
UNIVERSITY *of* CALIFORNIA • IRVINE HEALTHCARE

Discover

Teach

Heal

Emergency Procedures

Code Blue / White

Definition:**Code Blue** – Medical Emergency – Adult**Code White** – Medical Emergency – Pediatrics

If you discover someone who has suffered cardiac or respiratory arrest (they are unconscious and do not appear to be breathing), you should:

Note the time.

Summon help while remaining at the person's side. Shout or yell if necessary.

Send someone to call Telecommunications at **ext. 6123** (or "**911**" if appropriate). If you are alone, make the call yourself. Give the Operator the following information:

- **Code Blue or White**

- Where you are – Building, Floor, Department, Room Number, or the exact location.

Begin cardiopulmonary resuscitation (CPR) if you know how, and continue CPR until assistance arrives and takes over.

Department Specific Information: Please indicate if in an area which uses 911 emergency.

CODE BLUE (ADULT) / WHITE (CHILD) – MEDICAL EMERGENCY

Reference Information

Emergency Phone #	x6123	Infection Prevention	x5221
Clinical Engineering	x5366	Materials Management	x5418
Facilities	x5700	Occupational Health	x8300
Environmental Health/Safety	x6475	Radiation Safety	x5607
Environmental Services	x5494	Respiratory	x5562
House Supervisor, pager (24 hours)	506-6000	Security	x5222

Off-site locations – call **911** directly for assistance

Alpha/Numeric Pager Codes

Code Triage (Internal/External Disaster) 88888888 = Activation 88884444 = All Clear
Code Pink/Purple (Infant/Child Abduction) 33333333 = Activation 33334444 = All Clear

Incident Reporting

Any Employee, Medical Staff Member/Resident having knowledge of a reportable* event (except an event regarding a crime, contact Security at x5222);

Completes an incident report through the automated/online "Incident Reporting System" immediately upon acknowledgement of a reportable event. If two or more individuals are involved, one person shall be designated to complete the Incident Report with input from the other involved individuals. Completion of the online form requires:

The patient's identifiable information:

- o name, PF #, date of birth
- o date and time of the event
- o name of service having primary responsibility for the patient
- o location of the event (e.g. unit or location: 5 Tower)

Identification of "Category" of event (e.g. fall)

Answering of "mandatory" questions related to the incident and supplemental information, as appropriate, should be included in the "Comments" section of the report.

If the incident being reported relates to an individual other than a patient, the following information will be necessary:

The staff member or visitor's name and phone number

- date and time of event
- identification of "Category" of event (e.g. Fall/Non-Patient)
- location of event (e.g. Cafeteria)
- answering of "mandatory" questions related to the incident and supplemental information, as appropriate, should be included in the "Comments" section of the report

Once the report is submitted online, the report will be sent, via e-mail, to the reporter's supervisor, the manager of the location where the event occurred and the "Category Manager".

*A reportable event is an occurrence, accident or other deviation from a usual practice or anticipated outcome. Examples might include but are not limited to: patient/visitor falls, errors in medication use, equipment/device malfunctions, narcotic discrepancy, or an unanticipated return to surgery.

Blood and Body Fluid Exposure

An exposure means eye, mouth, non-intact skin, or mucous membrane contact with blood or other potentially infectious materials.

If You Are Exposed:

Immediately Wash with soap and water or use eye wash if applicable;

Notify your supervisor;

Obtain medical help;

- Monday – Friday, 07:30 – 17:00, Report to Occupational Health.
- After hours (nights, weekends, and holidays), Dial the operator – “0” – and request the House Supervisor.

Obtain medical help;

If you are exposed after hours, it is Mandatory for you to follow-up with Occupational Health as soon as it re-opens.

Department Specific Information:

Reporting Work Injuries

All UCIMC employees:

If you are injured during work, do the following:

Report the injury to your supervisor immediately.

If your supervisor is not available or if you are unable to get to your supervisor, get assistance immediately.

For non-urgent or first aid treatment.

After you contact your supervisor, you will be directed to Occupational Health Clinic, or the Emergency Department depending on the necessary treatment, your location, and time of day/week.

For urgent or emergency treatment.

Get treatment immediately. Depending on the severity of the injury or the time of day/week the employee should go to: Occupational Health Clinic, UCIMC Emergency Department or, (if off-site, go to local emergency department or call **911**). In the event of a blood-body fluid exposure, you should seek treatment immediately. (Refer to Blood and Body Fluid Exposures.)

Filing a claim.

