EMERGENCY CODES FOR HEALTH CARE FACILITIES
Note: There are currently no national standards for internal emergency code terminology at Health Centers, but, many organizations throughout Michigan and the U.S. are adopting this system.

<table>
<thead>
<tr>
<th>CODES</th>
<th>EMERGENCY CODE DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRE</td>
<td>RED - Activate whenever an indication of real or suspected fire. Staff should follow plan to protect patients, staff, visitors, themselves and property from a confirmed or suspected fire.</td>
</tr>
<tr>
<td>MEDICAL EMERGENCY ADULT</td>
<td>BLUE - Activate whenever an adult is found in cardiac arrest or respiratory arrest unless the individual has advances directive indicating otherwise. Provide life support and emergency care.</td>
</tr>
<tr>
<td>MEDICAL EMERGENCY PEDIATRIC</td>
<td>WHITE - Activate whenever a child age 8 years or younger is found in cardiac arrest or respiratory arrest. Provide life support and emergency care.</td>
</tr>
<tr>
<td>INFANT ABDUCTION</td>
<td>PINK - Activate whenever an infant is missing or known to be abducted. Prevent removal by unauthorized persons and identify the physical descriptions and actions of someone attempting to abduct.</td>
</tr>
<tr>
<td>CHILD ABDUCTION</td>
<td>PURPLE - Activate whenever a child is missing or known to be abducted. Prevent removal by unauthorized persons and identify the physical descriptions and actions of someone attempting to abduct.</td>
</tr>
<tr>
<td>BOMB THREAT</td>
<td>YELLOW - Activate whenever a bomb threat is received or the discovery of a suspicious package.</td>
</tr>
<tr>
<td>COMBATIVE PERSON</td>
<td>GRAY - Activate whenever a situation with verbally or physically abusive person but not involving weapons or hostages occurs. May escalate to Code Triage Internal or Code Silver if weapon is present.</td>
</tr>
<tr>
<td>PERSON WITH WEAPONS OR HOSTAGE</td>
<td>SILVER - Activate whenever any unauthorized person has a weapon on facility property or there is an actual or suspected hostage situation. Most critical step is to clear area around incident.</td>
</tr>
<tr>
<td>HAZARDOUS MATERIAL SPILL/RELEASE</td>
<td>ORANGE - Activate for either minor or major hazardous material release. Safely evacuate an area and protect others from exposure. Perform procedures to be taken in response to a minor or major spill according to policy.</td>
</tr>
<tr>
<td>TRIAGE INTERNAL DISASTER (ICS)</td>
<td>TRIAGE INTERNAL - Activate for incidents which require or may require significant support from several departments in order to continue patient care. Includes utility failure, floods, and explosions. Activates ICS.</td>
</tr>
<tr>
<td>TRIAGE EXTERNAL DISASTER (ICS)</td>
<td>TRIAGE EXTERNAL - Activate for external emergencies which require or may require significant support from several internal and external departments in order to continue patient care. Includes natural events such as tornado, accidents such as train crashes or intentional acts as terrorist incidents. Activates ICS.</td>
</tr>
</tbody>
</table>
# Customizable Contact Information

## Site Information:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nearest Intersection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Services:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Emergency Resources:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>9-1-1</td>
<td></td>
</tr>
<tr>
<td>Police Non-emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS Non-Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remediation Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Emergency Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous Material</td>
<td>9-1-1</td>
<td></td>
</tr>
<tr>
<td>Poison Control</td>
<td>800-222-1222</td>
<td></td>
</tr>
<tr>
<td>Local Health Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Emergency Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Utilities

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer/IT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities/Engineering</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Patient Care

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nearest Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protective Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape Crisis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Community Partners

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-1-1 Call Center</td>
<td>2-1-1</td>
<td></td>
</tr>
<tr>
<td>Local Red Cross Chapter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Location of Facility Emergency Plan:

[See Step #9 of the guide for additional phone numbers](https://www.example.com)
The information in this flipchart is a quick reference guide for health care settings in their response to a variety of disasters and emergencies. This guide is not intended to serve as an exhaustive reference for all emergency situations, but rather as a starting point for emergency response. Actual responses to an emergency should be appropriate for the situation and based on the most current information available.

Remember that “preparedness” is a process, not a goal. Although your health care agency can never be completely prepared for every possible emergency, it can be more prepared tomorrow than it is today. Most of the steps necessary toward improving your readiness are unique to your agency. We encourage you to review this flipchart and customize it to your health care setting by “filling in the blanks” in as many places as possible.

Facility Review & Modification Date: ______________________________________________________

Anyone wishing for more information about Emergency Preparedness or other programs available from the Office of Public Health Preparedness (OPHP) should contact:

OPHP
517-335-8150
Acknowledgements

MDCH-OPHP is grateful for the support of the Community Health Care Association of New York State for the use of their flipchart as an outline in developing this project.

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Disclaimer: The information in the *Emergency Guide for Michigan Health Care Facilities, 2008* is not intended to be comprehensive. Exercise professional judgment in determining appropriate steps of action. Consult professional websites, medical references and regulatory guidelines. The authors and publishers do not bear liability for any uses to which it may be put.
**Criminal Activity**

If you witness a criminal act or notice someone acting suspiciously and feel threatened, notify the facility manager, as soon as possible. Activate your facility plan for criminal activity, which may include activating an alarm and calling 9-1-1 or local police.

Police: _________________________________

In the event of a robbery, assault, overt sexual behavior or attempted crime:

1. Follow the instructions of the perpetrator.
2. Observe the person(s) carefully for:
   - physical description (height, weight, hair, clothes),
   - type of weapon displayed, if any,
   - number of perpetrators,
   - behavior (nervous, calm, etc.).
3. Upon departure of the perpetrator(s):
   - Notify local law enforcement officials and your facility director.

- Announce the code gray, code silver or your facility’s appropriate code for the situation.
- Note the exact time of departure and the direction of travel, if possible.
- Write a description of each person (referring to them as person #1, person #2, etc.).
- Write the year, make, model, color, and license number of the vehicle, if applicable.
- Write a description of the property involved.
- Safeguard the scene for physical evidence by locking the door or preventing persons from entering the area.

4. Assist the police when they arrive by supplying them with any information they request; ask others to do the same.

**Facility Note:** _______________________________________
____________________________________________________

Criminal Activity & Workplace Violence
**Workplace Violence**
Workplace violence has emerged as an important safety and health issue. Its most extreme form, homicide, is the third leading cause of fatal occupational injury in the United States.

**Safety Tips**
*Watch for signals that may be associated with impending violence:*
- Verbally expressed anger and frustration.
- Body language such as threatening gestures.
- Signs of drug or alcohol use.
- Presence of a weapon.

