

SAFETY

At UF Health Flagler Hospital, safety is a top priority. In order to keep our patients and employees safe, we have developed a code system to identify safety concerns as well as important information to know.

Objectives

At the end of this presentation the participant will be able to:

1. Verbalize an understanding for Code Red.
2. Verbalize an understanding for Code Orange.
3. Verbalize an understanding for Code Yellow.
4. Verbalize an understanding for Active Shooter.
5. Verbalize an understanding for Hostage Situation.
6. Verbalize an understanding for Code Green.
7. Verbalize an understanding for Code Pink.
8. Verbalize an understanding for Code Black.
9. Verbalize an understanding for Code Brown.
10. Verbalize an understanding for Code Walker.
11. Verbalize an understanding for Code Blue.
12. Verbalize an understanding for Code Gray.



Code Red (Fire!)

If you discover a fire, remember R.A.C.E

R=Rescue

Rescue all patients in the immediate danger. Patients in immediate danger from fire and smoke should be evacuated by way of the closes fire exit or, other vertical exit or horizontal exit through the closest smoke stop door

A=Alarm

Pull the fire alarm box and notify the switchboard operator. Notify the switchboard operator by phone and give the exact location and description of the fire. For patient room fires, use only the room number

C=Contain

Contain the fire. If it is safe to do so, close all doors (use back of hand) and windows in the immediate area. Turn off electrical equipment and oxygen in the room. The air handlers will turn off immediately after the pull alarm is activated. Seal cracks under the door with wet towels or blankets.

E=Extinguish

Extinguish the fire. If safe to do so, use the fire extinguisher to bring the fire under control. Fire extinguishers are located every 50 feet throughout the building.



Code Red (Fire!)

If you discover a fire, remember R.A.C.E

ALL EMPLOYEES NOT RESPONDING TO THE FIRE WITH EXTINGUISHERS SHOULD STAY IN THEIR DEPARTMENT AREA, CLOSE PATIENT DOORS, CLEAR THE HALLWAYS AND DO NOT GO THROUGH ANY FIRE DOORS OR USE THE ELEVATOR!

Fire Response Team

- The hospital employees have the responsibility of containing the fire until the fire department arrives. To effectively accomplish this, there will be a fire response team composed of employees from the following departments:
 - Engineering
 - Environmental Services
 - Security
 - Respiratory Therapist
 - Nursing Officer
- In the event of a fire, selected employees from these departments will respond to the fire with adequate and appropriate fire fighting equipment. After normal working hours, nursing personnel will make up the fire response team
- When the Nursing Officer states that the emergency response has concluded, the switchboard operator will then announce “Code Red All Clear.”



Code Orange

Hazardous Materials Exposure

When a Code Orange is announced, all personnel must stay in their department!

These Key Staff listed below will coordinate and perform the following functions

- **PBX Operators**
 - Page Code Orange three times when directed
 - Pull Fire Alarm located in switchboard
 - Call (911) and notify the Sheriff's Office of possible hazardous material victims
 - Notify Engineering to begin locking doors as necessary to prevent access by all personnel
- **Nursing Supervisor**
 - Confirm the Fire Department is responding
 - If needed, activate the hospital Hazmat Team
 - Notify Administrator on Call
 - Contact the hospital Safety Officer and advise of Hazmat Team Activation



Code Orange

Hazardous Materials Exposure

- **Hospital Hazmat Team**
 - If activated by the Nursing Supervisor, report to the Hazmat storage room and prepare to deploy the Decon Shower system with supporting equipment.
- **Patient Services**
 - Registration Clerks will stand at the entry/edit door of the main lobby and prevent anyone from entering, also will direct all guests in the lobby to be seated and await instructions
 - The Receptionist in Out Patient Surgery will stand at the entry/exit door and prevent anyone from entering, also will direct all guests in the lobby to be seated and await instructions
- **ED Triage Nurse and Registration Clerks**
 - Contact PBX Operator to page **Code Orange**
 - Do not allow anyone to enter the Emergency Department lobby
 - Use personal protective equipment (PPE), glove, mask, eye protection or face shield and gown
 - Registration Clerk must notify the Nursing Supervisor of the situation



Code Orange

Hazardous Materials Exposure

- **Security**

- Position one Security Officer at the Emergency Department main lobby door
- Additional Security Officer contact Nursing Supervisor for further instructions

- **Engineering**

- Lock doors as instructed
- Bring radio to the PBX Operator's office
- Assess air handlers in contaminated areas

