



# Emergency Management Flipchart

## Quick Response & Reference Guide

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# Emergency Contact Numbers

Emergencies can occur any time and without warning. Being prepared physically and psychologically to handle emergencies is everyone's responsibility.

The safety of our patients, visitors, and employees is of primary importance. MultiCare's Emergency Management Team has established emergency response plans for you to follow, so the effects of emergencies can be minimized.

The purpose of this guide is to acquaint you with the plan for handling emergencies while at work. Once you are familiar with this information, you will be able to protect yourself and perhaps save the life of someone else.

The more you are prepared, the better you can act to minimize the panic or confusion when an emergency occurs.

**THINK** before you **ACT**, regardless of the emergency.

*For further information on emergency management plans and responses, go to the MHSnet, click on MHS Policies, Emergency Management.*

To Report an Incident...		Call...					
Incident	Flipchart Tab #	Campus					
		AH	MAMC	COV & GHMP	GSH	MMC*	All other sites
Code Blue (Emergency Medical Response)	B	5555	5555	9-911	5555	5555	9-911
Internal Triage (Incident Response – Internal)	D	5555	5555	403.1013	5555	5555	403.1013
External Triage (Incident Response – External)	D	5555	5555	403.1013	5555	5555	403.1013
Code Gray (Show of Force)	H	5555	5555	9-911 then 403.1013	5555	5555	9-911 then 403.1013
Amber Alert (Infant/Child Abduction)	I	5555 then	5555	9-911 then 403.1013	5555 then 697.1735	5555	9-911 then 403.1013
Code Red (Fire Response)	C	5555	5555	9-911 then 403.1013	5555	5555	9-911 then 403.1013
Bomb Threat (Internal Triage)	E	403.1013	545.2200	9-911 then 403.1013	697.1735	403.1013	9-911 then 403.1013
Earthquake Response	G	5555	5555	403.1013	5555	5555	403.1013
Code Orange Hazardous Material Spill/Exposure	J	5555	5555	403.1013	5555	5555	403.1013
Utility & System Failures	F	See Tab F	See Tab F	See Tab F	See Tab F	See Tab F	See Tab F
Evacuation Response	K	Contact Incident Emergency Operations Center – as established the day of event					
Safety Incidents	L	403.2084	697.2269	403.9168	697.2269	403.2084	403.9168
Security Incidents	L	403.1013	545.2200	9-911 then 403.1013	697.1735	403.1013	9-911 then 403.1013
Weather Related Emergencies	L	See Tab L	See Tab L	See Tab L	See Tab L	See Tab L	See Tab L

\*MMC Campus Includes: Tacoma General/Mary Bridge Children's Hospitals, MBCHC, and Baker Center (1st Floor).

Important Contact Numbers	AH	MAMC	COV & GHMP	GSH	MMC**	All Other Sites
Administration	AH 459.6445	MAMC 545.2227	COV 372.7081	697.4545	TG 403.2455	MMG 459.8302
	MHS 403.2455	MHS 403.2455	GH 530.8199	MHS 403.2455	MB 403.1420	MHS 403.2455
			MHS 403.2455		MHS 403.1190	
Clinical Engineering (Med Equip)	403.1131	555.2404	403.1131	697.2229	403.1131	403.1131
Corporate Compliance –	459.8300 or 1.866.264.6121	459.8300 or 1.866.264.6121	459.8300 or 1.866.264.6121	459.8300 or 1.866.264.6121	459.8300 or 1.866.264.6121	459.8300 or 1.866.264.6121
Critical Incident Stress Management Services	697.8320; After hours 403.1000	697.8320; After hours 403.1000	697.8320; After hours 403.1000	697.8320; After hours 403.1000	697.8320; After hours 403.1000	697.8320; After hours 403.1000

Customer Concern Line	866.247.2366	866.247.2366	403.1739	866.247.2366	866.247.2366	866.247.2366
Emergency Management	403.8677	403.8677	403.8677	403.8677	403.8677	403.8677
Emergency Management Office	403.8180/8182	403.8180/8182	403.8180/8182	403.8180/8182	403.8180/8182	403.8180/8182
Employee Health	403.1007 After hours injuries requiring medical care: AH ED 459.6352	545.2753 or 403.1007 After hours injuries requiring medical care: MAMC ED 545.2564	403.1007 After hours injuries requiring medical care: COV UCC 372.7020 GH UCC 530.8011	403.1007 After hours injuries requiring medical care: GSH ED 333.2564	403.1007 After hours injuries requiring medical care: TG ED 403.1050	403.1007 After hours injuries requiring medical care: AH ED 459.6352 OR TG ED 403.1050
Engineering	459.6485 After Hours/ Weekends 459.6669	545.2373 2337/2338	COV 372.7854 GH 459.6485	697.1707 After Hours/ Weekends 697.1802	403.1246 (7a-4p) After Hrs 403.1000  (ask switchboard to page On-Call ENG)	North 372.7854 Central 403.1246 South 459.6485
Environmental Services	459.6475	545.2222/2217	403.1175	697.4379	403.1175	403.1175
Ethics Committee	403.1085; After hours 403.1000	403.1085; After hours 403.1000	403.1085; After hours 403.1000	403.1085; After hours 403.1000	403.1085; After hours 403.1000	403.1085; After hours 403.1000
HIPPA Hotline	403.8300	403.8300	403.8300	403.8300	403.8300	403.8300
Human Potential	403.6947	403.6947	403.6947	403.6947	403.6947	403.6947
Infection Prevention & Control	403.2903	545.2734	403.3301	697.1546 or 403.4677	TG 403.2903 MB 403.1702	403.3301
Information Services	403.1160	403.1160	403.1160	403.1160	403.1160	403.1160
Legal Services	403.1107	403.1107	403.1107	403.1107	403.1107	403.1107
Linen Services	403.5794	545.2222/2217	403.1175	697.4379	403.1175	403.1175
MHS Hospital Command Center at MMC	403.1198	403.1198	403.1198	403.1198	403.1198	403.1198
MHS Media Relations	403.1716	403.1716	403.1716	403.1716	403.1716	403.1716
Nutrition Services	459.6465	545.2619	403.1093	697.1792	403.1802	403.1093
Pharmacy Services	459.6744	545.2540	COV 372.7220 GH 530.8030	697.1885	403.1078	403.1078
Quality Management Patient Safety Officer On-Call	403.1000 After Hours	403.1000 After Hours	403.1000 After Hours	403.1000 After Hours	403.1000 After Hours	403.1000 After Hours
Safety Office	403.182	697.2269	403.1182	697.2269	403.1182	403.1182
Security Administration Office	403.1182	403.1182	403.1182	403.1182	403.1182	403.1182
Security Dispatch/Office	403.1013	545.2200	403.1013	697.1735	403.1013	403.1013
Sterile Processing	459.6766	545.2254	372-7200; After hours 403.1003	697.5950	403.1003	403.1003
Supply Chain Management	403.2006	545.2221	403.2006 2244/2223	697.3900	403.2006	403.2006