*Maintain behavior that helps diffuse anger:*
- Present a calm, caring attitude.
- Don’t match the threats.
- Don’t give orders.
- Acknowledge the person’s feelings. For example, “I know you are frustrated.”
- Avoid any behavior that may be interpreted as aggressive. For example, moving/getting too close, touching, or speaking loudly.

<table>
<thead>
<tr>
<th>Be alert:</th>
<th>Take these steps to diffuse the situation quickly:</th>
</tr>
</thead>
</table>
| - Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.  
- Be vigilant throughout the encounter.  
- Don’t isolate yourself with a potentially violent person.  
- Always keep an open path for exiting. Don’t let the potentially violent person stand between you and the exit.  
- Move all items that may be used as a weapon out of reach. | - Remove yourself from the situation.  
- Call security, announce your facility code for combative person, dial 9-1-1 or appropriate number for help.  
- Report any violent incidents to your management. |

Encourage a workplace atmosphere of reporting violent language, actions or behaviors in person or anonymously.
Bomb Threat

If you receive a telephone threat:

1. While on the phone:
   • Do NOT hang up; note caller ID.
   • Remain calm.
   • Try to prolong the conversation and get as much information as possible.
   • Note what you hear, are there background noises, such as music, voices, or cars? (See bomb threat checklist.)
   • How does the caller’s voice sound? Any accent? What gender? What age? Any unusual words or phrases?
   • Does the caller seem to know the health agency? How is the bomb location described? Does the caller use person’s name? Does the caller give his/her name?

2. When the call is over, complete the bomb threat checklist immediately.
3. Consult with your facility manager and follow agency policies and procedures.
4. Announce code yellow or your facility’s appropriate code for bomb threats.

5. Report the bomb threat. Dial 9-1-1 or appropriate number ________________________________
   Give the operator all the information you collected on the checklist (see reverse). Identify yourself - give your name, address, and phone number.

6. If it is deemed necessary to evacuate, you will be notified by your supervisor or the paging system. Evacuate via the primary route for your area, or by the alternate route if so directed (secondary devices are sometimes placed in parking areas).

If you discover a bomb or a suspicious item:

1. Leave it untouched and secure the area until police arrive.
2. Go to a telephone. Dial 9-1-1 or appropriate number and report a suspicious item. You may be asked to assist in a search because you are familiar with the area.
3. If so directed, evacuate your area. See your departmental evacuation plan.

Facility Note* ________________________________
Bomb Threat Checklist
The following is a checklist to be utilized by anyone receiving a call which threatens the safety or security of the facility. Document all possible items immediately following the call.

1. Caller’s Name and Address (if known):

2. Number on Caller ID:

3. Time of call:

4. Sex: □ Male □ Female □ Unknown

5. Age: □ Adult □ Child □ Unknown

6. Bomb Facts
   a. When will it go off?
   b. In what building is it placed?
   c. Exact location

7. Call:
   □ Local
   □ Long-Distance
   □ Unknown

8. Voice Characteristics
   □ Loud □ Soft □ High Pitch □ Low Pitch □ Stutter □ Raspy □ Nasal □ Poor □ Pleasant
   □ Local □ Region □ Ethnicity □ Poor Grammar □ Well-Spoken □ Taped □ Message Read
   □ Emotional □ Irrational □ Deliberate □ Laughing

   □ Office Machines □ Factory Machines □ Radios
   □ Street Traffic □ Airplanes □ Trains □ Voices □ Music □ Party □ Static □ Cell phone
   □ PA System □ Airplanes □ Trains □ Voices □ Music □ Party □ Static □ Cell phone

   □ Other (Describe)
Employees who may be exposed to blood/body fluid or other potentially infectious material should understand where to find the PPE, what level of PPE to use, and how to apply and remove it in an area free of risks.
SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES
   - Outside of gloves is contaminated!
   - Grasp outside of glove with opposite gloved hand; peel off
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist
   - Peel glove off over first glove
   - Discard gloves in waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield is contaminated!
   - To remove, handle by head band or ear pieces
   - Place in designated receptacle for reprocessing or in waste container

3. GOWN
   - Gown front and sleeves are contaminated!
   - Unfasten ties
   - Pull away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - Grasp bottom, then top ties or elastics and remove
   - Discard in waste container

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

SEQUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antecámara. Quite el respirador después de salir de la habitación del paciente y de cerrar la puerta.

1. GUANTES
   - El exterior de los guantes está contaminado!
   - Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quitárselo
   - Sostenga el guante que se quitó con la mano enguantada
   - Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca
   - Quite el guante de manera que acabe cubriendo el primer guante.
   - Arroje los guantes en el recipiente de desechos

2. GAFAS PROTECTORAS O CARETA
   - El exterior de las gafas protectoras o de la careta está contaminado!
   - Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de los orejeras
   - Colóquelas en el recipiente designado para reprocesar materiales o de materiales de desecho

3. BATA
   - La parte delantera de la bata y las mangas están contaminadas!
   - Desata los cordones
   - Teniendo solamente el interior de la bata, pásela por encima del cuello y de los hombros
   - Voltee la bata al revés
   - Dobléala o arróliela y deséchela

4. MÁSCARA O RESPIRADOR
   - La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE!
   - Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quite la máscara o respirador
   - Arrójela en el recipiente de desechos

EFFECTUE LA LAVADO DE MANOS INMEDIATEMENTE DESPUÉS DE QUITAR CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL

Body Fluid Exposure
In the event an employee is exposed to blood or other potentially infectious material (OPIM) (e.g. semen, vaginal secretions, amniotic and synovial fluid or saliva in dental procedures, or other bodily fluids visibly contaminated with blood or OPIM), either through the skin (e.g. needlestick) or onto non-intact skin or a mucous membrane (eyes, nose, mouth):

1. Take the following actions:
   a. For a splash into the eyes, flush eyes with copious amounts of clean water.
   b. For a needlestick, cut, wound or splash onto the body or mucous membrane other than the eyes, thoroughly wash the exposed body part with soap and running water.
   c. Remove soiled clothing, wash the affected areas and change into clean clothing.

2. Immediately inform appropriate manager and/or supervisor.

3. Identify source patient if known and available.

4. Complete appropriate incident report form.

5. Report as soon as possible, or within 1-2 hours, to a designated health care provider.

6. Follow-up with any recommended treatment and/or evaluation (at no cost to the employee).
Medical Emergency

If you encounter someone who is injured, announce code blue (adult) or code white (pediatric) and apply the following actions:

CHECK - CALL – CARE

• **CHECK** the scene to make sure it is safe for you to approach. Then, check the victim for unconsciousness and life-threatening conditions, such as not breathing or severe bleeding. Life-threatening conditions require immediate care by trained responders and may require treatment by medical professionals.

• **CALL** out for help and call 9-1-1 immediately.

