

# UW HEALTH QUICK RESPONSE GUIDE

## What is an Emergency?

An emergency is any immediate threat to life and/or property that requires immediate response from internal first responders or local emergency services (Police, Fire or EMS). Some examples of emergencies are crimes in progress, any kind of serious injury or illness.

## When Reporting an Emergency

- Stay on the line with the dispatcher
- Provide the location and a description of the emergency
- Provide the phone number at your location

## UW Health Quick Response Guide

The Quick Response Guide has been prepared to provide UW Health employees with basic instructions on how to respond to emergencies. The guide does not cover every action you should take during an emergency and does not replace the UW Health Emergency Operations Plan (EOP). This guide serves as a quick reference to remind staff of important actions to be taken. All employees should review and be familiar with the Quick Response Guide, UW Health Emergency Operations Plan, and department specific Procedures before an emergency occurrence. **The most effective response to an emergency is when everyone is prepared!**

This guide defines the immediate actions of all staff. During an emergency, you should choose the most appropriate category and take actions based on the role you are serving at the time. Additional actions, area specific information and documentation of the emergency are defined and expanded in the companion pocket guide entitled “Emergency Response Guide.”

The full and complete Emergency Operations Plan is available on U-Connect > Safety Department Website > Emergency Management tab > Emergency Operations Plan

There are blank sections that should be completed and updated by specific units/departments. The Quick Emergency Response Guide should be kept in a readily accessible location, such as hanging on a wall near your phone.

*Note: UW Health has institutionalized the Hospital Incident Command System (HICS) to manage all emergency incidents. If you are serving in a Command or General Staff position as part of the Hospital Incident Command System refer to your specific HICS checklist.*

*\*\*Please flip to find important phone numbers for your location*

## Plan Activation

Depending on the incident, the Emergency Operations Plan (EOP) and Health Care Command Center (HCC) activation levels may occur in succession or simultaneously and the activation of one should not hinder the activation of the other. Activation moves from higher number to lower; the lower the number, the more intense/impacting the event.

## EOP Activation

**Level 3:** Advisory - Monitor situation - At this level of activation, the Administrator on Call (AOC) shall monitor conditions and activate the HCC and EOP as required. This is for any situation in which activation is likely to occur or conditions may change rapidly such as severe weather watches.

**Level 2:** Alert - Share information and alert others - This is for any incident that has special or unusual characteristics, outside those of normal operations, requiring a general facilitation of information sharing. At this level of activation, the AOC and Incident Commander's role is to ensure that essential staff is informed of the situation.

**Level 1:** Activate - Call a Code or Activate the Plan - As an incident increases in impact or complexity, it may be necessary to facilitate response and share information among a larger population. If the incident requires activities such as the acquisition and use of specialized resources from other departments within UW Health, or the reallocation of staff to support other facilities/departments, the EOP should be activated and the AOC, Incident Commander and UW Health staff involved should utilize the principles, policies and procedures laid out in the EOP.

## **Health Care Command Center (HCC) (a.k.a. Incident Command)**

As additional support is needed, the Administrator on Call (AOC) or Incident Commander (IC) can activate the HCC. Typically, an incident that would benefit from HCC activation requires the coordinated response of multiple resources at all levels of the hospital and/or other UW Health facilities. Management of these emergencies will involve the implementation of the EOP.

**Level 4 Event:** Advisory - The AOC is on call 24 hours a day to receive calls from facilities and department relating to emergency situations. The AOC may also issue precautionary statements to staff and visitors or share information internally or with external stakeholders as needed.

**Level 3 Event:** Minimal Activation - This activation is intended to actively monitor Severe Weather conditions or other conditions as needed. This level may also be activated if an Incident Commander is designated for a smaller incident and the AOC identifies the need to closely monitor the ongoing situation. At this level of event, UW Health areas are not asking for assistance or resources.