After you report a work-related injury to your supervisor, the supervisor will give you an Employee's Claim form for Workers' Compensation Benefits (titled DWC-1 form) to fill out. (If this form is not provided by the supervisor or Occupational Health clinic, an employee can call and obtain one from the Workers' Compensation Unit at UCIMC at 456-6597.) This form must be completed and returned in order to file a claim for a work-related injury.

- Fill out **only** the top section of the form titled "Employee".
- Do not fill out the bottom section titled "Employer".
- Keep the 4th page (Employee's Temporary Receipt) and immediately return the rest to your supervisor or forward them to:

UCI Medical Center
Human Resources-Workers' Compensation
WC-HR-Rte. 34
(714)456-6597

Combative Person (Code Gray)

A **Code Gray** will summon Security assistance and should be activated when there is a real or perceived threat of immediate danger such as a violent/combative patient, visitor or staff member.

A **Code Gray** can be activated by:

- Pushing a Panic Device (if available).
- Calling **x6123**.

If confronted by a verbally aggressive or violent and threatening subject, staff should initiate a Code Gray by pushing a panic device (activation devices could be wall mounted panels or under the counter buttons previously known as code green buttons) or using a phone to call **x6123**.

If possible move to a safe location to place call for assistance. If a panic panel/button is activated, attempt to call **x6123** as well to provide verbal instructions to identify assaultive person, current location, and if a weapon or hostage are involved.

If panic devices are used, immediately call **x6123** to describe the incident.

If a weapon or hostage is involved, follow procedures outlined in the Code Silver policy.

Make mental notes or as quickly as possible write out notes to be used to pass on to a supervisor for an Event Report.

Do not take unnecessary chances.

Do not interfere with:

- Persons committing the crime/creating the disturbance.
- Law Enforcement Authorities on the scene.

Department Specific Information:

Hostage Situation (Code Silver)

A **Code Silver** will summon Security or Police assistance and should be activated when there is a real or perceived threat of immediate danger including the use of a weapon and/or a hostage situation.

A **Code Silver** can be activated by:

- Pushing a Panic Device (if available)
- Calling **x6123**

<p>All Staff and Faculty</p>	<p>If a person is found or suspected of having a weapon, call 911 (if an emergency and you can not speak and can only dial the number and set the phone down), call Telecommunications at x6123, or push a panic wall panel/button.</p> <p>If someone is being held hostage, see item above.</p> <p>If you call, describe your location, number of subjects and hostages, and the type of weapon(s) involved.</p> <p>If you use panic device, attempt to immediately follow-up with a call to x6123 to speak to someone about the incident in progress.</p>
<p>Staff in the Affected Area</p>	<p>The following will serve as recommendations for those in the affected area(s).</p> <p>Do not panic.</p> <p>Do not try to negotiate with the subject or attempt to take the weapon away.</p> <p>Do not stay in the area unless your escape could cause harm to yourself or others.</p> <p>Do not allow anyone to pass through the affected area.</p> <p>Do make mental records of the area, subject and weapons to assist law enforcement as a credible witness.</p> <p>Do lock doors to the affected area only if the subject(s) are alone in the area and to keep anyone else from entering.</p> <p>Avoid the affected area at all costs.</p>

Department Specific Information:

Earthquake

During an Earthquake	<p>S – Stay in Place H – Hold onto or hide under Something Sturdy A – Assess Your Environment – Report Injuries / Damage K – Keep Calm E – Evacuate if Necessary (e.g., you are in danger, building is damaged)</p>
After the Shaking Stops	<p>Be prepared for aftershocks. They can occur at any moment and could be as powerful as the original quake. Stay out of damaged buildings. Move cautiously and observe your surroundings for potentially hazardous situations. Check for injured people. Do not move seriously injured people unless they are in immediate danger. Check for fire hazards. If you think the building has been damaged. Evacuate. After-shocks can level severely damaged buildings. Do not use the telephone except to report an emergency. If a call is necessary, call x6123 and report the emergency situation to the Telecom Operator. Be sure to give your name, building, room number, and telephone extension. Do not use plumbing or anything electrical (including elevators) until after the utility and electrical lines have been checked. Open doors carefully, watching for falling objects that may fall. Do not use matches, lighters, or open flames until it is assured that no gas leaks exist. Wait for a clearance from Facilities Management before flushing toilets. Sewage lines must be checked to assure they are intact. Facilities Management will inspect all damage from the earthquake and determine priority of repair work needed. Immediately clean-up spilled medicines, drugs and other potentially harmful materials. The Medical Center external disaster plan will be activated if necessary.</p>

