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Emergency Guide for Health Care Facilities

Michigan Department of Community Health
Office of Public Health Preparedness

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

OPHP
517-335-8150

#2 PKT (front)

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, and 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 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:

_____

_____

#2 PKT (back)

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 <u>impending violence</u>:

- 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 <u>diffuse anger:</u>

- Present a calm and 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 to close, touching, or speaking loudly).

Be alert:

- 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.

Take these steps to <u>diffuse the situation quickly</u>:

- 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 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

Tone
- ☐ Loud
- ☐ Soft
- ☐ High Pitch
- ☐ Low Pitch
- ☐ Stutter
- ☐ Raspy
- ☐ Nasal

Speech
- ☐ Fast
- ☐ Slow
- ☐ Distorted
- ☐ Cursing
- ☐ Slurred
- ☐ Lisp
- ☐ Disguised
- ☐ Poor
- ☐ Pleasant

Language
- ☐ Excellent
- ☐ Good
- ☐ Fair

Accent
- ☐ Local
- ☐ Region
  _____
- ☐ Ethnicity
  _____

Manner
- ☐ Poor Grammar
- ☐ Well-Spoken
- ☐ Taped
- ☐ Message Read

- ☐ Emotional
- ☐ Irrational
- ☐ Deliberate
- ☐ Laughing

Background Noise
- ☐ Office Machines
- ☐ Factory Machines
- ☐ Bedlam
- ☐ Animals
- ☐ Quiet
- ☐ Other

- ☐ Street Traffic
- ☐ Airplanes
- ☐ Trains
- ☐ Voices
- ☐ Music

- ☐ PA System
- ☐ Radios
- ☐ Party
- ☐ Static
- ☐ Cell phone

Bomb Threat

If you receive a telephone threat:

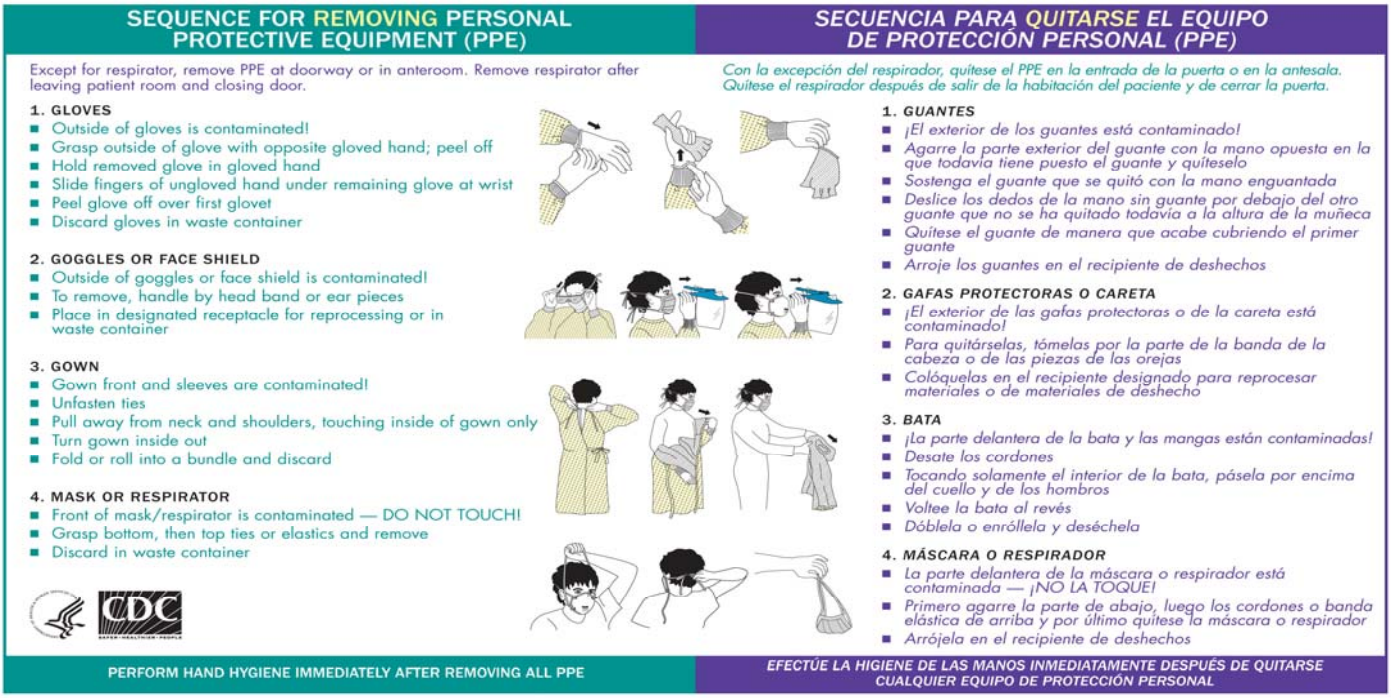
1. While on the phone:
   - Do **NOT** hang up; **Note caller ID.**
   - Remain **calm.**
   - Try to prolong the conversation and get as much information as possible.
   - **Note what you hear:** are there background noises, such as music, voices, or cars? (see bomb threat checklist)
   - How does the **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 facilities 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*

