

Emergency Preparedness Guide - 2023 Update

Knowing what to do in an emergency before it happens can save lives!

Please review this flipchart. Post in an area where staff can readily access it.

This quick reference contains information that will help you prepare for and respond to emergencies. It does not represent complete facility specific emergency policies, nor should it be substituted for facility specific Emergency Operations Plans.

ERLANGER SECURITY DISPATCH EMERGENCY LINE:

ext. 6911 or 423-778-6911

(from an outside line)

NON-EMERGENT LINE: 423-778-7614

Erlanger Sequatchie Valley, Erlanger Bledsoe Hospital, & Erlanger Western Carolina Hospital:

NON-EMERGENT LINE: _____

References include but are not limited to: Hospital Incident Command System (HICS), National Incident Management System (NIMS), Joint Commission, Tennessee Emergency Management Agency (TEMA), Federal Emergency Management Agency (FEMA), Center for Medicare and Medicaid Services (CMS), Center for Disease Control (CDC,) National Fire Protection Administration (NFPA), Tennessee Occupational Safety and Health Administration (TOSHA), Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), Tennessee Valley Authority (TVA), Nuclear Regulatory Commission (NRC), Tennessee Bureau of Investigation (TBI), Federal Bureau of Investigation (FBI), National Center for Missing and Exploited Children, and other local agencies.

INCIDENT COMMAND CENTER NUMBER: ext. 9100 or 423-778-9100

Medical Alert – Isolation Precautions

Transmission based isolation precautions are used in addition to Standard Precautions to protect employees, patients, and visitors from exposure to infectious organisms. Appropriate signage should be on the outside of the door, and Infection Control should be notified for all of these types of patients.

INFECTION CONTROL PRACTITIONER:

ext. 7239

Please refer to the chart on the back of this page for details regarding different isolation precaution types and procedures.

MEDICAL ALERT - ISOLATION PRECAUTIONS

Medical Alert – Isolation Precautions

<p>Airborne</p>	<ul style="list-style-type: none"> • Patients must be placed in a negative pressure room. These rooms are: _____ • Notify Engineering the room is in use to monitor negative air pressure. • Keep the patient's door closed. • Educate patient and family regarding isolation precautions. • Instruct patient to cover when coughing. • Wear TB respirator each time you enter the room. Do not remove until out of room. Fit test mask every time. Obtain another respirator if it doesn't fit or if it is damaged. • Ensure AFB specimens are obtained promptly. • Avoid transporting unless essential for patient's care. Patient must wear mask when outside room. Notify other departments of precautions. • DO NOT ENTER ROOM IF YOU HAVE NOT HAD CHICKEN POX OR THE CHICKEN POX VACCINE!
<p>Droplet</p>	<ul style="list-style-type: none"> • Patients should be placed in a private room. If a private room is not available, the patient may be placed in a room with a patient who has the same infection with same infection, but NO other infections. • Keep the patient's door closed. • Educate patient and family regarding isolation precautions. • Wear mask when with patient. • Limit transport to essential purposes only. Place mask on patient. Notify other departments of precautions.
<p>Contact</p>	<ul style="list-style-type: none"> • Patients should be placed in a private room. If a private room is not available, the patient may be placed in a room with a patient who has the same infection with same infection, but NO other infections. • The patient's door may remain open or closed. • Educate patient and family regarding isolation precautions. • Use antimicrobial soap when washing hands and changing gloves, using care not to contaminate hands. • Wear gloves when entering room. Change after contact with infective material. Wear gown if expecting to come in close contact with patient, bed or contaminated items. Remove and wash hands before leaving the room. • Limit use of non-critical patient care equipment. If possible, use disposable items. If equipment is to be reused on other patients, clean and disinfect between patients. • Limit transport to essential purposes only. Maintain precautions during transport. Notify other departments of precautions.

