

POLICY AND REGULATIONS MANUAL

TITLE: EMERGENCY CODES, CONDITIONS, AND RESPONSE

PURPOSE: To provide the emergency alert codes, conditions and procedures to be used in response to emergency situations.

POLICY STATEMENT:

In the event of an emergency situation, standardized emergency codes shall be used to alert staff and prompt appropriate, predetermined actions and responses.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **CODE AMBER:** The emergency announcement that indicates a missing or abducted child who is a visitor or pediatric patient in or near a Harris Health System (Harris Health) facility.
- B. **CODE ANDERSON:** The emergency announcement that indicates there is a hostage situation in a Harris Health facility.
- C. **BOMB THREAT:** Emergency alert that indicates a bomb threat or the discovery of a suspicious device in a Harris Health facility.
- D. **CODE BLUE:** The emergency announcement that indicates a suspected or eminent cardiopulmonary arrest or a medical emergency for an adult patient in a Harris Health facility. (See Policy 4195 Code Blue.)
- E. **CODE GRAY:** The emergency announcement that indicates a severe weather condition at or near a Harris Health facility.
- F. **CODE GREEN:** The psychiatric emergency announcement that indicates patient is harmful to self or others in a Harris Health facility. (See Policy 4202 Code Green.)

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- G. **CODE ORANGE:** The emergency announcement that indicates an inmate escape from a law enforcement officer(s) while obtaining medical services in a Harris Health facility.
- H. **CODE PINK:** The emergency announcement that indicates abduction of a neonate or infant from a nursery, patient room, or other area in a Harris Health facility.
- I. **CODE PURPLE:** Emergency alert that indicates that there are no beds immediately available on the appropriate inpatient units, if there is an expectation that beds will be available, without undue delay, as a result of discharge or transfer of patients from an inpatient unit. (See Policy 4618 Code Purple.)
- J. **CODE RED:** The emergency announcement that indicates an actual or suspected fire in a Harris Health facility.
- K. **CODE WHITE:** The emergency announcement that indicates there is an active shooter incident in a Harris Health facility.
- L. **CODE YELLOW:** The emergency announcement that indicates an unintentional release of one or more hazardous substances which could harm human health or the environment in a Harris Health facility
- M. **CONDITIONS:**
1. Condition B (External Disaster):
The emergency alert indicating patients are enroute to a Harris Health facility. Staff should be prepared.
 2. Condition C (External Disaster):
The emergency alert indicating patients are arriving at a Harris Health facility. Preparations should be complete.
 3. Condition F:
The emergency alert indicating a utility or system failure in a Harris Health facility.

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N. **WORKFORCE:** Employees (permanent or temporary), volunteers, trainees, and other persons whose conduct, in the performance of work for Harris Health System (Harris Health), is under the direct control of Harris Health, whether or not they are paid by Harris Health.

II. CODE PROCEDURES:

See Appendices A – N.

<u>Code Number</u>	<u>Appendix</u>
Code Amber	Appendix A
Code Anderson	Appendix B
Bomb Threat	Appendix C
Code Blue	See Policy 4195 Code Blue
Code Gray	Appendix D
Code Green	See Policy 4202 Code Green
Code Orange	Appendix E
Code Pink	Appendix F
Code Purple	See Policy 4618 Code Purple
Code Red	Appendix G
Code White	Appendix H
Code Yellow	Appendix I
<u>Condition Number</u>	<u>Appendix</u>
Condition B	Appendix J
Condition C	Appendix J
Condition F	Appendix K



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REFERENCES/BIBLIOGRAPHY:

Healthcare Emergency Codes: A Guide for Code Standardization, Second Edition, March 2009, accessible via the Internet at www.HASC.org.

The Hospital Incident Command System (HICS) Guidebook, accessible via the Internet at www.emsa.ca.gov/HICS.

Harris Health System Form 280965 Hazard Report

Harris Health System Policy and Procedure 4195 Code Blue

Harris Health System Policy and Procedure 4202 Code Green

Harris Health System Policy and Procedure 4618 Code Purple

ATTACHMENTS;

Attachment A – Bomb Threat Report

Attachment B – Hazard Report From

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Emergency Management Services

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
05/09/2017	05/09/2017	Approved. 05/09/2017	Structure and Organizational Standards Committee
		Revised. 08/16/2017	Revised Appendix F

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APPENDIX A -CODE AMBER ABDUCTION OF CHILD/MISSING CHILD

It is the responsibility of each department director or manager to ensure their staff have been trained on Code Amber response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

Procedures: In the event of a Hostage Situation (Code Anderson) Incident, Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Workforce	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Code Amber condition is in progress. 2. Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901. 3. Provides the following information: <ul style="list-style-type: none"> • Name, Call back number, & Location • Number of suspects • Type and number of weapons displayed • Direction of travel • Physical description of the suspect and victim (include clothing description) and any other pertinent information • Begin immediate search of floor. Pay close attention to exits/stairwells and quick exiting areas. Observe for anyone carrying a child, bags or containers large enough to hold a child. Notify Security immediately of any person with suspicious or unusual behavior. • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 2. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code Amber. If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately notifies local law enforcement (911). 4. Sends Code Amber Page to Pavilion Code Amber page group or ACS clinic group (Send text page to "BT or LBJ Code Amber Group": Text message: Code Amber exists at BT or LBJ & location. 5. Notifies security personnel and any mutual aid agencies 6. Activates facility lockdown on security system. 7. Serves as Command and Control Center until arrival of law enforcement.
Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital, or clinic & call back number. 2. Operator will announce "Code Amber exists and the location" via overhead (Hospitals Only). 3. If call originated at Page Operator , contacts Security Dispatch at 713-566-6901 and advise dispatcher of Code Amber & location and then announce overhead(#2).
Security Personnel	<ol style="list-style-type: none"> 1. Begin immediate search of floor. Pay close attention to exits/stairwells and quick exiting areas. Observe for anyone carrying a child, bags or containers large enough to hold a child. Security will not allow anyone to leave premises during the emergency search. 2. Advise visitors to remain in room(s)/area until further notice. 3. Secures the perimeter until the arrival of law enforcement. 4. Assist local Law Enforcement Agency Team with access, information and with any other

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	needs. (Refer to the Harris Health System Disaster Manual and Security Dept. Lock Down policy.)
Nursing Personnel	<ol style="list-style-type: none"> 1. Secure affected room/area, in order to preserve evidence until Security arrives. 2. Assist leadership/medical staff in advising parent(s) of the missing infant/child. 3. Contact the Chaplain Services for spiritual support/counseling. 4. Medical staff will examine child if found for any change in condition and document findings in medical records. 5. Document occurrence on Harris Health's Electronic Incident Reporting System and forward to nurse manager/nursing.
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> 1. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander 2. The Command Center location will be determinant upon the location of the incident. 3. Directors and Senior Leaders will report immediately upon notification of Code Amber isolation or clearance. 4. Once situation has been cleared, establish continuity of operations.
Corporate Communications	Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.