Material Safety Data Sheet can be accessed on the Flagler Hospital Intranet:

Name	Title	Ext	Email
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- Manufacturer and Contact Information
- Hazardous Ingredients/Identify Information
- Physical/Chemical Characteristics
- Fire and Explosion Hazard Data
- Reactivity Data
- Health Hazard Data
- Precautions for Safe Handling and Use
- Control Measures



Code Yellow

Stroke Alert

If you discover a patient who is exhibiting sign and symptoms listed below, they could be experiencing a stroke

Remember **F.A.S.T**

F=Face

Facial droop or uneven smile

A=Arm

Weakness or numbness in the arm

S=Speech

Slurred speech, difficulty speaking or understanding

T=Time

Immediately call extension **4070**

If you discover these symptoms, do the following...



Code Yellow

Stroke Alert

Nurse:

- Stay with the patient
- Alert the Rapid Response Team (RTR) by dialing ext. 4070.
 - If Stroke is positive:
 - Notify patient primary physician
 - Neurologist of record
 - Notify CT of eminent STAT head CT “Code Yellow”
- Rapid Response Operator:
 - Notify the Resource nurse
 - Notify the Nursing Supervisor



Code Yellow

Stroke Alert

Resource / Nursing Supervisor:

- Respond immediately to location
- Complete the Stroke Packet
- PA page “Code Yellow” three times.
- Order CT of the brain.

Rapid Response Team (RRT):

- Place a copy of the stroke packet in the patient’s chart
- Consists of:
 - **Rapid Response Nurse**
 - **Respiratory Therapist**
 - **Emergency Department Physician**
 - **Emergency Department Nurse**



Code Green

Mass Casualty Incident

The plan activation will be determined by the Administrator on call or the Nursing Supervisor

Communication PBX Operators

- Upon notification from the Nursing Supervisor or the Administrator on call, the PBX operator will announce a “Code Green Report to Your Stations” over the PA system three times.
- The PBX operator will activate the “Snap Com” computer notification System.
- The Nursing Supervisor will notify the PBX operator to contact the personnel and physicians on various call lists when “Code Green” is activated.
- Upon notification from the Nursing Supervisor or the Administrator on call, the PBX operator will announce “Stand Down Code Green All Clear” over the PA system three times.



Code Green

Mass Casualty Incident

Triage location and patient distribution

- The assigned triage area is the admitting lobby by the Emergency Department.
- Nursing Supervisor will assign personnel to maintain traffic control in the admitting lobby.
- Triage physicians will assess the needs and the distributions of the patients.
- The Nursing Supervisor will assign support service personnel to the triage area and to the Emergency Department to ensure proper tagging and identification of patients received.

Physician Assignments

- The first physician to arrive at each of the triage areas will serve as Triage Officer until relieved.
- During a disaster all physicians should report to the Triage Officer.

Ancillary Personnel Assignment

- All Transporters, Environmental Services, Cardiopulmonary personnel and other staff will report at the Patient Tower corridor leading to the Emergency Department.
- Reporting staff will await instruction from the Nursing Supervisor before proceeding to the triage area to assist.



Code Green

Mass Casualty Incident

Triage locations (S.T.A.R.T. 2 finish treatment stations)

- S.T.A.R.T. 2 Finish locations is where treatment will be given by the level of care needed. D
- Listed below are the assigned department who will set up and provide/manage care

Color	Treatment Station	Departments Managing Care	Victim Type
RED	Emergency Dept.	Emergency Dept.	Shock
YELLOW	Outpatient Surgery	OR, ICCU, CVU	Uncomplicated burns/fractures
GREEN	Alicia/ Matanzas/Osceola	Floors 4,5,7,8	First Aid
BLACK	Morgue/Designated area	Morgue	Deceased
NA	Decontamination point		HAZMAT Exposure



Code Green

Mass Casualty Incident

Nursing Supervisor

- The Nursing Supervisor is in charge of all disaster plan implementation.
- The Nursing Supervisor will notify the PBX Operator to contact the personnel and physicians on various call lists.

The Nursing Supervisor shall:

- Go directly to the triage area.
- Designate an individual to immediately provide the Nursing Supervisor with a list of available beds.
- Assign a ward clerk to prepare a list form each nursing unit of those patients who may be safely discharged in the event additional beds are required.
- Assign personnel to work with the physicians performing triage.
- Assign support service personnel sufficient for the expected number of casualties to the triage areas to assume the task of tagging patients.
- Assign personnel to maintain a log of patient treatment room assignment.
- Assign personnel to procure additional wheelchairs and/or stretchers for the receiving as needed.
- Verify that personnel have been assigned to secure all entrances to the hospital and to direct traffic.
- Assign two individuals to act a Communication Coordinator and his/her assistant.
- Assign one individual to assist the Social Workers to answer phones and take messages.