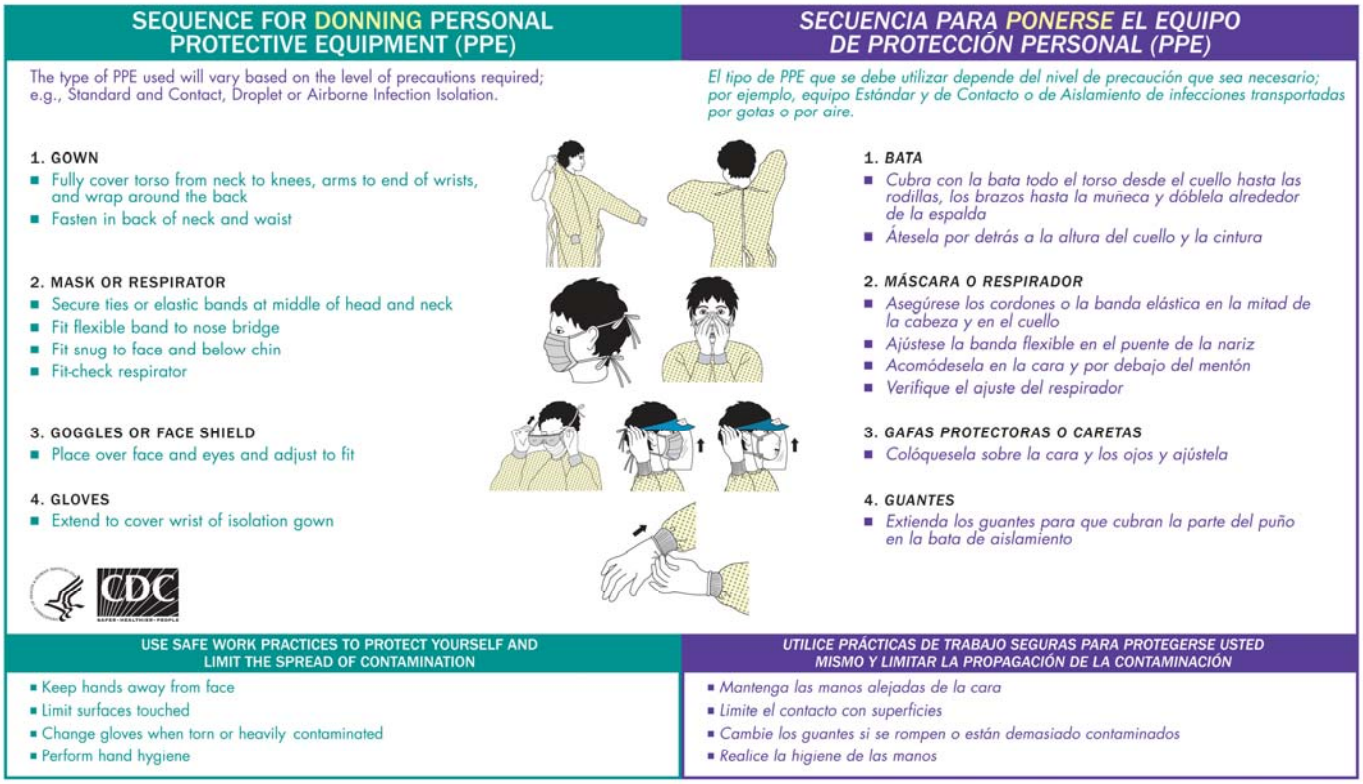
Step 4 Back



Graphics accessed from http://www.cdc.gov/HAI/pdfs/ppe/ppeposter1322.pdf 2014

Step 4 front (the sentence below needs to be on card 4 and the credit line on the back of card 4)

Employees who may be exposed to blood/body fluid or other potentially infectious material should understand where to find the PPE, understand what level of PPE to use, and how to apply and remove it in an area free of risks.



