

# Helping Hands



**Health & Wellness Center**

# Emergency Procedure Guidelines

*July 2018*

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## Threatening and Violent Behavior

### CODE SILVER

Threats may be statements of intention or expressions of strong emotion. They can be indirect or direct, verbal or nonverbal. Shaking a fist or pounding the desk, throwing things, and showing a weapon are all examples of nonverbal threats. Verbal threats may be indirect expressions of frustration or anger directed toward a person or office or they may be direct statements of the intention to harm. These situations are complex, and it is not expected that individuals will be able to assess whether the threat is serious and might actually lead to harm.

***Most people who commit violent acts exhibit warning signs. It is important to take seriously any behaviors or words that imply threat and consult appropriate people to assess the risk and plan interventions.***

### Steps to Follow

**If the threat is immediate**, leave the situation if possible and call 911. If threats or bizarre behavior indicate possible danger, personal safety is the top priority.

#### **For an angry person:**

- Stay calm
- Listen attentively
- Maintain eye contact
- Be courteous. Be patient. Be respectful
- Keep the situation in your control

#### **If shouting, swearing, and threatening continue**

- Signal person in charge or another volunteer that you need help.
- Do not make any calls yourself.
- Have someone call 911.

#### **If someone is threatening you with a gun, knife, or other weapon**

- Stay calm. Quietly signal for help from another volunteer
- Maintain eye contact
- Stall for time
- Keep talking—but follow instructions from the person who has the weapon
- Don't risk harm to yourself or others
- Never try to grab the weapon
- Watch for a possible chance to escape to a safe area

**If the threat isn't immediate**, consult person in charge for help in assessing the level of danger, determining an appropriate intervention, and choosing appropriate safety measures.

- If, after the consultation, it is determined that the threat is serious and may result in danger to a patient or volunteer, inform person in charge and/or call 911
- If, after consultation, it is determined that the threat is not serious and is unlikely to result in danger to anyone present, consult person in charge to determine who will convey to the individual that it is not acceptable to make such threats

## **Medical Conditions**

*CODE ERT*

Notify MD and/or RN and call 911.

### **Abdominal Thrust for Choking Victim**

- If person is actively coughing, do not perform thrusts unless coughing is unsuccessful
- Get behind victim. Wrap your arms around the victim's waist, just above the navel
- Clasp your hands together with a doubled fist. Press in and up in quick thrusts
- Be careful not to exert pressure against the victim's rib cage with forearms
- Repeat procedures until choking stops

### **To Stop Bleeding**

- Apply pressure directly onto the wound with a sterile gauze, clean handkerchief, or gloved hand
- Maintain a steady pressure for five to ten minutes
- If victim is bleeding from an arm or leg, elevate it
- Stay with the victim until help arrives

### **Seizures and Unconscious Victims**

- Do not leave victim alone
- Call 911

### **Heat Related Illness**

- Get victim to a cool place
- Loosen tight clothing
- Apply cool, wet cloths to the skin
- Fan the victim
- If the victim is conscious, give cool (not cold) water to drink
- Call 911 if victim refuses water, vomits, or loses consciousness

## **Fire** *CODE RED*

### **If you discover a fire:**

- Remain calm
- Do not shout “Fire!”
- Notify person in charge
- Determine if it is safe for you to attempt to extinguish the fire – only small, contained fires should be attempted. (see fire extinguisher instructions below)
- If not safe to extinguish, immediately and calmly direct all volunteers and patients to exit building
- Call 911

### **Using a Fire Extinguisher. There are extinguishers in kitchen, furnace room, cleaning supply room and in the main hall by the rest rooms.**

- **P Pull** safety pin from handle.
- **A Aim** at base of fire
- **S Squeeze** the trigger handle
- **S Sweep** from side to side at base of fire.

### **If Trapped in a Room**

- Wet and place cloth material around or under the door to prevent smoke from entering the room
- Close as many doors as possible between you and the fire
- Be prepared to signal to someone outside

### **If Caught in Smoke**

- Drop to hands and knees and crawl toward exit
- Stay low, as smoke will rise to ceiling level
- Hold your breath as much as possible
- Breathe shallowly through nose, and use a filter such as a shirt or towel

### **If Forced to Advance through Flames**

- Hold your breath
- Move quickly
- Cover your head and hair
- Keep your head down and your eyes closed as much as possible

## Power Outage

***The inherent danger during a major power outage is panic. Try to remain calm. The Haimerl Center has emergency back up battery operated emergency lights for the main room.***

- Remain calm.
- Flashlights will be found in every med cart bins and in every exam room, as well as, staff desks.
- Do not use candles or other types of open flame for lighting
- Unplug all electrical equipment including computers and turn off light switches to prevent circuit overload situations as power is restored. One light can be left on, so you will know when power is restored.
- Notify AEP at 1-800-672-2231.