• **CARE** for the victim until professional help arrives. Follow standard precautions. Getting a disease while giving first aid is extremely rare.

To reduce the risk even further:

• Avoid direct contact with blood and other potentially infectious material.

• Use protective equipment, such as disposable gloves and CPR breathing masks, while administering first aid or CPR.

• Wash hands with soap and running water or alcohol-based hand sanitizer (≥60% alcohol).

• **Check breathing** If the victim is not breathing, call for help and have them dial 9-1-1. Begin CPR if trained and apply an automated external defibrillator (AED) if available and trained.

• **Control bleeding** Have the person lie down and elevate the injured area above the level of the heart. Apply direct pressure using a barrier, or a disposable glove if available.

• **Care for shock:** Dial 9-1-1, have the person lie down, check for signs of circulation, loosen constricting clothing, and cover to keep warm. Do not give food or drink to the victim.

• **Tend burns** Stop the burning by cooling the burn with large amounts of water. Cover the burn with dry, clean dressings or cloth.

• **Care for injuries to muscles, bones and joints** Rest the injured part. Apply ice or a cold pack to control swelling and reduce pain. Avoid any movement or activity that causes pain. If you must move the victim because the scene is becoming unsafe, try to immobilize the injured area before moving patient.

24/7 Consultation Resource:
Post-Exposure Prophylaxis Hotline (PEPline): 888-448-4911
www.nccc.ucsf.edu/Hotlines/PEPline.html
**Fire preventive measures:**
- Have an emergency plan addressing all procedures, evacuation routes and designated assembly area outside of building.
- Identify location of fire alarms: Manual fire alarm pull stations are located within 5 feet of an exit doorway opening. Be familiar with locations.
- Four basic evacuation options:
  - Horizontal: Using building exits to outside ground level, or going into unaffected wings of multi-building complexes.
  - Vertical (stairway): Using steps to reach ground level exits from the building.
  - Defend in Place: When confined by fire and unable to evacuate using other means, use telephone and window to advise emergency services of your location.
- Area of Refuge: Persons unable to evacuate down a stairwell should remain in a designated area, while others will notify emergency personnel of such persons upon their exit.

**Self-protective measures:**
- If your clothes catch fire: Stop, Drop and Roll.
- If smoke is intense, drop to the floor, and crawl.
- If you are trapped in a room, place a wet towel or cloth under the door to prevent smoke from entering.
- Move to a safe location and close doors after ensuring that rooms have been evacuated.

**If you discover a fire (see flames or smoke):**
Announce **code red**.

**For a fire emergency response, use the RACE acronym:**
- **R**escue: Remove anyone in immediate danger.
- **A**larm: Activate fire alarm pull station and dial 9-1-1, or follow your facility’s policy.
- **C**ontain: Close doors to confine the fire.
- **E**xtinguish: Extinguish the fire, if safe to do so. Evacuate, if instructed to do so.

**If you hear a fire alarm:**
- **NEVER** assume the alarm is “just a drill”. Use every opportunity to practice and improve!
- Activate your facility/department emergency plan.
- Be accountable for all patients and staff members.
- Assist patients to a safe location, either within the building or outside, as instructed.
- Again, account for all patients and staff members.
- Remain outside building until a “competent authority” states that it is safe to re-enter.

**Fight a fire ONLY:**
- AFTER the fire department has been notified **and**
- IF you have a way out **and**
- You 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!

**To use a fire extinguisher, use the PASS acronym:**
- **P**ull: Pull the safety pin.
- **A**im: Aim the stream at the base of the fire.
- **S**queeze: Squeeze the trigger handle together. Sweep the stream from side to side, at the base of the fire.
- If you are unsure of your ability to safely fight the fire or of the fire extinguisher’s capacity to contain the fire, **then** confine the fire **and** leave the area immediately.

**Utilities:**
- Identify in your emergency plan who has the authority (by job title) to turn off any medical gases, or other utility services within the facility.

---

Note: As part of your emergency plan, you may wish to establish relationships outside your facility, to develop a contingency plan to continue operations, should your facility become incapacitated to resume operations.
Utility Shut Off
Know how to turn off utilities during an emergency should it be necessary. Post-disaster fires can be caused by damaged electrical and gas lines and appliances. To prepare for this type of event:

- Locate and mark the electric, gas and water shut-off valves.
- Keep necessary tools near gas and water shut-off valves.
- Teach multiple staff members how to turn off utilities.

Designated Staff: _________________________________

If you turn off the gas, a professional must turn it back on. Do not attempt to do this yourself.

How to Turn Off the Electricity:

- Know where your facility’s main electric switch is located. It may be a pull handle or it may be very large circuit breakers inside the panel box.
- Know the correct sizes of fuses needed in your facility and keep spares on hand.
- Blown fuses must be replaced, not repaired. Do not replace a fuse with one of higher amperage.
- If a fuse blows, disconnect or turn off the appliance(s) that may have caused the problem. Shut off the main electric switch before replacing a fuse.
- Know how to reset a circuit breaker. After turning off or unplugging appliances on the circuit, push the switch firmly to the off position and then back on.

How to Turn Off the Gas:

- Know where your main shut-off valve is located. Keep a wrench handy to turn off the gas. Normally you won’t need to shut off a gas meter unless there is a strong odor, or sound of escaping gas, or if there is major damage to the building. Leave it off until service can be re-established safely by a gas company service person or other qualified professional.
- Most gas appliances have a valve that lets you turn off the gas to that appliance only. Know which of your appliances run on natural gas, and where their shutoff valves are located. In most cases, turning off the gas at the appliance’s shut-off valve will suffice.
- Many older gas appliances have a small, continuously burning gas flame - the pilot light - that ignites the main burner. Newer models have electric igniters. Know which of your appliances have a pilot light. Keep the manufacturer's relighting instructions within easy reach.
- Keep a flashlight handy to investigate minor gas odors. Check pilot lights to make sure they are lit. Never use matches or candles, and never turn any electric switches on or off if you smell gas. Always wait five minutes to let gas disperse before trying to relight your appliance. If the smell or sound of escaping gas continues or if you have any doubts, open windows and doors and get everyone out of the building. Call the gas company or 9-1-1 from the nearest phone away from the gas odor.

See inside panel of front cover for utility telephone numbers.

<table>
<thead>
<tr>
<th>Shut-off valve locations:</th>
<th>Shut-off valve instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water: ___________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Gas: ____________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>Electric: ________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>
Extreme Weather:
There are a variety of extreme weather conditions that may affect health facilities throughout Michigan. Monitor NOAA Weather Radio for reports and emergency information. Obtain a Hazard Vulnerability Analysis from your jurisdictional emergency manager and plan for those most likely to affect your region.