Medical Alert- Adult/Pediatric Cardiac Arrest

Adult Cardiac Arrest: CODE BLUE	Pediatric Cardiac Arrest: CODE 5
<p><u>Hospital:</u></p> <ol style="list-style-type: none">1. Call 9999 to activate CODE BLUE.2. Provide switchboard operator with:<ol style="list-style-type: none">a. your nameb. facility you are located (Baroness, East, North, etc.)c. location <u>AND</u> room numberd. brief description of the incident.3. Stay with the patient and call out for help!4. If certified, begin CPR.5. Assist the code team as directed.	<p><u>Hospital:</u></p> <ol style="list-style-type: none">1. Call 9999 to activate CODE 5.2. Provide switchboard operator with:<ol style="list-style-type: none">a. your nameb. facility you are located (Children's)c. location <u>AND</u> room numberd. brief description of the incident.3. Stay with the patient and call out for help!4. If certified, begin CPR.5. Assist the code team as directed.
<p><u>Clinics:</u></p> <ol style="list-style-type: none">1. CALL 9-1-1 and provide 9-1-1 operators with your name, location, and a brief description of the incident.2. Stay with the patient and call out for help.3. If certified, begin CPR.	<p><u>Clinics:</u></p> <ol style="list-style-type: none">1. CALL 9-1-1 and provide 9-1-1 operators with your name, location, and a brief description of the incident.2. Stay with the patient and call out for help.3. If certified, begin CPR.

Facility Alert – Utilities/Technology Interruption

FOR UTILITIES EMERGENCIES, CALL: ext. 7777

Type of Interruption	What you may see:	What to do:
Partial Electrical Failure	Many lights out—only red outlets work. This signifies that the generator back-up power is being utilized.	Ensure all life support systems are plugged into red outlets. Complete cases in process and do not start new cases. Use flashlights and contact administration for further assistance.
Total Electrical Failure in Isolated Areas	Lights are out in isolated areas and no red outlets are working.	Ventilate patients by hand. Prepare patients for evacuation to nearest area with emergency or full power. Use flashlights. Manually regulate IVs.
Total Electrical Failure throughout Facility	All lights are out and no red outlets are working.	Ventilate patients by hand. Prepare patients for evacuation to nearest area with emergency or full power. Use flashlights. Manually regulate IVs.
Fire Alarm System	No fire alarm or sprinkler.	Institute a fire watch, use phone and/or person to report fire.
Medical Gases	Gas alarm. No oxygen or medical air.	Hand ventilate patients. Use portable gas cylinders and call respiratory for additional cylinders. Finish cases in progress and do not start cases.
Medical Vacuum	Vacuum system not operating and in alarm.	Obtain vacuum pumps and call materials management for additional needs. Finish cases in progress and do not start new cases.

Table is continued on the back of this page.

Facility Alert – Utilities/Technology Interruption

FOR UTILITIES EMERGENCIES, CALL: 7777

Type of Interruption	What you may see:	What to do:
Natural Gas	Rotten egg-odor	Notify administration and eliminate ignition source.
Heating	No heat and limited hot water.	Provide extra blankets. Conserve hot water usage.
Air Conditioning	Warm, humid air from vents.	Do not open windows. Consider alternate means for cooling.
Air Ventilation	No ventilation, heating or cooling.	Do not open windows. Restrict use of hazardous/odorous materials.
Water	No water for sinks, toilets, showers. Some unit coolers not working.	Conserve water and use bottle water for drinking or necessary patient use. Use hand sanitizer. Consider alternate methods for toileting.
Sewer	Drains backing up.	Avoid using sink, drain or toilet.
Steam	No steam sterilization, cooking or humidification.	Conserve sterile materials. Prepare cold meals.
Communications	One or more of the following may be out of service: telephones, overhead paging, call system, etc.	Utilize systems that do work: 2 way radios, cell phones, runners, etc.

Facility Alert – Hazardous Materials Spill/Release

For spills that cannot be cleaned up with a spill kit:

Notify the House Supervisor or Administrator for all spills. The House Supervisor or Administrator will activate a Hazardous Materials Release/Spill Alert.