# BYPASS PHONES

TG/MARY BRIDGE	BYPASS	TG/MARY BRIDGE	BYPASS	AUBURN HOSPITAL	BYPASS
3K INFO DESK	403.2876	MBCHC DAY SURGERY	403.3567	GEROPSYCH	545.2813
4J T1	403.1106	MBCHC INFO DESK	403.1419	HOSPITAL SUPERVISOR	545.2287
4J T2 AMBULATORY SVCS	403.1230	MBCHC RECEPTION	403.3547	ICU	545.2552
4M SUITE	403.4953	MED SURG ICU – 4K T1	403.1151	IMAGING	545.2570
5J T1	403.1103	MED SURG ICU – 4K T2	403.1710	LAB	545.2558
5J T2	403.1105	MEDICAL RECORDS	403.1081	MAIN SWITCHBOARD 2	545.2500
5L N – PRE-SURG AREA	403.9530	MHS ADMINISTRATION	403.2015	MATERIALS MGMT	545.2221
6J T2 ONCOLOGY	403.1142	MHS ADMINISTRATION	403.3512	MEDICAL SURGERY	545.2560
6K T2	403.1436	NEWBORN NURSERY	403.1562	PACU	545.2678
6K T3	403.1437	NICU	403.1024	PCU	545.2806
7K T4	403.1495	NUTRITION SERVICES	403.1093	PHARMACY	545.2405
7K T4	403.3990	ONCOLOGY 6J T1	403.1070	REHAB	545.2845
7LN PACU NURSES STATION	403.9730	PARAMEDIC LOUNGE	403.2244	SURGERY/SCHEDULE	545.2266
7LS SHORT STAY NURSES ST.	403.9741	PATIENT REGISTRATION	403.1327	<b>COVINGTON</b>	<b>BYPASS</b>
7LS Surgery Control	403.9720	PHARMACY	403.1077	ADMINISTRATION	372-7081
ADMITTING NURSE	403.3203	PSC 2M	403.1033	BREAST HEALTH	372-7240
AMB INFUSION 4M	403.5000	RADIOLOGY CONTROL	403.2308	DAY SURGERY #1	372-7204
BIRTH CENTER	403.1032	RADIOLOGY RECEPTION	403.1059	DAY SURGERY #2 (23:59)	372-7203
BLOOD BANK	403.1044	RESPIRATORY THERAPY	403.1132	FAMILY PRACTICE	372-7100
CCU TEAM 1	403.1153	SECURITY	403.5513	HEART CENTER	372-7010
CCU TEAM 2	403.1154	SECURITY DISPATCH	403.1013	HEMOC/ONC	372-7064
CENTRAL SERVICES	403.1003	TG ED	403.1050	MAIN RECEPTION	372-7160
CHEMISTRY 4L	403.1398	TG ED	403.2222	OB/GYN	372-7128
CONSULTING NURSES	403.7778	TG ED FAX	403.1517	PBX ROOM	372-7199
CT SCAN	403.1593	TG ED TRIAGE	403.1051	PEDIATRICS	372-7155
CVICU	403.1060	TG HEMOC/ONC CLINIC	403.1677	RADIOLOGY	372-7040
CVICU TEAM 2	403.1067	TG RECOVERY	403.1116	SLEEP DISORDER CLINIC	372-7322
DISTRIBUTION	403.2006	TG SURGERY	403.1115	UCC LAB RECEPTION	372-7195
DSOT RECEPTION	403.3389	WNS	403.1028	URGENT CARE CLINIC	372-7020
DSOT RECOVERY	403.3386	WNS	403.2830	<b>GIG HARBOR</b>	<b>BYPASS</b>
DSOT SCHEDULING	403.3392	<b>ALLENMORE HOSPITAL</b>	<b>BYPASS</b>	ADMINISTRATION	530.8202
EMER MGMT 1J EOC	403.1198	2 EAST	459.6688	AMB SURGERY CENTER	530.8218
ENGINEERING	403.1246	2 WEST	459.6670	CONCIERGE DESK	530.8155
ENVIRONMENTAL SVCS	403.1175	ICU	459.6655	SCHEDULING	530.8000
HELISTOP	403.4532	ADMIN	459.6440	RECEPTION	530.8270
HOSPITAL SWITCHBOARD	403.1000	DAY SURGERY	459.6850	HEMOC/MED ONCOLOGY	530.8066
INFO SERVICES	403.1514	EMERGENCY DEPARTMENT	459.6352	LAB NW	530.8183
LAB-SPECIMEN MGMT	403.2190	IMAGING	459.6358	IMAGING – MRI	530.8040
MB CENTRAL SERVICES	403.3561	LAB	459.6336	IMAGING TECH	530.8042
MB CHILD EXPRESS	403.6810	PHARMACY	459.6744	MAMMOGRAPHY	530.8130
MB ECHO	403.2818	RESPIRATORY THERAPY	459.6620	NURSES STATION 2	530.8228
MB ED	403.1476	SURGERY	459.6611	NURSES STATION 3	530.8233
MB ED	403.1418	RECEPTION	459.6633	OBSTETRICS	530.8140
MB ED	403.3738	<b>AUBURN HOSPITAL</b>	<b>BYPASS</b>	PACU	530.8220
MB INFUSION	403.1833	DIETARY	515.2554	PRIMARY CARE – MAIN	530.8093
MB PICU 7K	403.1496	EMERGENCY DEPARTMENT	545.2564	PRIMARY CARE – NURSE	530.8098
MB PICU 7K	403.1434	ENGINEERING	545.2337	SLEEP DISORDER CLINIC	530.8280
MBCHC ADMIN	403.1420	FAMILY BIRTH/NICU	545.2522	URGENT CARE CLINIC	530.8020

# GOOD SAMARITAN BYPASS PHONES

DEPARTMENT - LOCATION	BYPASS	DEPARTMENT - LOCATION	BYPASS
6 MEDICAL	697.5870	ECHO LAB	697.3332
1 FOREST	697.5840	FACILITIES	697.2268
CARDIAC CARE UNIT EAST	697.5930	CARDIAC CARE UNIT WEST	697.5930
CARDIAC CARE UNIT CENTRAL	697.5930	GROUND WEST REHAB	697.5880
A MEADOW REHAB	697.5888	I.T.	697.1600
3 CENTER	697.1963 & 697.2395	INFUSION(ATU) CANCER CENTER	697.4210
3 EAST GI	697.1225	INTERVENTIONAL RADIOLOGY	697.2567
3 EAST – OLD RECOVERY	697.1339	KITCHEN/DIETARY	697.2011 & 697.1792
3 NORTH	697.5860	LAB – STAT	697.4300
3 SURGICAL (SOUTH)	697.5890	MATERIALS / DISTRIBUTION	697.3900
4 NORTH MEDICAL / PEDS	697.5810	NUCLEAR MED	697.4520
B LEVEL LAB	697.4300	NURSING ADMINISTRATION	697.1356
CATH LAB	697.1748	O.R.	697.1340
CATH LAB MTN	697.4600	ON / LABOR & DELIVERY	697.5900
CCU	697.5800	OB / POSTPARTUM & POSTPATRUM	
CENTRAL SUPPLY	697.5950	SOUTH - #1 & #2	697.5910
CHILDREN'S THERAPY	697.5200	ONCOLOGY	697.5820
CT/MRI	697.2558	OPERATOR / SWITCHBOARD	697.4000
DISTRIBUTION	697.1858	PATIENT ACCESS	697.4100
E.D.	697.4200	PHARMACY	697.1885
E.D. IMAGING	697.3320	PRE-OP	697.5855
E.D. ZONE 1	697.1848	RADIOLOGY TECHS	697.2552
E.D. ZONE 1	697.3223	SPECIAL CARE NURSERY 1 WEST	697.5920
E.D. ZONE 1 AMBULANCE LINE	697.1990	SPEECH / PSYCHOLOGY	
E.D. ZONE 1 SECTION 2	697.3217	GROUND WEST	697.2700
E.D. ZONE 2	697.1390	STERILE PROCESSING	697.1800
E.D. ZONE2 SECTION 1	697.3243	T-1 SWITCH ROOM	697.7999
E.D. ZONE 3	697.1501	ULTRA SOUND WORK RM	697.2570
E.D. ZONE 3	697.3524	X-RAY	697.4500