Department Specific Information:

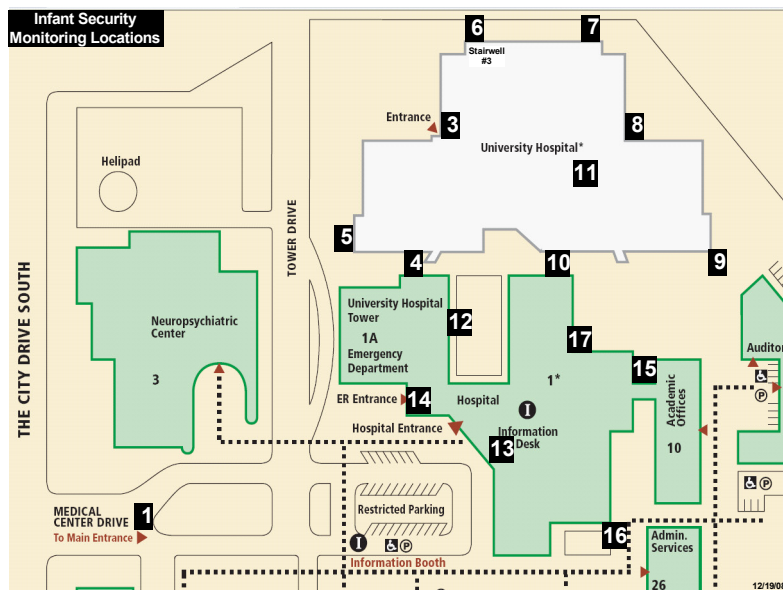
Bomb Threat (Code Yellow)

<p>If you receive a telephone bomb threat:</p>	<p>Do not hang up. Remain calm. Try to prolong the conversation and get as much information as possible. Note what you hear. Are there background noises, such as music, voices, or cars? How does the caller's voice sound? Any accent? What sex? What age? Any unusual words or phrases? Does the caller seem to know about the facility? How is the bomb location described? Does the caller use a person's name? Does the caller give his/her name? When the call is over, complete the bomb threat report immediately. (Available Online) After this is done, contact UCI Police Department (x5222) immediately, notify your supervisor and the Telecom Operator. Stand by for further instructions. If it is deemed necessary to evacuate, you will be notified by your supervisor or the overhead paging system. Evacuate via the primary route for your area, or by the alternate route if so directed.</p>
<p>If you discover a bomb or a suspicious item:</p>	<p>Leave it untouched and secure area until police arrive. Do not use any electronic communications devices as it could set off the bomb. You may be asked to assist in a search because you are familiar with the area. If so directed, evacuate your area. See your departmental evacuation plan.</p>
<p>All Clear</p>	<p>When it has been determined that there is no evidence of a bomb in the healthcare facility and, if Security or the Police Department gives instructions, Administration will notify the facility operator to announce, "Code Yellow, All Clear," three (3) times. All departments will then return to normal duties.</p>

Department Specific Information:

Code Pink / Purple – Infant / Child Abduction
Infant Security Monitoring Locations

Reporting Areas							
#	Bldg	Location	Departments	#	Bldg	Location	Departments
1		Medical Center Drive / Pavillion Way (Bldg 3 Shuttle Stop)	Security	10	1-UH	Stairwell #6 / Dining Room	48 - Oncology
			Psych				68 - Surg Step Down
2		Area of abduction	House Supv / Dept Dir to assess situation	11	1-UH	Stairwell #7 Main Lobby/Grand Staircase	Info Desk
3	1-UH	West Patient Entrance	Pharmacy				OR
4	1-UH	Stairwell #1	64 - SICU	12	1A-UHT	Basement Door outside Radiology (Garden)	Radiology
			34 - Lab (Bldg 1)				4T
5	1-UH	Tower Road (at intersection of old/new ED Ramp) Bldg 1 Stairwell #2	52 - Neuro	13	1A-UHT	Tower Entrance (Garden Door / At Your Service Desk)	Patient Relations / Security
			ED Security				5T
6	1-UH	Stairwell #3	ED Staff	14	1A-UHT	Emergency Department (Outside Entrance)	ED Registration
			SPPO				Security
7	1-UH	Stairwell #4	54 - BICU	15	1B	Basement Connector Corridor to Bldg. 10	EVS
			Central Sterile				Bldg 1 B - Lab
8	1-UH	Loading Dock	56 - Neuro Step Down	16	1B	Lower ramp to Bldg 1B Basement (Front - near Patio)	Facilities
			Materials Mgmt				Bldg 1 B - Lab
9	1-UH	Stairwell #5	66 - Surg Step Down	17	1B	Lower ramp to Bldg 1B Basement (Rear - across Bldg 1 UH)	Respiratory Services
			Dietary				EVS
			58 - Med/Surg				



Code **Pink** / **Purple** – Infant / Child Abduction

A **Code Pink/Purple** procedure was developed to protect infant patients from removal by unauthorized person(s) and to ensure timely notification and response when an infant is discovered missing.