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APPENDIX B - CODE ANDERSON HOSTAGE SITUATION

It is the responsibility of each department director or manager to ensure their staff have been trained on Code Anderson response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

Hostage: Incident involving an individual or individuals seized or held as security for the fulfillment of a condition.
Code Anderson: The emergency announcement that indicates there is a hostage situation in a Harris Health facility.

PROCEDURES:

In the event of a Hostage Situation (Code Anderson) Incident, Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Code Anderson condition is in progress. 2. Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901. 3. Provides the following information: <ul style="list-style-type: none"> • Name, call back number and location • Number of suspects • Type and number of weapons displayed • Direction of travel • Physical description of the suspect and victim (include clothing description) and any other pertinent information • Pay close attention to exits/stairwells and quick exiting areas. Notify Security immediately of any person with suspicious or unusual behavior. • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 2. If notified directly from hospital, immediately contact the page operator to ensure overhead paging of Code Anderson. If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately notify local law enforcement (911). 4. Send Code Anderson Page to Pavilion Code Anderson page group or ACS clinic group (Send text page to "BT or LBJ Code Anderson Group": Text message: Code Anderson exists at BT or LBJ and location. 5. Notify security personnel and any mutual aid agencies 6. Activate facility lockdown on security system. 7. Serve as Command and Control Center until arrival of law enforcement.
Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital or clinic and call back number. 2. Operator will announce "Code Anderson exists and the location" via overhead (Hospitals Only).

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	<ol style="list-style-type: none"> If call originated at Page Operator , contact Security Dispatch at 713-566-6901 and advise dispatcher of Code Anderson & location and then announce overhead(#2).
Security Personnel	<ol style="list-style-type: none"> Performs lockdown procedure. Secure perimeter of area and prohibit unauthorized personnel from entering facility. Evacuate all persons from the area if this can be done safely; otherwise, advise patients and visitors to remain in room(s)/area until further notice. Assist responding local Law Enforcement Agency with access, information and with any other needs. (Refer to the Harris Health System Disaster Manual and Security Dept. Lock Down policy.)
Security Supervisor	<ol style="list-style-type: none"> Check location of incident with local police department assistance and roving Security officers. Update and inform Security Dispatcher about hostage status
Engineering	Provide law enforcement access and assistance by furnishing building/floor plans, power, water or equipment diagrams for the affected pavilion/property
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander The Command Center location will be determinant upon the location of the incident. Provide assistance by furnishing building/floor plans, power or equipment diagrams for the affected facility. Directors and Senior Leaders will report immediately upon notification of Code Anderson isolation or clearance. Once situation has been cleared, establish continuity of operations.
Corporate Communications	Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.

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APPENDIX C BOMB THREAT

It is the responsibility of each department director or manager to ensure their staff have been trained on response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

Definitions:

Bomb Threat: Is defined as a threat, usually verbal or written, to detonate an explosive or incendiary device to cause property damage, death, or injuries, whether or not such a device actually exists.

PROCEDURES: In the event of a Bomb Threat incident, Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a bomb threat/ condition is in progress. 2. Stays calms and attempts to gather as much information from the caller/ individual as possible per the “Bomb Threat Checklist” (Attachment A): <ol style="list-style-type: none"> a) Caller’s name and address (if known) b) Gender: Male or Female c) Age: Adult, Teenager, Child d) Bomb fact: <ul style="list-style-type: none"> • When will it go off? • In what building is it placed? • Exact location? e) Call: Local, Long distance, Unknown f) Voice Characteristics: <ul style="list-style-type: none"> • Tone: Loud, Soft, High Pitch, Low Pitch, Stutter, Raspy, Nasal • Speech: Fast Slow, Distorted, Cursing, Slurred, Lisp, Disguised, Poor, Pleasant • Language: Excellent, Good, Fair g) Accent: Local, Region, Ethnicity h) Manner: Poor Grammar, Well-Spoken, Taped, Message Read, Emotional, Irrational, Deliberate, Laughing i) Background Noise: Office Machines, Factory Machines, Bedlam, Animals, Quiet, Street Traffic, Airplanes, Trains, Voices, Music, PA System, Radios, Party, Static, Cellular phone and Other 3. Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901. <ul style="list-style-type: none"> • Provides the information from the “Bomb Threat Checklist” (Attachment A) • Pay close attention to exits/stairwells and quick exiting areas. Notify Security immediately of any person with suspicious or unusual behavior. • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number.

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	<ol style="list-style-type: none"> 2. If notified directly from hospital, immediately contact the page operator to ensure overhead paging of . If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately call local law enforcement (911). 4. Send Page to Pavilion page group or ACS clinic group (Send text page to “BT or LBJ Group”: Text message: exists at BT or LBJ and location. 5. Notify security personnel and any mutual aid agencies 6. Serve as Command and Control Center until arrival of law enforcement.
<p>Page Operator</p>	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital or clinic and call back number. 2. Operator will announce “ exists and the location” via overhead (Hospitals Only). 3. If call originated at Page Operator , stay calm and attempts to gather as much information from the caller/ individual as possible per the “Bomb Threat Checklist”; attachment A: <ol style="list-style-type: none"> a) Caller’s name and address (if known) b) Gender: Male or Female c) Age: Adult, Teenager, Child d) Bomb fact: <ul style="list-style-type: none"> • When will it go off? • In what building is it placed? • Exact location? e) Call: Local, Long distance, Unknown f) Voice Characteristics: <ul style="list-style-type: none"> • Tone: Loud, Soft, High Pitch, Low Pitch, Stutter, Raspy, Nasal • Speech: Fast Slow, Distorted, Cursing, Slurred, Lisp, Disguised, Poor, Pleasant • Language: Excellent, Good, Fair g) Accent: Local, Region, Ethnicity h) Manner: Poor Grammar, Well-Spoken, Taped, Message Read, Emotional, Irrational, Deliberate, Laughing i) Background Noise: Office Machines, Factory Machines, Bedlam, Animals, Quiet, Street Traffic, Airplanes, Trains, Voices, Music, PA System, Radios, Party, Static, Cellular phone and other 4. Contact Security Dispatch at 713-566-6901 and advise dispatcher of including “Bomb Threat Checklist” information & location and then announce overhead(#2).
<p>Security Personnel</p>	<ol style="list-style-type: none"> 1. Begin immediate search of floor. Pay close attention to exits/stairwells and quick exiting areas. 2. Assure that patients, visitors, and staff are safely evacuated from the facility. 3. Secure perimeter of area and prohibit unauthorized personnel from entering and exiting facility. 4. Assist local Law Enforcement Agency Team with access, information and with any other needs. (Refer to the Harris Health System Disaster Manual and Security Dept. Lock Down policy.)