Severe Thunderstorm:
- **Warning:** Issued when the National Weather Service (NWS) expects thunderstorms with large hail and/or damaging winds in excess of 57 mph. Frequent lightning is likely (and a tornado is possible).

Tornado:
- **Watch:** Issued when the NWS determines that the atmospheric conditions are favorable for tornadoes to form, although none have yet been sighted. A “watch” is intended to provide enough time, for those who need to set their plans in motion to do so.
- **Warning:** Issued when a tornado has been sighted, or is indicated by weather radar. Warnings advise of a threat to life or property. **IMMEDIATELY TAKE COVER IN A SAFE AREA, AWAY FROM OUTSIDE WINDOWS/DOORS, IN AN INTERIOR LOWEST LEVEL OF THE BUILDING.**

Snow:
- **Advisory:** Issued when the NWS determines that snow may cause significant inconveniences but will not meet warning criteria, and if caution is not exercised could lead to life threatening situations.
- **Warning:** Issued by the NWS when snowfall of 6 inches or more in 12 hours, or 8 inches or more in 24 hours is imminent or occurring.

Flash Flood:
- **Watch:** Issued by the NWS to indicate current or developing conditions are favorable for flash flooding, but the occurrence is neither certain or imminent.
- **Warning:** Issued by the NWS to inform the public, emergency management, and others that flash flooding is in progress, imminent, or highly likely.

General Preparedness Guidelines:
- Have an emergency plan that addresses all procedures, evacuation routes, etc.
- Listen to your radio, television, or NOAA Weather Radio for weather reports and emergency information.
- Sign up for weather bulletins to be sent to your email from your local TV station.

High Winds:
- Keep trees or shrubs trimmed away from building.
- Advise patients of weather conditions.
- Be accountable for all patients and staff members.
- Pull curtains and move away from windows.
- Take shelter in basement or inner rooms/hallways. Assist patients in seeking shelter.
- Plan ahead for interrupted utility services (e.g. prolonged power outages, loss of telephone services).
- Be prepared to evacuate, if advised.

Snow:
- Limit exposure to the elements.
- Advise patients and staff to keep emergency kit in their car, including blankets, drinking water, food.
- Plan ahead for interrupted utility services (e.g. prolonged power outages, loss of telephone services).
- Prepare to evacuate.

Flooding:
- Store valuable possessions/documents in Ziplock® bags or sealable plastic tubs. Move possessions to upper floors.
- Prepare to evacuate. Maintain a full tank of gas, in the event of an evacuation order being issued.
Evacuation Procedures:

- Follow instructions in your facility’s department’s emergency plan. Your plan should include specific roles/responsibilities of staff members (by job title). All staff members should be well-versed in the contents of the emergency plan, which should include shelter-in-place and evacuation protocols for each type of event. Not all emergency situations will require evacuation. However, should an evacuation order be given, staff members should follow the instructions given in their facility or department emergency plan. General steps follow:

Evacuation Orders: May be given under a variety of emergency situations, such as fire, flooding, or building damage due to severe weather occurrences. If an order for evacuation is given:

- Be accountable for all patients, visitors, and staff members. Maintain a listing of all persons.
- Remain calm, do not rush, and do not panic.
- Gather all personal belongings, secure important documents and medications.

Assignment for Specific Staff:

- **Front Desk Staff:** Secure confidential records. Using the sign-in sheet as a census record, evacuate patients and visitors from the reception area. It is critical to be accountable for all patients and visitors at designated evacuation areas.
- **Clinical Staff:** Secure confidential records and medications. Evacuate patients and visitors from waiting rooms, exam rooms, clinical areas and restrooms. As rooms are evacuated, close the door.
- **Administrative Staff:** Evacuate offices and work areas. Close the door, as rooms are evacuated. Maintain a record of all working staff members for reconciliation at designated evacuation areas. It is critical to be accountable for all staff members.

Emergency Procedures Quick Checklist (see Facility/Department Emergency Plan):

- Close all doors and windows, as rooms are evaluated.
- Use the nearest stairwell (if safe), and proceed to nearest exit and out to the evacuation location.
- Account for all patients, visitors, and staff.
- Provide census status (including patients, visitors, and staff) to the incident commander.
- Remain clear and at a safe distance from the building. Fires may produce toxic smoke or explosions.
- Do not re-enter the building until advised that the building is safe. Instruction should be provided by an emergency provider, such as the fire department.

Long-term Preparation:

- Develop a detailed emergency plan for the facility and/or department, which addresses all high risk emergency events identified in the Hazard Vulnerability Analysis, including evacuation gathering area(s).
- Establish Memorandums of Understanding (MOUs) with vendors for supplies, long-term facilities for continuing care, transport of patients, food/water, fuel (for generators), etc. as part of the emergency preparedness planning.

Your plan should include alternative locations for business continuity should the facility be damaged, including telephone forwarding services.

Business continuity re-location site:

Address: _______________________________

Telephone: _______________________________
Hazardous Material Emergencies

The Michigan Occupational Safety and Health Administration (MIOSHA) requires Right-to-Know training for all employees who may come in contact with hazardous materials in the workplace. This training should include what steps the employee needs to take if there is a spill (see your facility emergency plan).

Material Safety Data Sheets

Material Safety Data Sheets (MSDS) provide information on chemical hazards, health effects, and spill response procedures. In our health facility MSDSs are located: __________________________

Signs of a hazardous material emergency:

- Liquid or solid spilled on the floor.
- Leaking containers.
- Haze or mist in a room.
- Many people suffering from watery eyes, twitching, choking, having trouble breathing, or losing coordination.

In the event of a hazardous material emergency:

- Put safety first.
- Announce code orange.
- Evacuate the area and deny entry.
- Contact your supervisor or facility manager.
  Telephone: __________________________
- If appropriate, call 9-1-1 or local police and follow their instructions. Telephone: __________________________

Provide the emergency responders with the location of the spill, the chemical name if known, and if anyone was contaminated.

Facility address:

Facility telephone:

Consult with Poison Control at 1-800-222-1222 for medical advice, as needed.
- If directed by Poison Control, assist in first aid and personnel decontamination.
- Activate the facility emergency plan.

Pesticides

When you suspect a patient has pesticide poisoning:

- Contact your supervisor or facility manager.
  Telephone: __________________________
- If possible get labeling information about the pesticide or toxin(s) the patient was exposed to.
- Consult with Poison Control at 1-800-222-1222.
- If directed by Poison Control, assist in first aid and personnel decontamination.

