

EMERGENCY CODES

PURPOSE

CLINIC NAME has attempted to prepare for emergency situations to keep our staff, volunteers and patients safe at all times. In the event of an emergency or crisis situation, the follow protocols will be followed.

EMERGENCY CODES AND DEFINITIONS



Code Black – Violent or Suicidal Patient



Code Red – Fire, Smoke or Gas



Code Yellow – Severe Weather Alerts/ Tornado Warning/Watch



Code Green – Winter Weather



Code Blue- Medical Emergency



CODE BLACK – VIOLENT OR SUICIDAL PATIENT

DEFINITION:

In the event there is an encounter with a patient who is **ACTIVELY** suicidal (has a plan), homicidal or psychotic, the following protocol must be followed.

DETERMINE THE SEVERITY OF THE PROBLEM:

- 1. If it is determined that the patient is sufficiently stable** to travel to DeKalb Health for evaluation and admission to NE Center or other psychiatric facility, the patient may travel on their own or with a family member to this location.
 - The patient will sign a contract that binds them to an agreement they will not hurt themselves and will proceed directly to DeKalb Health. (see attached)
 - Proceed to follow up as outlined below
- 2. If the patient is deemed unfit, unstable and in imminent danger to themselves or others, the following steps should be taken:**
 - Practitioner will determine if the patient has a weapon

- Practitioner will notify the clinic coordinator of need for assistance
- Front office staff will call 911 for ambulance transportation
- If patient has a weapon or the safety of patients/staff/volunteers are in question, call 911 for police assistance
- Notify SMHC Medical Director for assistance with a 3 day hold at medical facility deemed appropriate

CONDUCT TO MINIMIZE VIOLENCE:

1. Project calmness; move and speak slowly, quietly and confidently
2. Encourage the person to talk and listen patiently, be an empathetic listener
3. Focus your attention on the other person to let them know you are interested in what they have to say
4. Maintain a relaxed and attentive posture. Position yourself at the a right angle to the person rather than directly in front of them; this will avoid the appearance of intimidation or threat
5. Acknowledge the person's feelings. Indicate that you can see he or she is upset
6. 6. Ask for small, specific favors (ie: asking them to move to a quieter area)
7. Establish ground rules if unreasonable behavior continues. Calmly describe the consequences of any violent behavior. "If you cannot calm down I will have no choice but to call the police"
8. Use delaying tactics to give the person time to calm down. Suggest a drink of water (in a disposable cup)
9. Point out choices and be reassuring. Break down big problems into more manageable smaller problems
10. Accept criticism in a positive way in a positive way if the complaint might be true. Use statements like "You're probably right" or "I can understand how you could be upset". If the criticism seems unwarranted, ask clarifying questions
11. Ask for his/her recommendations. Repeat back to him/her what you feel he/she is requesting
12. Arrange yourself so that your access to an exit is not blocked
13. Do not physically confront any angry person

FOLLOW-UP:

1. DeKalb Health Emergency Room is to be called with report and inform them that the patient is expected to arrive at there location shortly
2. Pertinent patient information should be given as well as orders from SMHC Medical Director

PATIENT COMPLIANCE WITH BEHAVIORAL HEALTH REFERRAL

I, _____, or my family member/significant other, _____ will ensure that once I leave **CLINIC NAME** at 1359 South Randolph Street, Garrett, IN 46738, I will arrive **SAFELY AND WITHOUT HARM OR INJURY TO MYSELF OR OTHERS**; at DeKalb Health Emergency Room, 1316 East Seventh Street, Auburn, IN 46706, (260) 925-4600 for treatment services.

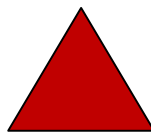
My signature below indicates agreement to the above conditions.

Patient signature

Date

Witness

Date



CODE RED – FIRE, SMOKE OR GAS

DEFINITION:

In the event anyone sees or smells fire, smoke, or gas they should immediately call a Code Red.

