<table>
<thead>
<tr>
<th>CODE OR TYPE OF EVENT</th>
<th>ANNOUNCEMENT</th>
<th>CODE DEFINITION</th>
<th>CODE DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Arrest</td>
<td>The “Code Blue” Team will be requested to respond to a patient room or area for purposes of resuscitation or extra help in a near resuscitation event where the potential of deterioration is likely.</td>
<td>Code Blue</td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>When a fire is suspected “Code Red” should be initiated when there is smoke or the odor of smoke if the source cannot be located.</td>
<td>Code Red</td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td>When a quick response is required by security or staff and when no weapon is involved. Those trained in Managing Assaultive Behavior will respond to the location paged to diffuse the situation.</td>
<td>Code Gray</td>
<td></td>
</tr>
<tr>
<td>Security: Weapon involved</td>
<td>When there is a known weapon and threat to patient(s), staff, and visitors. This page will initiate law enforcement response immediately. STOP all travel/transport within the facility.</td>
<td>Code Silver</td>
<td></td>
</tr>
<tr>
<td>Security: Bomb Threat</td>
<td>When a bomb threat occurs and threat assessment mandates a search. Alerts departments to begin bomb search. Do NOT touch or disturb suspicious items. Avoid radio use.</td>
<td>Code Yellow</td>
<td></td>
</tr>
<tr>
<td>Security: Infant Abduction Child/Adult Abduction</td>
<td>&quot;Code Pink&quot; is called when an infant or young child (under 2 yrs) is missing or abducted. &quot;Code Purple&quot; is called for a patient greater than 2 years of age. This could include children, teens, adults, and elderly. Vulnerable patients include those with Alzheimer’s, mental health issues, confusion.</td>
<td>Code Pink</td>
<td></td>
</tr>
<tr>
<td>Hazardous Materials Release</td>
<td>When there has been a hazardous material release. Actions include S-I-N. (Safety – Isolate – Notify). The Spill Resource Team will be summoned by PBX.</td>
<td>Code Orange</td>
<td></td>
</tr>
</tbody>
</table>
| HEICS Activation (Disaster) | Activates the hospital Emergency Management Plan. The location is either Internal or External to the facility. The Incident Commander will establish a Command Center. "Code Triage Alert” notifies all management staff to meet for a briefing. "Code Triage Activate” notifies all staff to initiate Department Specific Response Plans for the given situation. Call-back of staff is at the direction of the Incident Commander & Command Staff. | Code Triage  
Internal / External  
Alert / Activate |
| Evacuation            | “Alert” will trigger a department to identify which patients is ambulatory, w/c or carry type patients. Prepare to gather all charts, supplies, belongings. The Incident Commander will page "Activate” if evacuation is imminent. Department Specific plans identify the rendezvous or staging area for the evacuation. | Code Green  
Alert / Activate |
### SHSSR EMERGENCY CODES

<table>
<thead>
<tr>
<th>CODE OR TYPE OF EVENT</th>
<th>ANNOUNCEMENT</th>
<th>CODE DEFINITION</th>
<th>CODE DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Cesarean</td>
<td>The “Code C” Team will be requested to respond to when a patient requires an emergency C-section.</td>
<td></td>
<td>![Code C](Code C)</td>
</tr>
<tr>
<td>Trauma Activation</td>
<td>Announcement that there is a need for the trauma team to respond to the emergency department immediately. The terms &quot;Limited, Full, and Level III“ notify the trauma team responders of the severity or numbers of critical patients.</td>
<td></td>
<td>![Trauma Alert](Trauma Alert) Limited / Full / Level III</td>
</tr>
</tbody>
</table>

**In the Inpatient setting call an RRT FIRST for the following Alerts - they will respond, help evaluate the patient with you and will call the appropriate alert team.**