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Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none">1. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander2. The Command Center location will be determinant upon the location of the incident.3. Provide assistance by furnishing building/floor plans, power or equipment diagrams for the affected facility.4. Directors and Senior Leaders will report immediately upon notification of isolation or clearance.5. Once situation has been cleared, establish continuity of operations.
Corporate Communications	Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.

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ATTACHMENT A- (For Appendix C)

BOMB THREAT REPORT

To be submitted to Administration and Security)

BTGH LBJ QMCH ACS/ADMIN (Specify location _____)

CALLER'S VOICE:

<input type="checkbox"/> Calm	<input type="checkbox"/> Nasal
<input type="checkbox"/> Angry	<input type="checkbox"/> Stutter
<input type="checkbox"/> Excited	<input type="checkbox"/> Lisp
<input type="checkbox"/> Slow	<input type="checkbox"/> Raspy
<input type="checkbox"/> Rapid	<input type="checkbox"/> Deep
<input type="checkbox"/> Soft	<input type="checkbox"/> Ragged
<input type="checkbox"/> Loud	<input type="checkbox"/> Clearing throat
<input type="checkbox"/> Laughter	<input type="checkbox"/> Deep breathing
<input type="checkbox"/> Crying	<input type="checkbox"/> Cracking voice
<input type="checkbox"/> Normal	<input type="checkbox"/> Disguised
<input type="checkbox"/> Distinct	<input type="checkbox"/> Accent
<input type="checkbox"/> Slurred	<input type="checkbox"/> Familiar
<input type="checkbox"/> Whispered	<input type="checkbox"/> Nervous
<input type="checkbox"/> Serious	<input type="checkbox"/> Unknown

If voice is familiar, who did it sound like?

Sex of caller: _____ Race: _____
Age: _____ Length of call: _____

Number at which call is received:
Time: _____
Date: _____

BACKGROUND SOUNDS

<input type="checkbox"/> Street	<input type="checkbox"/> Factory
<input type="checkbox"/> Noises	<input type="checkbox"/> machinery
<input type="checkbox"/> Crockery	<input type="checkbox"/> Animal noises
<input type="checkbox"/> Voices	<input type="checkbox"/> Clear
<input type="checkbox"/> PA System	<input type="checkbox"/> Static
<input type="checkbox"/> Music	<input type="checkbox"/> Local
<input type="checkbox"/> House	<input type="checkbox"/> Long Distance
<input type="checkbox"/> Noises	<input type="checkbox"/> Booth
<input type="checkbox"/> Motor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Office	_____
<input type="checkbox"/> Machinery	_____

THREAT LANGUAGE:

<input type="checkbox"/> Well spoken (educated)	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Foul	<input type="checkbox"/> Taped
<input type="checkbox"/> Irrational	<input type="checkbox"/> Message read by threat maker

REMARKS: _____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____
2. Where is it right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. What is your address? _____
9. What is your name? _____

EXACT WORDING OF THE THREAT:

(If more space is needed, use back of form or another sheet of paper.) Attach any faxed or handwritten notes if received.

Report call immediately to Security

Time: _____
Name of person notified _____
Receiver Information: _____
Date: _____
Name: _____
Title: _____
Phone number: _____

Time: _____

Name of Department Director/Manager notified

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Forward Copy to the Pavilion/ACS Safety Office

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APPENDIX D -CODE GRAY SEVERE WEATHER

It is the responsibility of each department director or manager to ensure their staff have been trained on Code Gray response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

Severe weather: Refers to any dangerous meteorological phenomena with the potential to cause damage, serious social disruption, or loss of human life.

PROCEDURES: In the event of a severe weather condition (Code Gray), Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Code Gray condition is in progress. 2. Ensures they are in a safe location and calls Call Security Dispatch at 713-566-6901 providing the following information: <ul style="list-style-type: none"> • Name, Call back number, & Location • Type of severe weather, i.e.: tornado, hurricane • Direction of storm, and any other pertinent information
Patient Care Areas	<ul style="list-style-type: none"> • All staff shall review their severe thunderstorm/tornado emergency plans and evacuation plan. • Close shades or drapes over all windows. • Remove all items not essential for patient care and place in drawers or lockers. • Secure non-patient care areas by removing items and placing them in lockers. • Advise and reassure patients that the above precautions are taken whenever there is a severe weather warning. • Lower beds to lowest position. Ensure patients have their nurse call button. • Provide all patients with a blanket or bedspread that may be used to protect them. • Move important documents, medication carts, and emergency carts to interior rooms. • Prepare equipment that may be needed to move patients in the event of a Tornado Warning including: <ul style="list-style-type: none"> • Blankets • Wheelchairs • Linens • Patient care equipment • Patient evacuation equipment • Print MAR in the event patients need to be evacuated due to facility damage and or electrical failure.
Non-Patient Care Areas	<ol style="list-style-type: none"> 1. Close all blinds, shades and drapes. 2. Remove loose objects from desk and counter tops and window sills. 3. Secure all wheeled carts in your work area. <p>If a tornado warning is issued, the following procedures shall be instituted:</p> <ol style="list-style-type: none"> 4. Staff will begin to move patients to safe areas within the facility. 5. Place blankets, linens and mattresses on the floor of safe areas to provide a

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	<p>place for patients to lie down.</p> <ol style="list-style-type: none"> 6. Move patient care equipment needed to care for patients to the safe area. 7. Maintain appropriate space in corridors for staff to move safely among patients. 8. Close all doors. 9. Staff shall assist patients in lying flat or crouching down with head covered with blankets. All staff shall also assume the prone or crouching positions and keep their heads covered. 10. When the all clear is given, the following procedures shall be instituted: 11. All staff shall assist in restoring their work areas to normal operations. 12. Staff shall assess their department for damage or safety hazards and report them to the area supervisor. 13. After patient rooms have been evaluated for damage and safety hazards, patients may be moved back to their rooms 14. Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 2. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code Gray. If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately notifies local law enforcement (911). 4. Sends Code Gray Page to Pavilion Code Gray page group or ACS clinic group (Send text page to "BT or LBJ Code Gray Group": Text message: Code Gray exists at BT or LBJ & location. 5. Notifies security personnel and any mutual aid agencies 6. Serves as Command and Control Center until further notice.
Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital, or clinic & call back number. 2. Operator will announce "Code Gray exists and the location" via overhead (Hospitals Only). 3. If call originated at Page Operator , contacts Security Dispatch at 713-566-6901 and advise dispatcher of Code Gray & location and then announce overhead(#2).
Security Personnel	<ol style="list-style-type: none"> 1. Move all persons away from windows in the main lobby, Emergency Department lobby, cafeteria, and other lobbies, escort to a designated safe area. 2. Close all doors that lead into these areas. 3. Walk each floor and escort visitors in hallways and in nursing unit waiting rooms to a designed safe area.
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> 1. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander 2. The Command Center location will be determinant upon the location of the incident. 3. Directors and Senior Leaders will report immediately upon notification of Code Gray isolation or clearance. 4. Once situation has been cleared, establish continuity of operations.
Corporate Communications	<p>Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact</p>

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during and after the event.