Protocols for Donning & Removing PPE 4

Step 5 back

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. The risk of 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 hand 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 tepid 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): 1-888-448-4911

Step 5 front

Body Fluid Exposure

In an 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 skin and change into clean clothing.

2. **Immediately inform** appropriate manger and/or supervisor.

3. **Identify source patient** if known and available.

4. Complete appropriate **incident report form.**

5. **Report as soon as possible, 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).

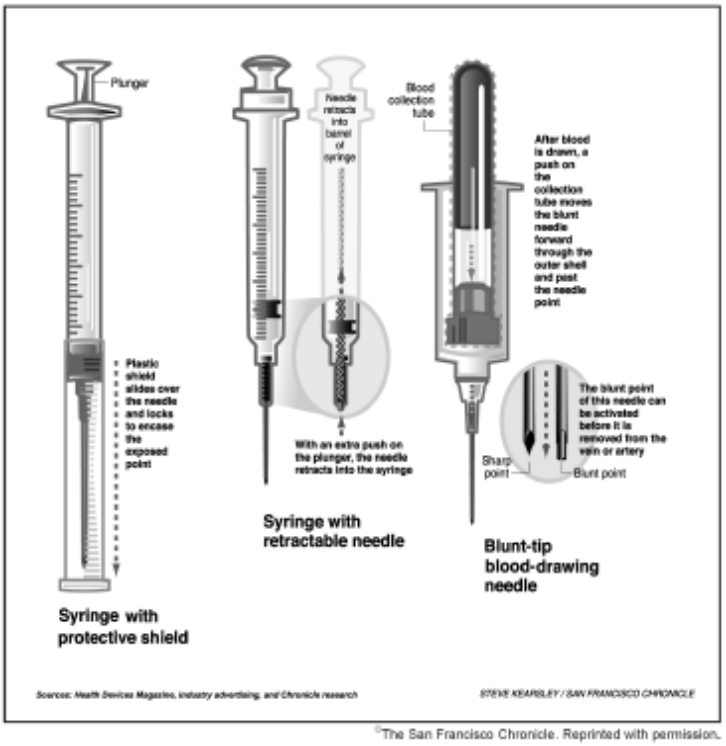


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Figure 3. Three examples of syringes with safety features. (These drawings are presented for educational purposes and do not imply endorsement of a particular product by NIOSH.)

Step 6 back

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 any 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.

Shut-off valve locations:	Shut-off valve instructions:
Water: _____	_____
Gas: _____	_____
Electric:_____	_____

Step 6 front

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.
- **S**weep: 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.

Step 7 back

Evacuation Procedures:

- Follow instructions in your facility/department 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 emergent 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 cleared.
- 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: _____

Step 7 front

Extreme Weather:

There are a variety of extreme weather conditions which 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 which are most likely to affect your region.

Severe Thunderstorm:

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

Tornado:

- **Watch:** Is 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 lead time, so those who need to set their plans in motion can do so.
- **Warning:** Is 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:** Is 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:** Is 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:** Is issued by the NWS to indicate current or developing conditions are favorable for flash flooding, but the occurrence is neither certain or imminent.
- **Warning:** Is 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 which 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 and 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 Ziploc® 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.

Step 8 back

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 in. 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. Examples include nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and 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 over- whelmed or damaged during an emergency.
- Continue listening to the radio or television until you are told all is safe or you are told to evaluate. Local officials may call for evacuation in specific areas at greatest risk in your community.

Shelter-in-place location: _____

Shelter-in-place supply location: _____

Step 8 front

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.
- If shoes are contaminated, remove them after leaving the contaminated area to avoid spreading the contamination.
- If an additional person is available, send them to direct the emergency responders to the hazardous location. If no one else is available, remain in a safe area where you will be able to direct the emergency responders to the hazardous location.
- Obtain the MSDS of the chemical.
- When required, notify the Pollution Emergency Alerting System (PEAS Hotline: 1-800-292-4706) and the National Response Center (1-800-424-8802).
- Follow health care agency procedures for completing an incident report.
- For more information see: ATSDR Managing Hazardous Materials Incidents, http://www.atsdr.cdc.gov/MHMI/index.asp

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 1-800-222-1222.**
- If directed by Poison Control assist in first aid and personnel decontamination.