Prepare in Advance: Each department is responsible for the hazardous materials they use, and each must:

- Identify each hazardous material.
- Keep an inventory of all hazardous materials.
- Train those who use the hazardous materials (how it can harm, what personal protective equipment (PPE) to use, and spill cleanup procedures.
- Maintain access to Safety Data Sheets (SDS) or Materials Safety Data Sheets (MSDS) sources.

Radiation: (Radiation Plan will be used as a resource)

1. The hospital may receive notification of a radiation accident. The person receiving the call should confirm the following:
 - a. Type of injury
 - b. Number of casualties
 - c. Location of incident
 - d. Radiologic status
 - e. If victims were surveyed for contamination.
 - f. Identification of contaminant.
 - g. Estimated time of arrival.
 - h. Name/contact information of person reporting the incident to verify
2. Departments involved with personnel assignments are:
 - a. Radiology
 - b. ED Physicians
 - c. ED Director
 - d. Nursing Supervisor
 - e. Environmental Services
 - f. Security/Switchboard

All other staff should remain away from the decontamination area.

For information, contact your corporate safety officer: _____

Facility Alert - Medical Decontamination

This alert is used to alert staff of the need for medical decontamination for one or more patients. This could be necessary for a HAZMAT incident or other CBRN type exposure that could potentially be harmful to patients and/or staff without proper decontamination.

1. This alert will be paged overhead by the switchboard operator, **FACILITY ALERT + MEDICAL DECONTAMINATION + DESCRIPTION (BIOLOGICAL, CHEMICAL, RADIOLOGICAL, or UNKNOWN) + INTERNAL/EXTERNAL + LOCATION.**
2. Follow your department specific plan related to medical decontamination.
3. If you are made aware of a potential decontamination need, contact the **House Supervisor.**

Facility Alert – Surge Capacity

This alert is utilized to inform facility staff of an expected significant increase in patient volume. An increase in expected patient volume can be related to a multitude of events. Some examples of events that could lead to a surge capacity situation are listed below:

- Mass Casualty Incident – influx of inpatient admissions secondary to a large number of patients presenting to the emergency department in a short period of time.
- Hazardous Materials exposure.
- Infectious disease outbreak.
- Environmental emergency – weather or other natural disaster events.

Some of these events are likely to cause an immediate surge capacity situation where others are more likely to tax facility capacities over a period of time (i.e. COVID-19 pandemic).

Procedure:

1. In the event of an immediate surge capacity event, this will be overhead paged by the switchboard operator, **FACILITY ALERT + SURGE CAPACITY + INTERNAL/EXTERNAL + LOCATION.**
2. Follow department specific emergency operations plans related to surge capacity.

Facility Alert – Mass Casualty

The purpose of a Mass Casualty notification is to alert staff of a situation that has the potential to significantly disrupt our ability to provide care. Examples of an internal disaster include, but are not limited to: large fire, large chemical spill, flood, loss of utilities, structural damage, hostage situation, etc. Examples of external disaster include, but are not limited to: mass casualty event in the community, natural disasters, terrorism, etc.

Mass Casualty Standby:

This occurs when information is received which may impact the facility's ability to provide care. The Incident Commander or designee will receive information and prepare for possible escalation.

Mass Casualty Activate:

This occurs when there is an internal and/ or external disaster occurs and the Incident Command Center is opened.

1. The Incident Commander or their designee will notify the switchboard to announce/ activate the Mass Casualty Alert.
2. The switchboard operator will overhead announce **Facility Alert + Mass Casualty + (may have levels) + (specify Internal or External) + Location.**
3. Department Directors or their designee will report to the Incident Command Center for a briefing. The following items will be addressed as needed:
 - Call tree activation
 - Canceling elective procedures
 - Securing entrances
 - Determining food and lodging needs
4. Other actions will be determined by the Incident Command Center Chiefs. These include, but are not limited to communications, resources, safety/ security, utilities management, staff support, and patient/ clinical support.
5. The location of the Incident Command Center, Labor Pool, New Media, Family Assistance, and Alternate Care Sites will be determined by the Incident Command Center based on the needs of the event.