<table>
<thead>
<tr>
<th>CODE OR TYPE OF EVENT</th>
<th>ANNOUNCEMENT</th>
<th>CODE DEFINITION</th>
<th>CODE DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>A sepsis alert is called when the patient is suspected of having severe sepsis or septic shock. The Sepsis Alert Team, including RRT, lab technician, Administrative Supervisor, Vascular Access Team and Intensives (during their working hours) respond. The pharmacist is placed on alert for antibiotic orders.</td>
<td></td>
<td>Sepsis Alert</td>
</tr>
<tr>
<td>Stroke</td>
<td>A Stroke Alert is activated on any individual (a patient, visitor, coworker, etc) who has signs/symptoms of a stroke. SO BE SAFE ... S=trouble talking, A=trouble with weakness on one side of the body, F=crooked smile/slurred speech, E=vision trouble</td>
<td></td>
<td>Stroke Alert</td>
</tr>
<tr>
<td>ST Segment Elevation MI</td>
<td>A uniform response to patients experiencing a ST Segment Elevation Myocardial Infarction (STEMI) will be called to standardize care provided in the ED and improve patient outcomes. An interventional cardiologist and the Cath Lab Team is on-call for the emergency department on a 24/7.</td>
<td></td>
<td>Stemi Alert</td>
</tr>
</tbody>
</table>

Safety & Security Information
Your action IMPACTS the safety of our patients!

Q. **What are 7 Patient Safety Goals?**
A. Seven goals that have been identified as effective methods to reduce some of the errors and untoward events that occur in hospitals. You can remember the goals by using the acronym IMPACTS:

- **Infections** have been prevented by using good hand hygiene and evaluating, as Sentinel Events, those infections that contributed to patient death.
- **Medications** that are high-risk (concentrated electrolytes) have been removed from patient care units and the numbers of other drug concentrations available have been limited.
- **Pumps** (IV and PCA) have free-flow protection and regular preventive maintenance.
- **Alarms** are sufficiently audible, accurately set and appropriately responded to.
- **Communication** is improved (1) because all verbal orders and critical tests are read-back and the use of error prone abbreviations have been eliminated (2) when a time out is taken just prior to the start of all invasive procedures.
- **Two** or more identifiers are used to verify the identity of every patient prior to administering medications or blood.
- **Surgeries** are always performed on the correct patient and site because of the use of checklists, marking “Yes” on surgical sites and a “time out” to verify and document accuracy before every invasive procedure.

Q. **What are the two identifiers used to verify the correct patient prior to administration of medications or blood?**
A. **Inpatient Areas:**
   - Medications = full name and 8 digit account #
   - Blood Specimens = full name, DOB, MR #
   - Blood Products transfusions = full name, MR#, and Transfusion armband #
   - Outpatient Areas ( ED, OPOR, DI, Cardiopulmonary, Infusion Ctr. etc.):
     - Medications = full name, DOB
     - Blood draws/transfusions = full name, DOB, MR#

**Contrast is considered a medication and when administering requires use of patient identifiers!**
Q. When is the “time-out” used?
A. Immediately prior to the start of any invasive procedure no matter the location. All parties (e.g., RN, MD, tech etc.) actively agree that it is the correct patient, procedure, and site.

Q. What precautions must be taken when accepting verbal orders or critical lab values?
A. Verbal orders, including telephone orders, and critical lab values must be read back to the physician or laboratory scientist to verify accuracy.

Q. What are two Sutter Health System patient safety initiatives that are currently being used at SHSSR?
A. eMAP™ and eICU. eMap is an electronic medication management system utilizing bar-coding technology to ensure patients receive the correct medications and is used at some affiliates. The eICU system uses current technology to allow critical care physicians and staff to remotely monitor and manage critically ill patients.

Q. What has this organization done to improve the safety of using infusion pumps?
A. Biomedical engineering has confirmed with the manufacturers that all of our pumps have free-flow protection in place.

Q. How has your organization improved the effectiveness of clinical alarm systems?
A. Biomedical engineering provides preventative maintenance on a regular basis. Biomedical engineering has developed a policy to ensure that staff activates alarms with appropriate settings and that they are sufficiently audible from a distance and can be heard over competing noise in the area.