Area of Incident	<p>Conduct an immediate search of the unit. Time is critical!!!</p> <p>Notify Telecommunications at x6123 to report a Code Pink/Purple.</p> <p>Contact their Nurse Manager or the House Supervisor.</p> <p>Secure the area in which the child was last seen or known to be.</p> <p>All involved person must remain on-site until release by the Security or Police.</p> <p>Provide a private room of the abducted child in which to wait for Police.</p> <p>DO NOT discuss the incident around or with anyone other than the Police.</p>
All Other Departments	<p>Go to your designated observation point (located above).</p> <p>Things / areas to observe;</p> <ul style="list-style-type: none"> - Persons carrying a shopping or duffle bag which could conceal an infant, - Person(s) wearing oversized and bulky clothing - Vehicles in unauthorized areas (that could be used for get-away) <p>If a newborn infant or an attempt to conceal a newborn infant is observed, one staff member is to follow at a safe distance while the second staff member calls for help.</p> <p>Call ext. "6123" to provide the location of the infant sighting.</p> <p>When calling for assistance, you must give;</p> <ul style="list-style-type: none"> - the location of the sighting - the direction in which the subject is moving - a description of the suspect to include: race, gender, approximate age, approximate height, approximate weight, clothing, and vehicle information, if involved, such as license number, make and color. <p>Do not put yourself or the infant in danger by trying to apprehend the suspect. Your most effective tool is surveillance; watch, make note of descriptions, notify Security or others for help, and follow.</p>

Department Specific Information:

Internal / External Disaster (Code Triage)

Definition - The basic emergency response that activates the emergency response plan.

Three types of disasters (e.g.); Internal - Fire

External - Mass Casualty Event

Natural - Earthquake

Your safety is of primary importance, you can't help others if you are injured.

When a **Code Triage** is announced, all staff is to remain at their post on duty, unless pre-arranged by their departmental plan, or are requested to report elsewhere or are assigned to a HICS position in the Hospital Command Center (HCC).

Code Triage Levels: (AOC or House Supervisor activates Code Triage levels)

- **Watch** – initial stage of an alert (alerts a small group who triage the event and decide a course of action)
- **Wait** – incident is in progress may result in an impact in operations, activates positions in the HCC
- **Warning** – arrival of patients is imminent, HCC is opened and activated
- **All Clear** – Initiate de-mobilization, return to routine operations

Supervisors or designee within departments are requested to review and carryout their departments' responsibilities.

Assist in evaluating and communicating the extent of involvement in your specific unit.

All employees should be familiar with their evacuation routes.

For the unit specific role in the event of an emergency, refer to your job action list.

Code Triage Watch (*initial stage of an alert*)

Disaster Watch

- The **Code Triage watch** phase is established by the AOC or House Supervisor.
- Telecommunications will contact **select departments or key personnel** identified by the Administrator On Call (AOC).
- The majority of UCIMC departments and personnel **will not** be notified during this phase.
- The purpose of the Code Triage Watch phase is to establish the following:
 - Communication with the AOC.
 - Assessment of situation and determine course of action by AOC/Incident Commander.
- This phase may be in effect anywhere from a few moments to 24+ hours, depending on the type of event.

Code Triage Wait (*incident is in progress and may result in an impact in operations*)