Resources:

- Workplace Environmental Exposure Interview
  www.epa.gov/oppfeed1/safety/healthcare/handbook/handbook.htm (Chapter 3)
- Michigan Department of Agriculture Spill Response, 1-800-405-0101 (fertilizer, pesticide, and manure spill clean up information)
- National Pesticide Information Center, 1-800-858-7378, www.npic.orst.edu
- Chemical Safety Information - Intergovernmental Organizations www.inchem.org/
- Integrated Risk Information System (IRIS) www.epa.gov/iris
Shelter-in-Place Guidelines

What Shelter-in-Place means…and does not mean:
Not all emergencies require the evacuation of your building. During certain emergencies, authorities may recommend citizens to “shelter-in-place”. This is a precaution aimed to keep you safe while remaining indoors. Most likely you will only need to shelter-in-place for a few hours. Shelter-in-place is not the same thing as going to a shelter in case of a storm.

• Shelter-in-place does not mean sealing off your entire office building or health care facility.
• Shelter-in-place means taking refuge in your agency or whatever other building you are in. It is preferable to take refuge in interior rooms, with a water supply, but with no or few windows. If you are told to shelter-in-place in your health facility, follow the guidelines provided below.

In the event shelter-in-place is indicated, you should:

Prepare the Health Care Facility
• Close the agency for routine patient care purposes.
  Close and lock all windows, exterior doors, and any other openings to the outside.
• If you are told there is danger of explosion, close the window shades, blinds, or curtains.
• Have employees familiar with your building’s mechanical systems turn off all fans, heating, and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air – these systems, in particular, need to be turned off, sealed, or disabled.
• Select interior room(s) above the ground floor, with the fewest windows or vents. The room(s) should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms, if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well.

Avoid rooms with mechanical equipment like ventilation blowers or pipes because this equipment may not be able to be sealed from the outdoors.

Keep People Safe
• If there are patients or visitors in the building, provide for their safety by asking them to stay, not leave.
• Gather essential disaster supplies (e.g., nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, plastic garbage bags).
• Bring everyone into the room(s). Shut and lock the door(s).
• Write down the names of everyone in the room (e.g. employees, patients, visitors) and inform authorities.

Facilitate Communications
• Unless there is an imminent threat, ask staff, patients, and visitors to call their emergency contact to let them know where they are and that they are safe.
• Turn on call-forwarding or alternative telephone answering systems or services. If your building has voice mail or an automated attendant, change the recording to indicate that the agency is closed and that staff and visitors are remaining in the building until authorities advise it is safe to leave.
• It is ideal to have a hard-wired (rotary/analog) telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
• Continue listening to the radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

Shelter-in-place location: ________________________________________________________________
Shelter-in-place supply location: _______________________________________________________
Communicable Disease

Screening Procedures to Identify Patients with Communicable Diseases:

All patients reporting for care should be screened for communicable diseases before being placed into a communal waiting area. Methods include:

- Posting culturally appropriate signs in the waiting area regarding respiratory hygiene/cover your cough. Posters: [www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm)
- Asking patients with respiratory symptoms and a fever to self-identify to the receptionist.
- Placing mask on the patient, if needed.
- Moving the patient immediately to an exam room and close the door.
- Implementing Standard and Droplet (isolation) Precautions.
- Training the receptionist to ask patients with a fever and respiratory symptoms regarding travel history.
- Posting signs in the waiting area for patients to immediately report to the receptionist any rashes, wounds or eye drainage.
- If the patient is diagnosed with a communicable disease that is also reportable, notify your local health department communicable disease program. Telephone: ____________________________


Infection Control Precautions for Health Care Settings:

Follow Standard (Universal) Precautions:
This applies to all patients, in all health care settings. Precautions are based on the principle that all mucous membranes, non-intact skin, blood, and other potentially infectious material except sweat, may contain infectious organisms.

Standard (Universal) Precautions:
- Perform hand hygiene before and after all patient contact or contact with items potentially contaminated with blood or body fluids.
- Wear gloves, gowns, masks, eye, and/or facial protection to prevent contact with mucous membranes, non-intact skin, blood, and other moist body substances as determined by the nature and extent of the anticipated exposure.
- Remove all personal protective equipment and discard immediately after completing a task and between patients.
- Perform hand hygiene.

Droplet Precautions: (For infections spread by large droplets generated by coughs, sneezes, etc.)
- Place a surgical mask on symptomatic patients at the point of initial encounter, during transport, or whenever exposure to other people is anticipated. Monitor patients to be sure they can tolerate mask wearing.
- Wear a surgical mask and goggles or a face shield when within 6 feet of potentially infectious (not masked) patients.
- Place patients in examination rooms or cubicles as soon as possible. Instruct patients to follow recommendations for respiratory hygiene/cough etiquette.
- Separate possible infectious (masked) patients from others by at least 6 feet, or group with other patients with the same infectious strain.