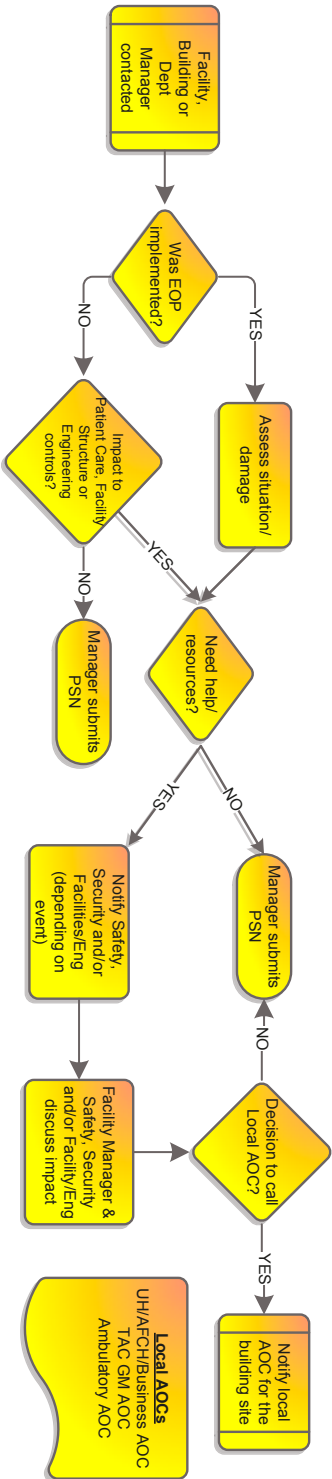
**Level 2 Event:** Partial Activation - The AOC may activate the HCC to this level and assign personnel as needed to support the incident. The AOC will become the HCC Manager upon activation of the HCC.

**Level 1 Event:** Full Activation - This activation triggers all facilities and departments to follow the EOP for the event. Command is fully established while the incident is managed. Communication with other agencies and organizations may occur.