Resources:

- Workplace Environmental Exposure Interview, http://www.epa.gov/oppfead1/safety/healthcare/handbook/Chap03.pdf (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

Step 9 back

Resource	Website	Phone	Notes
Departments of Health			
Michigan Department of Community Health (MDCH)	www.michigan.gov/mdch	After hours: 517-335-9030	
Office of Public Health Preparedness (OPHP)	www.michigan.gov/prepare	Business hours: 517-335-8150	After hours: 517-335-9030
Division of Communicable Disease	www.michigan.gov/mdch	Business hours: 517-335-8165	Click on Providers, Communicable & Chronic Diseases
Division of Immunizations	www.michigan.gov/flu	Business hours: 517-335-8159	
Division of Environmental Health	www.michigan.gov/mdch-toxics	Business hours: 800-648-6942	
Bureau of Laboratories	www.michigan.gov/mdchlab	Business hours: 517-335-8063	
Local Health Departments	www.michigan.gov/mdch/0,1607,7-132--96747--,00.html		Click local health department map under quick links
Emergency Management Offices			
Michigan State Police – Emergency Management and Homeland Security Division	www.michigan.gov/emhsd	Emergency Number (24/7): 1-800-241-8000	
Local Emergency Managers	www.michigan.gov/msp		Click Specialized Divisions, Emergency Management & Homeland Security Div.
Federal Agencies/Resources			
Center for Disease Control and Prevention (CDC)	www.bt.cdc.gov	Emergency Response Hotline: 1-800-232-4636	General Information 1-800-CDC-INFO
Federal Emergency Management Agency (FEMA)	www.fema.gov	1-800-621-FEMA	General Contact Number
Environmental Protection Agency (EPA)	www.epa.gov	1-800-424-8802	U.S. Coast Guard National Response Center
Federal Bureau of Investigation (FBI)	www.fbi.gov www.fbi.gov/detroit/	1-202-324-3000 FBI Detroit: 1-313-965-2323	FBI Detroit 477 Michigan Ave., 26th Floor Detroit, MI 48226
U.S. Department of Justice Alcohol, Tobacco, Firearms & Explosives (ATF)	www.atf.gov/content/contact-us/hotlines	Bomb Hotline: 1-888-ATF-BOMB 1-888-283-2662	ATF Detroit Field Division 1-313-202-3400 www.atf.gov/content/Contact-Us/Local-ATF-Office/detroit-field-division
National Response Center	www.nrc.uscg.mil/index.html	1-800-424-8802	Federal point of contact for reporting oil & chemical spills
National Weather Service	www.nws.noaa.gov		
American Red Cross	www.redcross.org		Website links to Michigan Chapters
Other Resources			
Poison Control Centers		1-800-222-1222 (24/7)	
The National Pesticide Information Center (NPIC)	www.npic.orst.edu/	1-800-858-7378	Answers questions about pesticides 11:30 am to 9:30 pm-EST Mon.-Fri.
Michigan Department of Agriculture (MDARD)	www.michigan.gov/mdard	Emergency (24/7): 1-800-405-0101	Pesticides and agricultural spill clean up instructions
Michigan Dept of Environmental Quality (DEQ)	www.michigan.gov/deq	PEAS Emergency (24/7): 1-800-292-4706	State point of contact for reporting chemical releases and environmental emergencies
DEQ Environmental Assistance Center		Non-emergency (Bus. Hrs.): 1-800-662-9278	
Michigan Occupational Safety and Health Administration (MIOSHA)	www.michigan.gov/miosha	MIOSHA hotline: 1-800-TO-MIOSHA 1-800-866-4674	MIOSHA Consultation and Training Division: 517-322-1809
CHEMTREC	www.chemtrec.com	1-800-262-8200	Private emergency call center with access to 5 million MSDSs

Step 9 front

Communicable Disease

Screening Procedures to Identify Patient 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
- Asking patients with respiratory symptoms and a fever to self-identify to the receptionist.
- Placing mask on the patient, if needed.
- Removing 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:_____

Text source:
www.chcanys.org/clientuploads/downloads/ep_misc/CHCANYS_CommunicableDisease_Policies_Procedures.pdf

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 membrane, 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 and 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 the patient 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 the patient in an examination room or cubicle as soon as possible. Instruct the patient 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:

- CDC Guidelines for Isolation Precautions: www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf
- Hand Hygiene: www.cdc.gov/Handhygiene
- Respiratory Hygiene: www.cdc.gov/flu/professionals/infectionControl/resphygiene.htm

Step 10 back

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

Police Department _____

Fire Department _____

Local FBI Office _____

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

GENERAL INFORMATION BULLETIN 2000-3
Produced by: Bomb Data Center
Weapons of Mass Destruction Operations Unit

U.S. Department of Justice, Alcohol, Tobacco, Firearms and Explosives Division
Detroit Field Office: www.atf.gov/content/Contact-Us/Local-ATF-Office/detroit-field-division

Step 10 front

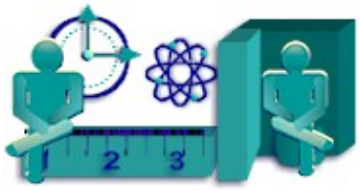
General Information About Radiological Events and Terrorism

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 yourself 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.

Text obtained from EPA:
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 presense of radiation is a possibility.
- Consult professionals to remove waste from the triage area, decontaminate as necessary.

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:

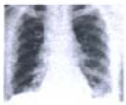
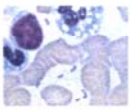
- Follow standard guidelines for protection from microbiological contamination.
- Surgical masks should be adequate. N95 masks are recommended, if available.
- Due to fetal sensitivity to radiation, assign pregnant staff to other duties.

Radiation Resources:

- Michigan Department of Environmental Quality, Waste and Hazardous Materials Division: 1-517-335-2690
- After hours call: MDEQ Pollution Emergency Alerting System: 1-800-292-4706
- Michigan State Police Special Operations: 517-241-8000
- Radiation Emergency Assistance Center/Training Site (REAC/TS). Emergency number: 1-865-576-1005 http://orise.orau.gov/reacts/default.aspx
- Radiation Event Medical Management - Guidance for Healthcare Providers: www.remm.nlm.gov
- Centers for Disease Control and Prevention - Telephone: 1-800-CDC-INFO or 1-800-232-4636 www.bt.cdc.gov/radiation

Text obtained from Centers for Disease Control website:
www.bt.cdc.gov/radiation/pocket.asp