Patient Information and Communication:

- The Nursing Supervisor will assign two individuals to act as Communications Coordinator and his/her assistant.
- The Communications Coordinator and the Social Worker will utilize companion phones to communicate with hospital personnel. If H.I.C.S. is implemented UHF radios will be issued to appropriate personnel.

Code Blue

Cardiopulmonary Resuscitation

The following personnel will respond to Code Blue for the purpose of assisting with the cardiopulmonary resuscitation of patient:

Primary Care RN (1)

RN ECC (1)

RN MICU (1)

RN SICU (1)

RRT (2)

ECC Physician (1)

PCT ECC (1)

Guidelines:

The Cardio-Pulmonary Resuscitation Team responsibilities:

- The first team member qualified to initiate CPR will establish a need for CPR and begin Basic Life Support (as outlined in the American Heart Association guidelines).
- The Primary Care Nurse will assume responsibility for getting the crash cart to the scene, and obtaining the patients' health records. He/She will describe to the team the onset time and activities preceding symptoms, etc. as well as the "last known normal" when the symptom onset is not witnessed. He/She will assist the team under the Physician's direction and may initiate an IV, administer medications, and other activities to assist the team.

Code Blue

Cardiopulmonary Resuscitation

Guidelines continued...

The Cardio-Pulmonary Resuscitation Team responsibilities:

- The Respiratory Therapists will participate in CPR; assume responsibility for airway management, make preparation for intubation and mechanical ventilation as necessary, obtain ABG's, and other POC results as ordered. He/She will ensure only the core team is in the room.
- The Emergency Care Physician will assess the patient and will direct the team following ACLS guidelines. The Emergency Care Physician's availability would depend on the status of the patients in the ECC. After responding to and initiating care the ECC Physician will discuss the case with the attending physician. The ECC Physician has the right, at his/her discretion, to require the attending physician or designee to come into the hospital to assume responsibility for the patient.
- The ECC RN will assist the Physician, assume responsibility for IV access and medication administration, may assist with CPR and other activities to support the team.
- The ECC PCT will arrive with the Glidescope, Autopulse, and "Difficult Airway" bag. He/She will obtain blood specimens, expedite their delivery to the Laboratory and may perform CPR and other activities to assist the team.



Code Blue

Cardiopulmonary Resuscitation

Guidelines continued...

The Cardio-Pulmonary Resuscitation Team responsibilities:

- The MICU / SICU RN's will arrive with the "Code Jump Bag", assist the Physician, assist with IV access, medication administration, CPR, and other activities to assist the team. One of the Critical Care RN's will initiate the Cardiopulmonary Resuscitation Record and will ensure all event times are recorded. He/She may designate a recorder.
- **All team members will perform tasks within their scope of practice under the direction of the physician in attendance. Tasks may be delegated to another code team member based on the clinical situation.**

Code Blue Management Exception to this Policy:

- **Code Blue** called in procedural areas, i.e. Cath Lab, OR, Radiology Special Procedures will be managed by the Physician Operator in conjunction with the ECC Physician. The Physician operator may defer ACLS management to the ECC Physician, if desired.

Code Blue called in Hospital Common areas.

- **Code Blue** Team, as defined above, will respond to codes called in hospital common areas. The staff from the ECC will bring a Code Cart to the scene.



Code Blue

Cardiopulmonary Resuscitation

Evaluation of the Code Blue Process:

- After the emergency situation has been resolved leaders of the Code Blue Team will initiate a debriefing among participating staff.
- The Cardiopulmonary Resuscitation Record will be completed and signed by the ECC or attending physician and the recording nurse. Forms will be returned to the Director of the Medical ICU.

Competency of the Cardiopulmonary Resuscitation Team.

- All personnel in patient care departments will attend a program biennially for recognition of competency in the provision of BLS (and ACLS as appropriate to job description) interventions using the American Heart Association standards for health care providers.
- Code Blue drills (Mock Codes) will be scheduled and held on a regular basis.



Code **Brown**

Definition

- Tornado Watch – An announcement that indicates that tornadoes are possible in the area.
- Tornado Warning – An announcement that indicates that a tornado has been sighted in the area.