Resources:
- Hand Hygiene: [www.cdc.gov/Handhygiene](http://www.cdc.gov/Handhygiene)
- Respiratory Hygiene: [www.cdc.gov/flu/professionals/infectionControl/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectionControl/resphygiene.htm)
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<td>Michigan Department of Community Health (MDCH)</td>
<td><a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a></td>
<td>After hours 517-335-9030</td>
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<tr>
<td>Office of Public Health Preparedness (OPHP)</td>
<td><a href="http://www.michigan.gov/prepare">www.michigan.gov/prepare</a></td>
<td>Business hours 517-335-8150</td>
<td>After hours emergency number 517-335-9030</td>
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<tr>
<td>Division of Communicable Disease</td>
<td><a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a></td>
<td>Business hours 517-335-8155</td>
<td>Click on Providers, Communicable &amp; Chronic Diseases</td>
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<tr>
<td>Division of Immunizations</td>
<td><a href="http://www.michigan.gov/influenza">www.michigan.gov/influenza</a></td>
<td>Business hours 517-335-8159</td>
<td></td>
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<tr>
<td>Division of Environmental Health</td>
<td><a href="http://www.michigan.gov/mdch-toxics">www.michigan.gov/mdch-toxics</a></td>
<td>Business hours 800-648-6942</td>
<td></td>
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<tr>
<td>Bureau of Laboratories</td>
<td><a href="http://www.michigan.gov/mdchlab">www.michigan.gov/mdchlab</a></td>
<td>Business hours 517-335-8063</td>
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<tr>
<td>Local Health Departments</td>
<td><a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a></td>
<td></td>
<td>Click local health department map under quick links</td>
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<tr>
<td>Center for Disease Control and Prevention (CDC)</td>
<td><a href="http://www.bt.cdc.gov">www.bt.cdc.gov</a></td>
<td>Emergency Response Hotline 800-232-4636</td>
<td>General Information 800-CDC-INFO</td>
</tr>
<tr>
<td>Federal Emergency Management Agency (FEMA)</td>
<td><a href="http://www.fema.gov">www.fema.gov</a></td>
<td>800-621-FEMA</td>
<td>General Contact Number</td>
</tr>
<tr>
<td>Environmental Protection Agency (EPA)</td>
<td><a href="http://www.epa.gov">www.epa.gov</a></td>
<td>800-424-8802</td>
<td>U.S. Coast Guard National Response Center</td>
</tr>
<tr>
<td>Federal Bureau of Investigation (FBI)</td>
<td><a href="http://www.fbi.gov">www.fbi.gov</a></td>
<td>202-324-3000 FBI Detroit 313-965-2323</td>
<td>FBI Detroit 26th Floor, P.V. McNamara FOB 477 Michigan Ave., Detroit, MI 48226</td>
</tr>
<tr>
<td>National Weather Service</td>
<td><a href="http://www.nws.noaa.gov">www.nws.noaa.gov</a></td>
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<td>American Red Cross</td>
<td><a href="http://www.redcross.org">www.redcross.org</a></td>
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<td>Website links to Michigan Chapters</td>
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<td>Poison Control Centers</td>
<td></td>
<td>800-222-1222 (24/7)</td>
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<tr>
<td>The National Pesticide Information Center (NPIC)</td>
<td><a href="http://www.npic.orst.edu">www.npic.orst.edu</a></td>
<td>800-858-7378</td>
<td>Answers questions about pesticides 9:30 am to 7:30 pm</td>
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<tr>
<td>Michigan Department of Agriculture (MDA)</td>
<td><a href="http://www.michigan.gov/mda">www.michigan.gov/mda</a></td>
<td>Emergency (24/7) 800-405-0101</td>
<td>Pesticides and agricultural spill clean up instructions</td>
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<tr>
<td>Michigan Dept of Environmental Quality (DEQ)</td>
<td><a href="http://www.michigan.gov/deq">www.michigan.gov/deq</a></td>
<td>PEAS Emergency (24/7) 800-292-4706</td>
<td>State point of contact for reporting chemical releases and environmental emergencies.</td>
</tr>
<tr>
<td>DEQ Environmental Assistance Center</td>
<td><a href="http://www.michigan.gov/deqenvassistance">www.michigan.gov/deqenvassistance</a></td>
<td>Non-emergency (Bus. Hrs.) 800-662-9278</td>
<td></td>
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<tr>
<td>Michigan Occupational Safety and Health Administration (MIOSHA)</td>
<td><a href="http://www.michigan.gov/miosha">www.michigan.gov/miosha</a></td>
<td>MIOSHA hotline 800-TO-MIOSHA 800-866-4674</td>
<td>MIOSHA Consultation and Training Division 517-322-1809</td>
</tr>
<tr>
<td>CHEMTREC</td>
<td><a href="http://www.chemtrec.com">www.chemtrec.com</a></td>
<td>800-262-8200</td>
<td>Private emergency call center with access to 5 million MSDSs</td>
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General Information About Radiological Events and Terrorism

The first step in understanding radiation emergencies is to draw the distinction between a nuclear event (like the bomb dropped on Hiroshima) and a radiological event, such as a nuclear power plant incident or a radiological dispersal device (dirty bomb). A nuclear event involves nuclear fission (splitting of atoms) and a highly destructive explosion that leaves large amounts of radioactivity behind. Radiological Dispersal Device (RDD) is the use of common explosives to spread radioactive materials over a targeted area. The primary danger may be from the blast itself. The presence of radiation will not be clearly defined until trained personnel with specialized equipment are on the scene.

If there is a RDD (dirty bomb) explosion or other radioactive material incident, limit your exposure and avoid breathing radiological dust that may be released in the air.

- If you are outside and there is an explosion, cover your nose and mouth and quickly go inside a building that has not been damaged. If you are already inside, check to see if your building has been damaged. If your building is stable, stay where you are. Close windows and doors; turn off air conditioners, heaters, or other ventilation systems.
- Limit your exposure: Think about shielding, distance, and time.

Shielding: A barrier between you and radioactive materials will prevent some of the radiation from being absorbed, and you will be less exposed.

Distance: The farther away you are from radioactive materials (including blast and fallout), the lower your exposure.

Time: Minimizing time spent near radioactive materials will also reduce your exposure and your risk.

Stay tuned to the Emergency Alert System (EAS): Listen to the official directions and information, which will be repeated often.

Medical Management Principles:

- Addressing contamination issues should not delay treatment of life-threatening injuries.
- It is highly unlikely that the levels of radioactivity associated with a contaminated patient would pose a significant health risk to care providers.
- Consult with emergency services personnel if you think someone has been exposed to radiation. They will provide decontamination instructions.

Use Standard (Universal) Precautions to Protect Staff:

- Follow standard guidelines for protection from microbiological contamination.
- Surgical masks should be adequate. N95 masks are recommended, if available.
- Due to fetal sensitivity to radiation, assign pregnant staff to other duties.

Radiation Resources

- After hours call: MDEQ Pollution Emergency Alerting System: 1-800-292-4706
- Michigan State Police Special Operations: 517-241-8000
  [www.orise.orau.gov/reacts/med-countermeasures.htm](http://www.orise.orau.gov/reacts/med-countermeasures.htm)
- Centers for Disease Control and Prevention - Telephone: 1-800-CDC-INFO or 1-800-232-4636
  [www.bt.cdc.gov/radiation](http://www.bt.cdc.gov/radiation)

Text obtained from EPA
[www.epa.gov/rpdweb00/understand/protection_basics.html](http://www.epa.gov/rpdweb00/understand/protection_basics.html)

If a person enters your facility after being exposed to radiation from a RDD or other radioactive material incident:

- Notify supervisor immediately and activate your facility plan.
- **Call 9-1-1. Follow their instructions.**
- Isolate the patient.
- Consult with emergency services personnel. They will provide decontamination instructions. When appropriate, emergency services personnel will instruct staff to use standard precautions and double glove.
- Emergency services personnel will coordinate transport of contaminated patients to area hospital ED. Let the hospital know the presence of radiation is a possibility.
- Consult professionals to remove waste from the triage area; decontaminate as necessary.

Text obtained from Centers for Disease Control website,
FBI Advisory

If you receive a suspicious letter or package

What should you do?

1. Handle with care
   Don’t shake or bump

2. Isolate and look for indicators

3. Don’t Open, Smell or Taste

4. Treat it as Suspect!
   Call 911

If parcel is open and/or a threat is identified...

For a Bomb
Evacuate Immediately
Call 911 (Police)
Contact local FBI

For Radiological
Limit Exposure - Don’t Handle
Distance (Evacuate area)
Shield yourself from object
Call 911 (Police)
Contact local FBI

For Biological or Chemical
Isolate - Don’t Handle
Call 911 (Police)
Wash your hands with soap and warm water
Contact local FBI

(Ask for the Duty Agent, Special Agent Bomb Technician, or Weapons of Mass Destruction Coordinator)

U.S. Department of Justice, Alcohol, Tobacco, Firearms and Explosives Division
Detroit Field Office: www.atf.gov/field/detroit/index.htm
Adult BLS Healthcare Provider Algorithm

Boxes bordered with dotted lines indicate actions or steps performed by the healthcare provider but not the lay rescuer.