Step 11 Back

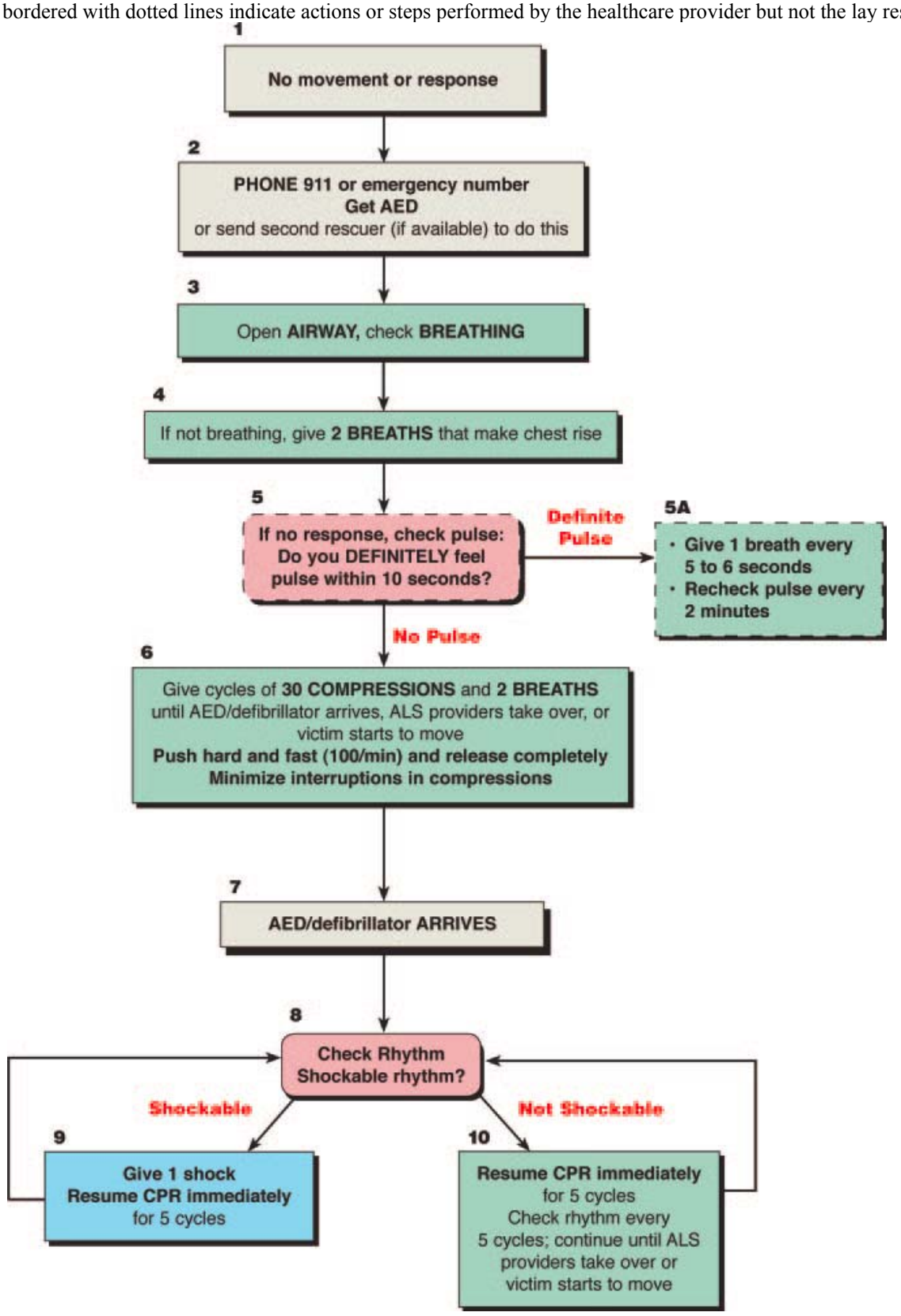
Recognizing, Diagnosing and Treating Health Effects of Biological Agents							
Disease	**Signs & Symptoms**	**Incubation Time *(Range)***	**Person-to-person Transmission**	**Isolation**	**Diagnosis**	**Postexposure Prophylaxis for Adults**	**Treatment for Adults**
Anthrax *Bacillus anthracis*							
Inhalation 	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.	1-6 days *(up to 6 weeks)*	None	Standard precautions	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	Prophylaxis for 60 days: Ciprofloxacin 500mg PO q12h *or* Doxycylcine 100mg PO q12h Alternative (if strain susceptible and above contraindicated): Amoxicillin 500 mg POq8h *In vitro studies suggest that* Levofloxacin 500mg PO q24h *or* Gatifloxacin 400mg PO q24h *or* Moxifloxicin 400 mg PO q24h Could be substituted Recommendations same for pregnant women and immunocompromised persons (for prophylaxis *and* therapy)	Combined IV/PO therapy for 60 days Ciprofloxacin 500mg q12h *or* Doxycycline 100mg q12h *AND* 1 or 2 additional drugs (vancomycin, rifampin, imipenem, clindamycin, chloramphenicol, clarithromycin, and if susceptible penicillin or ampicillin
Cutaneous 	Intense itching followed by painless popular lesions, then vesicular lesions, developing into eschar surrounded by edema.	1-12 days	Direct contact with skin lesions may result in cutaneous infection	Contact precautions	Peripheral blood smear may demonstrate gram positive bacilli on unspun smear with sepsis.		Ciprofloxacin 500mg PO q12h *or* Doxycylcine 100mg PO q12h
Gastrointestinal 	Abdominal pain, nausea and vomiting, severe diarrhea, GI bleeding, and fever	1-7 days	None	Standard precautions	Cutaneous blood and stool		