APPENDIX E - CODE ORANGE PRISONER ESCAPE

It is the responsibility of each department director or manager to ensure their staff has been trained on Code Orange response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

Escape: The act of breaking free from confinement.

Prisoner: A person legally held in prison or in custody by law enforcement as a punishment for crimes they may have committed or while awaiting trial.

PROCEDURES: In the event of an inmate escape (Code Orange), Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Code Orange condition is in progress. 2. Ensures they are in a safe location and calls Call Security Dispatch at 713-566-6901 providing the following information: <ul style="list-style-type: none"> • Name, call back number, & location • Number of suspects • Type and number of weapons displayed • Direction of travel • Physical description of the suspect and victim (include clothing description) and any other pertinent information 3. Monitor unit/department activity for any unusual or suspicious activity during the escape. Notify Security or responding law enforcement officer immediately if an inmate is observed. 4. Restrict movement within the area/department. Note: In a planned escape, an inmate could use other clothing as a disguise to assist with the escape. 5. Await instructions from Security or law enforcement officer as to the status of the search. 6. Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 2. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code Orange. If contacted directly from clinic instruct clinic staff to make overhead announcement. 3. Immediately notifies local law enforcement (911). 4. Sends Code Orange Page to Pavilion Code Orange page group or ACS clinic group. 5. Notifies security personnel and any mutual aid agencies 6. Activates facility lockdown on security system. 7. Serves as Command and Control Center until arrival of law enforcement.
Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital or clinic & call back

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	<p>number.</p> <ol style="list-style-type: none"> Operator will announce "Code Orange exists and the location" via overhead (Hospitals Only). If call originated at Page Operator, contacts Security Dispatch at 713-566-6901 and advise dispatcher of Code Orange & location and then announce overhead(#2).
<p>Security Personnel</p>	<ol style="list-style-type: none"> Immediately, secure and monitor all pavilion exits and entrances. Notify law enforcement (911). Monitor Pavilion activity via cameras for any unusual or suspicious activity during the escape and notify Officers immediately if an inmate is observed on camera. When directed by Administrator on Duty, "Lock Down" pavilion and allow no one to enter or exit the premises unless cleared by law enforcement personnel. (Refer to Disaster manual-HCHD-DPS Security Lock Down policy (# 9122). Establish Security Incident Command once "CODE ORANGE" is announced. Restrict movement within the facility. (In a planned escape, an inmate could use other hospital clothing as a disguise in assisting with the escape.) Await instructions from local law enforcement as to the need to continue the search or call search off. <p>NOTE: HCHD-DPS Security staff is not authorized to make a public statement concerning a suspected escape nor communicate with any members of the media. The Director of Corporate Communications will be referred all such inquiries.</p>
<p>Nursing Personnel</p>	<ol style="list-style-type: none"> Monitor unit/department activity for any unusual or suspicious activity during the escape. Notify Security or responding law enforcement officer immediately if an inmate is observed. Restrict movement within the area/department. Note: In a planned escape, an inmate could use other clothing as a disguise to assist with the escape. Wait for instructions from Security or law enforcement officer as to the status of the search.
<p>Hospital/Facility Leadership/Directors and Leaders</p>	<ol style="list-style-type: none"> Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander The Command Center location will be determinant upon the location of the incident. Directors and Senior Leaders will report immediately upon notification of Code Orange isolation or clearance. Once situation has been cleared establish continuity of operations.
<p>Corporate Communications</p>	<p>Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.</p>

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APPENDIX F - CODE PINK NEWBORN/INFANT ABDUCTION

It is the responsibility of each department director or manager to ensure their staff have been trained on Code Pink response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

Abduction: The action or an instance of forcibly taking someone away against their will.

Procedures: In the event of an abduction of a new born infant situation (Code Pink), Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<p>Upon receiving information that a Code Pink condition exists:</p> <ol style="list-style-type: none"> 1. Contact the page operator at 713-873-7800. 2. Proceed to designated location or begins immediate search of floor per department Code Pink response guidelines. Pay close attention to exits/stairwells and quick exiting areas. Observe for anyone carrying a child, bags or containers large enough to hold or conceal an infant. Notify Security immediately of any person with suspicious or unusual behavior 3. Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician as required <p>Upon witnessing an actual or possible Code Pink abduction:</p> <ol style="list-style-type: none"> 1. Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901. 2. Provides the following information: <ul style="list-style-type: none"> • Name, Call back number, & Location • Number of suspects • Type and number of weapons displayed • Direction of travel • Physical description of the suspect and victim (include clothing description) and any other pertinent information • Begin immediate search of floor. Pay close attention to exits/stairwells and quick exiting areas. Observe for anyone carrying a child, bags or containers large enough to hold a child. Notify Security immediately of any person with suspicious or unusual behavior. • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number and record all pertinent information for a law enforcement response. 2. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code Pink. If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately notifies local law enforcement (911).

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	<ol style="list-style-type: none"> 4. Sends Code Pink Page to emergency notification groups per paging guidelines. Ensure Corporate Communications is notified. 5. Notifies security personnel and any mutual aid agencies 6. Activates facility lockdown on security system. 7. Secure digital recordings for incident. 8. Serves as Command and Control Center until arrival of law enforcement.
<p>Page Operator</p>	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital, or clinic & call back number. 2. Operator will announce "Code Pink exists and the location" via overhead (Hospitals Only). 3. If call originated at Page Operator , contacts Security Dispatch at 713-566-6901 and advise dispatcher of Code Pink & location and then announce overhead(#2).
<p>Security Personnel</p>	<ol style="list-style-type: none"> 1. Respond to perimeter points of the grounds or campus of the facility to immediately and simultaneously observe people leaving and record vehicle license plate numbers. Secure the perimeter until the arrival of law enforcement 2. After securing the perimeter, proceed to the location of the incident and begin immediate search of floor. Pay close attention to exits/stairwells and quick exiting areas. Observe for anyone carrying a child, bags or containers large enough to hold or conceal an infant. 3. Assume control of the crime scene, which is the area where the abduction occurred, until law enforcement arrives. 4. Assist the nursing staff in establishing and maintaining security within the unit 5. Do not allow anyone to leave premises during the emergency search. Advise visitors to remain in room(s)/area until further notice. 6. Assist local Law Enforcement Agency Team with access and information. (Refer to the Harris Health System Disaster Manual and Security Dept. Lock Down policy.)
<p>Maternity Nursing Personnel</p>	<ol style="list-style-type: none"> 1. Immediately and simultaneously search the entire unit while doing a head count of all infants. 2. Question the mother of the infant suspected to be missing as to other possible locations of the infant within the facility. 3. If the count is reconciled: <ul style="list-style-type: none"> • Notify manager to call an all-clear. • Record how infant alarm activation was resolved or reconciled, by whom, at what time and on what day and provide to manager. 4. If the count is NOT reconciled, <ul style="list-style-type: none"> • Secure affected room/area, in order to preserve evidence until Security arrives • Assist leadership/medical staff in advising parent(s) of the missing infant/child. • Contact the Chaplain Services for spiritual support/counseling. • If child is located, medical staff is to be contact to examine child for any change in condition and document findings in medical records.