# CODE BLUE

## EMERGENCY MEDICAL RESPONSE

### When to Call “Code Blue”

Cardiac arrest, pulmonary arrest, or the presence of conditions that may lead to cardiopulmonary arrest as indicated by rapid deterioration in vital signs, level of consciousness, and/or blood gas values. In general, any emergent medical condition that may require a physician.

- Adult Code Blue: Any adults within TG, Good Samaritan, Allenmore, Auburn and the 1st floor of the Baker Center who meet the above criteria.
- Pediatric Code Blue: Any child who meets the above criteria.
- Neonatal/Newborn Code: Used for newborns and neonates within Women/Newborn Services at Tacoma General Hospital only.

### Steps to a Code

All MultiCare personnel are responsible to call the appropriate emergency number (listed below) to initiate a code for response and provide the location and type of code when appropriate. The three types of codes are: adult, pediatric and neonate/newborn (see definitions above).

<b>Allenmore Good Samaritan Mary Bridge Tacoma General Auburn</b>	<p>Dial Emergency Number <b>5555</b> and request <b>Code Blue</b>. Give physical location of where you are and type of <b>Code – Adult or Pediatric</b>.</p> <p>For remote non-patient care areas: Deploy available personnel to guide Code Team to correct location (i.e., if location is Imaging, any tech not busy should go out to the hallway or to a strategic junction to guide responders to Imaging department).</p>	<b>Newborn/Neonatal Code For the TG Women-Newborn Services only</b> Dial <b>403.1024</b> to activate the Neonatal CodeTeam  <b>MBCHC</b> dial <b>9-911</b> for adult patients and <b>5555</b> for pediatrics.
COVINGTON	GIG HARBOR MEDICAL PARK	ALL OTHER SITES
<p>Dial <b>9-911</b> and request emergency medical response. Give situation details, building address, physical location within the building, and type of code (Adult or Pediatric).</p> <p><b>AND</b></p> <p>Dial extension <b>8600</b> and announce Code Blue along with physical location and type of <b>CODE – Adult/Pediatric</b>. Repeat twice.</p>	<p>Use overhead paging system to announce <b>Code Blue</b> along with zone, and type <b>CODE – Adult/Pediatric</b>. Repeat twice. Once the physician has assessed and determined the need to do so</p> <p><b>AND</b></p> <p>Dial <b>9-911</b> and request emergency medical response. Give situation details, building address, physical location within the building, and type of code (Adult or Pediatric).</p>	<p>Dial <b>9-911</b> and request emergency medical response. Give situation details, building address, physical location within the building, and type of code (Adult or Pediatric).</p> <p><b>AND</b></p> <p>Sites with overhead announcement capability announce <b>Code Blue</b> along with physical location and type of <b>CODE – Adult/Pediatric</b>.</p>

1. Staff is required to use their best judgment according to their skills and abilities, and the circumstances of the situation. At a minimum, the first responder, after establishment of unresponsiveness or severity of condition (see “When to Call a Code” above) must obtain help for the person by calling the emergency number.
2. The first responder with skills and abilities:
  - Assess for breathing/heartbeat and initiate BLS as appropriate.
  - Apply AED on patients over 8 years old and more than 75 pounds (if AED is available and you are trained).
  - Provide Basic Life Support (BLS) until relieved by Code Team or Emergency Response personnel.
  - Report patient medical history and circumstances to Code Team/Emergency personnel.
3. Advanced Life Support will be initiated upon arrival of the Code Team/Emergency personnel.
4. Support family (family may attend Code if desired).
5. Document care provided.
6. Restock, exchange Crash Cart or Emergency Box.
7. Participate in Critical Stress Incident debriefing as appropriate.

# CODE RED

## FIRE EMERGENCY RESPONSE

### Person Discovering the Fire

1. Initiate the **RACE** procedures (see below).
2. Provide information to Safety/Security Officer and fire department.
3. Assist with completion of the MHS MeQIM.

### Fire Response – SAVE

- |          |                                                                                                                                                                                                                                                                                                                                                              |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R</b> | <b>RESCUE</b> anyone in immediate danger; close the room of origin door.                                                                                                                                                                                                                                                                                     |
|          | <b>ACTIVATE</b> the nearest fire alarm: <ul style="list-style-type: none"><li>✓ Pull a fire alarm pull station or dial 9-911 for facilities that do not have pull stations.</li></ul>                                                                                                                                                                        |
| <b>A</b> | <ul style="list-style-type: none"><li>✓ Dial the Internal emergency number to notify them of your location:<ul style="list-style-type: none"><li>- Acute Care Hospitals = 5555</li><li>- All other sites = 9-911 then contact Security Dispatch at 403.1013 (Tacoma), Auburn Security at 545.2200 or Good Samaritan Security at 697.1735</li></ul></li></ul> |
| <b>C</b> | <b>CONTROL</b> ventilation. Close doors and windows in the immediate area.                                                                                                                                                                                                                                                                                   |
| <b>E</b> | <b>EXTINGUISH</b> the fire (when safe to do so) using an appropriate fire extinguisher and/or <b>EVACUATE</b> the building.                                                                                                                                                                                                                                  |

### Fire Extinguisher Operation - PASS

- |          |                                                        |
|----------|--------------------------------------------------------|
| <b>P</b> | <b>PULL</b> the safety pin from the handle.            |
| <b>A</b> | <b>AIM</b> (nozzle/cone/horn) at base of fire.         |
| <b>S</b> | <b>SQUEEZE</b> the trigger handle.                     |
| <b>S</b> | <b>SWEEP</b> from side-to-side to extinguish the fire. |

### Personnel In Immediate Fire Danger Area Should Assist With

1. Removing patients, visitors, and staff in immediate danger.
2. Clearing the corridors or exit paths.
3. Closing windows, turning off lights, closing room doors and indicating that area/room has been cleared by placing a yellow "post-it-notes" on the door.
4. Preparing for evacuation.
  - ◆ **Acute Care Hospitals, MutiCare Covington Clinic & Gig Harbor Medical Park** should evacuate patients, visitors, and staff to the next fire compartment if fire is present or when directed to do so.
  - ◆ **All other sites**, patients, visitors, and staff should evacuate in an orderly fashion to a pre-designated area outside of the building when fire alarm system is activated or if fire is present.