Botulism *Botulinum toxin* 	Afebrile, excess mucus in throat, dysphagia, dry mouth and throat, dizziness, then difficulty moving eyes, mild papillary dilation and nystagmus, intermittent ptosis, indistinct speech, unsteady gait, extreme symmetric descending weakness, flaccid paralysis; generally normal mental status.	Inhalation: 12-80 hours Foodborne: 12-72 hours *(2-8 days)*	None	Standard precautions	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, Guillan Barre, myasthenia , tick paralysis, CVA, meningococcal meningitis	Pentavelent toxoid (types A, B, C, D, E) 0.5 ml SQ may be available as investigational product from USAMRIID	Botulism antitoxins from public health authorities. Supportive care and ventilatory support. Avoid clindamycin and aminoglycosides.
Pneumonic plague *Yersinia pestis* 	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.	2-3 days *2-6 days*	Yes, droplet aerosols	Droplet precautions until 48 hours of effective antibiotic therapy	A presumptive diagnosis may be made by Gram, Wayson or Wright stain of lymph node aspirates, sputum, or CSF with gram negative bacilli with bipolar (safety pin) staining.	Ciprofloxacin 500mg PO q12h *or* Doxycylcine 100mg PO q12h	Streptomycin 1gm IM q12h *or* Gentamycin 2mg/kg, then 1.0 to 1.7 mg/kg IV q8h Alternatives: Doxycycline 200mg PO load, then 100mg PO q12h *or* Ciprofloxacin 400mg IV q12h
Smallpox *Variola virus* 	Prodromal period: malaise, fever, rigors, vomiting, headache and backache. After 2-4 days, skin lesions appear and progress uniformly from amcules to papules to vesicles and pustules, mostly on face, neck, palms, soles and subsequently progress to trunk.	12-14 days *(7-17 days)*	Yes, airborne droplet muclei or direct contact with skin lesions or secretions until all scabs separate and fall off (3 to 4 weeks)	Airborne (includes N95 mask) *and* Contact precautions	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.	Early vaccine critical (in less than 4 days). Call CDC for vaccinia. Vaccinia immune globulin in special cases – call USAMRIID at 301-619-2833.	Supportive care. Previous vaccination against smallpox does not confer lifelong immunity. Potential role for Cidofovir.