PROCEDURE

- The Nursing Supervisor or Administrator on call will determine when that following severe weather preparation procedures shall be implemented.
- Departmental responsibilities for severe weather preparation procedures are as follows:
 - Engineering
 - Survey roof and clear all loose materials.
 - Secure all moveable objects on grounds.
 - Conduct damage assessment.



Code Brown

- Departmental responsibilities for severe weather preparation procedures are as follows (Cont.)
 - Nursing Services
 - Move patients away from window areas.
 - Environmental Services:
 - Secure cleaning supplies. i.e. buckets and mops etc.
 - Secure outside areas of trashcans, etc.
 - All Departments:
 - Instruct staff to seek shelter away from windows, exterior walls, and into interior building areas.
 - Close blinds and /or draperies to reduce danger from shattered glass.
 - Report any damage to Administration post weather.



Code Pink

Infant/Child Abduction

Unit Staff Where Infant Disappeared:

- Dial the PBX Operator at 5252 *immediately*. Request the operator announce a Code Pink giving further descriptors of where the child was last seen, description of clothes worn, and description of the suspect.
- Verify, through census, the location of all infants / children assigned to the unit.
- Secure the unit / area – Check all entry / exits to verify doors are enclosed, locked, and undisturbed. No one is allowed to leave or enter until an “All Clear” is announced.
- Maintain telephone contact with the hospital operator while the operator establishes a three-way connection with the 911 operator.
- Secure the area where abduction occurred (To preserve any forensic evidence).



Code Pink

Infant/Child Abduction

Communication

- PBX operator will announce “CODE PINK” 3 times, giving age, description of infant / child and abductor.
 - Repeat again every 5 minutes or until an “All Clear” is given.
- Press the “Snap Com” alert
- PBX operator will notify Security, Supervisor, and Police department (911).
 - Give appropriate details of the situation.
 - Staff to remain on line for a 3 way communication connection between Policy, PBX operator, and Staff member.



Code Pink

Infant/Child Abduction

Charge Nurse Responsibilities:

- Secure charts of missing infant / child and of infant's mother if she is a patient.
- Secure photograph, if available. Leave belongings in room.
- OB/PEDs unit: Direct the infant cord blood (if available) be placed on hold and secured.
- Arrange private room or area for patient and family.
- Protect parent(s) from stressful contact with the media or other interference.



Code Pink

Infant/Child Abduction

Hospital Director/Manager/Supervisors:

- Ensure staff are securing assigned entry / exit points.
- Supervisor to notify Administrator on call.
- Supervisor to establish a “Command Post’ to facilitate:
 - Media control, staff information, and staff interviews by authorities.
 - Assign staff to assist law enforcement officials, and appropriate personnel to attend to the needs of the missing infant / child’s family



Code Pink

Infant/Child Abduction

Hospital Staff Members:

- Secure immediate surrounding areas including ALL entry / exit points and utilize cell phone to communicate situations with hospital Security at 819-3377.
- Screen, instruct, and inform all persons attempting to leave the hospital that they must exit through the emergency entrance access or wait until an “all clear” has been announced.
- Check any suspicious bags that could contain a baby (explain to patient/visitor of situation).
 - If anyone refuses to exit through the emergency department entrance site, **DO NOT** attempt to physically stop person(s). **Call Security at 3377 immediately.**
 - Announce to Security who you are and the location point you are assigned.
 - Stay on the phone and report as much information to identify person(s) to Security.

Hostage Situation

- Hospital Staff in Area of Hostage Situation:
 - Inform others of the situation
 - Leave the area (if safe) ask others to follow
 - Do not attempt to engage any rescue attempts.
 - Closes all patients and unit doors.
- Communication
 - PBX Operator will:
 - Announce overhead on the PA system “Hostage Situation” with location 3 times.
 - Will notify the Supervisor and the Security Officer on duty of the incident.
 - Will contact Law Enforcement (911) of the “Hostage Situation”.
 - Will only accept an order to announce “All Clear” by Security or Administration.

Hostage Situation

- Response Team - Security:
 - Evacuate staff, patients, and visitors if possible.
 - Seek cover/protection and warn others of the situation.
 - Instruct anyone not to panic and stay alert.
 - Secure the perimeter.
 - Close and secure the entrances and exits (lockdown).
 - Establish and maintain communication with the HICS team.
 - Instruct PBX operator to announce “All Clear” once authorized to do so.