**\*\*See Next Page for Specific  
Acute Care and Non-Acute Care Facility Instructions\*\***

## Personnel Not In Immediate Fire Danger Area Should

### Acute Care Facilities

MultiCare Tacoma General/Good Samaritan/Mary Bridge/Allenmore/Auburn Hospitals,  
MultiCare Covington Clinic & Gig Harbor Medical Park

1. Listen for the public address announcement – **“Code Red,”** followed by the alarm's general location.
2. If you are not in your immediate work area you should remain where you are or move to the nearest department and wait for the “ALL CLEAR” announcement and assist them with preparing for possible evacuation. **Do not travel through the building or use elevators or stairways. Remain where you are.**
3. Prepare your area for possible evacuation by clearing the corridors and exit paths, closing doors and windows, and turning off lights of those areas not occupied. The order to evacuate will be given by the Safety/Security Officer/Hospital Supervisor or Administrator-On-Call.
4. Keep telephone lines clear for fire response/medical gas shut-off orders/evacuation orders. The Charge Nurse is the only authorized person on the unit who can authorize the medical gas valves to be turned off.
5. Inform visitors and patients of situation and request they remain where they are until the “ALL CLEAR” is announced.
6. If ordered to evacuate, assemble in predetermined locations exterior to the building.

### MHS Ambulatory and Business Facilities

1. When the Fire Alarm System is activated or you are notified of a fire in the facility, each area should immediately begin evacuating the building by:
  - Informing visitors and patients of the situation and request they exit the building with the facility personnel.
  - Closing windows, turning off lights, closing room doors and indicate area/room has been cleared by placing a yellow “post-it” note.
  - Exiting the building by utilizing emergency exits and stairwells (not elevators).
2. Assemble in predetermined locations exterior to the building.
3. Each area should account for personnel and provide names of missing persons to Safety/Security Officers or Fire Officials.
4. Remain in assembly area until “ALL CLEAR” is announced by the Fire Department or Fire Officer requests personnel to relocate to an other area.



# CODE INTERNAL TRIAGE & CODE EXTERNAL TRIAGE

## Immediate & Automatic Actions

An emergency incident is defined as an event, situation, or condition that can disrupt normal operations and/or overwhelm or exhaust resources and demands immediate action to protect life and/or property.

**INTERNAL TRIAGE** Incident which starts within a MHS facility and may or may not affect the community at large. Examples include, but are not limited to, bomb threat, flood, and utility failure.

\*See Tab E for Bomb Threat Response

\*See Tab F for Utility & System Failure Response

**EXTERNAL TRIAGE** Incident that started outside a MHS facility, affects the entire community, impacts the health care system and may have wide spread affects. Examples include, but are not limited to, earthquake, floods, volcanic eruption, and mass casualty events.

\*See Tab G for Earthquake Response

\*See Tab L for Severe Weather Response

## ACTIVATION AUTHORITY

- ◆ **Activate E-HICS/HICS component(s) to the degree needed to appropriately respond to the incident.**
- ◆ **Assume role of Incident Commander until relieved.**
- ◆ **Report to Emergency Operations Center/Hospital Command Center.**
- ◆ **Initiate Incident Commander Job Action Sheet.**
- ◆ Issue periodic updates.
- ◆ Re-evaluate for "Down-Grade" or "All Clear".

## LEADERSHIP (INCIDENT COMMAND & ORGANIZATIONAL)

- ◆ **Report to pre-designated E-HICS/HICS location or primary department as previously determined.**
- ◆ **Initiate "Disaster Personnel Timesheet".**
- ◆ **Initiate Activity Log.**
- ◆ **Initiate Job Action Sheet/Department Plan.**
- ◆ Brief staff.
- ◆ Review staffing plan.
- ◆ Review emergency notification lists.
- ◆ Inspect disaster kits.
- ◆ Monitor for informational updates.
- ◆ Respond as necessary to the incident.

## PERSONNEL

### Home-Based Employee (At your normal work location upon activation)

- ◆ **Return to your primary department/work area.**
- ◆ **Sign-in on "Disaster Personnel Timesheet".**
- ◆ **Follow department's Emergency Response Plan.**

### Visiting Employee (Not at your normal work location upon activation)

- ◆ **Report to cafeteria (TG/MB/AH), Olympic Room (GSH) or fish tank outside of Cascade 1 Training Room (MAMC).**
- ◆ **Sign-in on "Disaster Personnel Timesheet" at Labor Pool.**
- ◆ **Wait for assignment.**

### Visiting Employee (Medical Staff)

- ◆ **Report to the Doctor's Lounge.**
- ◆ **Sign-in on "Disaster Personnel Timesheet" at the Medical Staff Labor Pool.**
- ◆ **Wait for assignment.**

### MHS Volunteer

- ◆ **Report to cafeteria (TG/MB/AH), Olympic Room (GSH) or fish tank outside of Cascade 1 Training Room (MAMC).**
- ◆ **Sign-in on "Disaster Personnel Timesheet" at the Labor Pool.**
- ◆ **Wait for assignment.**

# BOMB THREAT EMERGENCY RESPONSE

## Person Receiving a Verbal/Phone Threat

1. Remain calm and maintain normal working environment ensuring not to alarm personnel and clients in the immediate area.
2. Utilizing the "Receiving the Threat - Bomb Threat" form, document as much information as possible about the threat and the person making the threat. Form located on the next page.
3. Contact Security Dispatch at 403.1013(Tacoma), 697.1735 (Good Samaritan) or 545.2200 (Auburn) and relay the information you collected/observed regarding the person making the threat.
4. Discuss threat only with those that are involved in investigating the situation: Security, law enforcement, Supervisor, Safety Officer, or House Supervisor, etc.
5. When requested to do so, assist with search for suspicious items by securing the immediate work area and requesting families and patients remain in their rooms.
6. Prepare for evacuation of the immediate and surrounding areas.
7. Evacuate when directed to do so by Security, Safety and/or local emergency services.

## Person Discovering or Made Aware of a Suspicious or Threatening Device

1. Contact Security Dispatch at 403.1013 (Tacoma), 697.1735 (Good Samaritan) or 545.2200 (Auburn) and relay the information you collected/observed regarding the suspicious item.
2. Do not touch, move or disrupt any suspicious items.
3. Isolate and evacuate the immediate area as instructed by Security, Safety Services and/or local emergency services.
4. Control access to the immediate area by closing doors and/or posting someone to restrict access until Security and/or local emergency services arrive.
5. Do not assume only one object has been delivered. Complete a search of the entire area if requested to do so by Security, Safety and/or local emergency services.
6. Discuss threat only with those that are involved in investigating the situation: Security, local emergency services, Supervisor, Safety Officer, or House Supervisor.
7. Prepare for evacuation of the immediate and surrounding areas.
8. Evacuate when directed to do so by Security, Safety and/or local emergency services.