1. No movement or response

2. PHONE 911 or emergency number
   Get AED
   or send second rescuer (if available) to do this

3. Open AIRWAY, check BREATHING

4. If not breathing, give 2 BREATHS that make chest rise

5. If no response, check pulse:
   Do you DEFINITELY feel pulse within 10 seconds?

5A. Definite Pulse
   - Give 1 breath every 5 to 6 seconds
   - Recheck pulse every 2 minutes

6. Give cycles of 30 COMPRESSIONS and 2 BREATHS
   until AED/defibrillator arrives, ALS providers take over, or victim starts to move
   Push hard and fast (100/min) and release completely
   Minimize interruptions in compressions

7. AED/defibrillator ARRIVES

8. Check Rhythm
   Shockable rhythm?

9. Shockable
   - Give 1 shock
   - Resume CPR immediately for 5 cycles

10. Not Shockable
    - Resume CPR immediately for 5 cycles
    - Check rhythm every 5 cycles; continue until ALS providers take over or victim starts to move

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<th>Postexposure Prophylaxis for Adults</th>
<th>Treatment for Adults</th>
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<td>Anthrax</td>
<td>Bacillus anthracis</td>
<td>Flu-like symptoms (fever, fatigue, muscle aches, dyspnea, non-productive cough, headache), chest pain; possible 1-2 improvement then rapid respiratory failure and shock. Meningitis may develop.</td>
<td>1-6 days (up to 6 weeks)</td>
<td>None</td>
<td>Standard precautions</td>
<td>Chest x-ray evidence of widening mediastinum; obtain sputum and blood culture. Sensitivity and specificity of nasal swabs unknown – do not rely on for diagnosis</td>
<td>Prophylaxis for 60 days: Ciprofloxacin 500mg PO q12h or Doxycycline 100mg PO q12h</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>Intense itching followed by painless popular lesions, then vesicular lesions, developing into eschar surrounded by edema.</td>
<td>1-12 days</td>
<td>Direct contact with skin lesions may result in cutaneous infection</td>
<td>Contact precautions</td>
<td>Peripheral blood smear may demonstrate gram positive bacilli on eschar smear with sepsis.</td>
<td>Levofoxacin 500mg PO q24h or Gatifloxacin 400mg PO q24h or Moxifloxacin 400mg PO q24h</td>
<td>Ciprofloxacin 500mg PO q12h or Doxycycline 100mg PO q12h</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Abdominal pain, nausea and vomiting, severe diarrhea, GI bleeding, and fever</td>
<td>1-7 days</td>
<td>None</td>
<td>Standard precautions</td>
<td>Cutaneous blood and stool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botulism</td>
<td>Clostridium tetani</td>
<td>Afebrile, excess mucus in throat, dysphagia, dry mouth and throat, dizziness, then difficulty moving eyes, mild papillary dilatation and nyctagmus, intermittent praxis, indistinct speech, unsteady gait, extreme symmetric descending weakness, flaccid paralysis; generally normal mental status.</td>
<td>Inhalation: 12-80 hours Foodborne: 12-72 hours (2-8 days)</td>
<td>None</td>
<td>Standard precautions</td>
<td>Laboratory tests available from CDC or appropriate Public Health Department; obtain serum, stool, gastric aspirate and suspect foods prior to administering antitoxin. Differential diagnosis includes polio, Guillain Barre, myasthenia, tick paralysis, CVA, meningococcal meningitis</td>
<td>Pentavalent toxoid (types A, B, C, D, E) 0.5 ml SQ may be available as investigational product from USAMRIID</td>
</tr>
<tr>
<td>Pneumonic plague</td>
<td>Yersinia pestis</td>
<td>High fever, cough, hemoptysis, chest pain, nausea and vomiting, headache. Advanced disease: purpuric skin lesions, copious watery or purulent sputum production; respiratory failure in 1 to 6 days.</td>
<td>2-3 days (2-6 days)</td>
<td>Yes, droplet aerosols</td>
<td>Droplet precautions until 48 hours of effective antibiotic therapy</td>
<td>Ciprofloxacin 500mg PO q12h or Doxycycline 100mg PO q12h</td>
<td>Streptomycin 1 gm IM q12h or Gentamycin 2mg/kg, then 1.0 to 1.7 mg/kg IV q8h</td>
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<tr>
<td>Smallpox</td>
<td>Variola virus</td>
<td>Prodromal period; malaise, fever, rigors, vomiting, headache and backache. After 2-4 days, skin lesions appear and progress uniformly from macules to papules to vesicles and pustules, mostly on face, neck, palms, soles and subsequently progress to trunk.</td>
<td>12-14 days (7-17 days)</td>
<td>Yes, airborne droplet nuclei or direct contact with skin lesions or secretions until all scabs separate and fall off (3 to 4 weeks)</td>
<td>Airborne (includes N95 mask) and Contact precautions</td>
<td>Swab culture of vesicular fluid or scab, send to BL-4 laboratory. All lesions similar in appearance and develop synchronously as opposed to chickenpox. Electron microscopy can differentiate variola virus from varicella.</td>
<td>Early vaccine critical (in less than 4 days). Call CDC for vaccinia. Vaccinia immune globulin in special cases – call USAMRIID at 301-619-2833.</td>
</tr>
</tbody>
</table>

Biological
How a biological attack would unfold is quite different for each agent (e.g., anthrax, smallpox, plague). It is likely that the initial recognition will be by routine monitoring at the local level. Once a potential attack is identified, the public health response will immediately begin.

- Samples will be properly collected and sent to special laboratories for confirmatory testing and diagnosis.
- Epidemiologists and health professionals will investigate cases and determine who may have been exposed and who will need treatment.

If there is a biological threat:
- Watch TV, listen to the radio, and check the Internet for official news and health alerts.
- Consider if you, your health facility, or patients are in the group or area authorities believe to be in danger.
- Contact your supervisor or facility manager.
- Call 9-1-1 or local police.
- Report characteristics of the outbreak to your local health department.

Follow instructions from local and state health authorities. It will be important for health care workers to work closely with local public health and emergency response officials since obtaining, sharing, and analyzing information is crucial in identifying a potential threat.

- If the disease is contagious, isolation, quarantine, social distancing, and personal hygiene practices are likely to be implemented to slow transmission. Not all biological agents spread from person to person.
- There may be times when you will be instructed to wear a face mask to reduce spreading germs or to avoid coming in contact with others who are sick. Locate your health facility’s supply of personal protective equipment (PPE) and be ready to use it if instructed to by public health officials.