Code Triage Wait

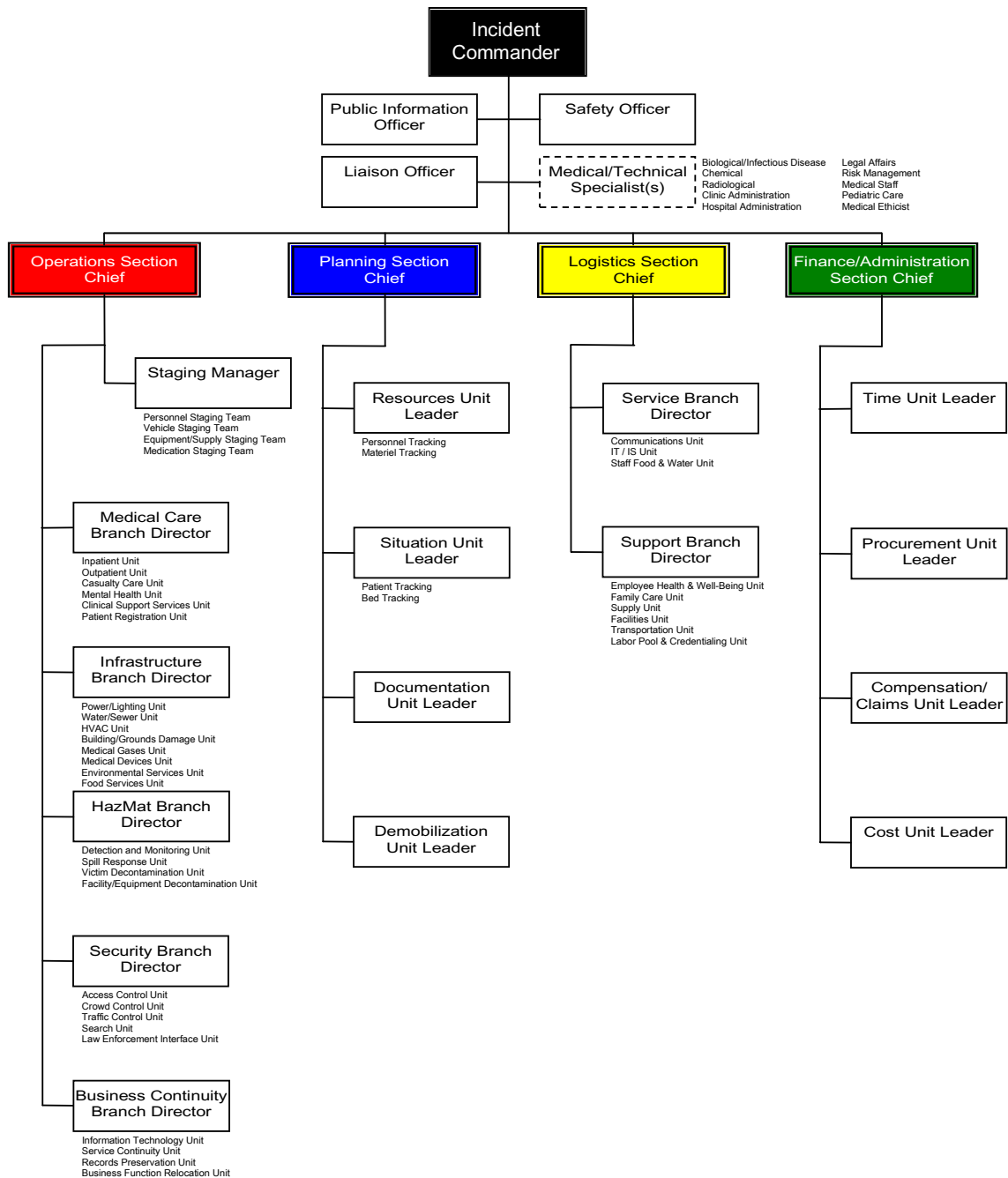
- The **Code Triage wait** phase is established by the AOC or House Supervisor.
- Telecommunications will contact **select departments or key personnel** identified by the Administrator On Call (AOC).
- The majority of UCIMC departments and personnel **will not** be notified during this phase.

Code Triage Warning (<i>arrival of patients is imminent</i>)	
Activate HICS Plan	<ul style="list-style-type: none"> The decision to Activate the HICS Plan is made by the AOC or House Supervisor. The AOC will instruct the Telecommunications Operator to announce the following; <ul style="list-style-type: none"> via overhead paging system: "Code Triage" via Alpha Numeric Pagers: "88888888"
HICS Teams	Are activated when this announcement is made. Secure Nextel Radio from Command Center. Refer to specific HICS Job Action Sheet.
All Clear (<i>return to routine operations</i>)	
All Clear	<ul style="list-style-type: none"> The Code Triage wait phase is established by the AOC or House Supervisor. The decision to activate the HICS Plan is made by the AOC or House Supervisor. The AOC will instruct the Telecommunications Operator to announce the following; <ul style="list-style-type: none"> via overhead paging system: "Code Triage - All Clear" via Alpha Numeric Pagers: "88884444"
CBRNE	
Chemical Biological Radiological Nuclear Explosion	<ul style="list-style-type: none"> See Shelter In Place See Shelter In Place See Code Orange / Shelter In Place See Shelter In Place See Code Yellow
Shelter In Place	
Shelter In Place	<ul style="list-style-type: none"> Remain indoors. Stop access to and from the outside. Close doors and windows. Seal all penetrations to the outside. Stay away from the affected area. Accounts for patients/staff. Stand by for further instructions.