## Departmental Search Process

1. If you are not in your immediate work area you should remain where you are or move to the nearest department and assist them with search procedures.
2. Control entry into your department and do not allow unidentified persons into the area.
3. Search the area visually by **carefully** opening cupboards, closets, desk drawers, filing cabinets, etc.
4. Search common areas located near your department, i.e., waiting areas, lobbies, public restrooms, hallways, and stairwells.
5. Close off areas/rooms after they have been searched.
6. **When entering rooms do not change the environment.**
  - ◆ Listen first for strange sounds.
  - ◆ DO NOT turn machines or equipment off or on. Leave them as you find them.
  - ◆ DO NOT turn electricity on or off. If the lights are off use a flashlight to search area.
  - ◆ DO NOT use two-way radios if looking for a "bomb device."
  - ◆ Immediately turn off all cell phones and pagers. An incoming call or page could trigger some devices.
7. When searching for SUSPICIOUS objects, look for unidentified sacks, boxes, packages, briefcases, out of place items, etc.
  - ◆ External Areas: Engineering, Security, and Police will search exterior areas (shrubs, window boxes, trash containers, ornamental structures, vehicles parked around the building, etc.) They will also check building entrances, lobbies, and public areas (restrooms, stairways, elevators, elevator shafts, etc.).
8. Call Security Dispatch to report your area has been completely searched when looking for "bomb device."

# BOMB THREAT PHONE RECORD

Caller Information		Exact Wording of the Threat/Comments About the Call		
Sex of Caller				
Race				
Age				
Date of Call				
Time of Call				
Length of Call				
Extension No. Received Call				
Questions to Ask:				
1. When is bomb going to explode?		5. What will cause it to explode?		
2. Where is the bomb right now?		6. Did you place the bomb?		
3. What does it look like?		7. What is your name?		
4. What kind of bomb is it?		8. What is your address?		
Background Noise	Speech	Voice		
<input type="checkbox"/> Airplanes <input type="checkbox"/> Animal Noises <input type="checkbox"/> Cell Phone Noise <input type="checkbox"/> Clear <input type="checkbox"/> Crockery <input type="checkbox"/> Factory Machinery <input type="checkbox"/> House Noises <input type="checkbox"/> Motor <input type="checkbox"/> Music <input type="checkbox"/> Office Machinery <input type="checkbox"/> PA System <input type="checkbox"/> Phone – Booth <input type="checkbox"/> Phone – Cell <input type="checkbox"/> Phone – Local <input type="checkbox"/> Phone – Long Distance <input type="checkbox"/> Static <input type="checkbox"/> Street Noises <input type="checkbox"/> Voices <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Distant <input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Normal <input type="checkbox"/> Slurred – Intoxicated <input type="checkbox"/> Well Spoken - Educated <input type="checkbox"/> Other _____  <th style="text-align: left;">Threat Language</th> <input type="checkbox"/> Foul <input type="checkbox"/> Incoherent <input type="checkbox"/> Irrational <input type="checkbox"/> Message read by caller <input type="checkbox"/> Taped <input type="checkbox"/> Other _____ _____ _____	Threat Language	<input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Clearing Throat <input type="checkbox"/> Cracking Voice <input type="checkbox"/> Crying <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Disguised <input type="checkbox"/> Excited <input type="checkbox"/> Familiar – Who? _____ <input type="checkbox"/> Laughter <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Other _____  <th style="text-align: left;">Accent</th> <input type="checkbox"/> Distinct <input type="checkbox"/> Foreign _____ <input type="checkbox"/> Local <input type="checkbox"/> Regional _____ <input type="checkbox"/> Other _____ _____	Accent
<p><b>Report the Call Immediately to Security Dispatch</b>  <b>403.1013 (Tacoma) • 697.1735 (Good Samaritan) • 545.2200 (Auburn).</b>  <b>Relay the information from this sheet. Contact 9-911 if directed to do so by Security Dispatch.</b></p>				
Name of Person Receiving the Threat	Department	Phone Number		

# UTILITY & SYSTEM FAILURE EMERGENCY RESPONSE

**\*\*Refer to Tab A for Your Location's Contact Number\*\***

FAILURE	SYMPTOMS	CONTINGENCY PLAN	REPORT TO
<b>Computer Systems</b>	<ul style="list-style-type: none"> <li>• System Down</li> <li>• Orders not crossing</li> <li>• Frequent problems</li> <li>• Failure to do routine tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate downtime procedure</li> </ul>	Information Services Help Desk
<b>Communications</b> <ul style="list-style-type: none"> <li>• Nortel phones</li> <li>• Siemens phones</li> <li>• Bypass phones</li> <li>• Cell phones</li> <li>• Email</li> <li>• Vocera</li> <li>• Pagers</li> <li>• FAX</li> <li>• 2-Way Radios</li> <li>• Amateur Radio</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment not functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Bypass phones</li> <li>• Cell phones</li> <li>• Email</li> <li>• Vocera (Tacoma)</li> <li>• Pagers</li> <li>• FAX</li> <li>• 2-Way Radios</li> <li>• Amateur Radio, 800 Mhz Radios, Satellite Phones</li> </ul>	Information Services Help Desk Materials Management Engineering
<b>Electrical Failure</b>	<ul style="list-style-type: none"> <li>• Minimal lighting</li> <li>• Emergency outlets only</li> </ul>	<ul style="list-style-type: none"> <li>• Generator power</li> <li>• Flashlights</li> <li>• Ensure critical equipment is plugged into emergency RED outlets</li> </ul>	Engineering
<b>Generator Failure</b>	<ul style="list-style-type: none"> <li>• No power</li> </ul>	<ul style="list-style-type: none"> <li>• Locate disaster kits &amp; utilize flashlights, lanterns, etc.</li> <li>• Manually ventilate, regulate IV's</li> <li>• Hold surgeries</li> <li>• Utilize Stairs</li> </ul>	Engineering
<b>Elevator Failure</b>	<ul style="list-style-type: none"> <li>• May occur with earthquake, fire, or power failure</li> <li>• If occupied, alarm bell will ring</li> </ul>	<ul style="list-style-type: none"> <li>• Signs posted in elevators</li> <li>• Utilize stairs</li> <li>• Assign person to stay in verbal contact with individuals stuck in elevator and reassure</li> <li>• Call elevator company</li> </ul>	Engineering Security/Safety
<b>Fire Alarm Failure</b>	<ul style="list-style-type: none"> <li>• No audible or visible sign</li> <li>• When system is down longer than AHJ allows</li> </ul>	<ul style="list-style-type: none"> <li>• Institute fire watch</li> <li>• Report fire by phone</li> </ul>	Engineering Security/Safety
<b>Medical Gases</b>	<ul style="list-style-type: none"> <li>• No oxygen, air, or nitrous oxide</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize portable cylinders</li> <li>• Hand ventilate</li> <li>• Relocate patients to unaffected areas</li> </ul>	Engineering Respiratory Therapy
<b>Medical Vacuum</b>	<ul style="list-style-type: none"> <li>• No wall suction</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize portable devices</li> <li>• Relocate patients to unaffected area</li> </ul>	Engineering
<b>Natural Gas</b>	<ul style="list-style-type: none"> <li>• Gas odor if leak exists</li> <li>• Loss of partial kitchen if total failure</li> </ul>	<ul style="list-style-type: none"> <li>• Ventilate area</li> <li>• Turn off gas sources if known</li> <li>• Switch to oil boilers</li> <li>• Initiate external catering</li> </ul>	Engineering Nutrition Services
<b>Negative Pressure Isolation</b>	<ul style="list-style-type: none"> <li>• Room alarm sounds, computer (ENG) alerts</li> </ul>	<ul style="list-style-type: none"> <li>• Keep door closed</li> <li>• Move patient to working negative pressure room</li> </ul>	Engineering Infection Prevention & Control
<b>Patient Care Equipment</b>	<ul style="list-style-type: none"> <li>• Equipment does not function properly</li> </ul>	<ul style="list-style-type: none"> <li>• Replace with alternative equipment</li> <li>• Remove from service &amp; notify clinical engineering</li> <li>• Complete work request</li> </ul>	Clinical Engineering
<b>Pneumatic Tube</b>	<ul style="list-style-type: none"> <li>• Equipment not functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Institute runners</li> <li>• Follow down time procedures</li> </ul>	Engineering
<b>Sewage</b>	<ul style="list-style-type: none"> <li>• Backed up drains</li> </ul>	<ul style="list-style-type: none"> <li>• Activate "Emergency Human Waste Disposal Procedure" (MHS intranet)</li> <li>• Do not flush toilet or use drains</li> </ul>	Engineering Infection Prevention & Control Environmental Services
<b>Steam</b>	<ul style="list-style-type: none"> <li>• No sterilizers, heat, hot water</li> </ul>	<ul style="list-style-type: none"> <li>• Use alternative sterilization methods</li> <li>• Use disposable linen</li> <li>• Conserve heat and hot water</li> </ul>	Engineering Operating Room Infection Prevention & Control Environmental Services Linen Services
<b>Water</b>	<ul style="list-style-type: none"> <li>• No Water</li> <li>• Drastic change in odor, taste, or color</li> <li>• Flood</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Watch</li> <li>• Activate "Emergency Human Waste Disposal" Procedure (MHS intranet)</li> <li>• Use PETT Toilet Systems</li> <li>• Use waterless hand cleanser</li> <li>• Implement emergency water plan</li> <li>• Place warning signs on taps if contaminated</li> </ul>	Engineering Nutrition Services Infection Prevention & Control Environmental Services Linen Services
<b>Ventilation</b>	<ul style="list-style-type: none"> <li>• No ventilation, heating, or cooling</li> </ul>	<ul style="list-style-type: none"> <li>• Open windows if possible</li> <li>• Use blankets, fans, etc. as needed</li> </ul>	Engineering