Active Shooter

- You must remain calm.
 - Take a deep breath and come to an understanding that you, your coworkers, and your patients are in danger.
- You must quickly assess the situation.
 - How close is the shooter?
 - Is there time to get everyone out safely?
 - Can the area be secured?
 - Should we shelter in place?
 - Should I prepare to defend myself and protect my patients?
- You must make decisions based on your assessment of the current situation and be prepared to act on those decisions.
- When Law Enforcement arrives on the scene:
 - Follow their instructions. Immediately raise hand and spread fingers overhead and keep visible at all times. Avoid making quick movement toward officers and do not try and hold onto them.

Active Shooter

- Run – if unable to lock area and safe to leave area.
 - Know what evacuation routes are available – ***Safe Zone is North Parking Lot.***
 - Leave belongings behind.
 - Keep your hands visible.
- Hide – if unable to lock, then barricade area.
 - Hide behind large objects (Desk, cabinet, etc.).
 - Place phones on silent mode.
 - Turn lights off, stay quiet.
 - If safe, text officials (911)

Active Shooter

- Fight – If shooter sees you and you see him/her
 - As a last resort and when your life is in imminent danger.
 - Attempt to incapacitate the active shooter.
 - Act with physical aggression and throw items at the shooter (fire extinguisher, table phone, chair etc.).
- Call PBS operator at x5252 – Inform location, number of shooters, description, weapons, and how many potential victims.
 - PBX operator will announce “Active Shooter In (location) times 3 and announce all updates ongoing.
 - PBX operator will notify Security and Police Department (911) and press the “SNAP COMMS” alert.
 - Staff can obtain updates by email and text from hospital and /or Department Incident Command Center.
 - Only Accept an order to announce an “All Clear” from Security or Administration.



Code Gray

Violence/Security Alert

1. In the event a problem with an unmanageable patient or visitor occurs, the staff member will dial (74) and overhead page Code Gray and the location.
2. Any staff member who is able will respond to the code from the adjacent unit.
3. In non-medical areas the security officer will be in charge of directing the situation, in medical areas the nurse or supervisor in charge of the troubled area will direct the situation and will indicate which employees are needed.



Code Gray

Violence/Security Alert

- The following personnel (Code Gray Team) will respond to a Code Gray for the purpose of deescalating a situation and to promote a safe environment for patients, staff, and visitors.
 - Security Officer (PBX operator will notify Security).
 - Nursing Supervisor (PBX operator will notify Nursing Supervisor)
 - NAPPI trained Transporter(s)
 - ECC Behavioral Health Crisis Specialist.
 - NAPPI trained ECC PCT(s)



Code Gray

Violence/Security Alert

- Responsibilities of the Code Gray Team
 - Identify who they are as they arrive to the Code Gray and assume the responsibility to utilize de-escalation, and remain with the patient/persons in crisis throughout the Code Gray process.
 - Assign other staff to maintain the safety of other patients/persons in the immediate area.
 - Limit stimuli to the person in crisis as much as possible and direct staff to remove furniture, equipment, and potential any danger from the immediate area.
 - Ensure that confidentiality and privacy are given appropriate priority.
 - If Deputy Sheriff assistance is needed, request Security to contact him/her via radio.
 - Lead any intervention where “hands on “ activity is deemed necessary (i.e. application of restraints as a last resort).
 - Assess the patient/ person for whom the Code Gray was called and any staff members for any injuries and provide/facilitate appropriate treatment if applicable.

Code Black

Bomb Threat Plan

If you receive a bomb threat notification, be sure to write down any thoughts about the conversation.

- Ask for the location of the bomb and what time it will explode.
- Dial 911 and report a bomb threat to the 911 Operator.

Staff responsibilities:

- The person receiving the notification will contact the Nursing Supervisor and provide a report of the situation.
- If the location of the suspicious item/bomb is determined then a Security Officer should verify it's location with a visual confirmation only, then report back to the Nursing Supervisor.
- If a suspicious item/bomb is found the Nursing Supervisor will immediately announce via the overhead paging system "Code Black" with evacuation instructions of the surrounding area to include floors above and below the location of the bomb.
- If verification of the suspicious item/bomb is not determined then the hospital staff will wait in place for the arrival of the St. Johns County Sheriff Department.
- The Nursing Supervisor will contact the Administrator on Call (AOC) and rendered a situation report.



Code Black

Bomb Threat Plan

Evacuation:

- **If evacuation is ordered then each department will follow the “fire” evacuation instructions.**
 - The senior employee of each section should ensure all employees are evacuated.
- **The Nursing Supervisor will ensure:**
 - Movement of patients to a secure area is conducted immediately.
 - Every patient is identified and the location of the patient recorded.
 - The safe movement of each patient is conducted.