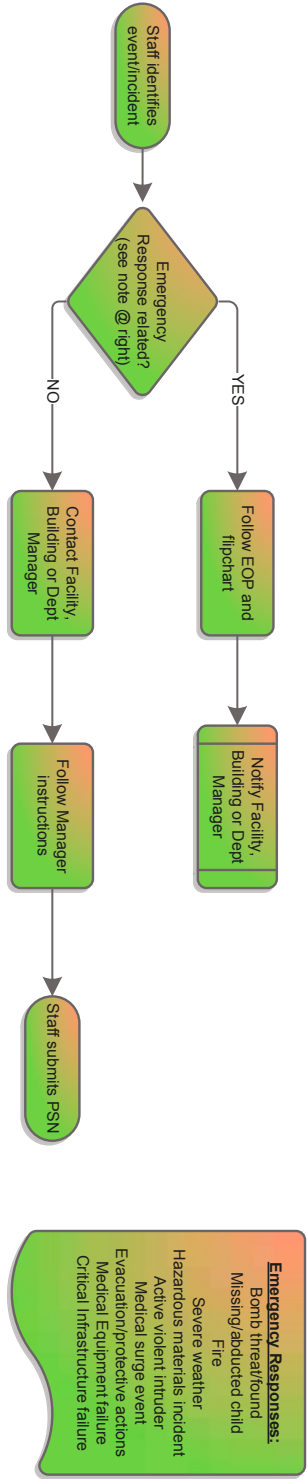
## **Levels of Activation**

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## Building Site

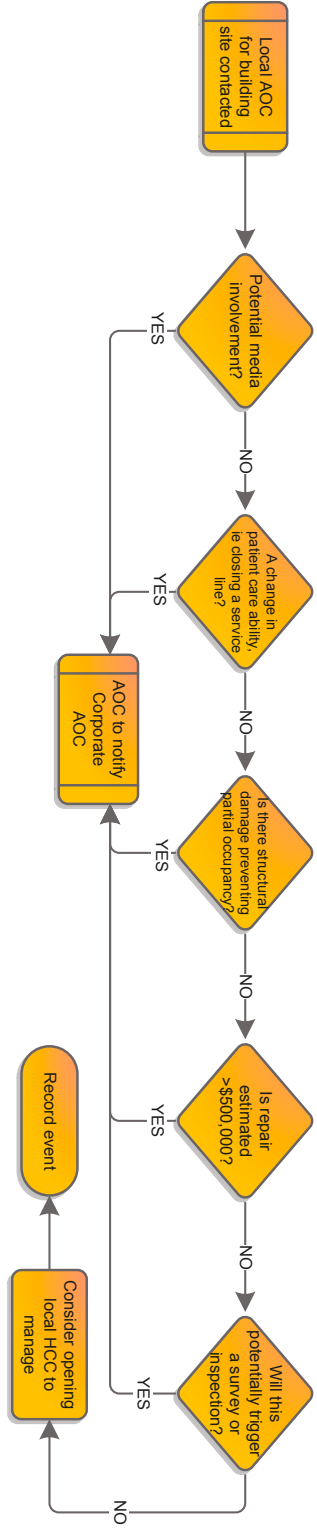


## STAFF

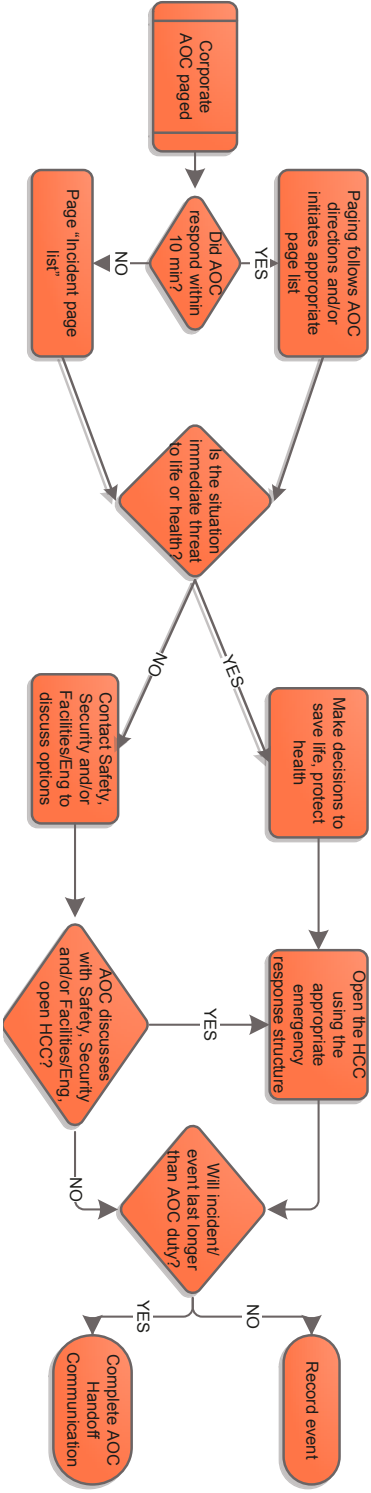


Incident Response Algorithm

## Local Administrator on Call



## Corporate Administrator on Call



**UNIVERSITY HOSPITAL – AMERICAN FAMILY CHILDREN'S HOSPITAL**

**Important Numbers**

Central Services	263-7071
Clinical Engineering Services	263-5208
Emergencies	911
Emergency Update Hotline	890-6000 or (888) 596-6665
Environmental Services	263-1260
Facilities and Engineering Services	263-5205
Facility Engineering Services Control Room (Emergency Paging)	*333
Health Care Command Center (HCC) – if activated	Primary: 890-9392 Secondary: 890-9088 Fax: 265-0718 Planning Chief: 263-9971 Logistics Chief: 262-6208 Operations Chief: 262-4937
Help Desk	265-7777
MSDSOnline® Fax Request (used during network downtime)	(888) 362-7416
Non-Emergency Fire	
Paging	262-2122
Paging for Administrator On Call (AOC)	262-2122
Poison Control	(800) 222-1222
Radioactive Spill or Radiation Safety Emergency	262-0000
Response Team Request (Stroke Team, Code Blue, Medical Response, Behavioral Response, STAT pages)	262-0000
Safety	263-1563 or page 8088
Security Services	890-5555
UW Madison Campus Safety	265-5000
UW Police (UWPD)	911

**Building Specific Information**

Shelter In Place Location:

- Evacuation Assembly Point (external):
- Evacuation Assembly Point (vertical):
- Evacuation Assembly Point (horizontal):

Hospital Incident Command Locations

- AOC Advisory Room.....J4/802
- Health Care Command Center.....AFCH 1335
- Family Waiting Area.....F8/170-172
- Media Staging Area.....H6/215
- Labor Pool.....J5/130

List Special Hazards for Emergency Responders: (e.g. MRI, medical gas storage, halon fire suppression system, flammable cabinet):