# EARTHQUAKE RESPONSE

## EMERGENCY RESPONSE

### Immediate Actions During an Earthquake

#### If you are inside:

- ◆ Duck under a sturdy table or desk.
- ◆ Cover your head and face to prevent injury from glass and debris.
- ◆ Grab a leg or a piece of the furniture and be prepared to move with the item if the shaking is severe.
- ◆ If there is no suitable table or desk, move to a major wall or doorway and cover your head and face.
- ◆ Avoid objects that could fall and injure you.
- ◆ Stay inside until shaking stops; do not exit the building until safe to do so. Potential injury could result from falling building overhangs, brick, siding, telephone poles and signs.

#### If you are outside:

- ◆ Move to an open area away from building overhangs, power poles and wires or anything that may fall on you.
- ◆ Stay outside and do not attempt to enter buildings until safe to do so.
- ◆ If in rural settings, move away from cliffs and steep embankments where there might be falling debris or a landslide or riverbeds where a major quake could send large amounts of water and mud downstream.

#### If you are in transit:

- ◆ If you are driving, stop your vehicle away from buildings, bridges and utility lines and stay inside your car until the shaking stops.
- ◆ Listen to the radio to determine what routes are open before proceeding and beware of hazards such as potentially weakened bridges, collapsed roads, etc.

### Immediate Departmental/Employee Actions After an Earthquake

- ◆ Return to your primary department if safe to do so. If not, then:
  - Proceed to the nearest department and sign-in using the Disaster Personnel Time Sheet.
  - Try to reach your department via phone to let them know you are safe and your location.
- ◆ Maintain a calm environment and explain the situation to patients or visitors within your immediate area.
- ◆ Account for all patients, staff, and visitors. Notify the immediate area supervisor of anyone missing.
- ◆ Provide first aid to those in the immediate area with injuries.
  - Acute Care Facilities: If safe to do so, transport critically injured to the Emergency Department.
  - All Other Sites: Contact emergency services (9-911) for medical response.
- ◆ Begin clean up of immediate area, assess work area and equipment for significant damage, clear pathway to exits and prepare for aftershocks, evacuation and/or other emergencies ( i.e. fire, water pipe-flooding, loss of utilities). Refer to "Utility & System Failures Response" in this reference guide for utility and system failures.
- ◆ Use stairwells to move from floor to floor until notified by Engineering that elevators are functional. Use designated evacuation equipment as needed.
- ◆ If significant damage or hazards are present, secure the area and request patients and visitors to stay within the immediate area until determined safe to move about or exit building.
- ◆ If Code Internal/External Triage activated, follow the "Code Internal/External Triage Response" outlined in this Reference Guide and stand by for further instructions.

**Do Not Panic. REMEMBER, do not risk becoming a casualty by being careless or by acting independently of everyone else.**

# CODE GRAY

## COMBATIVE PERSON RESPONSE

### Staff Member Experiencing Threat

1. Identify potentially violent/abusive/threatening situations and attempt to de-escalate.
2. Request another staff member to assist or intervene as needed.
3. Attempt to isolate or remove individual from public area and/or add distance or barrier between self and individual.
4. If situation does not improve, activate emergency response procedures through appropriate emergency numbers, or activate panic alarms for those areas with this service.
5. Identify someone to brief responders on situation and actions to be taken.
6. Document the situation in a MeQIM (Midas Electronic Quality Improvement Memo).

ACUTE CARE FACILITY	ALL OTHER SITES
Dial Emergency Number <b>5555</b> and request Code Gray. Give physical location of where you are in the building.	Dial <b>9-911</b> and request law enforcement response. Give situation details and physical location of where you are in the building.  Contact Security Dispatch at 403.1013.

### Staff Members not directly experiencing the threat, but available for assistance

1. Stay away from the situation unless the co-worker experiencing the threat requests assistance.
2. Assist with removing patients/visitors and secure area to protect and defend patients and self as necessary.
3. If requested, activate emergency response procedures as outlined in #4 from above.
4. Brief responders as they arrive; provide necessary information to Security for occurrence documentation.