Q. What is a Sentinel Event?
A. Sentinel Events are occurrences that require immediate reporting to the Department Supervisor and the Patient Safety Officer or Risk Manager. A Sentinel Event is a category of medical error defined by the JCAHO to include the following: An unanticipated death or major permanent loss of function, including a hospital acquired infection, that is not related to the natural course of the patient’s illness or underlying condition or risk thereof. A Sentinel Event is also one of the following even if the outcome was not death or major permanent loss of function: √ Suicide of a patient in a setting where the patient resides around-the-clock √ Infant abduction or discharge to the wrong family √ Rape or homicide of a patient √ Hemolytic transfusion reaction involving administration of blood or blood products √ Surgery on the wrong patient, site, side or organ √ Unintended retention of a foreign object in a patient after surgery or other procedure.
A root cause analysis is performed to identify breaks in systems and procedures and corrective actions are implemented to make certain the error does not reoccur.

Q. What is Chain of Command?
A. A list of medical staff and administrative leaders who can be called upon to help staff make decisions and implement actions when they have urgent concerns about patient care or safety.
Q. **When should using the Chain of Command be considered?**

A. Whenever we have any reason to believe that a patient’s clinical needs are not being met or that, in some way, a problem arises that needs to be dealt with quickly and without delay in order to avoid injury or loss to anyone. Examples of such situations include contacting a Administrative Supervisor to respond to a critical patient issue or notifying the Chief of Staff or clinical department head or division chief about an urgent patient care matter if the patient’s attending physician cannot be contacted or the physician’s response (or lack of response) to the patient’s clinical status may foresee ably result in patient injury or harm. Both examples reflect the importance of contacting a higher authority in order to obtain immediate direction to prevent patient harm.

**CLINICAL ALARMS**

All clinical alarms must be ON at all times. Alarm settings are documented each shift. Clinical alarms may be rated as:

**High**—poses injury or death to pt-- Requires immediate response
- Ventilator alarms, ECG 3 star alarms, infusion pumps with hemodynamic/ anti-arrhythmic medications, intra operative alarms

**Medium**- poses injury or adverse effects to pt—Requires rapid response
- Infusion pumps, PCA, call lights, bed exit alarms, pulse ox

**Low**- poses adverse effects to pt—Requires response as soon as possible
- SCDs, feeding pumps

**Set limits:**
Arrhythmia- any arrhythmia that would require treatment will be ON, chronic condition may be adjusted or off
- HR and BP 20- 25% above and below range
- RR 50% above and below range, never below 8
- Pulse Oximetry- never less than 90% unless ordered by MD

- CVP or PA- any limit (monitoring for disconnect)
- ICP- per MD orders
- ETCO2- 20- 25% above and below

Safety & Security Information
**UNACCEPTABLE ABBREVIATIONS AND SYMBOLS**

Do **NOT** use any of the following when ordering or prescribing:

<table>
<thead>
<tr>
<th>Unacceptable Abbreviation/Symbol</th>
<th>Why shouldn’t this be used?</th>
<th>What is acceptable practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trailing zero (X.0 mg) -OR- Lack of leading zero (.X mg)</td>
<td>Decimal point can be missed or misplaced.</td>
<td>Never write a zero by itself after a decimal point (X mg). Always use a zero before a decimal point (0.X mg).</td>
</tr>
<tr>
<td>Q.D. Q.O.D (Latin abbreviation for once daily and every other day)</td>
<td>Mistaken for each other. The period after “Q” can be mistaken for an “I,” the “O” can be mistaken for an “I.”</td>
<td>Write out the word “daily” and/or “every other day.”</td>
</tr>
<tr>
<td>U or u (for unit)</td>
<td>Frequently mistaken for the number zero, cc, or the number four.</td>
<td>Write out the word “unit.”</td>
</tr>
<tr>
<td>IU (for international units)</td>
<td>Can be mistaken for IV (intravenous) or 10 (ten).</td>
<td>Write out the words “international units.”</td>
</tr>
<tr>
<td>MS MSO4 MgSO4</td>
<td>Confused for one another. Can mean morphine sulfate or magnesium sulfate.</td>
<td>Write “morphine sulfate” or “magnesium sulfate.”</td>
</tr>
</tbody>
</table>
Q. **When should you call security?**
A. You should call Security to Report suspicious activity:
   √ Report loitering of unidentified individuals
   √ Threat of actual violence or abusive behavior
   √ For an escort to your car after dark
   √ When theft is suspected