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	5. Document occurrence on Harris Health's Electronic Incident Reporting System and forward to nurse manager/nursing.
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none">1. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander2. The Command Center location will be determinant upon the location of the incident.3. Directors and Senior Leaders will report immediately upon notification of Code Pink isolation or clearance.4. Once situation has been cleared establish continuity of operations.
Corporate Communications	Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.

APPENDIX G - CODE RED FIRE

It is the responsibility of each department director or manager to ensure their staff have been trained on Code Red response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

Fire: Combustion or burning, in which substances combine chemically with oxygen from the air and typically produce light, heat, and smoke.

PROCEDURES: In the event of a fire situation (Code Red), Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Code Red condition is in progress. 2. Rescue patients, relocate to safe area. 3. Alarm & Alert– Pull nearest fire alarm & firmly announcement to staff that Code Red exists. 4. Contain the fire, close doors/windows. 5. Extinguish/Evacuate department/unit. <ul style="list-style-type: none"> • Extinguish the fire if practical, following P.A.S.S. procedure • Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901. 6. Provides the following information: <ul style="list-style-type: none"> • Name, Call back number, & Location • Location of fire • Injuries • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 8. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 9. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code Red. If contacted directly from clinic instruct staff to make overhead announcement. 10. Immediately notifies local law enforcement (911). 11. Sends Code Red Page to emergency notification groups per paging guidelines. 12. Notifies security personnel and any mutual aid agencies 13. Serves as Command and Control Center until arrival of fire department.
Page Operator	<ol style="list-style-type: none"> 4. Will notate caller ID for extension, callers name, hospital, or clinic & call back number. 5. Operator will announce “Code Red exists and the location” via overhead (Hospitals Only). 6. If call originated at Page Operator , contacts Security Dispatch at 713-566-6901 and advise dispatcher of Code Red & location and then announce overhead(#2).

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Security Personnel	<ol style="list-style-type: none"> 1. Assure that patients, visitors, and staff are safely removed from the fire area. 2. Close all doors. 3. Secures the perimeter until the arrival of Fire Department. 4. Assist local Fire Department with access, information and with any other needs. (Refer to the Harris Health System Disaster Manual.) 5. Complete the Code Red Observation Report at conclusion of Code Red.
Nursing Personnel	<ol style="list-style-type: none"> 6. Assure that patients, visitors, and staff are safely removed from the fire area. 7. Close all doors. 8. Complete the Code Red Observation Report at conclusion of Code Red.
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> 5. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander 6. The Command Center location will be determinant upon the location of the incident. 7. Directors and Senior Leaders will report immediately upon notification of Code Red isolation or clearance. 8. Once situation has been cleared, establish continuity of operations.
Corporate Communications	<p>Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.</p>

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APPENDIX H - CODE WHITE ACTIVE SHOOTER

It is the responsibility of each Harris Health System (Harris Health) departmental Director or Manager to ensure their staff have been trained on Active Shooter (Code White) response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

DEFINITIONS:

ACTIVE SHOOTER: Incident involving an individual or individuals actively engaged in killing or attempting to kill people and/or aggressively displaying a firearm on or near a Harris Health facility.

PROCEDURES: In the event of an Active Shooter (Code White) Incident, Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
<p>Harris Health Staff</p>	<ol style="list-style-type: none"> 1. Witnesses or receives information that an Active Shooter condition is in progress. 2. Ensures they are in a safe location and contacts Security Dispatch at 713-566-69-01. 3. Provides the following information: <ul style="list-style-type: none"> • Name, call back number, & location • Number of suspects • Type and number of weapons displayed or using, (i.e., handgun, rifle, knife, etc.). • Any casualties • Direction of travel • Physical description of the suspect (include clothing description) 4. Staff should follow their department specific plan for Active Shooter response using the “Four A’s” approach. <p>Accept:</p> <ul style="list-style-type: none"> • That the incident is occurring and you need to take action <p>Assess:</p> <ul style="list-style-type: none"> • The situation and determine next steps and whether you can Run, Hide, or Fight. <p>Act:</p> <ul style="list-style-type: none"> • Attempt to escape/leave the area with others safely and does not place others in harm’s way. • Barricade yourself and others by securing your environment and sheltering in place. • Close patient room doors, barricade if possible, and advise patients and visitors to stay inside the patient room. • Seek shelter or concealment. Turn off lights, cell phones, and close blinds. • Fight back if no other options exist to protect yourself and others. <p>Alert:</p> <ul style="list-style-type: none"> • As soon as possible by calling security/police from a safe location. • Remain calm; confidently and calmly assure staff, visitors, and patients during the situation; listen for additional overhead page announcements and follow procedures after announcements are made. • Wait for a “Code White no longer exists” overhead page before resuming normal operations.

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Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital or clinic and call back number. 2. Operator will announce "Code White exists and the location" via overhead (Hospitals Only). 3. If call originated at Page Operator , contact Security Dispatch at 713-566-6901 and advise dispatcher of Code White & location and then announce overhead(#2). 4. Upon notification from the Hospital Command Center/security that the incident is cleared, pages overhead "Code White no longer exists"
Security Dispatch	<ol style="list-style-type: none"> 1. Dispatcher will notate caller ID for extension, callers name, location, and call back number and record all pertinent information for a law enforcement response as noted in DPS Code White Response Post Orders. 2. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Code White. If contacted directly from clinic instruct staff to make overhead announcement. 3. Immediately notifies local law enforcement (911). 4. Sends Code White Page to emergency notification groups per paging guidelines. 5. Notifies security personnel and any mutual aid agencies 6. Activates facility lockdown on security system. 7. Serves as Command and Control Center until arrival of law enforcement.
Security Personnel	<ol style="list-style-type: none"> 1. Secures perimeter until the arrival of law enforcement. Barricade areas if safe to do so. 2. Direct persons evacuating the area out and away from the incident to a safe area. 3. Make ready facility plans, access control cards, and keys if needed by law enforcement responders. 4. Provides muster lists, emergency contact lists, if needed by Incident Command.
Hospital Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> 1. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander 2. Upon the activation of Code White, and when the area is safe, a command center will be established. 3. The Command Center location will be determinant upon the location of the active shooter incident. 4. Directors and Senior Leaders will report immediately upon notification of Code White isolation or clearance 5. Once situation has been cleared, establish continuity of operations.
Corporate Communications	<p>Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.</p>

APPENDIX I - CODE YELLOW HAZARDOUS CHEMICAL SPILL RESPONSE

All Hazardous Chemical Spills (HCS) shall be contained and cleaned up in a manner that reduces risks to human health, the environment, and/or property by trained personnel in the Department where the chemical is being used.