Adapted from USAMRID's Medical Management of Biological Casualties Handbook:
www.usamriid.army.mil/education/bluebookpdf/USAMRIID%20BlueBook%207th%20Edition%20-%20Sep%202011.pdf (Sept. 2011)

Step 11 Front

Adult BLS Healthcare Provider Algorithm

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



Part 4: Adult Basic Life Support, http://circ.ahajournals.org/cgi/reprint/112/24_suppl/IV-19 Published online before print November 28, 2005, doi: 10.1161/CIRCULATIONAHA.105.166553 (*Circulation.* 2005; 112: IV-19 – IV-34.) © 2005 American Heart Association, Inc.

Step 12 back

Recognizing, Diagnosing and Treating Health Effects of Chemical Agents

Agent Type	Agent Names	Mode of Action	Unique Characteristics	Signs and Symptoms	Treatment	Other Patient Considerations
Nerve	• Sarin • Soman • Tabun • VX • Some insecticides (cholinest-erase inhibitors)	Inactivates acetylcholine esterase enzyme, causing both muscarinic and nicotinic effects	• Miosis (pinpoint pupils) • Copious secretions and sweating • Muscle twitching, fasciculation's	• Miosis • Blurred/dim vision • Headache • Nausea, vomiting, diarrhea • Copious secretions and sweating • Muscle twitching, fasciculation's • Dyspnea • Seizures • Loss of consciousness	• Confirm patient decontamination • Nerve agent antidote, if available • Atropine, before other measures • Pralidoxime (2-PAM) chloride	• Onset of symptoms from dermal contact with liquid forms may be delayed • Repeated antidote administration may be necessary
Asphyxiant/ blood	• Arsine • Cyanogen chloride • Hydrogen cyanide	• Arsine : Causes massive intravascular hemolysis which may lead to anemia, jaundice and renal failure • Cyanogen chloride and Hydrogen cyanide: Cyanide binds with iron in cytochrome a3, preventing intracellular oxygen utilization. The cell then uses anaerobic metabolism, creating excess lactic acid and metabolic acidosis	• Possible skin color changes: cherry-red (cyanosis or cyanogen chloride), yellow or bronze (arsine) • Possible cyanosis • Possible frostbite	• Confusion • Nausea • Gasping for air, similar to asphyxiation but more abrupt onset • Seizures • Metabolic acidosis (Cyanogen chloride or Hydrogen cyanide)	• Confirm patient decontamination • Rapid treatment with oxygen • For cyanide, use sodium nitrite, if available, and then sodium thiosulfate • Vigorous supportive care may aid recovery of some patients even without specific antidote • Arsine has no specific antidote	• Arsine and cyanogen chloride may cause delayed pulmonary edema
Choking/ pulmonary	• Chlorine • Hydrogen chloride • Nitrogen oxides • Phosgene	Acids or acid-forming agents which react with cytoplasmic proteins and destroy cell structure	• Chlorine is a greenish-yellow gas with pungent odor • Phosgene gas may smell like newly mown hay or grass • Possible frostbite	• Eye and skin irritation • Airway irritation • Dyspnea, cough • Sore throat • Chest tightness • Wheezing • Bronchospasm	• Confirm patient decontamination • Fresh air, forced rest • Semi-upright position • If signs of respiratory distress are present, oxygen with or without positive airway pressure may be needed • Maintain adequate oxygenation • No specific antidote	• May cause delayed pulmonary edema, even following a symptom-free period that varies in duration with the amount inhaled • May lead to ARDS (Acute Respiratory Distress Syndrome)
Blistering/ vesicant	• Mustard/ Sulfur mustard (HD, H) • Nitrogen mustard • Lewisite • Phosgene oxime	• Exact mechanisms of biologic activity are unknown • Mustard: Forms metabolites that bind to enzymes, proteins and other cellular components • Lewisite: Binds to thiol groups in many enzymes • Phosgene oxime: Mechanism unknown, but corrosive like strong acids	• Mustard (HD) may have an odor like horseradish, garlic or mustard • Lewisite (L) may have an odor like geranium • Phosgene oxime (CX) may have a pepper-like or pungent odor	• Skin, eye and mucosal irritation • Skin erythema and blistering • Tearing, conjunctivitis, corneal damage • Mild respiratory distress To marked airway damage	• Confirm patient decontamination • If dyspneic, give oxygen • Specific antidote: British Anti-Lewisite (BAL) may decrease systemic effects of Lewisite, if available • Mustard and phosgene oxime have no specific antidotes	• Possible pulmonary edema • Mustard has an asymptomatic latent period • Lewisite has immediate burning pain, blisters later • Phosgene oxime causes immediate pain • Monitor electrolyte balance; fluid loss is likely to be less than in comparable thermal burns • Neutropenia and sepsis
Incapacitating/ Behavior altering	• Agent 15/ BZ	Competitively inhibits acetylcholine which disrupts muscarinic transmission in central and peripheral nervous system (atropine-like action)	• May appear as mass drug intoxication with erratic behaviors, shared realistic and distinct hallucinations, disrobing and confusion • Hyperthermia • Mydriasis (dilated pupils)	• Dry mouth and skin • Initial tachycardia • Altered consciousness, delusions, denial of illness and belligerence • Hyperthermia • Ataxia (lack of coordination) • Hallucinations • Mydriasis (dilated pupils)	• Confirm patient decontamination • Evaluate mental status • Use restraints as needed • Monitor core temperature carefully • Specific antidote: physostigmine may be available	• Hyperthermia and self-injury are greatest risks • Hard to detect because it is an odorless and non-irritating substance • Possible serious arrhythmias
Cytotoxic protein	• Ricin • Abrin	Inhibit protein synthesis	Exposure by inhalation or injection causes more pronounced signs & symptoms than exposure by ingestion	• Latent period of 4-8 hours, followed by flu-like signs and symptoms • Progress within 18-24 hours to nausea, cough, dyspnea, pulmonary edema (inhalation exposure); GI hemorrhage	• Confirm patient decontamination • Maintain fluid/electrolyte imbalance • Maintain adequate oxygenation • Provide pain	• Rapid progression of signs and symptoms • Death possible within 36 hours • If patient survives beyond 5 days without complications, recovery is likely

Step 12 front

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: Telephone: _____
- Contact authorities. Call 9-1-1 or local police: Telephone: _____
- Report characteristics of the outbreak to your local health department. Telephone: _____
  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 facilities 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) may help.
- When the chemical release is indoors, evacuate the building and deny entry.
- Contact your supervisor or facility manager: Telephone: _____
- Call 9-1-1 or local police: _____ Tell them the facility address & telephone.
- **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 Center 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 breathed in 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: 1-800-292-4706 and the National Response Center 1-800-424-8802.
- Consult ATSDR Managing Hazardous Materials Incidents, www.atsdr.cdc.gov/MHMI/.

Step 13 bottom 5.5 inches front only

Top 6.5 inches blank (There is a pocket here for the CD-ROM)

Infant/Child Abduction

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

Infant **code pink** and child code purple (or your facilities 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 and exit route.
- A supervisor should escort the person who has reported the lost child throughout the facility to look for the child.
- The individual should be asked if a photo of the 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 child.

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

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

Chart adapted from www.health.state.ny.us/nysdoh/bt/chemical_terrorism/docs/poster_multi.pdf 2014		with emesis and diarrhea • Hypovolemic shock, hepatic, splenic & renal failure (ingestion exposure)	management • No specific antidote	