# THE AMERICAN CENTER

## Important Numbers

Clinical Engineering Services	234-6656
Emergencies	911
Emergency Update Hotline	890-6000 or (888) 596-6665
Environmental Services	444-4055
Facilities and Engineering Services	440-6565
Health Care Command Center (HCC) – if activated	440-6299
Help Desk	265-7777
Materials Management	440-6359
MSDS Online® Fax Request (used during network downtime)	(888) 362-7416
Non-Emergency Fire/Police and Dane County Dispatch	266-4920
Paging	262-2122
Paging for Administrator On Call (AOC)	262-2122
Poison Control	(800) 222-1222
Radioactive Spill or Radiation Safety Emergency	262-0000
Response Team Request (Stroke Team, Code Blue, Medical Response, Behavioral Response, STAT pages)	*0 or 262-0000
Safety	263-1563 or page 8088
Security Services	440-6666
UW Madison Campus Safety	265-5000

## Building Specific Information

Shelter In Place Location:

Evacuation Assembly Point (external):

Evacuation Assembly Point (vertical):

Evacuation Assembly Point (horizontal):

### Hospital Incident Command Location

Health Care Command Center - Room 1531

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List Special Hazards for Emergency Responders: (*e.g. MRI, medical gas storage, halon fire suppression system, flammable cabinet*):

# AMBULATORY

## Important Numbers

Central Services	263-7071
Clinic Operations	826-6715
Clinical Engineering Services	263-5208
Emergencies	911
Emergency Update Hotline	890-6000 or (888) 596-6665
Facilities and Engineering Services	263-5205
Facility Manager	
Health Care Command Center (HCC) – if activated	Primary: 890-9392 Secondary: 890-9088 Fax: 265-0718 Planning Chief: 263-9971 Logistics Chief: 262-6208 Operations Chief: 262-4937
Help Desk	265-7777
Materials Management	
MSDSONline® Fax Request (used during network downtime)	(888) 362-7416
Non-Emergency Police/Fire and Dane County Dispatch	266-4920
Overhead Paging Instructions	
Paging	262-2122
Paging for Administrator On Call (AOC)	262-2122
Poison Control	(800) 222-1222
Radiation Safety Emergency	262-0000
Response Team Request (Stroke Team, Code Blue, Medical Response, Behavioral Response, STAT pages)	
Safety	263-1563 or page 8088
Security Services	890-5555

## Building Specific Information

Evacuation Assembly Point (external):  
Evacuation Assembly Point (vertical):  
Evacuation Assembly Point (horizontal):

Shelter In Place Location:

Weather Radio Location:

Body Fluid Spill Kit Location:

Chemical Spill Kit Location:

Building Lockdown Procedures:

List Special Hazards for Emergency Responders (e.g., MRI, medical gas storage, halon fire suppression system, flammable cabinet):

# BUSINESS

## Important Numbers

Central Services	263-7071
Emergencies	911
Emergency Update Hotline	890-6000 or (888) 596-6665
Facilities and Engineering Services	263-5205
Facility Manager	
Health Care Command Center (HCC) – if activated	Primary: 890-9392 Secondary: 890-9088 Planning Chief: 263-9971 Logistics Chief: 262-6208 Operations Chief: 262-4937
Help Desk	265-7777
Materials Management	
MSDSOnline Fax Request® (used during network downtime)	(888) 362-7416
Non-Emergency Police/Fire and Dane County Dispatch	266-4920
Overhead Paging or Building Notification Instructions	
Paging	262-2122
Paging for Administrator On Call (AOC)	262-2122
Poison Control	(800) 222-1222
Response Team Request (Stroke Team, Code Blue, Medical Response, Behavioral Response, STAT pages)	
Safety	263-1563 or page 8088
Security Services	890-5555

## Building Specific Information

Evacuation Assembly Point (external):  
Evacuation Assembly Point (vertical):  
Evacuation Assembly Point (horizontal):

Shelter In Place Location:

Weather Radio Location:

Building Lockdown Procedures:

List Special Hazards for Emergency Responders: *(Diesel generator, high-combustible storage (e.g., lots of boxes))*

# CODE BLACK – Bomb Threat/Found

## If you receive a bomb threat via phone:

- Keep CALM and continue talking to the caller obtaining as much information as possible
- Complete the CODE BLACK—Bomb Threat information form (Example on reverse; access a fillable form on U-Connect) and fax or scan to Security Services.
- Do not hang up; stretch out the conversation
- Signal a co-worker to call Security Services
- Notify your direct supervisor