DEFINITIONS:

CHEMICAL SPILL: The unintentional release of one or more hazardous substances which could harm human health or the environment.

LARGE SPILL: Chemical spills with volumes greater than 1 pint=16 ounces.

SMALL MODERATE SPILL: Hazardous Chemical spills with volume less 1 pint=16 ounces.

PROCEDURES:

HOSPITAL CHEMICAL SPILL PROCEDURES Notify Page Operator

BTH	LBJH	QMH/Smith	Outpatient Center	Kirby/Central-Fill
Page Operator- 3-7800	Page Operator- 3-7800	Page Operator- 3-7800	Page Operator- 3-7800	
DPS (Security)- 3-2501	DPS (Security)- 6-5303	DPS (Security) 6-6901	DPS (Security) 6-5303	

I. RESPONSIBILITIES:

- A. **Department:** All departments where hazardous chemicals are used, and where chemotherapy is prepared and or administered will be responsible for utilizing trained personnel from that department to clean all incidental hazardous chemical spills of one pint=16 ounces or less which occurs in their work area, spills greater than 1 pint=16 ounces shall be cleaned by the Hazardous Chemical Response Team (HCRT) or Houston Fire Department (HFD Hazmat). Accidental releases of chemicals that are considered hazardous, but spilled in small enough quantities (16 ounces or less), do not require a code yellow if the substance can be cleaned up quickly and safely by the responsible Department. If the risk of exposure or injury exists, remove patients, visitors and other staff/HCW from the area to safety. Clean the spill according to the Safety Data Sheet (SDS) using the appropriate spill kit and Personal Protective Equipment (PPE). If the department staff need assistance cleaning the spill due to the volume or severity, a code yellow should then be initiated
- B. In the event of accidental incidental spills or leakage of any hazardous substance, the department’s spill clean-up procedure shall immediately be initiated. This procedure is unique to each department and may require department-specific and chemical-specific training.
- C. Unless otherwise indicated, a hazardous chemical spill or release must pose an emergency or immediate danger to life or property for a Code Yellow to be activated. Examples include, but are not limited to: high levels of exposures to toxic substances, life threatening injury, evacuation of area, if fire and explosion hazards exist, if it presents an oxygen deficient environment, if it is larger than a pint (16 ounces), or exceeds the capabilities of the staff where the spill occurred.

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1. Contact the page operator/ designee requesting announcement that "**CODE YELLOW**" exists, giving name, location, identity of material, if known and appropriate quantity;
2. Page operator will notify the Hazardous Chemical Response Team (HCRT) via overhead page and or pager;
3. If you can safely do so, isolate the spill area, i.e., close doors to affected unit until spill clean-up is complete;
4. If possible to do so safely, confine the spill with absorbent materials to prevent the spill from spreading or going down drains;
5. Keep people from entering spill area;
6. If spill is volatile or a powder that can become airborne, evacuate the area.
7. Have SDS available for emergency responders and/or HCRT upon arrival.
8. In case of skin or eye contact, remove contaminated clothing from victim and flush affected areas with water using an emergency shower or eyewash station for fifteen (15) minutes or until medical assistance arrives;
9. Report occurrence to Manager/Supervisor;
10. Document spill event on the Hazard Report form. ([Appendix C-Harris Health System Form 280965.](#)) and
11. Submit to the Hazardous Materials Manager.
12. The hazard report form can be found on the intranet under general forms.

B. Page Operator:

1. Announce Code Yellow exist and give location;
2. For spills in hospitals, the Page Operator will notify the HCRT via overhead page that "**CODE YELLOW**" exists" and give the location of spill/incident; and
3. Pages appropriate facility personnel:
 - a. Hazmat Manager;
 - b. Industrial Hygienist;
 - c. LBJH-Safety Specialist;
 - d. BTH-Safety Specialist;
 - e. ACS Safety Specialist; and
 - f. Director of Safety and Environmental Health.

"**CODE YELLOW**" will remain in effect until Page Operator receives communication from HCRT Leader or designee that "**CODE YELLOW**" no longer exists.

C. Hazardous Chemical Response Team (HCRT):

1. The HCRT team members are the designated responders to all large internal hazardous chemical spills and is comprised of staff from the following areas:
 - a. Administrator or Designee;
 - b. Industrial Hygienist;
 - c. Nursing House Supervisor;
 - d. Laboratory;
 - e. Hazardous Materials;
 - f. Engineering;

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- g. Safety & Environmental Health;
 - h. Emergency Management;
 - i. Department of Public Safety; and
 - j. Environmental Services.
2. HCRT team responds to incident location immediately or within five (5) minutes of hearing the announcement “**CODE YELLOW**” exist, with spill kit and PPE.
 3. Assess area and spill, i.e. fumes, reactivity, size etc.
 4. If needed contact pharmacy regarding hazardous pharmaceutical spills.
 5. Obtain (SDS) from unit staff where spill occurred.
 6. The SDS shall be used to obtain information about containment of material, appropriate (PPE), clean-up procedures and waste disposal.
 7. Initiate spill containment if needed as indicated by the SDS.
 8. Notify DPS to contact 911-HFD/Hazmat authorities (If required);
 9. Give DPS description of the situation, i.e., type of spill, Ethylene Oxide, Radioactive, chemical, biological, etc., is there a fire involved or a risk of explosion, are there any injuries.
 10. In case of an injury or chemical contamination, wear PPE and remove victim(s) from spill area(s).
 11. Assist person(s) to the Emergency Center for treatment; If possible bring chemical label(s) or SDS.
 12. Locate nearest emergency safety shower or eyewash station. Remove contaminated clothing and flush affected areas with copious amounts of water for (fifteen) 15 minutes.
 13. If HFD is not needed, HCRT initiates spill cleanup, completes hazard report and gives the all clear when it is safe to do so.
 14. Initiate the evacuation plan if needed.
 15. Monitor and give the all clear when safe to do so.
- D. **Quentin Mease Hospital: See Appendix A:**
Ben Taub Hospital (BTH) HCRT responds to incidents occurring at Quentin Mease Hospital.
- E. **Department of Public Safety (DPS):**
Contact HFD when notified by HCRT leader to do so and provide the following information:
1. Name of organization/Facility;
 2. Location and Telephone number;
 3. Chemical / substance if known;
 4. Escort fire/hazmat department authorities to incident area;
 5. Secures parameter to ensure no one enters the affected area;
 6. Establish Incident Command (When Needed);
 7. Monitor area and event; and
 8. Call 911-HFD for all external spills.
- F. **External Emergency Contact Information:**
1. Houston Fire Department/Hazmat-911
 2. Law Enforcement (HPD)-911
 3. EMT-Paramedics-911
- G. **Environmental Services (EVS):**
1. Responds to spill when announcement is heard.
 2. EVS Supervisor/Shift Manager is briefed by the Team Leader on clean up as outlined in the SDS.

