

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION
41-125**



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Health Services

CODES AND ALARMS

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This instruction implements Air Force Policy Directive 41-1, *Health Care Programs and Resources*. This instruction describes the alert codes and clinical alarms used at the 59th Medical Wing (59 MDW) facilities located on Joint Base San Antonio Lackland (JBSA-LAK) and the Randolph Clinic located on JBSA Randolph (JBSA-RND), how they are initiated, what actions to take, how they are terminated, and how often they should be evaluated. This instruction applies to all personnel assigned, attached, or on contract to 59 MDW facilities located on JBSA-LAK and JBSA-RND Clinic. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 41-125 includes: the addition of a descriptive paragraph located at the beginning of Chapter 1; the inclusion of the 359th Medical Group (MDG) alarm codes and weather related emergencies including codes Red, Pink, Blue, Purple, Orange, Silver, Green, Gray, White and Black; the associated emergency response and procedures specific to Randolph Clinic and JBSA Randolph as it relates to each 359 MDG alarm

code; additional procedural information involving the posting of staff members at stairwells during a Code Pink in the Wilford Hall Ambulatory and Surgical Center (WHASC); and the inclusion of emergency procedures from a duress alarm activation at Randolph Clinic.

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Chapter 1

DESCRIPTION, INITIATION, ACTION, TERMINATION AND EVALUATION OF ALERT CODES

1.1. JBSA Lackland Code Red: Actual/Suspected Fire.

1.1.1. Description: Code is used in response to an actual or suspected fire. Its primary purpose is to alert the medical staff to check their functional areas for impacts and take actions to safeguard patients or staff for possible fire response actions if required.

1.1.2. Initiation: Staff should alert everyone in the area of Code Red, activate the fire alarm and call 911 to notify the JBSA-LAK Fire Department of an actual/suspected fire.

1.1.3. Staff Actions:

1.1.3.1. Staff should remain vigilant to conditions in their immediate area of responsibility and be ready to implement area specific Code Red fire reaction plan including Rescue, Alarm, Confine, and Extinguish (RACE) procedures and evacuate to relocation sites if required.

1.1.3.2. Staff should be ready to employ the Pull pin, Aim at base of fire, Squeeze handle, and Sweep fire method for using fire extinguishers.

1.1.3.3. Staff should understand the fire evacuation plan for their specific areas to include knowing the location of fire exits, internal and external relocation points, and locations of fire extinguishers and pull stations.

1.1.3.4. In the event of a fire or fire alarm activation within an outlying facility, personnel will immediately evacuate to their designated area at a minimum of 75 feet from the affected facility.

1.1.4. Key Specific Actions:

1.1.4.1. Hospital Automated Resource Protection System (HARPS):

1.1.4.1.1. During normal duty hours (0730-1630) HARPS will coordinate with JBSA-LAK Fire Department, Facilities Management (FM), 59 MDW Safety and the Medical Control Center (MCC) as required during a Code Red.

1.1.4.1.2. If a fire safety event occurs during non-duty hours that would require evacuation of the affected facility, HARPS personnel will contact the on-call MCC representative and/or Facility Management representative to brief wing leadership.

1.1.4.2. Energy Management Control Systems personnel (EMCS):

1.1.4.2.1. Fire Alarms transmitted from 59 MDW facilities are monitored by EMCS and the JBSA-LAK Fire Department. When an alarm is received, EMCS will verify that the JBSA-LAK Fire Department received the alarm and for nearby campus buildings they will dispatch the on-duty CEW Craftsman to assist the Fire Department.

1.1.4.2.2. The EMCS Operator will also fill out a Fire Alarm Report and forward to FM by the next duty day.

1.1.4.3. MCC:

1.1.4.3.1. During normal duty hours, MCC personnel will coordinate with senior medical staff regarding possible impact to patient care.

1.1.4.3.2. The MCC and/or the on-duty fire chief will initiate the evacuation of all personnel within the affected facility in the event a full evacuation is warranted.

1.1.5. Termination: The JBSA-LAK Fire Department terminates the Code Red after ensuring all affected areas are safe for occupancy.

1.1.5.1. MCC and/or HARPS will make a termination announcement to all building occupants via overhead intercom system along with sending out a Desktop Alert to wing personnel.

1.1.6. Evaluation: FM and the JBSA-LAK Fire Department will conduct Code Red evaluations as required based on current accreditation standards and determine the necessity for additional fire drills or other mitigation on a case by case basis. FM will evaluate Code Red fire alarm activations and determine the necessity for additional fire drills or other mitigation.

1.2. JSBA Randolph Code Red: Actual/Suspected Fire.

1.2.1. Description: Code is used in response to an actual or suspected fire. Its primary purpose is to alert the medical staff to check their functional areas for impacts and take actions to safeguard patients or staff for possible fire response actions, if required.

1.2.2. Initiation: Staff member should alert everyone in the area of Code Red, pull fire box and call 911 to notify the JBSA-RND Fire Department of an actual/suspected fire.

1.2.3. Staff Actions:

1.2.3.1. Staff should remain vigilant to conditions in their immediate area of responsibility and be ready to implement Code Red procedures including RACE procedures and evacuate to relocation sites, if required.

1.2.3.2. Staff members should be ready to employ P.A.S.S. (Pull pin, Aim at base of fire, Squeeze handle, and Sweep fire) method for using fire extinguishers.