Facility Alert - Severe Weather

Severe Weather Watch:

A severe weather watch means that conditions are favorable for severe weather. You should take preliminary steps to safeguard patients:

1. Evaluate the status of patients.
2. Close window blinds.
3. Prepare emergency supplies (flashlights, light sticks, first aid supplies, blankets, etc)
4. Consider special patient needs (ventilators, wheelchair, oxygen, suction, etc)
5. Be on standby for weather conditions to progress.

Severe Weather Warning:

A severe weather warning means that severe weather is upon us. The switchboard operator will overhead page **FACILITY ALERT + Instructions + Weather + Descriptor (National Weather Service Statement) + Location.**

1. Do not go outside the building and encourage patients and visitors to stay until the severe weather has passed.
2. Close blinds, shades, and doors. Move from the perimeter of the building into the hallways.
3. Stay away from windows.
4. Hospital staff should close blinds and shades in patient's rooms and move patients and visitors from windows and into hallways if possible.
5. At the conclusion of the event a "Severe Weather Alert All Clear" will be announced overhead.

Facility Alert - Fire/Smoke Alarm

Hospital:

In a fire/smoke emergency, remember **R.A.C.E.**

R: Rescue any persons in immediate danger from fire/smoke. Do not use elevators.

A: Alert patients, staff and visitors to fire/smoke by:

- Pulling the fire alarm
- **Call 6-9-1-1**
- Provide operator with your name, location and a brief description of the incident.
 - Is smoke, fire, or both present?
- Operator will overhead page **FACILITY ALERT + FIRE/SMOKE ALARM + LOCATION + ANY ADDITIONAL INSTRUCTIONS** and notify the fire department.

C: Confine the fire by closing doors to prevent it from spreading (also known as “sheltering in place”).

E: Extinguish or Evacuate

- Extinguish - extinguish only small, controllable fires. One way to remember how to operate an extinguisher is **P.A.S.S.**
 - **P**ull the pin
 - **A**im the hose at the base of the fire.
 - **S**queeze the trigger.
 - **S**weep the hose back and forth, walking slowly towards the fire.
- Evacuation - See Evacuation tab for more information.

Outpatient/Surgery Center:

- If the fire or smoke is in your smoke compartment, evacuate the smoke compartment.
- If the fire or smoke is not in your smoke compartment, shelter in place.

Clinics/Physician Office Practices:

- If your area is alarming, evacuate the building.
- If your area is not alarming and smoke or flame is not present, shelter in place.

Facility Alert - Evacuation/Relocation

Shelter in Place:

Remain in current location (if not in imminent danger) until sufficient resources can be organized to move patients, visitors, and staff. Shelter in place should be considered when moving poses greater risk of harm or when the department's operations are essential for the life safety of patients, visitors, and/or staff.

Evacuation:

Evacuate the most hazardous areas and individuals in immediate danger first. Do not use the elevators unless instructed to do so by the fire department. For those not in immediate danger, prioritize as follows:

Evacuation Priority	Patient Status
First	Ambulatory
Second	Semi-ambulatory (requires some assistance such as a wheelchair)
Third	Non-ambulatory (requires full assistance such as a stretcher, paraslyde, etc.)

There are three (3) types of evacuation:

- 1. Horizontal evacuation:** to the nearest safe smoke compartment on your same floor.
- 2. Vertical evacuation:** typically, down the stairs (unless below ground) to safe area on another floor if horizontal evacuation is not an option.
- 3. Total facility evacuation:** move out and away from the building. This will be initiated only in unified command with other responding agencies.

Security Alert – Decisionally Impaired Missing Person

(>18 YEARS OLD)

To alert staff of a missing person.

Hospitals:

1. Call **6-9-1-1** to activate the Decisionally Impaired Missing Person Alert.
2. Provide the operator with your name, location, and any other information that may aid in locating the victim. This includes but not limited to:
 - a. Gender
 - b. Age
 - c. Height/Weight
 - d. Ethnicity
 - e. Hair Length/Color
 - f. Last known location, clothing, medical equipment (IV, foley, wheelchair, etc.)
3. The switchboard operator will overhead page **SECURITY ALERT + MISSING PERSON + ADULT + LOCATION** and notify security officers.
4. All staff should immediately conduct a search of their area.
5. Staff should immediately report to exits from their areas to monitor for potential suspects in an effort to recover the missing person.