## Area Level Scan

### If directed, participate in an area level scan for suspicious items or persons:

- Scan the areas within your location for odd, out of place items
- Do not open cabinets or drawers
- Scan from the outside in, toward the center of area
- If a suspicious item is found, write down location and description and continue until entire area has been scanned
- Don't stop scanning – there may be more than one!
- Give particular attention to the following areas: public accessible areas, trash receptacles, under desks/chairs, closets, nooks

### If a suspicious person or package is discovered:

- Do NOT move the item or confront the person
- Report the situation and location to Security Services and notify your direct supervisor
- Unplug all radio transmitters and do not use cellular phones

The decision to evacuate will rest with the Incident Commander, Police or Fire. All threats are considered credible.

## CODE BLACK - Bomb Threat/Found Procedures

Remain Calm • Obtain information

Notify Security Services

Conduct area level scanning

Evacuate if directed

# HOMELAND SECURITY CHECKLIST

Date: \_\_\_\_\_ Time reported: \_\_\_\_\_

Time Caller Hung Up: \_\_\_\_\_ Phone Number Where Call Received

### Ask Caller:

- Where is the bomb located? (Building, Floor, Room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes or No
- Why?
- What is your name?

### Exact Words of Threat:

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### Information About Caller:

- Where is the caller located? (Background and level of noise)
- Estimated age
- Is the voice familiar? If so, who does it sound like?
- Other points:

- |  |  |
|--|--|
| <p>THREAT LANGUAGE</p> <ul style="list-style-type: none"> <li><input type="radio"/> Incoherent</li> <li><input type="radio"/> Message read</li> <li><input type="radio"/> Taped</li> <li><input type="radio"/> Irrational</li> <li><input type="radio"/> Profane</li> <li><input type="radio"/> Well-spoken</li> </ul> <p>BACKGROUND</p> <ul style="list-style-type: none"> <li><input type="radio"/> Animal noises</li> <li><input type="radio"/> House noises</li> <li><input type="radio"/> Kitchen noises</li> <li><input type="radio"/> Booth</li> <li><input type="radio"/> PA System</li> <li><input type="radio"/> Conversation</li> <li><input type="radio"/> Music</li> <li><input type="radio"/> Motor</li> <li><input type="radio"/> Clear</li> <li><input type="radio"/> Static</li> <li><input type="radio"/> Office machinery</li> <li><input type="radio"/> Factory machinery</li> <li><input type="radio"/> Local</li> <li><input type="radio"/> Long distance</li> </ul> | <p>CALLER'S VOICE</p> <ul style="list-style-type: none"> <li><input type="radio"/> Accent</li> <li><input type="radio"/> Angry</li> <li><input type="radio"/> Clearing throat</li> <li><input type="radio"/> Coughing</li> <li><input type="radio"/> Cracking voice</li> <li><input type="radio"/> Crying</li> <li><input type="radio"/> Deep</li> <li><input type="radio"/> Deep breathing</li> <li><input type="radio"/> Disguised</li> <li><input type="radio"/> Distinct</li> <li><input type="radio"/> Excited</li> <li><input type="radio"/> Female</li> <li><input type="radio"/> Laughter</li> <li><input type="radio"/> Lisp</li> <li><input type="radio"/> Loud</li> <li><input type="radio"/> Male</li> </ul> <p>Nasal</p> <ul style="list-style-type: none"> <li><input type="radio"/> Normal</li> <li><input type="radio"/> Ragged</li> <li><input type="radio"/> Rapid</li> <li><input type="radio"/> Raspy</li> <li><input type="radio"/> Slow</li> <li><input type="radio"/> Slurred</li> <li><input type="radio"/> Soft</li> <li><input type="radio"/> Stutter</li> </ul> |
|--|--|

# Missing or Abducted Child

If a child is lost or missing or has been abducted in the building, call Security Services and provide the following information regarding the child and possible offender:

- Name
- Age
- Gender
- Physical description
- Clothing description
- Last know location
- Direction of travel

**Assign a family liaison to stay with the family at all times**

## Upon Announcement of Missing or Abducted Child:

- Monitor and block all public exits, hallways and stairwells
- Look for persons attempting to conceal an infant, persons running with an infant, lack of eye contact, large bags or packages and a lone child
- Report any suspicious persons or activities to Security Services
- Scan each floor thoroughly
- Write down descriptions of suspicious persons or actions
- Remain at locations until hearing the overhead page “missing child all clear,” if applicable