# CODE SILVER

## WEAPON/HOSTAGE SITUATION RESPONSE

1. Notify Security at 403.1013 (Tacoma), 545.2200 (Auburn) or 697.1735 (Good Samaritan) if a person demonstrates intent to use a weapon or intent to take another person(s) hostage and provide the following information. All other sites dial 9-911 and contact Security Dispatch at 403.1013.
  - Number of perpetrators and hostages, if known
  - Type and number of weapons involved
  - Description of perpetrators
  - Description of hostages and names, if known
  - Injuries
2. Take reasonable measures to safely evacuate patients, visitors, and fellow staff members from the involved area.
3. Use physical barriers, such as desks, doors, walls and partitions to prevent observation by the perpetrator. Plan escape route.
4. For personal safety reasons, staff members who find themselves taken as hostages should remain calm, appear to accept the temporary position of limited control, and quietly indicate concern, a willingness to listen and an understanding of the perpetrator's reasons for taking these actions. **Persons taken as hostages should avoid initiating conversations with the perpetrator or suggesting alternate courses of action.**
5. MultiCare employees and volunteers may not provide any information regarding hostage incidents to persons asking questions or making inquiries.
6. Direct all requests for information to the Media Relations Coordinator. Media Relations will coordinate release of information with Security and the local law enforcement.
7. Report to Security unauthorized persons or media representatives who interfere, refuse to leave on request, or attempt to continue to gather information or photographs.

# AMBER ALERT

## INFANT/CHILD ABDUCTION EMERGENCY RESPONSE

### Person Who Receives A Report From A Parent OR Views An Unauthorized Individual Handling An Infant/Child

1. Contact the Security Dispatch 403.1013 (Tacoma), 545.2200 (Auburn) or 697.1735 (Good Samaritan), and report the incident. Be prepared to contact local law enforcement agencies if directed to do so by Security Dispatch.
  - A. Attempt to safeguard the infant/child if possible.
  - B. Notify all other unit staff and immediate Supervisor.

### Person Who Knows Of A Suspected Or Actual Abduction

1. Contact appropriate emergency number and request "Amber Alert."

ACUTE CARE FACILITY	ALL OTHER SITES
Dial Emergency Number <b>5555</b> and request Amber Alert.	Dial <b>9-911</b> and request law enforcement response.  <b>AND</b> For sites with overhead announcement capability, announce <b>Amber Alert</b> along with sex, age and location from which the infant/child was removed.
Provide the following information to the operator:  Sex, age of infant/child and location from which infant/child was removed.	Provide the following information to the <b>911</b> operator. Sex of infant/child, age, situation details, building address and physical location within the building.  Contact Security Dispatch at 403.1013.

### Personnel Within The Suspected Abduction Area

1. Immediately search the entire unit/area and control entry into your department. Time is critical.
2. Conduct a head count of all inpatient infants/children and compare with current unit census.
3. Question the parent(s)/guardian(s) of the infant/child suspected to be missing as to other possible locations of the infant/child within the facility.
4. Protect the crime scene in order to preserve subsequent collection of evidence by law enforcement officials.
5. Secure all records/charts of the mother and/or newborn/infant/child and check for adequate documentation, if newborn/infant/child is an inpatient.
6. Notify the Laboratory and place a STAT-hold on the newborn/infant/child's blood for follow-up testing, if newborn/infant/child is an inpatient.
7. With Security assistance, move the parents of the abducted infant/child as necessary/requested to a private room off of the unit or out of the immediate area for privacy.

**\*\*Departmental Search Procedures and  
Abductor Profile on Next Page\*\***

## **AMBER ALERT Departmental Search Process**

1. Control entry into your department area by unknown persons. If assistance of any kind is needed, request it from Security Dispatch at 403.1013 (Tacoma), 545.2200 (Auburn) or 697.1735 (Good Samaritan).
2. Search and monitor common areas located near your department, i.e., waiting areas, lobbies, public restrooms, hallways, and stairwells until "All Clear."
3. Search the area visually by opening cupboards, closets, desk drawers, filing cabinets, waste receptacles, linen carts, etc.
  - ◆ When entering rooms, listen first for sounds then turn off machines that may interfere with detection of infant/child sounds.
  - ◆ Close off areas/rooms after they have been searched.
4. Monitor for persons who:
  - ◆ May be with or carrying a child/infant matching the description in the announcement.
  - ◆ Appears suspicious and matches the "abductor profile" (See Abductor Profile below).
5. Report any suspicious persons or activities to Security Dispatch or responding law enforcement officials.

## **Abductor Profile**

- ◆ Usually female ranging in age from 14-48, of average height and often overweight.
- ◆ Takes infant whose race is the same as her own or that of her partner.
- ◆ Is often married or co-habiting.
- ◆ Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes on any opportunity present.
- ◆ Frequently visits the nursery and other units (at multiple facilities) before the abduction; asks detailed questions on layout.
- ◆ Frequently uses a fire exit stairwell for escape once she abducts an infant.
- ◆ Usually lives near where the abduction takes place.
- ◆ Frequently impersonates a nurse or other person affiliated with the hospital.
- ◆ Often becomes familiar with hospital personnel and the victim's parents.
- ◆ Most likely compulsive and most often relies on manipulation, lying and deception.
- ◆ Frequently indicates she has lost a baby or is incapable of having a child.



# CODE ORANGE

## HAZARDOUS SPILL/RELEASE EMERGENCY RESPONSE

### Person who becomes aware of or causes a chemical/product spill, leak or exposure.

*These steps can be completed simultaneously if more than one employee is available to assist.*

1. **Rescue** trapped persons within capability. Implement fire plan if fire and/or significant fire threat exists.
2. **Contain, Isolate, and Secure** the chemical/product:
  - ◆ Use towels, blankets to dam spills.
  - ◆ Open windows in immediate area to ventilate.
  - ◆ Close doors to prevent fumes from traveling into other rooms, corridors.
  - ◆ Remain in the immediate area outside the contaminated area and preventing entry until Hazardous Material Responders arrive or the incident is determined to be low risk, and/or protective equipment is in place.
  - ◆ Vacate the area if chemical/product is determined to be highly toxic or lethal.
3. **Administer first aid** to those who may be injured by the exposure and relocate them to safe area away from incident area or transport injured to appropriate treatment area.
4. **Identify Product:**
  - ◆ If chemical/product is unknown, ask co-workers to assist with identification without touching or smelling the chemical/product.
  - ◆ Locate the chemical/product MSDS and review information to provide to first responders. MSDS are located on the MHS intranet under Web Applications, MSDS Pro for MultiCare.
5. **Alarm:**
  - ◆ Selected MHS Safety, Security, and Engineering staff are trained to assess hazardous material incidents and are responsible to contact outside assistance, if needed.
    - Acute Care Hospitals (Tacoma General, Mary Bridge, Allenmore, Auburn, Good Samaritan): Dial 5555 and request Code Orange to the spill location (wing, floor, department)
    - All other facilities contact Security Dispatch Center and request contact with a Safety representative: Tacoma 253.403.1013
  - ◆ Contact immediate Supervisor and relay information.
6. **Document:**
  - ◆ Assist the Hazardous Material Responders with completing documentation regarding incident.

# EVACUATION RESPONSE

## Facility/Area Being Evacuated

*Unless a life-threatening situation exists and time does not allow, wait for the Emergency Operations Center/Incident Commander to give the authorization for departments/areas to be evacuated.*

1. Areas with patients or injured persons should categorize and prioritize (see below) those persons to be evacuated and indicate their evacuation priority on the patient/injured person or on their medical chart. Place patient medical information and medication in a pillow-case and place with the person being evacuated.