Clinics/Physician Practice Offices:

1. Call **9-1-1** to alert law enforcement of a decisionally impaired missing person >18 years old.
2. Follow steps 2, 4, and 5 from above.

Security Alert – Missing Infant/Child

To alert staff of an infant or child that is missing or suspected of being abducted.

Hospitals:

Follow departmental Missing Infant/Child Procedures.

1. **Call 6-9-1-1** to activate a Missing Infant/Child Alert
2. Provide operator with:
 - a. Your name
 - b. Location/room number
 - c. Gender of infant/child missing
 - d. Age
 - e. Clothing infant/child was wearing
 - f. Ethnicity
 - g. Hair color/style
 - h. Time went missing
 - i. And any other information that may aid in locating the victim.
3. The switchboard operator will overhead page **SECURITY ALERT + MISSING PERSON + CHILD/INFANT + LOCATION.**
4. All staff should immediately conduct a search of their area.
5. Staff should immediately report to exits from their areas to monitor for potential suspects in an effort to recover the missing infant/child.

Clinics/Physician Practice Offices:

1. **Call 9-1-1** and report information to the police.
2. Provide as much information as possible to aid in the locating the victim.

Security Alert – Civil Disturbance

This alert is used to notify staff of an active civil disturbance. Many things could constitute a civil disturbance.

Some examples include but are not limited to:

- Riots
- Gang activity
- Protests
- Other civil unrest activities

These events can be internal or external and are situationally dependent.

Civil disturbances could result in activation of other emergency alerts and procedures depending on the specific activity, size, and proximity to the facility. If other alerts are activated (i.e. departmental or facility lockdowns), refer to those specific alerts for more information.

If you witness a situation in which a person/patient is showing signs of disruptive, combative or harmful behavior.

Hospitals:

1. Remove yourself from immediate danger if possible.
2. **Call 6-9-1-1** to activate the Combative Patient/Person alert.
3. Provide switchboard operator with your name, location and a brief description of the incident.
4. Wait for Security response.
5. Assist team as directed.

Clinics/Physician Practice Offices:

1. Remove yourself from immediate danger if possible.
2. **Call 9-1-1.**
3. Provide 911 operator with your name, location and a brief description of the incident.
4. Wait for police response.

Security Alert – Combative Patient/Person

This procedure should be used for incidents where only verbal exchanges have transpired without threat or physical assault.

1. In the event of verbally abusive patients or visitors, **Security Dispatch: 6-9-1-1** should be called immediately and advised of the nature of the incident.
 - a. If you are located on a campus that does not have security on site, notify **Law Enforcement: 9-1-1**.
2. Listen carefully and answer all questions from the 911/Security Dispatch operator necessary to send the appropriate response.
3. Security/Law Enforcement will respond to assess the situation and take appropriate action. The staff member that has been the target of the verbal abuse should meet the officer at a prearranged location, which is away from the verbally abusive subject. This approach helps avoid any escalation of the situation which can be stimulated by security/law enforcement arrival.
4. Once security has arrived, the employee should:
 - a. Allow security to control the situation and disengage from the contact
 - b. Avoid any direct exchange with the hostile individual.
 - c. Direct comments and concerns to security/law enforcement in a calm, controlled manner.
 - d. Do not allow yourself to be drawn into a direct exchange with the hostile individual in response to any statements or gestures the individual may make.

Security Alert – Department/Facility Lockdown

This alert will be overhead paged, **SECURITY ALERT + DEPARTMENT/FACILITY LOCKDOWN + LOCATION.**

1. Threats that trigger an emergency lockdown are likely to be life-threatening.
 - a. Note that emergency lockdown procedures are also appropriate for other situations, such as, but not limited to, external hazardous releases, civil disturbances, infant/child abduction, and weather emergencies such as tornadoes.
2. Office/Practice doors to remain locked and no one will be admitted without proper identification.
3. Security will be notified of any unauthorized attempts at access.
4. Refer to the department/facility lockdown levels below for further information regarding specific types of controlled access/lockdowns.