Department Specific Information:

Job Action Sheet or Department Specific Response

Anyone (or designee) identified on the HICS Incident Management Team (IMT) should follow instructions on their respective Job Action Sheet. All other staff should remain in their areas and wait for further instructions.



Communication Equipment Failures

Failure Of:	What To Expect:	Who to Contact:	Responsibility Of User:
Nurse Call	Failure of visual or audio patient communication.	x5366 x5700	Staff to implement temporary system for patient monitoring.
Overhead Page	Unable to hear announcement such as Code Red, Code Blue, etc.	x6123	Contact Hospital operator. Arrange for temporary communication assistance from adjacent units.
Telephones	No regular phone services.	938-3770	Use "red" power failures phones (where available) try using single line phones or pay phones. Contact AOC/House Supervisor. Use runners.

Clinical Equipment Failures

If there is a medical equipment disruption or failure:

If equipment failure interrupts life support for the patient, emergency clinical intervention is needed.
Ensure continued life support for patient via manual techniques or replacement equipment.
Secure a replacement from the same or neighboring unit.
Contact Clinical Engineering by calling (**x5366**) for repair services.

If there is a piece of equipment that malfunctioned or failed:

Remove the equipment from service, tag or label to prevent further use.
Report equipment to Clinical Equipment Management (**x5366**)
Provide the following information:

- Location of equipment
- Equipment type and model number
- UCI Equipment Control Number (ECN#)
- Your name and extension
- Description of failure/malfunction

If this malfunction or failure may have caused harm to a patient:

Remove the equipment from service, tag or label to prevent further use
Don't change the equipment settings
Save any consumable items used with the equipment
Notify your Supervisor
Complete an Incident Report
Report equipment to Clinical Equipment Management (**x5366**)
Provide the following information

- Location of equipment
- Equipment type and model number
- UCI Equipment Control Number (ECN#)
- Your name and extension
- Description of failure/malfunction

Department Specific Information:

Utility System Failures

If there is a Utility Systems malfunction:

If the Utility System malfunction interrupts life support for the patient, emergency clinical intervention is needed. Ensure continued life support for patient via manual techniques or alternate Utility sources. (Use red outlets, medical gases-portable tanks, etc.)

Use the chart below for additional emergency procedures during a Utility Failure.

Local emergency shutdowns for malfunctioning utility systems will be carried out by unit staff who have been trained.

Partial or complete emergency shutdowns for malfunctioning systems will be carried out by the Facilities Department who will notify the staff in the affected areas prior to the shut down, when possible.

Contact the Facilities Department at **(x5700)** for Utility Systems repair services.

Failure Of:	What To Expect:	Who to Contact:	Responsibility Of User:
Normal Power	No power to majority of outlets. Limited elevator service, lighting, air conditioning and heating. No power for refrigerators and small appliances. Only Red plug outlets work.	Facilities x5700	<ul style="list-style-type: none"> • Ensure life support/critical systems are on emergency power (red outlets). • Complete cases in progress ASAP. • Turn off non essential items. • Keep refrigerator doors closed • Use flashlights.
Emergency Power	Total power outage including: nurse call, code blue and alarm systems, all electrical lighting and power equipment. No outlets work.	Facilities x5700	<ul style="list-style-type: none"> • Closely monitor and support patients during the Interim period. • Manually ventilate patients as needed. • Use battery powered equipment if available. • Use Flashlights.
Water Pressure/ Supply	Sinks, toilets, autoclaves, sterilizers, etc. not working. Room temperatures may become too hot or cold.	Facilities x5700	<ul style="list-style-type: none"> • Conserve water and turn off all faucets. • Do not attempt to adjust room temperature. • Use waterless hand cleaning solution. • Call for bottled water if necessary.
Plumbing/Sewer System	Drains backing up, foul odor, localized flooding.	Facilities x5700	<ul style="list-style-type: none"> • Do not use water or flush toilets. • Do not use any equipment piped to a drain. • Secure if possible, and vacate area.
Medical Gas	Gas alarms, No Oxygen, medical air, or Nitrous Oxide.	Facilities x5700	<ul style="list-style-type: none"> • Manually ventilate patients as necessary. • Transfer patients if necessary. • Use portable Oxygen and other gases. • Call for additional portable cylinders.
Medical Vacuum	No vacuum, inadequate suction.	Facilities x5700	<ul style="list-style-type: none"> • Assess patient's suction needs and closely monitor and support patient during interim period. • Use available portable equipment. • Call for additional equipment. • Finish cases in progress. • Don't start new cases.
Heating System	No ventilation, heating, or cooling.	Facilities x5700	<ul style="list-style-type: none"> • Open windows/doors or provide blankets if needed. • Do not attempt to adjust room temperature. • Restrict use of odorous materials.
Elevator System	Elevator stopped moving, alarm bell sounding, or elevator stopped between floors.	Facilities x5700	<ul style="list-style-type: none"> • Keep verbal contact with persons in elevator and let them know help is on the way. • Use stairs. • Use carry teams to move patients and equipment to other floors if necessary.
Steam System	No hot water. Will affect building heating/cooling, steam operated equipment such as sterilizers and nutrition service equipment.	Facilities x5700	<ul style="list-style-type: none"> • Do not attempt to adjust room temperatures. • Conserve sterile materials and linens. • Prepare for cool temperatures in air-conditioned areas. • Provide extra blankets. • Reduce hot water consumption. • Prepare cold meals.