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3. EVS Supervisor instructs EVS personnel and ensures compliance with safety measures outlined in the SDS.
 4. EVS disposes of material in accordance with the SDS instructions.
- H. **Facility Engineering:**
1. Assist with clean up and ventilate affected area to remove any pungent odors (if any) in the environment.
 2. Ensure sensitive systems such as air circulation, fire protection and electrical services are not compromised by the spill or by-products of the spill.
- I. **Fluorescent Bulbs:**
- In the event a fluorescent bulb breaks, evacuate the area, and notify the page operator that “CODE YELLOW” exists and take the following actions:
1. Evacuate the area;
 2. Allow area to ventilate for fifteen (15) minutes;
 3. Shut off heating and air condition (leave off for several hours if practical);
 4. Open windows and/or doors to allow air flow;
 5. Collect broken material and place in yellow chemo container;
 6. DO NOT vacuum the area (unless broken glass remains after cleanup);
 7. Use broom and dust pan to collect any broken shards of glass;
 8. Advise HFD of area and inform them of cut off valves, and/or location of other emergency devices.
- J. **Ambulatory Care Services (ACS): Refer to Appendix B:**
1. DPS will notify 911-HFD for all external spills and Emergencies;
 2. Trained personnel will clean spills;
 3. Give all clear when safe to do so;
 4. Complete Hazard Report and send to the Hazardous Materials Manager; and
 5. Dental staff clean up mercury spills using the mercury spill kit.
- K. **Pharmacy:**
1. Pharmacy personnel should follow Pharmacy Policy and Procedure 1.33 Storage, Handling and Transportation of Hazardous Materials/Substances.
 2. A Hazard report (Attachment) will be completed within twenty-four (24) hours of the event using the Hazard Report Form which will be sent via email to the Hazardous Materials Manager.
 3. If Pharmacy personnel need assistance cleaning the spill due to the volume or severity, a code yellow should then be initiated.
- L. **Department Directors/Managers:**
1. Ensure that the Hazard Report form is completed and forwarded to the Hazardous Materials Manager within twenty-four (24) hours of the spill.
 2. If a patient or Healthcare Worker (HCW) has been affected by the spill, seek medical treatment and complete the electronic incident report.
 3. Follow up on required or recommended actions received from the Hazmat and Safety office or HCRT team leader.
 4. Ensure HCW utilizing chemicals in their department is trained in cleaning chemical spills.

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M. **Ben Taub Central Sterile Processing:**

Ethylene Oxide (EtO): In the event of an EtO leak or exposure, contact the Central Sterile Processing Department. (Ben Taub Hospital Only).

N. **Hazmat Manager:**

1. Recommend preventive measures with emphasis on minimizing occurrences, and associated risks.
2. Recommend education and training when applicable.
3. Re-enforce policy and procedures.
4. Review hazardous/chemical spill reports for improvement opportunities.
5. Maintain spill reports for three (3) years.
6. Maintain work place chemical list for thirty (30) years.
7. Report Code Yellow outcomes to the Physical Environment Committee and Pavilion PE Safety Committees.

O. **Safety Specialist:**

1. When on site, report to the spill area and review the event with HCRT leader.
2. Assist in identifying opportunities for improvement when applicable.
3. Address any remaining issues, and ensure area is safe before returning to normal usage.

P. **Learning Resource Center:**

1. Staff education and training for Code Yellow will be conducted annually and provided during new hire orientation.
2. Mandatory education/training for Code Yellow shall be conducted annually and/or as needed by the Learning Resource Center.

Q. **Emergency Management:**

Set up Hospital Incident Command System (HICS) (when needed):

1. Act as external liaison with outside agencies;
2. Assist with evacuation planning process;
3. If needed, ensure decontamination equipment is available; and
4. Ensure emergency equipment is staged & available.



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APPENDIX I-A
HOSPITAL CHEMICAL SPILL PROCEDURES
(See attached)

APPENDIX I-B
ACS CHEMICAL SPILL PROCEDURES
(See attached)

ATTACHMENT B
Hazard Report Form
(See attached)

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APPENDIX J - CONDITION B & C EXTERNAL DISASTER

It is the responsibility of each department director or manager to ensure their staff have been trained on Condition B & Condition C response procedures in their work area as well as have written department specific response procedures in their departmental plans and/or Red Emergency Preparedness Guides.

PROCEDURES: In the event of an External Disaster (Condition B & Condition C), Harris Health staff will take the following actions:

Responsible Parties:	Action(s)
Harris Health Staff	<ol style="list-style-type: none"> 1. Witnesses or receives information that a Condition B & Condition C condition is in progress. (Triage gets the call or a point of contact) 2. Hospital supervisor, Emergency Center (EC), and Administration determines need for Condition B depending on type of incident and number of potential patients. 3. Ensures they are in a safe location and contacts Security Dispatch at 713-566-6901 and provides the following information: <ul style="list-style-type: none"> • Name, Call back number, & Location • Number of patients • Type of Injuries • Type of disaster • Estimated time of arrival • Notify the nurse manager, hospital supervisor/coordinator, nursing director and attending physician.
Security Dispatch	<ol style="list-style-type: none"> 9. Dispatcher will notate caller ID for extension, callers name, location, and call back number. 10. If notified directly from hospital, immediately contacts the page operator to ensure overhead paging of Condition B. Continue to announcement of Condition B until advised by hospital supervisor/EC Condition C once patients have arrived at facility. If contacted directly from clinic instruct staff to make overhead announcement. 11. Immediately notifies local law enforcement (911). 12. Sends Condition B & Condition C Page to Pavilion Condition B & Condition C page group or ACS clinic group (Send text page to "BT or LBJ Condition B & Condition C Group": Text message: Condition B exists at BT or LBJ & location. (patients enroute). Condition C exists at BT or LBJ & location.(patients have arrived) 13. Notifies security personnel and any mutual aid agencies 14. Serves as Command and Control Center until arrival of law enforcement.
Page Operator	<ol style="list-style-type: none"> 1. Will notate caller ID for extension, callers name, hospital, or clinic & call back number. 2. Operator will announce "Condition B exists and the location" (patients are enroute), & "Condition C exists and the location" (patients have arrived) via overhead (Hospitals Only). 3. If call originated at Page Operator, contacts Security Dispatch at 713-566-6901