Security Lockdown Status Levels:

1. Normal

- a. The hospital is operating under routine security procedures.

2. Security Alert

- a. During a security alert, all foot traffic is directed towards designated controlled entrances/exits (main lobby doors, emergency doors) where individuals would be met by either security or Erlanger personnel maintaining control of entry/exit points and surveillance.

3. Area(s)/Departmental Security Alert

- a. Only affects the area(s)/department. Security Alert can be used for but not limited to: Gunshots or penetrating trauma (none accidental), domestic violence, assaults, gang violence, unruly family members, or any other potential hazardous environment for staff, patients, or visitors. The decision for Security Alert should come from Department's Charge Nurse, Security, Department Physician, and/or Patient Flow Manager or AOC by calling 6911. Patient Flow Manager should always be notified of the security alert. All traffic into and out of the Department will be monitored by Security for conditions or situations hazardous to staff, patients, or visitors and if a hazardous situation presents itself; then status will be upgraded to Area(s)/Department Lockdown and security will handle the situation as appropriate to their guidelines.

4. Area(s)/Departmental Lockdown

- a. This lockdown procedure would be used to regulate entry/exit of the area(s)/department only. Handheld magnetic scanner should be used in an effort to control weapons entering the secure area. Hospital security personnel will control the entry/exit points. The decision to lockdown should come from the Security Officer(s), Department's Charge Nurse, Department's Physician and/or the Patient Flow Manager and/or AOC by calling 6911. The Patient Flow Manager should always be notified of the lockdown.

5. Total Lockdown

- a. During a total lockdown, all perimeter doors and exterior areas are secured and no one is allowed to enter or exit the secured area without the appropriate Erlanger identification.

Security Alert – Bomb Threat/Suspicious Package

This is used to alert staff of an attack in the form of a bomb, suspicious package, or bomb threat.

There will be NO overhead page for this alert.

If you are alerted to the possibility of a bomb, bomb threat and/or a suspicious package:

1. Remain calm
2. Be aware that the use of mobile devices and other devices emitting an RF signal could detonate devices.
3. Search your area, looking for:
 - a. Suspicious persons
 - b. Suspicious packages- details of package
 - i. Type of package, duffel bag, box, color of package
 - c. Tampered items such as doors, cabinets, etc.
 - d. Precious Location
4. If you find anything suspicious, do not approach! Notify **SECURITY: 6-9-1-1**
 - a. If on a campus/location without security coverage, notify **LAW ENFORCEMENT: 9-1-1**
5. Do not approach suspicious persons and do not touch suspicious packages. Immediately clear and block off the area.

If you discover a potential bomb/suspicious package, or are the person receiving a bomb threat:

1. Remain calm and immediately contact **SECURITY: 6-9-1-1**
 - a. If on a campus/location without security coverage, notify **LAW ENFORCEMENT: 9-1-1**
2. Follow procedures listed above.

See back of this page for the Bomb Threat Receiver Checklist.

Security Alert - Bomb Threat/Suspicious Package

Bomb Threat Receiver Checklist:

1. Note the date/time of the call and your location.
2. Ask the caller the following questions in a calm and respectful manner:
 1. Where is the bomb? _____
 2. When will the bomb explode? _____
 3. What does the bomb look like? _____
 4. Why is the bomb here? _____
 5. What is your name? _____
 6. Where are you calling from? _____
 7. How can we contact you? _____
 8. Did you place the bomb? _____
3. What were the exact words of the caller (note and slang or jargon)?
4. Description of the caller (check if applicable)

<input type="checkbox"/> Male	<input type="checkbox"/> Middle-Aged Adult
<input type="checkbox"/> Female	<input type="checkbox"/> Young Adult
<input type="checkbox"/> Well-Spoken	<input type="checkbox"/> Teenager
<input type="checkbox"/> Uneducated	<input type="checkbox"/> Child
<input type="checkbox"/> Elderly Adult	<input type="checkbox"/> Accent: _____
6. Caller's voice was:

<input type="checkbox"/> Calm	<input type="checkbox"/> Normal Volume	<input type="checkbox"/> Slow Rate
<input type="checkbox"/> Angry	<input type="checkbox"/> Whispered	<input type="checkbox"/> Normal Rate
<input type="checkbox"/> Excited	<input type="checkbox"/> Short of Breath	<input type="checkbox"/> Fast/Rapid Rate
<input type="checkbox"/> Panicked	<input type="checkbox"/> Lisp	<input type="checkbox"/> Deep Voice
<input type="checkbox"/> Crying	<input type="checkbox"/> Stutter	<input type="checkbox"/> High Pitch
<input type="checkbox"/> Laughing	<input type="checkbox"/> Crackling	<input type="checkbox"/> Muffled
<input type="checkbox"/> Loud/Shouting	<input type="checkbox"/> Nasal	
<input type="checkbox"/> Soft	<input type="checkbox"/> Slurred	
7. Background Noise (check as your hear them)

<input type="checkbox"/> Street Noises	<input type="checkbox"/> Animal Noises
<input type="checkbox"/> Motors/Engines	<input type="checkbox"/> Office Machinery
<input type="checkbox"/> Voices/Conversation	<input type="checkbox"/> PA System
<input type="checkbox"/> Factory Machinery	<input type="checkbox"/> House Noises
<input type="checkbox"/> Music	<input type="checkbox"/> Other Noises: _____
8. Possible Sources of Call:
 - Local Call
 - Phone Booth
 - Long Distance
 - Clear Reception
 - Cell Phone
 - Static
9. Caller was:
 - Live
 - Recorded
 - Rehearsed/Script

Security Alert - Active Threat

This alert is a security emergency that is utilized to signal staff that a weapon has been identified. This includes, but is not limited to, firearms, knives, scissors, etc.

This alert being called serves as a warning to staff that the assailant is armed.

Procedure:

1. This alert will be overhead paged by the switchboard operator, **SECURITY ALERT + ACTIVE THREAT + DESCRIPTOR (weapon, description of assailant, etc.) + LOCATION.**
2. **Avoid:** Remove yourself from the area if possible.
3. **Deny:** When you are unable to evacuate the area, get to the nearest designated Safe Zone or other area where you can barricade yourself in order to deny the assailant access to your location.
4. **Defend:** As a last resort, be prepared to defend yourself by any means available if you are unable to evacuate the area or barricade yourself in a safe location.
5. Alerting authorities of an active threat: **DO NOT** assume that someone has already called security or 9-1-1. Unless you witness someone else notifying security or the 9-1-1 center, make the call to one of the following as soon as you are able to do so.
 - a. If in a facility with security staffing, call Security Dispatch: 6911 to report an armed assailant.
 - b. If in a facility with no security, or you are unsure, call **Law Enforcement: 9-1-1.**
6. Provide as much information as possible to the Security or 9-1-1 operators in order for security/law enforcement to be able to respond in a timely and effective manner. Some important information to provide includes, but is not limited to:
 - a. Exact location within the facility. Include the floor and area of the hospital as outside law enforcement agencies are not likely to be familiar with locations such as the "Cath Lab" or other internal location designations.
 - b. Provide the room number you are in if applicable.
 - c. Description of the assailant
 - i. Age
 - ii. Gender
 - iii. Height
 - iv. Weight
 - v. Hair color/length
 - vi. Clothing
 - vii. Any weapons you are able to visualize (i.e. long gun, handgun, knife, etc).
 - viii. Number of victims
 - d. Some 9-1-1 centers such as Hamilton County 9-1-1 Center have the ability to utilize the cameras and microphones on your mobile device in order to share what you are seeing with responding agencies. This is done by the 9-1-1 center operator after you make the call.
7. Do not open any barricaded doors for anyone attempting to make entry into your secured location unless you have confirmed the identity of the person attempting to enter by talking with the 9-1-1 or Security Dispatch operator.
8. If you are in a location with an injured victim, provide necessary treatment up to your level of training (**ONLY IF YOU CAN DO SO SAFELY**).
 - a. Refer to the **Stop the Bleed** visual instructions on the back of this page for instructions on controlling life threatening bleeding.