Q. **If you don’t know how to respond when an Emergency Code is called over the PA, where can you get more information?**
A. Your badge reference card or the multi-colored Emergency Management Quick Reference Guide hanging near the phone in your department.

Q. **What would you do if you received a bomb threat?**
A. Call a Code Yellow. Do not touch or disturb suspicious items. Avoid radio use.

Q. **What would you do if there were a threat of violence?**
A. Call a Code Gray for Security Response if no weapon is involved, Code Silver if weapon is involved.

Q. **How should you respond to Code Pink?**
A. Upon the announcement of a Code Pink over the PA system you will monitor any stairwell or exits in your unit. You will tactfully challenge any person carrying a suspicious bundle, an obvious newborn infant or anyone seen leading or carrying a child in a hospital gown. Staff will use caution in confronting any individual seen and suspected of abducting an infant or child.

**Security Phone Numbers when dialed from the hospital:**

- Sutter Amador Hospital (SAH) x6006
- Sutter Auburn Faith Hospital (SAFH) x3000
- Sutter Davis Hospital (SDH) x333
- Sutter Medical Center, Sacramento (SMCS) SGH x4000 SMH x1414
- Sutter Roseville Medical Center (SRMC) x2000
- Sutter Solano Medical Center (SSMC) x5555
FIRE AND LIFE SAFETY

Help Prevent Fires:
- Help enforce smoking rules.
- Keep equipment that can spark out of areas where oxygen is used.
- Keep combustibles and flammables away from heat.
- Know where pull stations and evacuation routes are located.
- Know where fire extinguishers are located; do not block access.
- Never leave food heating in an unattended microwave

In case of fire, “RACE”:
- Rescue anyone in danger
- Alarm: pull the nearest alarm & alert hospital operator
- Confine: close doors and windows
- Extinguish if safe to do so

To use a fire extinguisher, “PASS”:
- P = Pull the Pin
- A = Aim the extinguisher at base of fire
- S = Squeeze or press the handle
- S = Sweep the spray from side to side

ELECTRICAL SAFETY

Q. How can you be sure all electric equipment is safe for use?
A. ALL electrical equipment is checked by Biomedical engineering at least ANNUALLY.
   √ A biomedical equipment inspection sticker on the equipment indicates that it is current.
   √ A 3-pronged plug and current safety sticker should always be in place BEFORE it is used for a patient.
   √ When disconnecting a plug, grasp and pull straight out. NEVER pull on the cord.

Safety & Security Information
Q. What does MSDS stand for?
A. Material Safety Data Sheet.

Q. What information is found on the MSDS?
A. The MSDS contains the following:
- Chemical Name
- Chemical composition
- Physical data
- Environmental impact
- Protection, clean-up and first-aid
- Exposure limits

Q. How do you obtain an MSDS?
A. Contact 1-800-451-8346

Q. What would you do if there were a hazardous spill in your area?
A. S.I.N.:
- Safety – Take appropriate measures to assure the safety of you and others.
- Isolate – Deny entry to prevent contamination.
- Notify – Call a code orange.

Q. What items should be discarded in the Red Biohazard Trash Bags?
A. The following:
- Dressings with blood and/or body fluids.
- Containerized blood and body fluids.
- Chest tubes, pleurovacs and tubing and hemovacs.
- Hemodialysis Equipment.
- Bloody tubing with saline and blood bag still attached.