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	<p>and advise dispatcher of Condition and/or Condition C & location and then announce overhead(#2).</p> <p>4. Upon notification from the Hospital Command Center/security that the incident is cleared, pages overhead "Code White no longer exists"</p>
EC Staff	<ol style="list-style-type: none"> 1. The EC will begin decompressing and admitting patients to units. 2. The admits will be divided into three categories – Regular, Tele (Iso, Oxygen, psych, suction, fall), IMU/ICU. 3. Only admitted patients identified as Regular can go into hallways. 4. PACU should be considered as a holding area for Tele/ICU patients due to equipment needs. 5. Once numbers are determined, advise hospital supervisor how many patients in each category are in the EC. (The information above belongs in a separate box called EC Staff)
Nursing Personnel	<ol style="list-style-type: none"> 6. All nursing units will begin preparing for surge of patients by: <ul style="list-style-type: none"> • Expediting discharges. • Notify EC nurse in charge of capacity (open beds + discharges). 7. Nursing units will be called to retrieve patients from EC to transport to units. Patients identified to be discharged will be moved to waiting room or discharge lounge.
Hospital/Facility Leadership/Directors and Leaders	<ol style="list-style-type: none"> 5. Upon hearing overhead page or receiving Emergency Page, immediately contact Security to assume role as Incident Commander 6. The Command Center location will be determinant upon the location of the incident. <ul style="list-style-type: none"> • The following items will be accomplished as needed and requested by administration/hospital supervisor: • Notify decontamination team and set up decontamination equipment. • Request status of floor units (beds, staff, facilities, supplies). • Cancel non-emergent surgeries. • Cancel/close clinics. • Establish unit specific discharge lounges/waiting areas. Admits from EC will not be delayed. 7. Directors and Senior Leaders will report immediately upon notification of Condition B & Condition C isolation or clearance. 8. Once situation has been cleared, establish continuity of operations.
Corporate Communications	<p>Coordinate information through a designated Public Information Officer (PIO) to local media regarding condition at facility. Is responsible for all media contact during and after the event.</p>

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APPENDIX K - CONDITION F UTILITY/SYSTEMS FAILURES

Procedures: In the event of Utility/Systems Failure, Harris Health staff will take the following actions:

Problem	Description	Initial Response	Secondary Response	Follow-up
Electrical Power	Failure of external electric power source – electrical power failure to multiple lights and/or normal power in an area or areas	<ul style="list-style-type: none"> Notify Engineering direct or via Page Operator at 713-873-7800 ACS notifies Security at 713-566-6901 Ensure life support systems are on emergency power (red outlets) Administration & Engineering will determine need for Condition F 	<ul style="list-style-type: none"> Initiate department response plan Assess and address patient needs with appropriate staff (MD, Respiratory Care, supervisor, etc.) Ventilate patients by hand, as needed 	Engineering determines cause, and restores power and completes appropriate documentation
Medical gas System	Failure of O Medical Air, or Nitrous Oxide (NO)	<ul style="list-style-type: none"> Notify Engineering direct or via Page Operator at 713-873-7800 ACS notifies Security at 713-566-6901 Use alternative ventilation methods; transfer patients, if needed Notify supervisor 	Initiate department response plan	Engineering/ supervisor provides corrective action and completes appropriate documentation
Medical vacuum	Vacuum suction systems failure	<ul style="list-style-type: none"> Notify Engineering direct or via Page Operator at 713-873-7800 ACS notifies Security at 713-566-6901 Page Respiratory Care Obtain portable vacuum Notify supervisor 	Initiate department response plan	Engineering/ supervisor provides (and documents) corrective action
Natural gas Failure/ Leak	Significant gas odor	<ul style="list-style-type: none"> Notify Engineering direct or via Page Operator at 713-873-7800 ACS notifies Security at 713-566-6901 	<ul style="list-style-type: none"> Initiate department response plan Refrain from using spark producing devices and electrical switches 	Engineering/ supervisor provides corrective action and completes appropriate documentation

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		<ul style="list-style-type: none"> • Open windows for ventilation • Turn off gas equipment • Notify supervisor 		
Sewer Backup	<u>Multiple</u> drains backed up in an area	<ul style="list-style-type: none"> • Notify Engineering & EVS direct or via Page Operator at 713-873-7800 • ACS notifies Security at 713-566-6901 • Do not flush toilets or use water • Notify supervisor 	Complete necessary safety report	Engineering/supervisor provides corrective action and completes appropriate documentation.
Steam Failure	No building heat or hot water, <u>multiple</u> sterilizers inoperative; limited cooking	<ul style="list-style-type: none"> • Notify Engineering direct or via Page Operator at 713-873-7800 • ACS notifies Security at 713-566-6901 • Notify supervisor • Use chemical sterilization 	<ul style="list-style-type: none"> • Conserve sterile materials and all linens • Provide extra blankets and cold meals 	Engineering/supervisor provides corrective action and documentation
ventilation	No ventilation, heating or cooling	<ul style="list-style-type: none"> • Notify Engineering direct or via Page Operator at 713-873-7800 • ACS notifies Security at 713-566-6901 • Notify Engineering • Open windows 	<ul style="list-style-type: none"> • Security initiates Fire Watch • Restrict use of odorous and hazardous items 	Engineering/supervisor provides corrective action and documentation
Water	Sinks and toilets inoperable	<ul style="list-style-type: none"> • Notify Engineering and EVS direct or via Page Operator at 713-873-7800 • ACS notifies Security dispatch at 713-566-6901 • Security initiates fire watch procedures • Conserve water • Notify supervisor 	<ul style="list-style-type: none"> • Use bottled water for drinking • Turn off water in sinks • Use red bags in toilets when advised • Use alternate hand wash, e.g., alcohol-based hand sanitizer 	Engineering/supervisor provides corrective action and documentation
IT Systems	Any IT-related function or failure of critical systems (to include network and EPIC)	<ul style="list-style-type: none"> • Notify Help Desk at ext. 6-HELP (713-566-4357) • Initiate Downtime Procedures if required • Notify supervisor 	Administrator or designee will coordinate with IT leadership and determine if a Condition F page is necessary	IT determines cause, restores function and completes appropriate documentation

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		<ul style="list-style-type: none"> • Supervisor contacts administration/hospital supervisor 		
Biomed Systems	Failure of any medical support equipment or technology	<ul style="list-style-type: none"> • Notify Biomed: BT/QM at 713-873-2555 LBJ/ACS at 713-566-5119 Page Operator 713-873-2010 • Notify supervisor • Notify hospital supervisor, if necessary 	Take department clinical intervention as needed	Biomed determines cause, restores function and completes appropriate documentation
Communication Systems	Failure of telephone, pager, or other communication systems	<ul style="list-style-type: none"> • Notify Page Operator at 713-873-7800 or using emergency phone system • Contact hospital supervisor • Notify supervisor 	Administrator or designee will coordinate with IT leadership and determine if a Condition F page is necessary	Telecom determines cause, restores function and completes appropriate documentation

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