Radiation Incident

Rescue and/or Administer First Aid to Injured Personnel	Seek immediate medical attention for major or life threatening injuries.
Call for Assistance	Call Radiation Safety at x5607 on days and Telecom at x6123 on nights and week-ends. State that assistance is needed from Radiation Safety. State your name, phone extension, location, and spilled material.
Contain the Spill	Notify persons in immediate area that a spill has occurred. Cover the spill with absorbent paper, cloth, or other suitable material to confine the spread of contamination. If spill involves therapy activities; <ul style="list-style-type: none"> • Switch off fans and/or air conditioning. • Evacuate the room (see below). • Close and post a notice on the door.
Evacuation	Evacuate all involved personnel from immediate area of spill to a nearby area or room where they may be surveyed for contamination. Limit the movement of involved persons to confine the spread of contamination.
Decontamination	If personnel are known to be contaminated with radioactive material: <ul style="list-style-type: none"> • Immediately remove all contaminated clothing. • Rinse contaminated skin areas with small amounts of tepid water, then wash with water and mild soap. Note: Always work from a clean area inward to the center of the contaminated area.
Note	Additional decontamination of personnel and/or facilities should be performed only by individuals who are properly trained, protected, and have appropriate monitoring equipment for the type of material involved. Refer to the "Management of Radiation Incidents" section of the UC Irvine Medical Center Radiation Safety Manual for further information. The manual may be found on the Radiation Safety Share-Point page.

Department Specific Information:

Hazardous Material Spill (Code Orange)

(If the spill contains radioactive material, also see Radiation Incident section.)

Small Spill - Spill does not pose a threat to human health and the environment and can be mitigated at the time of release by the employees in the immediate release area.

Remove Exposed Individuals	<p>Eyes</p> <ul style="list-style-type: none"> Immediately flush eyes with water (approximately 15 minutes), and remove any contact lenses immediately. <p>Skin/Clothing</p> <ul style="list-style-type: none"> Flush contaminated skin with water and remove contaminated clothing. <p>Medical Attention</p> <ul style="list-style-type: none"> Seek the appropriate medical care from Employee Health or the Emergency Department.
Isolate	<p>Isolate and remove individuals from the immediate area.</p> <p>Do not allow spill to enter drains.</p> <p>Remove all ignition sources.</p>
Notify	<p>The area Supervisor/Manager and contact the Safety Office x6475 if assistance is needed.</p>
Contain Neutralize Clean Up	<p>If safe to do so;</p> <p>Put on the (PPE) Personal Protective Equipment (at minimum, gloves, gown and goggles).</p> <p>If applicable, neutralize the spill (e.g. acetic acid) with a neutralizing agent (sodium bicarbonate/baking soda) to eliminate vapors from the chemical.</p> <p>Use absorbents to contain/clean up the spill.</p> <p>Collect, package, and label spill residue. All absorbed spill material must be collected in double plastic bags or plastic containers with secure lids and disposed of as hazardous waste.</p> <p>Contact Safety Office to coordinate pick up.</p>
Incident Report	<p>Complete and forward the report to the Safety Office (Rt. 129).</p>

Other Incident - Spill may pose a threat to human health and the environment.