Q. What items should be discarded in a Sharps Container?
A. The following:
- Needles and ALL syringes
- Glass Slides
- Scalpels
- Anything that can puncture a glove or trash bag.

Q. What items should be discarded in the Regular Trash?
A. The following:
- Empty Urinary Catheters and Bags
- N/G tubes
- Soiled chux
- Suction Tubing
- Kleenex
- Ostomy Dressings and Emptied Bags
- Irrigation Equipment
- Urinals/Bedpans
- Gloves

Q. Where do you discard Chemotherapy waste?
A. “Yellow” Chemotherapy bin

Safety & Security Information
Q. Where do you discard Pharmaceutical waste?
A. Purple topped containers.

Q. How do you dispose of batteries?
A. In accordance with the RCRA (Federal Resource Conservation and Recovery Act), batteries are placed in marked containers according to the battery type. Tape both ends of used 9 volt batteries to minimize the risk of fire when you dispose in the covered battery bucket.

MEDICAL EQUIPMENT AND UTILITIES

Q. Who would you call if you notice a problem with water, heat, electricity, or medical gases?
A. Notify Plant Operations and Maintenance immediately and your Supervisor.

Q. Where do you find instructions that tell you how to safely operate and troubleshoot equipment in your unit?
A. Refer to the following:
   ✓ Equipment manual in your department.
   ✓ Contact your manager or engineering.

Q. What do you do if equipment fails?
A. ✓ Check that the patient is safe.
   ✓ Contact your direct Supervisor, Engineering and Risk Manager.
   ✓ Fill out repair request and attach to equipment.
   ✓ Remove the equipment from service area.

RISK MANAGEMENT / REPORTING INCIDENTS

Everyone takes an active part in patient safety, risk management and quality improvement. It is your responsibility to be aware of and report every situation where a patient, visitor, or co-worker’s safety is at risk. Remember: if in doubt, fill one out!

Q. Why report?
A. Reporting is an essential part of identifying high risk events. These events have, or could have, resulted in an injury to someone or otherwise have exposed your facility to loss or legal liability.

Q. Who reports?
A. EVERY employee is responsible for completing a Patient Safety Record (PSR) whenever he or she becomes aware of a reportable situation. In high-risk cases, don’t hesitate to call or page the Risk Manager immediately.

At Sutter Health Sacramento Sierra Region, employees, physicians, and volunteers conduct their daily business with honesty and integrity.

Q. How do you report a High Risk Event?
A. Do the following:
   √ Notify your Supervisor or Risk Manager immediately
   √ Complete an online PSR

Q. What to report?
A. Report any event that either has, or could, result in injury or loss to a patient, visitor, or co-worker. The following events should ALWAYS be reported:
   √ Injuries to patients (e.g. lacerations to organs, severe infections, burns of any kind, injuries resulting from a failure to diagnose or misdiagnosis, falls, medication-related, fractures, abrasions, etc.).
   √ Events that may not have actually resulted in an injury, but easily could have (e.g., medication errors, delays in treatment, falls, wrong treatment, etc.) These incidents are often called “near misses,” and are essential to Risk Management/Quality Improvement efforts.
   √ Unexpected patient deaths, (e.g. suicides, sudden cardiopulmonary arrest, etc.)
   √ AIDS and HIV-related events of any kind.
   √ Birth related injuries to either the mother or the newborn, (e.g. fractures, excessive bleeding, anesthesia-related incidents, neurological deficits of any kind, etc.).
   √ Blood transfusion related incidents, injuries or unexpected reactions.
   √ Injuries or mishaps involving visitors, (e.g., slips and falls, complaints of disruptive behavior, complaints of mistreatment, etc.).
   √ Physical or sexual assault on anyone, regardless of who was involved or whether there was any resulting injury.
   √ Infant abductions or incidents where an infant was given to the wrong family.
   √ Any statements made by a patient or visitor that they intend to file a lawsuit or claim.
   √ Theft or loss of facility or patient property.