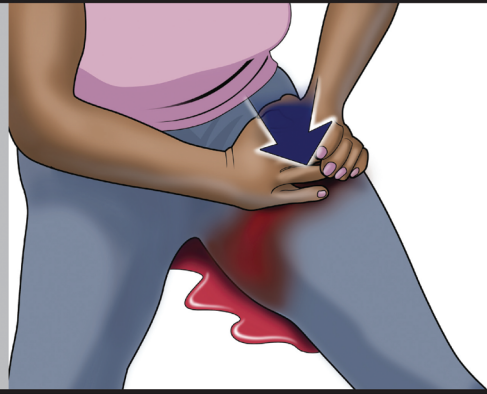
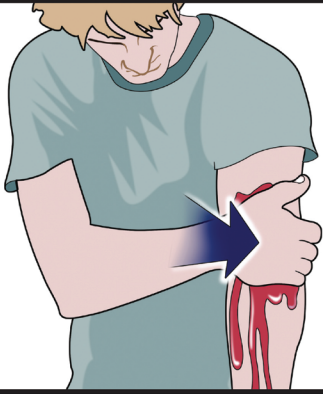
Security Alert - Active Threat



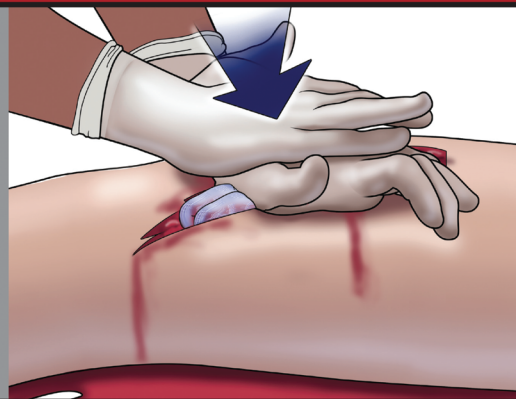
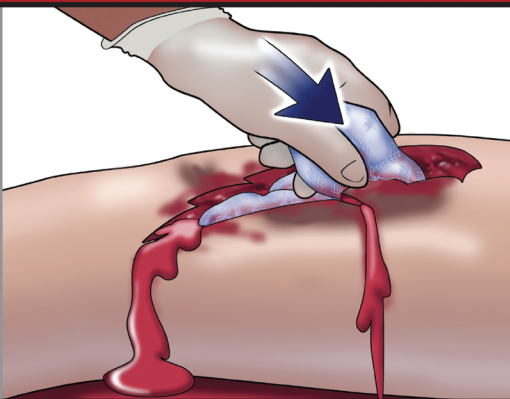
SAVE A LIFE

STOPTHEBLEED.ORG

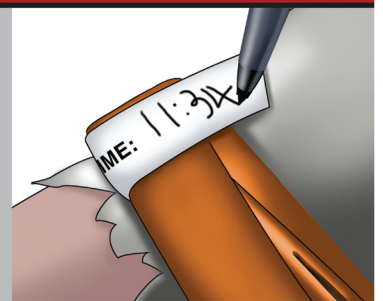
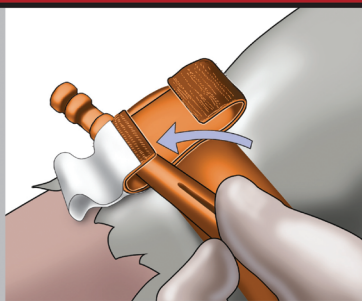
1 APPLY PRESSURE WITH HANDS



2 APPLY DRESSING AND PRESS



3 APPLY TOURNIQUET



WRAP

WIND

SECURE

TIME

CALL 911

The 'STOP THE BLEED'™ campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public. 'STOP THE BLEED'™ is a registered service mark of the Department of the Defense.

Use of the equipment and the training does not guarantee that all bleeding will be stopped or that all lives will be saved.