## Missing or Abducted Child Procedures

**Notify Security Services and provide information**

**Monitor and block exits, hallways, stairs**  
• Remain at location

**Participate in area level search**  
• Stop people with bags, boxes, etc.

**Report suspicious activities to Security Services**

*If available, announce description overhead*

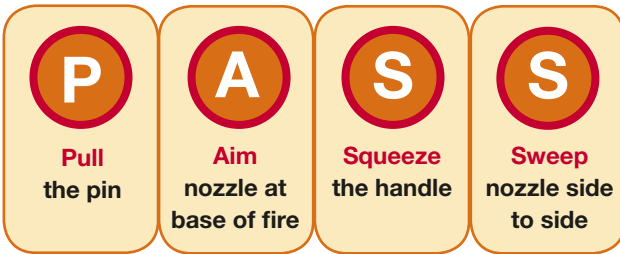
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# Fire

## Upon Announcement of Fire:

- Account for all personnel, patients and visitors
- Provide safety communications to patients, family and visitors
- Evacuate patients as directed (Ambulatory and business sites must evacuate)
- Don't open hot or smoking doors
- Keep yourself between the fire and the exit

## How to Properly Operate a Fire Extinguisher



## Know Locations of:

**Fire extinguishers:** Understand the types and how to use them

**Fire alarm pull stations:** Early warnings can save lives and property

**Exits:** Know where they are, and be sure they open easily and are free of obstructions

## Fire Emergency Procedures

**R - Rescue patients and/or staff from immediate area**

**A - Alert, If you see smoke or fire, pull fire alarm or notify occupants if no pull station**

- Notify Facilities and Engineering Services and/or Control Room

**C - Confine the area**

- Close doors and keep closed

**E - Extinguish the fire if possible/evacuate if directed**

- UH/AFCH and TAC, ask people to remain where they are (except in area of fire)
- Ambulatory/Business, calmly evacuate building
- See Evacuation and Protection Action tab

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# Severe Weather

## Patient Care Areas

- Close all doors, blinds and curtains
- Instruct ambulatory patients and visitors to move into interior corridor or area. (Ensure ambulatory patients bring shoes)
- If patients cannot be moved, protect them by covering them with blankets, pillows, etc. Make attempts to move to a safe area
- Turn off non-essential power
- Provide communication to patients, family and visitors

## Non-Patient Care Areas

- Close all doors, blinds and curtains
- Direct visitors and staff into designated shelter areas or corridors
- Turn off non-essential power

## After Severe Weather Has Passed

- “Severe Weather all clear” announcement
- Account for all personnel, patients and visitors
- Report any damage or hazardous conditions

## All Staff

Check severe weather protocols on U-Connect or Emergency Update Hotline, 890-6000 or (888) 596-6665

## Severe Weather Procedures

Check severe weather protocol on U-Connect

Call Emergency Update Hotline for information, 890-6000 or (888) 596-6665

Questions/lost communications, call Facilities and Engineering Services

See Snow and Tornado Procedures on back

# Severe Weather

## Severe Weather Tornado Procedures

Take cover: Close blinds, doors and curtains

Cover patients with blankets to protect from flying debris

Move to shelter area or interior corridor away from windows

Wait for all clear instructions

## Severe Weather Snow Procedures

Inform visitors of impending snowfall

Make arrangements for potential delayed personal travel

Take precautions when choosing to leave the facility

Report to manager/director for other instructions

# Severe Weather

# Hazardous Materials

Chemical, Biological, Radiological, Nuclear and Environmental (CBRNE) Hazardous Materials may come from daily routine use, accidental exposure, an outbreak or an act of terrorism. No matter the origin of the hazardous material, the procedures for response are the same.

## Biological Outbreaks

For biological outbreaks, such as a new flu strain, TB or Ebola, please refer to specific exposure control plan on U-Connect.