Under no circumstances should you make or keep a copy of a PSR, file it in or refer to it in a patient’s record, or talk about it with someone other than your

Safety & Security Information
immediate supervisor, Risk Manager. Doing so may void their legal protection. If you should become aware of such unauthorized use of the report, notify your Risk Manager or Quality Improvement Director immediately. By following the policy and procedure for reporting, the reports can be confidentially maintained by Risk Management and cannot be used for any other purpose maintaining the legal protection.

Remember, incident reporting is NOT someone else’s job – it’s yours. Give your Risk Manager a hand in reducing risk and controlling losses. Report!
### Emergency Preparedness Events and the Impact on Physicians

<table>
<thead>
<tr>
<th>Internal Events</th>
<th>How does it impact you?</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Red</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Fire            | • “RACE“ if you discover the fire. Offer assistance if you are in the immediate area of the fire.  
|                 | • High potential in OR.  
|                 | • Potential injury of your patient.  
|                 | • Access Control may be implemented. | • Rescue, Alarm, Contain, Extinguish or Evacuate (RACE)  
|                 |                           | • Be aware of prevention measures in OR. |
| **Code Gray**   |                         |          |
| Security event, | • Need to be aware if you are in the hospital.  
| Violent person  | • Access Control may be implemented. | • Need to stay where you are, do not move about the hospital.  
| (Internal or External) |                             | • Secure the door to the area if possible.  
| **Code Silver** |                         |          |
| Person has a weapon | • Need to be aware if you are in the hospital.  
|                 | • Access Control may be implemented | • If able to escape immediate area, do so. |
| **Code Pink/Purple** |                     |          |
| Abduction       | • Need to be aware if you are in the hospital.  
|                 | • Access Control may be implemented | • Be observant for people with infants or bags they could fit in. |
| **Code Yellow** |                         |          |
| Bomb Threat     | • Need to be aware if you are in the hospital.  
|                 | • Access Control may be implemented | • Report unusual objects.  
|                 |                           | • If you discover a suspicious package or object, do not pick it up or move it. |
| **Code Orange** |                         |          |
| Hazardous Material spill/event | • Need to be aware if you are in the hospital.  
|                 | • Access Control may be implemented | • Do not go into affected area.  
<p>|                 |                           | • Victims need to be decontaminated before being touched/treated. |</p>
<table>
<thead>
<tr>
<th>Code Green</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| Evacuation | • May need to assist with evacuation.  
• May need to help monitor evacuated patients. | • Follow instructions of fire department and/or Incident Commander.  
• Assist evacuating patients as directed. |
| Utility Failure |  |  |
| Phones | • May need to use the Back up phone system.  
• Can't see medical records if IT down. | • May need to have the phone number of the units you call the most. |
| IT |  |  |
| Water/Sewer |  |  |
| Code Triage, Internal | Could be implemented with any of the above events. |  |

<table>
<thead>
<tr>
<th>External Events</th>
<th>How does it impact you?</th>
<th>Response</th>
</tr>
</thead>
</table>
| Code Triage, External  
Multi-casualty event | • Help provide treatment of victims.  
• Aid in disposition of in-house patients. | • See additional hand out. |
| Epidemic/ Bioterrorism | • Be aware of situation.  
• Increased patient volume. | • Notice unusual trends of patient symptoms.  
• Report to the Public Health Department.  
• Use Standard Precautions. |

<table>
<thead>
<tr>
<th>Any Event</th>
<th>How does it impact you?</th>
<th>Response</th>
</tr>
</thead>
</table>
| Access Control | • Need to be aware of implementation. | • Always wear hospital photo ID badge.  
• Expect delays.  
• Cooperate with door monitors. |
Physician Role During a Disaster

This is an overview of what would be expected from the physicians during a disaster. **All physicians should have photo hospital ID badges with them.**

**Emergency Department Physicians (or those with military triage experience):**  
Where to report: to the ED where you are on call, or to the closest facility where you have privileges. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure so they can do emergency credentialing.  
Your role: The lead ED MD will make assignments to the Triage Area and Immediate Treatment Area. If staffing allows, you may also cover the Delayed and Minor Treatment Areas.