## **Severe Weather** *CODE GRAY*

### **Weather Definitions**

- A **Severe Thunderstorm Watch** means that weather conditions are favorable for lightning, high winds, heavy and/or hail to develop.
- A **Severe Thunderstorm Warning** means that a severe thunderstorm has been detected in the area. Lightning, high winds, heavy rain and/or hail are present with the storm.
- A **Tornado Watch** means that weather conditions are favorable for tornado formation. This does **NOT** mean that a tornado has been spotted.
- A **Tornado Warning** is issued when a tornado has actually been sighted or indicated by radar. The warning will indicate the location of the tornado, direction of travel and period of time for movement through a specific area. Tornado: A violently rotating column of air that reaches from the base of a cloud to the ground.

### **Procedures**

**Severe Thunderstorm Watch:** monitor weather reports via radio for worsening conditions

**Severe Thunderstorm Warning:** notify volunteers and patients and give opportunity to leave or seek shelter. Continue to monitor weather reports

**Tornado Watch:** normal clinic activities should continue. Person in charge for evening will continue to monitor the situation and be prepared to notify volunteers and patients of any change in the situation.

#### **Tornado Warning:**

*Seconds count. Follow the plan you have developed. Remain calm and speak slowly and clearly*

- Lead all volunteers and patients to the restrooms, coat closet and physician exam room with any overflow into the kitchen in a calm, orderly and firm manner.
- Everyone should then crouch low, head down, protecting the back of the head with the arms. Stay away from windows and large open rooms.
- Continue to monitor weather reports



**No Internet**  
*CODE BLACK PROCEDURE*

**If the internet goes out:**

- Each patient will get a folder with an ID number, Name (marked “Last, F.”), first-come order, and workflow checklist. Each folder will contain a blank paper chart (ask Director of Nursing or Director of Administration for location of folders and copies of paper charts).

Example of folder layout:

Diagram illustrating the folder layout:

- ID ####
- Order#
- Last Name, F.
- Triage \_\_
- Provider \_\_
- Labs \_\_
- Pharmacy \_\_

- Place the file top to bottom based on first-come order underneath the label for the place the patient is **to be seen next**. The administration table will be located on the south wall by the kitchen. Table layout:

Diagram illustrating the administration table layout:

Triage	Provider	Pharmacy	Completed
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- **Triage and Med History** will work as a unit to fill out both the corresponding sections. When they are done, they will direct the patient back to the waiting area, initial the “triage” portion of the folder, and put the patient file under “**Provider**” on the administration table to be seen by the provider next.
- The **Provider** will see the patient as usual and fill out the **Provider Notes** section of the chart, including the medication prescriptions. Write in the number of refills and check the box if we are to dispense the medication here. Please make copies of all prescriptions for our records. Initial the file when complete.

- The **Scribe** will copy the appropriate information onto the **Discharge Instructions** for the patient. The patient will receive the instructions from the pharmacy. Scribes place the Discharge Instructions back into the patient file.  
If the patient is to get **Labs**, give the file to the lab phlebotomist. And direct the patient either to the waiting area or the lab station.  
If the patient **does not need Labs**, write “N/A” on the “Labs” section of the folder and place the file underneath the **Pharmacy** column on the administration table to be seen by the pharmacy. Direct the patient to the waiting area.
- **Labs** will look at the Provider Notes to see the labs to draw. When completed, they will direct the patient to the waiting area and place the patient file on the administration table under the **Pharmacy** column on the administration table to be seen by the pharmacy.
- **Pharmacy** will dispense medications if the medication is notated to do so. The pharmacists/pharmacy students will educate the patient before discharging the patient per usual protocol. Be sure to hand off the patient’s 2 pages of **Discharge Instructions**. Place the rest of the file in a stack underneath the column on the administration table marked “Completed”

**Missing Child**  
*CODE ADAM*

**If volunteer is informed that a child is missing:**

- Remain calm and notify person in charge or signal for another volunteer to notify person in charge.
- Person in charge (Executive Director, Director of Administration, Director of Nursing) will take the necessary steps to help find the missing child.

**Bomb Threat**  
*CODE BLACK*

**If a bomb threat is made by phone:**

- Remain calm
- If possible, signal for another volunteer to call 911 and to notify person in charge
- Write down the caller's exact words/any information you receive
- **NOTE ANY** background noises, if the caller's voice has any distinctive features (accent, deep breathing, raspy, nasally, stutter, crying, deep, etc.)
- Note the time and length of the call
- Check for a caller ID number
- If another volunteer hasn't already done so, after the call ends immediately call 911 and relay the information collected to the dispatcher, then notify person in charge
- Take no further action until you are advised by the police

**If a bomb threat is made by written form:**

- Remain calm
- Notify person in charge and call 911
- Do a quick visual inspection of the area; DO NOT touch or move any suspicious objects
- Follow any instructions given by person in charge and follow evacuation procedures