Notification	<p>Notification</p> <p>Call EHS at x6475 on days and Telecom at x6123 on nights and weekends and report the following:</p> <ul style="list-style-type: none"> Code Orange Type of chemical or substance involved, if known Quantity of chemical or substance, if known Any special hazards such as flammability, corrosivity, toxic fumes, etc. Any special difficulties with the spill Any injuries to personnel
Evacuate	<p>Evacuate persons from the area if the spill cannot be contained or fumes are spreading.</p>
Remain at a Safe Distance	<p>Remain at a safe distance (and upwind of the area, if applicable).</p>
Identify Yourself	<p>Identify yourself to responding EHS personnel as they arrive.</p> <p>If possible, have the Material Safety Data Sheet (MSDS) available for responding EHS personnel.</p>
Incident Report	<p>Restrict Area - the incident area should be considered a "Restricted Area" until the area is deemed safe for re-occupancy.</p>

In the event of a major spill, EHS will make the decision whether to proceed with the clean up under EHS direction or to call in an outside contractor to clean up the spill.

Fire (Code Red)

**When Fire or
Smoke is
Discovered**

R

**Rescue
Persons in
Immediate
Danger**

A

Activate Alarm

C

**Confine the
Fire**

E

**Extinguish
With
Portable Fire
Extinguisher if
Possible or if
Not, Evacuate**

Department: _____

Rescue persons in immediate danger.

Pull Fire Alarm closest to fire.

Location of Pull Stations: _____

Primary: _____

Secondary: _____

Dial **x6123** to notify Telecom (Dial "**911**" if your site is away from the Medical Center)

- Specific location of fire.
- What is on Fire.

Close all doors and windows.

Extinguish with portable fire extinguisher if possible, using **PASS**

- **P**ull the pin
- **A**im at the base of the fire
- **S**queeze the handle
- **S**weep in a back and forth motion

Location of Fire Extinguishers: _____

Primary: _____

Secondary: _____

Clear corridors of all obstructions in preparation for possible evacuation.

Notify "Senior Staff" to assume command, pass information quickly, and account for all staff, patients and visitors.

Identify yourself and give the responding support staff the following information:

- Security/Facilities
 - Where/What is on fire/How long fire has been burning
 - Assistance with patient evacuation if necessary
 - Assess need for utility/sprinkler shut off
 - Number and location of patients on Oxygen
 - Oxygen to be shut off only by trained individuals

Medical Gas Zone Valve is located: _____

When Security/Facilities arrives, responsibility for fire control/containment is passed to them along with overall command, and then to the City of Orange Fire Department upon their arrival. For any incident that requires fire suppression operations from the City of Orange Fire Department and/or the evacuation of patients, the AOC (Administrator on Call/House Supervisor) will activate the Hospital Incident Command System (HICS) as appropriate.

Evacuation

E V A C U A T I O N	<p>The decision to evacuate will be the responsibility of the person in command of the area at the time, the senior administrative officer present, or the ranking fire department official.</p> <p>Evacuation should be done horizontally first (vertically second) to the next smoke compartment unless directed to do otherwise, with patient closest to the fire or hazard and expand out from there.</p> <p>Primary Exit: _____</p> <p>Secondary Exit: _____</p> <p>Evacuate to: _____</p> <p>Put a "Code Red Tag" on the door handle to show that the room has been evacuated.</p> <p><u>Non-Patient care/Treatment Areas</u></p> <p>All Staff not involved in fire control/containment shall evacuate the area.</p> <p><u>Patient Care/Treatment Areas</u></p> <p>Designate personnel for:</p> <ul style="list-style-type: none"> • Ambulatory/Non-Ambulatory Evacuation. • Census of patient evacuation status. • Removal of patient records. <p>Ambulatory patients – shall be assembled and evacuated by one staff member who shall remain with them and be prepared to account for them throughout.</p> <p>Non-Ambulatory patients – shall be reassured and will be prepared, for possible evacuation by remaining staff. Evacuation chairs and para slides can also be used.</p>
Fire in an Adjacent Area	<p>Send one staff member to respond to the adjacent area with a fire extinguisher.</p> <p>Close all windows and doors.</p> <p>Clear corridors of obstructions, prepare to evacuate if necessary.</p> <p>Initiate Fire Watch. (A fire watch is a visual inspection for smoke/fire of the entire area at 10-minute intervals.)</p>
Fire in Other Areas of the Medical Center	<p>Stand by for further instructions and overhead pages.</p>

Department Specific Information:

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