
- Your local news stations

Road conditions

- www.511virginia.org
- www.virginiadot.org
- Dial 511 for recent traffic information and road condition reports.

Other resources

- Virginia Department of Emergency Management: www.vaemergency.com
- Virginia Department of Health: 804-864-7001 or www.vdh.state.va.us
- Poison Control Center: 1-800-222-1222
- Federal Emergency Management Agency: fema.gov
- Disaster assistance: 1-800-621-3362

Refer to Riverside Health System Severe Weather Policy, 802.850 for more information