## Hazardous Gas or Chemical Incidents

- Isolate the contaminated area and confine the spill by closing all doors and/or blocking off area
- Notify Facilities and Engineering Services
- Anyone who breathes fumes or has direct skin contact with hazardous materials should contact Employee Health or the Emergency Department
- If breathing fumes causes minor symptoms, go to fresh air for a few minutes
- Account for personnel, patients and visitors
- If the spill is in a patient care area, get a count of patients and ambulatory status
- Provide safety communications to patients, staff and visitors regarding the event
- Evacuate if directed to do so

Refer to the Safety Data Sheet (SDS) when handling new chemicals and products. SDS can be obtained from MSDSONline® on U-Connect. Chemical inventory is retained for each area.

## Hazardous Materials Procedures

**Small spill: Clean up per protocol**

**Large spill or any exposure: Isolate the area and restrict access**

**Notify Facilities and Engineering Services**

**Account for personnel, patients and visitors**

**Evacuate as directed**

**Radioactive spill or radiation safety emergency: call 262-0000 and ask for “radiation safety”**

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# Active Violent Intruder

## Get Out

Your best option is ALWAYS to run, get out and get away!

Take patients with you if possible.

- Do not enter the area where the active violent person with a weapon, hostage or barricaded or dangerous person is located until the police have neutralized the threat

## Call Out

First, get to a safe place and then call 911. If it is safe, stay on the line and give the police the best information you can:

- Your location and name
- Any and all information about the active violent person with a weapon and their actions and locations
- If possible have someone else call Security Services

## Hide Out/Keep Out

- If you are not able to get out of the area, direct patients to hide under or behind something and then you should do the same. If the room cannot be locked, close the door and turn lights off if possible. Be aware that if you are hiding when the police arrive, they will be seeking a threat and will not know who you are. Show your hands and obey their commands.
- If you cannot get out, if possible, lock or barricade the door

## Take Out

Running away is always your best option. If there is no way to run, hide out, or keep out, your only choice may be to fight. Remember that if you must “take out,” you are fighting for your life.

## Active Violent Intruder Procedures

Active shooter, hostage, barricaded person, violent or aggressive intruder situation is identified.

**GET OUT**– run if you can



**CALL OUT** – call 911 and Security Services



**HIDE OUT/ KEEP OUT**– hide if you have to



**TAKE OUT**– fight for your life

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# Medical Surge Event

## Medical Surge Event

In a medical surge event, the Hospital Incident Command System (HICS) will manage the incident.

- Mass Casualty Incident (MCI)
- Mass Fatality Incident (MFI)
- Multiple Victim Trauma Response (MVTR)

## Plan Activation

Upon receiving notification of an incident the Emergency Department MD on duty, Emergency Department Care Team Leader and the Nursing Coordinator will determine if the Medical Surge Plan will be activated.

When a Medical Surge Event is activated, the Labor Pool is activated.

## Medical Surge Event Procedures

Staff instructed by their manager to report to the Labor Pool

Sign in with name, department, contact number and specialty

Wait in the room until the Labor Pool Unit Leader assigns responsibility

Report to assignment and return to Labor Pool upon completion

Upon release from the Labor Pool, return to home area to check-in/report to manager

## Medical Surge Event

### Level of Surge Descriptions

#### Minor

The surge of patients is such that the hospital mobilizes its existing on-site human and materials resources. The hospital begins strategies to conserve resources.

#### Moderate

The surge of patients is such that the hospital needs to deploy additional human and materials resources without changing the traditional Standard of Care. Incident Command may be activated and normal operations may be affected, e.g., cancellation of elective admissions and procedures and conservation of resources.

#### Crisis

The surge of patients is such that the traditional Standard of Care may be affected due to limited resources at the hospital and the inability of the hospital to transfer patients to other hospitals. The hospital conserves resources and may use guidelines for the allocation of scarce resources to assist in making conservation decisions. Normal operations may be significantly affected. Depending on the scope and nature of the incident, Incident or Unified/Area Command may be activated. All departments, upon activation of a MEDICAL SURGE EVENT, will send non-critical available staff (clinical, non-clinical and physicians) immediately to Labor Pool. Staff skills will be catalogued for use during the response. A variety of skills are needed during a response and available staff members may be reassigned to assist as directed in roles such as scribes, runners, etc. Non-critical staff determined by their manager.