**Surgeons:**  
Where to report: to the OR where you are on call, or to the closest facility where you have privileges. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure so they can do emergency credentialing.  
Your role: Be available for emergency surgeries and support treatment areas if not needed for surgery. Trauma patients will be arriving at non-trauma facilities.

**Family Practice / Internal Medicine:**  
Where to report: where you are on call, or to the closest facility where you have privileges. At SGH and SMH report to the Medical Staff Lounge. A Medical Staff employee/physician will make assignments. If you are unable to reach a facility where you have privileges, go to the closest hospital. You will need proof of licensure so they can do emergency credentialing.  
Your role: If you have patients in the facility, they need to be promptly evaluated for potential discharge or transfer to a lower level of care. Otherwise you will be given an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) Treatment Areas. You may also be assigned to treat patients in the Immediate (severe injury) Treatment Area.

**Specialty Practice:**  
Where to report: where you are on call, or to the closest facility where you have privileges. At SGH and SMH report to the Medical Staff Lounge. A Medical Staff employee/physician will make assignments. If you are unable to reach a facility where
you have privileges, go to the closest hospital. You will need proof of licensure so they can do emergency credentialing.

Your role: To be available for your specialty needs. Otherwise you will be given an assignment of treating patients in the Delayed (moderate injury) or Minor (minor injury) Treatment Areas. You may also be assigned to treat patients in the Immediate (severe injury) Treatment Area.

Types of Disasters (Emergency Events) that will require additional physicians:

- Multi- Casualty Incidents (Code Triage, External)
  - Examples
    - Earthquakes
    - Bombings
    - Plane Crash
    - Multi car crashes
    - Terrorism
    - Hazardous Materials

- Internal Events (Code Triage, Internal)
  - Examples
    - Evacuation
    - Event inside the hospital such as earthquake, explosion, fire

Types of Terrorist events:

**Nuclear** - Not as worried about this one.

**Biological** - Difficult to weaponize many of the agents. If an event did happen, we probably wouldn’t know about it until people started getting sick. Doctors would play a big role in recognition. Are you seeing more than usual “flu” cases? Are there any unusual symptoms? Contact the Public Health Department with any suspicions. May be good to make contact with local ED to alert them.

**Chemical** - This could even occur without terrorism. A Hazardous Materials incident could occur any time. The goal is to not contaminate the hospital, staff and other patients. People with chemical contaminants on them should not be allowed in the facility until they are washed off (decontaminated). No staff member or physician should put themselves in danger by coming into contact with a hazardous material. At SMCS we are in the process of expanding our training and equipment to deal with this better.

**Incendiary** – Bombs, IED’s (Improvised Explosive Devices). Oklahoma City and New York City are examples of this.

Revision: Jan. 2013
If you have any questions about Sutter Medical Center, Sacramento’s response to a Disaster or Terrorism event, feel free to contact the Emergency Preparedness Coordinator:

Loni Howard, RN, MSN
Office: 733-8579
Cell: 916-591-5810
email: HowardL@sutterhealth.org

The Importance of wearing your SMCS photo ID Badge

- We should be able to identify all physicians/employees in the hospital.
- You should be able to see if someone else is an employee, and belongs where they are.
- In the case of disaster or terrorism access to the hospital may be restricted – you need to be able to show you are a physician to enter.
- If street access is restricted, police may be manning barricades – you need to be able to prove you are a physician to enter.
- So you need your badge on you, not in your desk or locker.

When should you wear your ID Badge

- Any time you are coming onto hospital property.
- Not just once you are in the hospital.