DETERMINE THE PROBLEM:

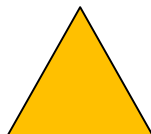
- 1. If it is determined that there is a fire or smoke, the front office coordinator will call 911.**
- 2. If a gas leak is suspected:**
 - Do **NOT** light matches, turn electrical switches on or off, or use a telephone in the building
 - If you smell gas inside your home or business, get out immediately.
 - From a safe place, call NIPSCO to report the leak at the emergency number **1-800-634-3524** 24 hours a day.
 - Remain outside until NIPSCO can send someone to check on the source of the odor
- 3. All staff on duty will be responsible for the evacuation of the following areas:**
 - **Front Desk** – all patients in the waiting area, front office volunteers/staff and the back-up hard drive.
 - **Clinic Coordinator** – all patients in triage, lab, patient rooms as well as all volunteers/staff in these areas and the medication room
 - **Dental Coordinator** – all dental patients and volunteers/staff in dental operators, pano room and dental sterilization area
 - **PAP Coordinator** – Any staff/volunteers in the break room and basement
- 4. If time allows, close all windows and doors behind you as an area is evacuated to prevent spread of smoke and flames. Your safety is our top priority**
 - An open door or window is less important than safely evacuating everyone from the building
- 5. Calm and reassure evacuees that the situation is under control**
- 6. Staff shall direct evacuees to the closest and safest exit available. Exits are located in the front lobby and at the north end (back) of the building in each hallway.**

7. All staff will ensure that the evacuees are taken to the grassy area between the clinic and the church; far enough away from the building to ensure everyone's safety.
8. All staff and evacuees will wait for further instructions from the emergency personnel who arrive.
9. **Location of Fire Extinguishers**
 - Front Lobby by the entrance
 - Medical Hall outside clinic coordinators office
 - Dental Hall in the sterilization room
 - Break Room next to stove
 - Basement stairwell just inside the doorway
10. **Fight the fire ONLY if:**
 - The fire department has been notified of the fire, **AND**
 - The fire is small and confined to its area of origin, **AND**
 - You have a way out and can fight the fire with your back to the exit, **AND**
 - You have the proper extinguisher, in good working order, **AND**
 - You know how to use it.
 - **If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.**
 - **DO NOT remain in the building trying to fight the fire.** Our staff, volunteer and patient safety is most important

FIRE EXTINGUISHER USE:

1. Be familiar with their location and use. Do not block these extinguishers.
2. All fire extinguishers throughout the buildings are the "ABC" type and may be used on all types of fires.
3. A fire smothering cloud of chemical is discharged through the hose when the "pin" is pulled out and the handles pressed together. **DO NOT SQUEEZE THE HANDLES OF THE FIRE EXTINGUISHER BEFORE PULLING THE PIN OUT COMPLETELY.** You may jam the pin in place and the extinguisher will not be able to be used.
4. The effective range of the fire extinguisher is three (3) to five (5) feet.
5. Direct discharge at the base of the flame.
6. Employ a slow, side-to-side, sweeping motion.

7. Do not be alarmed if you hear a loud swish when you open the extinguisher. This is to be expected and denotes only the release of pressure.
8. Know where the extinguishers are located throughout the building and know how to use them. DO NOT place the extinguisher back on the wall after it has been used. Have it serviced and returned to its position immediately. Do not block the fire extinguishers.



CODE YELLOW – SEVERE WEATHER ALERTS

DEFINITION:

This plan identifies actions to take during severe weather, tornado warnings and watches by employees. Winter storms may occur during or after work hours and are addressed under Code Green. Flexibility must be exercised when implementing this plan because of different storm circumstances associated with various types of storms. If discretion is exercised, err on the side of safety.