## Medical Surge Event

# Evacuation and Protective Action

Evacuation and Protective Action notifications will be communicated through the Health Care Command Center. In the event that evacuation or sheltering in place is needed the following tasks should be completed:

- Get an immediate count of number of patients, personnel and visitors
- Provide safety communications to patients, family and visitors
- If at any time your area becomes unsafe inform your supervisor

## Shelter in Place

- Maintain patient care
- Conserve supplies as directed
- Do not leave the building and instruct visitors to remain indoors

## Evacuation

- Keep to the right of hallways and stairwells when moving patients
- Follow direction given by Incident Command regarding patient assembly areas
- If time permits prepare patients for evacuation by gathering pertinent documentation (face sheet, medication lists, etc.), medications and other belongings including patients' shoes, eye glasses, etc.
- Patients will be evacuated based on their evacuation category level (see definitions on back)
- If elevators are unsafe or not operational determine safe actions for evacuation (e.g., stairs, stair chair and other assist devices)
- Elevators in unaffected areas can be used for level 1 and 2 patients. Instruct all others to take stairs.

## Evacuation Procedures

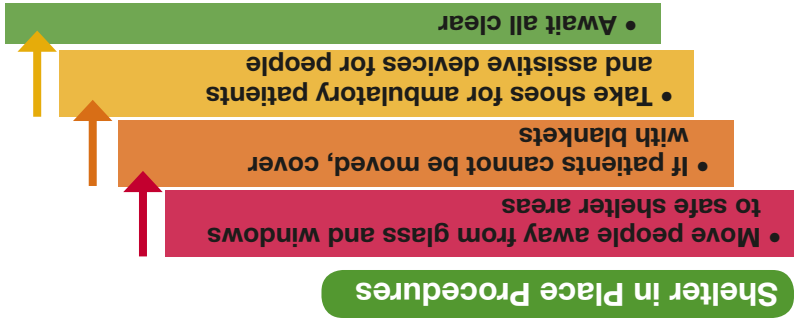
**Gather pertinent documentation/belongings**

- Move horizontally, past fire doors, to safety

When directed, move vertically down one level (unless on ground level)

When directed, move to ground level and exit the building

Wait for further directions at the designated assembly area



**Evacuation Category Levels**

- Level 4** Self-sufficient patients/ambulatory, discharge to home or shelter
- Level 3** Ambulatory patients, require moderate care and need assistance
- Level 2** Non-ambulatory, require supportive care
- Level 1** Non-ambulatory, require continuous care

# Medical Equipment Failure

## Medical Equipment Failure Procedures

### Call Clinical Engineering

- Report the incident to your supervisor or department manager
- Notify the attending physician for the patient

Remove/sequester the devices and related supplies/packaging.

- Report the incident to Risk Management and Clinical Engineering

Clean the device and place in a biohazard container/bag without changing device settings.

- Deliver all items to Risk Management/Clinical Engineering

Enter event into the Patient Safety Net (PSN) occurrence reporting system

- If supplies are needed, call Central Supply/ Materials Management

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# Critical Infrastructure Failure

Power and Critical Infrastructure Failure is an event that threatens the safety of building occupants and/or causes a major disruption of services.

## Emergency Plan Activation

- Upon identification of a critical infrastructure failure, call Facilities and Engineering Services
- An informational message will be recorded on the Emergency Update Hotline, 890-6000 or (888) 596-6665
- The HICS will be used to manage the incident

## Municipal Water Supply, Steam, Chilled Water and Electrical Outage

- Call Facilities and Engineering Services
- Bag ventilator-dependent patients and connect life-support equipment to alternate power, if available
- If all power sources have been interrupted, prepare to relocate affected patients to an unaffected area if possible

## Health Information Technology and Telecommunications Outages

- Call the Help Desk
- Maintain direct communication and written documentation
- Use downtime procedure if Health Link is down

## Medical Gas/Vacuum Outage

The following steps pertain to localized outages, in the event of a building wide outage of oxygen and medical air, the Respiratory Therapy department will respond in all areas except the operating room.

- Call Facilities and Engineering Services to initiate repairs
- Notify Clinical Nurse Manager or Nursing Coordinator

## Oxygen Outage/Medical Air Outage

- Call Facilities and Engineering Services
- Locate portable oxygen supplies for patients requiring supplemental oxygen
- Initiate interim measures for ventilator-dependent patients as appropriate (e.g., manual ventilation via bag or oxygen supply)

## Critical Infrastructure Procedures

Call Facilities and Engineering Services

Support patient needs

Monitor the Emergency Update Hotline



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