Code Walker

Security Alert - Walker Notification

In the event of an emergency situation, a plain language emergency notification will be used to notify the appropriate staff to initiate an immediate and appropriate response based on the hospital “Missing Patient Search Policy”

Immediate Action: Confirm the patient is missing:

- If a patient is found to be missing, the **Charge Nurse** of the area must be informed immediately.
- The **Charge Nurse** will organize a local search on the floor and immediate vicinity.
- The **Charge Nurse** will liaise with persons in charge of nearby departments to complete a search of their area.
- The **Charge Nurse** will determine when a patient is to be treated as a missing person, having previously searched the department and taken into account the patient’s daily routine or usual pattern of behavior.
- If deemed missing, the patient checklist must be completed. *The checklist includes information that may be useful to search party (e.g., name, age, sex, clothing, mental status, etc.).*
- The **Charge Nurse** will notify the **Nursing Supervisor** immediately after patient is deemed missing.

Code Walker

Secondary Action - Notification of missing person:

- Notification of situation from **Charge Nurse** to **Nursing Supervisor** conducted.
 - **Nursing Supervisor** will:
 - Notify **Administrator-on-Call**, report the situation, and seek advice to implement “Security Alert” notification.
 - Upon authorization, the **Nursing Supervisor** will:
 - Notify **PBX operator** to announce a “**Security Alert—Walker.**”
 - Provide name, physical description, and any pertinent information needed from the checklist deemed useful for the search.
- Example: **ATTENTION STAFF- ALL HANDS ON DECK**
- “**Security Alert, Walker,**” 75-year old male wearing jeans and red shirt, answers to the name of “James.” Please call ext. 3377 when located.
- Notification will be repeated three times and again 30 minutes later, if needed.

Code Walker

Secondary Action - *Notification of missing person (cont.):*

- Nursing Supervisor will instruct PBX Operator to send a “SNAP-COM” message “SECURITY ALERT” with the physical description, and request assistance in locating the missing patient, and any special instructions to be considered, if special care is required
- Departments required to respond include Nursing, Environmental Services, Engineering, Security, Dietary, Respiratory, Non-Clinical Staff, etc., to actively participate in the search following the supervision of the Nursing Supervisor or the Administrator-on-Site.
- Staff is encouraged to continue to follow protocols in keeping self, staff, and other patients safe and away from harm.
- Security and Engineering will be responsible to conduct a search to additional areas listed and report back to Nursing Supervisor or Administrator-on-Site of status.
 - All parking lots; Outside all entry/exit points; Cafeteria and Garden; Public Restrooms, hallways, waiting areas; Stairwells and classrooms.
 - Instruct other departments to search their areas; Review of video
- The Nursing Supervisor will inform on-site St. Johns County Sheriff’s personnel of potential missing patient.

Code Walker

Tertiary Action - Notification after 15 minutes of searching without results:

- The **Nursing Supervisor** will notify the **Administrator-on-Call** and report the current status of the situation.
- The **Nursing Supervisor** will be instructed by **Administrator-on-Call** to notify the St. Johns County Sheriff's Office of the situation and ask for assistance.
- The **Nursing Supervisor** will establish a unified IC post outside the facility for the facility's search team leaders (Nursing Supervisor, Security, Administrator-on-Site, Social Service, Sheriff's Department) for communication/collaboration.
- The **Administrator-on-Call** will determine whether or not to activate the Hospital IC System and notify designated team members from the IC participation list
- The activated IC completes the IC Tertiary Action checklist
- The **PBX Operator** will notify designated IC team of IC activation.
- The **Administrator-on-Call** will notify the Vice President of Strategic Communications, Media Control, and the CEO to provide an update of the situation at hand.

Code Walker

Patient Not Found:

- St. Johns County Sherriff's Department will be on scene and will take over IC for the situation.
- The Hospital IC will designate a liaison between the Sheriff's IC center and the Hospital Administration.
- Constant communication will be ongoing throughout the situation.

Terminating the missing patient search notification:

- Once the situation has been effectively managed or resolved, and with approval from the Hospital's IC, the Nursing Supervisor will notify the PBX Operator to announce "Security Alert – Walker, Stand Down" for staff.
- Staff members will stop and return back to working stations.
- The PBX Operator will announce the "Security Alert – Walker, Stand Down" three times.

References

- UF Health Flagler Hospital Policies available onsite through the intranet Policies & Procedures Tab.