DETERMINE THE PROBLEM:

- 1. Information about severe weather, winter storms or ice conditions will be obtained from the National Weather Service, local TV and radio stations**
- 2. It will be the responsibility of all staff on duty to be aware of their surroundings and monitor weather developments for pertinent information pertaining to road and travel conditions.**
- 3. Any power outages will be reported to the City of Garrett Electric Department at 260-357-5151**

SEVERE WEATHER WATCHES, WARNINGS AND ADVISORIES:

- 1. Weather Advisory**
Issued for strong thunderstorms that are below severe levels, but still may have some adverse impact. Usually issued for the threat of wind gusts of 40-58 mph or hail up to 1 inch in diameter.
- 2. Severe Thunderstorm Watch**
Issued when conditions are favorable for the development of severe thunderstorms over a large scale region. Tornadoes are not expected in such situations, but cannot be ruled out
- 3. Severe Thunderstorm Warning**
Issued when there is evidence based on radar or a reliable spotter that a thunderstorm is producing, or about to produce, wind gusts greater than 58 mph, and/or hail 1 inch in diameter or greater.
- 4. Tornado Watch**
Issued when conditions are favorable for the development of severe thunderstorms and tornadoes over a large scale region.
- 5. Tornado Warning**
Issued when there is evidence on radar or by a reliable spotter that a tornado is imminent or occurring

TORNADO WATCH:

If a tornado watch is issued, this means conditions are favorable for a tornado to develop

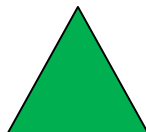
1. **Go about your normal activities**
2. **Watch the sky around you for developing storms**
3. **Listen to radio, TV or other media for updates and worsening conditions**
4. **Close all blinds as a precaution**
5. **Familiarize yourself with what to do in the event a tornado warning is issued**

TORNADO WARNING:

A tornado warning means a tornado has been sighted. Warning is given for the expected time and movement of the tornado through the warning area. Persons in the indicated path **SHOULD IMMEDIATELY** take necessary safety precautions outlined below:

1. **Take immediate action to protect yourself, other staff, volunteers and patients. Tornado warnings are issued by national weather service offices, typically for one county, or a portion of a county, for up to one hour**
2. **Remain calm, but take immediate action**
3. **Everyone should be evacuated to the basement. If unable to navigate steps, the file room may be used or the medication room (for staff and volunteers only)**
 - **Front Desk** – all patients in the waiting area, front office volunteers/staff and the back-up hard drive.
 - **Clinic Coordinator** – all patients in triage, lab, patient rooms as well as all volunteers/staff in these areas and the medication room
 - **Dental Coordinator** – all dental patients and volunteers/staff in dental operators, pano room and dental sterilization area
 - **PAP Coordinator** – Any staff/volunteers in the break room and basement
4. **Do not go outside to your car**
5. **Always err on the side of safety**

Draft:



CODE GREEN – WINTER WEATHER ALERTS

DEFINITION:

This plan identifies actions to take during winter weather storms by employees. Winter storms may occur during or after work hours. Flexibility must be exercised when implementing this plan because of various storm circumstances. If discretion is exercised, err on the side of safety.

DETERMINE THE PROBLEM:

- 1. Information about severe weather, winter storms or ice conditions will be obtained from the National Weather Service, local TV and radio stations**
- 2. It will be the responsibility of all staff on duty to be aware of their surroundings and monitor weather developments for pertinent information pertaining to road and travel conditions**
- 3. It is assumed that normal business hours are from 8:30am to 4pm Mondays through Wednesdays; 11:30am – 8pm on Thursdays and 7:30am – noon on Fridays**

WINTER WEATHER DEFINITIONS:

1. Advisory

The lowest level of local travel advisory, means that routine travel or activities may be restricted in areas because of a hazardous situation, and individuals should use caution or avoid those areas.

2. Watch

Means that conditions are threatening to the safety of the public. During a "watch" local travel advisory, only essential travel, such as to and from work or in emergency situations, is recommended, and emergency action plans should be implemented by businesses, schools, government agencies, and other organizations

3. Warning

The highest level of local travel advisory, means that travel may be restricted to emergency management workers only. During a "warning" local travel advisory, individuals are directed to:

- refrain from all travel
- comply with necessary emergency measures
- cooperate with public officials and disaster services forces in executing emergency operations plans

- obey and comply with the lawful directions of properly identified officers.