### Evacuation Categories:

- ◆ Green = Non-critical Ambulatory
- ◆ Yellow = Non-critical Non-Ambulatory
- ◆ Red = Critical/requires ventilation or special equipment (non-ambulatory)

### Evacuation Priority: (If instructed by Incident Command)

- 1) Evacuate areas located in or closest to the danger area to the next safe compartment as identified by Incident Command on the same floor following fire evacuation routes.
  - 2) Ambulatory patients can be moved as a group.
  - 3) Non-ambulatory, non-critical patients may be moved using designated evacuation equipment (wheelchairs, gurneys, stretchers, evacuation chairs, MedSleds and blanket pulls).
  - 4) Medical equipment should be removed if possible. IVs may remain with the patient.
  - 5) Critical and/or unconscious patients should be evacuated last as it requires more resources and additional time due to the large number of medical devices. Preferably, patients should be removed from beds and transported via designated evacuation equipment.
2. Assign one person to lead each group of evacuated persons.
  3. Determine if evacuation movement is horizontal or vertical.
  4. Communicate evacuation route and designated safe location to group leader.
  5. Assign a person to record the evacuation information and forward to the Patient Tracking Officer.
  6. Evacuate in **Evacuation Priority** (see above) beginning with Priority # 1.
  7. Clear the evacuated rooms/areas by closing windows, turning off lights, closing room doors and indicate area/room has been cleared by placing a yellow "post-it-note" on the door.
  8. Security Services and/or the Lead Person will secure the department and building to prevent access by others by locking the doors and/or by placing personnel at entrances to prevent reentry of unauthorized personnel.

## Safety Reminders

- ◆ In the event of a fire, check the doors for heat prior to opening them.
- ◆ Patients may be transported using designated evacuation equipment as long as doing so does not block doors and exits.
- ◆ Report unsafe conditions using the Chain of Command.
- ◆ Do not access the elevators unless directed to do so. Always use the stairwells during disaster situations when moving between floors.
- ◆ Maintain a calm and orderly flow with patients.
- ◆ Keep to the right when pushing wheelchairs, gurneys, etc. Push gurneys feet first.

## Definitions

- ◆ **Evacuation:** The movement of all occupants from danger or unsafe areas of the hospital or facility to safe locations within or outside of the hospital or facility in as rapid and safe a manner as possible.
- ◆ **Fire Compartments:** Areas within the acute care facilities at Tacoma General/Mary Bridge Hospitals, Good Samaritan Hospital, Allenmore Hospital, Auburn Hospital, Mary Bridge Day Surgery, Day Surgery of Tacoma, Gig Harbor Medical Park Ambulatory Surgery Center (ASC) and Covington ASC are compartmentalized by fire doors and smoke doors. These doors act as barriers between floors and areas. These compartments slow the spread of fire, smoke or fumes from one compartment to another. This allows staff in the danger area and surrounding compartments time to evacuate from one compartment to another until danger is removed or they exit the building.
- ◆ **Partial Evacuation:** The movement of people from one fire/smoke compartment to another compartment, horizontally or vertically.
- ◆ **Total Evacuation:** Relocation of all occupants to areas outside of the hospital or facility in accordance with established protocol or as directed by the Incident Commander.
- ◆ **Horizontal Movement:** Staff evacuates in a horizontal direction, staying on the same floor.
- ◆ **Vertical Movement:** Staff evacuates in a vertical direction, descending staircase to a lower level or to an exterior door.

# SAFETY/SECURITY REMINDERS & WEATHER RELATED EMERGENCIES

## Safety Reminders

- ◆ Know your "Immediate & Automatic Actions" upon activation, response plans and emergency numbers.
- ◆ Remain calm during emergency situations. Do not risk becoming a casualty by being careless or by acting independently of everyone else.
- ◆ Obey safety rules. Use safety devices to prevent injuries.
- ◆ Watch for and report unsafe conditions. Warn others of the danger as necessary.
- ◆ Report all patient/visitor incidents to your supervisor immediately.
- ◆ Report all on-the-job injuries to your supervisor immediately.
- ◆ Use proper lifting device, technique and body mechanics. Ask for assistance with heavy or large objects.
- ◆ Keep corridors and doorways unobstructed with chairs, carts, trash, etc. Place allowable items along one side only.
- ◆ Do not block or hold doors open with wedges, chairs, etc.
- ◆ Put only bloody items in red bags.
- ◆ Keep fire extinguishers, fire alarm pull station boxes, and sprinkler heads free of obstructions.
- ◆ USE STAIRS, not elevators, during earthquakes, fires or other emergencies that may affect elevators.
- ◆ Properly dispose of needles, syringes, & sharps. DO NOT recap contaminated needles!
- ◆ Wipe up spills promptly and place "Wet Floor" warning sign.
- ◆ Keep clean linen covered during transport. Do not overfill soiled linen bags. Tie linen bags closed.
- ◆ Do not use defective products and equipment. Report such items to your supervisor immediately.
- ◆ Keep to the right when pushing wheelchairs, gurneys, etc. Push gurneys feet first.
- ◆ Wear required personal protective equipment (PPE) for tasks involving hazardous materials.
- ◆ Wear required hearing protection while operating machinery or equipment.
- ◆ Wash/gel hands before and after patient contact and meals, using rest rooms, or handling contaminated materials.

## Security Reminders

- ◆ If you question whether you should contact Security Services or not, CONTACT them. Security is trained to handle a variety of situations and is ready to respond.
- ◆ Report suspicious persons and/or activities to Security Services at 403.1013 (Tacoma) or 697.1735 (Good Samaritan).
- ◆ Provide as much information as possible to Security Services and/or law enforcement agencies.
- ◆ Answer all questions and stay on the line until the dispatcher instructs you to hang up.
- ◆ Contact 9-911 if instructed to do so by the Security Dispatch Officer.
- ◆ Assist Security with documenting emergency incidents and/or complete a Quality Improvement Memo /MeQIM.

### Types of Security Incidents

- ◆ Theft
- ◆ Assault - Threats
- ◆ Robbery
- ◆ Car Vandalism - Theft
- ◆ Infant/Child Abduction
- ◆ Bomb Threat
- ◆ Weapons Policy Violation
- ◆ Hostage Situation
- ◆ Aggressive/Violent Person

### Information to Provide to Security Dispatch

- ◆ Your name, title, department
- ◆ Your exact location
- ◆ Type of weapon involved (if any)
- ◆ What the individual is doing
- ◆ Description of the individual
- ◆ The direction the individual took when he/she left
- ◆ Suspect description (age, race, sex, height, weight, hair, clothing)

**\*\*See Next Page for Weather Related Emergencies\*\***

## **Weather Related Emergencies**

1. Plan for alternate transportation methods or additional travel time based on current and changing weather situations.
2. Keep informed of current/changing weather conditions and alternate transportation routes by:
  - Monitoring local TV/Radio broadcasts – KIRO 97.3 FM
  - Logging onto the MHSnet
  - Logging onto the internet at [www.multicare.org](http://www.multicare.org) (Scroll down to “Recent News”)
  - Calling the MHS Emergency Management Activation Information Line at 253.403.8677. Recommendations and updates will be posted as available.