Practice good hygiene and cleanliness to avoid spreading germs:
- Wash your hands with soap and water or alcohol-based gel frequently.
- Do not share food or utensils.
- Cover your mouth and nose when coughing or sneezing.
- Consider face masks to avoid spreading germs.
- Plan to share the health and safety information with patients and others in the community, especially those who may need help understanding the situation and what specific actions to take.

Chemical
Special care must be taken when responding to intentional chemical threats. The chemicals used may be unknown and can be difficult to identify. Exposure to contaminated individuals may cause harm to other patients and health care personnel.

Signs of a chemical attack:
- Environmental clues: dead plants, animals, or insects; pungent odor; unusual clouds, vapors, or droplets; and discoloration of surfaces.
- Common physical symptoms from an immediate airborne attack: tightness in chest and difficulty breathing, nausea and vomiting, watery eyes and blurry vision.

To lessen the impact of exposure to a chemical threat:
- Put safety first. Move away from the site of release (if known).
- Consider using protective masks and clothing to minimize exposure (e.g., layers of cotton t-shirt, handkerchief, or towel).
- When the chemical release is indoors, evacuate the building and deny entry.
- Contact your supervisor or facility manager.
- Call 9-1-1 or local police:  
- Follow the instructions of emergency personnel (Hazmat/Police/Fire). Provide them with any facts or suspicious activities and whether anyone may have been contaminated.
- When needed, emergency personnel will wear protective gear and assist with proper removal and bagging of contaminated clothing. Follow their instructions.
- Consult with Poison Control at 1-800-222-1222 for medical advice, as needed.
- If directed by Poison Control, assist in first aid and personnel decontamination.
- Seek emergency medical attention if you have inhaled chemical fumes or if chemicals have touched your skin. If medically indicated and available, get appropriate antidote(s).
- When required, notify the Pollution Emergency Alerting System, PEAS Hotline at: 1-800-292-4706 and the National Response Center at: 1-800-424-8802.
<table>
<thead>
<tr>
<th>Agent Type</th>
<th>Agent Names</th>
<th>Mode of Action</th>
<th>Unique Characteristics</th>
<th>Signs and Symptoms</th>
<th>Treatment</th>
<th>Other Patient Considerations</th>
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<tr>
<td>Nerve</td>
<td>Sarin • Soman • Tabun • VX • Some insecticides (cholinesterase inhibitors)</td>
<td>Inactivates acetylcholinesterase enzyme, causing both muscarinic and nicotinic effects</td>
<td>Miosis (pinpoint pupils)</td>
<td>Blurred/dim vision</td>
<td>Headache</td>
<td>Nerve agent antidote, if available</td>
</tr>
<tr>
<td>Asphyxiant/ Blood</td>
<td>Arsine • Cyanogen chloride • Hydrogen cyanide</td>
<td>Arsine: Causes massive intravascular hemolysis which may lead to anemia, jaundice and renal failure</td>
<td>Possible skin color changes: cherry-red (cyanosis or cyanogen chloride), yellow or bronze (arsine)</td>
<td>Confusion</td>
<td>Nausea, vomiting, diarrhea</td>
<td>Phosgene oxime</td>
</tr>
<tr>
<td>Choking/ Pulmonary</td>
<td>Chlorine • Hydrogen chloride • Nitrogen oxides • Phosgene</td>
<td>Acids or acid-forming agents which react with cytoplasmic proteins and destroy cell structure</td>
<td>Chlorine is a greenish-yellow gas with pungent odor</td>
<td>Eye and skin irritation</td>
<td>Airway irritation</td>
<td>Confirm patient decontamination</td>
</tr>
<tr>
<td>Blistering/ Vesicant</td>
<td>Mustard/ Sulfur mustard (HD, H) • Nitrogen mustard • Lewisite • Phosgene oxime</td>
<td>Exact mechanisms of biologic activity are unknown</td>
<td>Mustard (HD) may have an odor like horseradish, garlic or mustard</td>
<td>Skin, eye and mucosal irritation</td>
<td>Skin erythema and blistering</td>
<td>Confirm patient decontamination</td>
</tr>
<tr>
<td>Incapacitating/ Behavior altering</td>
<td>Agent 15/ BZ</td>
<td>Competitively inhibits acetylcholine which disrupts muscarinic transmission in central and peripheral nervous system (atropine-like action)</td>
<td>May appear as mass drug intoxication with erratic behaviors, shared realistic and distinct hallucinations, disrobing and confusion</td>
<td>Dry mouth and skin</td>
<td>Initial tachycardia</td>
<td>Confirm patient decontamination</td>
</tr>
<tr>
<td>Cytotoxic Protein</td>
<td>Ricin • Abrin</td>
<td>Inhibit protein synthesis</td>
<td>Exposure by inhalation or injection causes more pronounced signs &amp; symptoms than exposure by ingestion</td>
<td>Latent period of 4-8 hours, followed by flu-like signs and symptoms</td>
<td>Progress within 18-24 hours to nausea, cough, dyspnea, pulmonary edema (inhalation exposure); GI hemorrhage with emesis and diarrhea</td>
<td>Confirm patient decontamination</td>
</tr>
</tbody>
</table>
Infant/Child Abduction

Any staff person who has been made aware of a lost or missing child in the health care facility should immediately notify their supervisor, facility director, or safety officer.

Infant code pink and child code purple (or your facility’s appropriate code) should be announced 3-5 times utilizing the facility paging system or communication equipment.

Upon hearing the code pink or code purple announcement, all staff should be placed at each entry/exit door to prevent anyone from leaving or entering the facility until the infant/child has been relocated or the authorities have been contacted.

- Monitor each entrance and stairway.
- Watch for unusual behavior by an individual.
- Stop all individuals carrying an infant or child.
- Stop all individuals carrying a large package (e.g. gym bag, particularly if the person carrying the bag is ‘cradling’ or ‘talking’ to it).

If a suspicious person is identified, security staff should approach the person and say: “We are in a security situation, please stay in this area until the event is over.”

- Do not attempt to physically restrain the individual.
- Note physical characteristics, vehicle description and license plate number, and exit route.
- A supervisor should escort the person who has reported the lost infant/child throughout the facility to look for the child.
- The individual should be asked if a photo of the infant/child is available so that other staff, patients, and visitors can assist with this process.
- The reporting person should be questioned about any recent custodial issues or any other unusual circumstances about the missing infant/child.

If after a search and/or due to prevailing custodial issues it appears that the infant/child cannot be found, call 9-1-1 (police).

Health care facility staff will cooperate with authorities and provide the necessary documents (e.g. sign-in sheets) to assist the police in their search for the infant/child. The police may ask that no one leave the facility, as they may want to interview persons in the facility.