4. Level One Snow Emergency

Only emergency vehicles are supposed to be on the roads

5. Level Two Snow Emergency

Indicates conditions are threatening, but it is less restrictive, permitting what's called "essential travel"

EMPLOYEE NOTIFICATION PROCESS:

- 1. Clinic closings will be executed by the Executive Director or his/her designee by 7am**
- 2. If a Level One Snow Emergency is declared, the clinic will automatically be closed**
- 3. All employees are expected to be at work during inclement weather. However, the safety of our staff and volunteers are of the utmost importance; therefore each employee will need to determine their ability to travel.**
- 4. If an employee lives in another county, they are to follow the emergency levels for that county.**
- 5. Employees and volunteers will be notified according to the call chart which will be distributed to each employee by the executive director**

MEDIA NOTIFICATION:

- 1. WOWO 447-6397**

PATIENT NOTIFICATION PROCESS:

- 1. A decision by the executive director or his/her's designee will be made by 7am if the clinic will be closing**
- 2. It will be the executive director or his/her designee's responsibility to see that the closing will be on TV (15, 21, 33) and on radio (K105, WOWO)**



CODE BLUE – MEDICAL EMERGENCY

DEFINITION:

This plan identifies actions to be taken by employees in the event of a medical or dental emergency and/or cardiorespiratory arrest

PROCEDURE:

In the event of a cardio-pulmonary arrest or other life-threatening emergency, the clinical personnel should:

1. Initiate CPR and /or appropriate emergency treatment (A-B-C's) or as ordered by the physician.
2. The first responder will notify the front office staff to call 911 to activate EMS.
3. Designate a person to obtain needed supplies or equipment, such as a emergency drug box, oxygen or AED.
4. An additional person will be designated to record interventions and patient assessments on the Cardiopulmonary Arrest Flow Sheet
5. Upon arrival, assist the EMS team as needed prepare the patient for transport to the nearest Emergency Department.

LOCATION AND MAINTENANCE OF EMERGENCY SUPPLIES:

1. **The emergency drug box and AED are located in the lab area behind the panoramic room. Oxygen tanks are located in the panoramic room and triage areas.**
2. **Medications for the Emergency Kit will be checked on the first Monday of the month for expiration dates and restocked as necessary by the clinic coordinator. The emergency medications include:**
 - Epi Pen
 - Chewable ASA
 - Sublingual Nitro or spray
 - IM Benedryl
 - Kenalog or Depomedrol
 - IM Valium
 - Amp of D50
 - Atropine
 - Airway, Ambu bag, O₂
3. **Oxygen tanks are checked weekly by the dental staff when doing equipment checks. Any low or empty tanks will be refilled using Welder Services in Auburn.**

- 4. All staff will maintain their CPR certification every 2 years (even years). Recertification will be scheduled and communicated by the clinic coordinator. Volunteers are also encouraged to attend. Any expense will be paid for by the clinic**

- 5. Any new employee not holding a valid CPR card, will be scheduled by the clinic coordinator for training and subsequently follow the clinic's established recertification dates**

CLINIC NAME

Cardiopulmonary Arrest Flow Sheet

Patient Name _____
Medical Record Number _____
Date _____

Call 911 to get EMS en route

Airway	Breathing	Circulation
Rescue position Open airway Consider use of Airways	Check breathing Pocket face mask Bag-valve mask	Check pulse Begin CPR

Code Blue Called: Date _____
(EMS Notified) Time _____
Location _____
Reason _____

Rescue Breathing Started: Time _____
By _____

Compressions Started: Time _____
By _____

Monitor / EKG @ Time _____
Rhythm _____

Intubated: Time _____ Size _____ By _____
IV Started: Time _____ Size _____ Location _____ By _____

TIME									
BP									
P / CPR									
R / AMBU									
RHYTHM									
LOC +/-									
DEFIB (J)									
ATROPINE									
LIDOCAINE									
BENEDRYL									
D 50									
VALIUM									

Recorded by: _____ MD/NP/DO: _____