1.2.3.3. Staff should understand the fire evacuation plan for their specific areas to include knowing the location of fire exits, locations of fire extinguishers and pull stations, and section meeting points.

1.2.3.4. In the event of a fire or fire alarm activation within an outlying facility, personnel will immediately evacuate to their designated area at a minimum of 100 feet from the affected facility.

1.2.4. Key Specific Actions:

1.2.4.1. During normal duty hours (0730-1630) FM will coordinate with the JBSA-RND Fire Department and MCC as required during a Code Red.

1.2.4.2. Fire Alarms transmitted from 359 MDG are monitored by the JBSA-RND Fire Department. When an alarm is received, FM or alternate FM will verify that the JBSA-RND Fire Department received the alarm.

1.2.4.2.1. The FM will also fill out a Fire Alarm Report.

1.2.4.3. MCC:

1.2.4.3.1. During normal duty hours, MCC, personnel will coordinate with senior medical staff regarding possible impact to patient care.

1.2.4.3.2. The MCC and/or the on-duty fire chief will initiate the evacuation of all personnel within the affected facility in the event a full evacuation is warranted.

1.2.5. Termination: The JBSA-RND Fire Department terminates the Code Red after ensuring the affected areas are safe for occupancy.

1.2.5.1. FM and/or MCC will make a termination announcement to all building occupants.

1.2.6. Evaluation: FM and the JBSA-RND Fire Department will conduct Code Red evaluations as required based on current accreditation standards and determine the necessity for additional fire drills or other mitigation on a case by case basis. Facility Management will evaluate Code Red fire alarm activations and determine the necessity for additional fire drills or other mitigation.

1.3. JBSA Lackland Code Pink: Actual/Suspected Infant/Child Abduction.

1.3.1. Description: Code is used when an actual or suspected child abduction has occurred.

1.3.2. Initiation: A medical staff member initiates Code Pink when a child is formally identified as missing.

1.3.3. Staff Actions:

1.3.3.1. Staff should call 911 and direct another staff member contact HARPS at 292-6070 to report that a Code Pink is in progress, where it occurred, and provide detailed descriptions of the abducted infant/child and the suspect (if known).

1.3.3.2. Staff should secure exterior doors in their immediate area and be aware that exterior doors to the affected 59 MDW facility on JBSA-LAK will be locked down during the duration of the Code Pink. Sections located near stair wells will ensure a staff member is posted at the entrance of each stair well.

1.3.3.3. Staff who encounters the child abductor should try to keep the suspect calm and ask that the child be released. Have another staff member call 911 and relay the current location and description of suspect, if not already known.

1.3.4. Key Specific Actions:

1.3.4.1. HARPS:

1.3.4.1.1. If notified first, HARPS will notify 802d Security Forces Squadron (802 SFS).

1.3.4.1.2. HARPS will engage all the magnetic locks on exterior doors at the main facility (Building 4550), maintain surveillance camera monitoring, if possible, and disengage magnetic locks upon termination of Code Pink.

1.3.4.1.3. Will make Red Phone notifications (MCC, Safety, Command Section, and FM).

1.3.4.1.4. Will dispatch available FM staff to the scene of the abduction.

1.3.4.1.5. Will fill out the Code Pink Information Sheet.

1.3.4.2. MCC:

1.3.4.2.1. If notified first, MCC will notify 802 SFS and HARPS to lockdown the main facility (Building 4550).

1.3.4.2.2. Will make the announcement to all building occupants via overhead intercom system along with sending out Desktop Alert to wing personnel.

1.3.4.2.3. Will stand up the Security Team, if necessary, and notify the Security Team Chief to perform security on all exterior doors. Security Team will perform any additional duties as specified by the MCC and/or 802 SFS.

1.3.4.3. 59 MDW Expected 802 SFS Response:

1.3.4.3.1. 802 SFS will apprehend those suspected of abducting an infant/child.

1.3.4.3.2. 802 SFS will dispatch SF personnel to initiate a search for the suspected abductor and report status to ECC.

1.3.5. Termination: 802 SFS will notify the dispatched FM personnel (or HARPS during non-duty hours) once the child is found. FM will direct MCC and/or HARPS to make Red Phone notifications (MCC, Safety, Command Section, and FM) of termination. HARPS will unlock exterior doors at the main facility (Building 4550) and the MCC will make a termination announcement to all building occupants via intercom system along with sending out Desktop Alert to wing personnel.

1.3.6. Evaluation: Code Pink will be evaluated annually or as needed by 59 MDW/EOC/FEC.

1.4. JBSA Randolph Code Pink: Actual/Suspected Infant/Child Abduction.

1.4.1. Description: Code is used when an actual or suspected child abduction has occurred.

1.4.2. Initiation: A medical staff member initiates a Code Pink when a child is formally identified as missing.

1.4.3. Staff Actions:

1.4.3.1. From landline or cell phone, staff should call 902d SFS at 210-652-5700 and have another staff member contact the MCC at 210-652-3119 to report that a Code Pink is in progress, where it occurred, and provide detailed descriptions of the abducted infant/child and the suspect (if known).

1.4.3.2. Staff should secure exterior doors in their immediate area and be aware that JBSA-RND exterior doors will be locked down during Code Pink. Specific access through locked doors must be coordinated with the MCC or Facility Management.

1.4.3.3. Staff who encounters the child abductor should try to keep the suspect calm and ask that the child be released. Have another staff member call 902d SFS (210-652-5700) and notify them of the current location and description of suspect, if not already known.

1.4.3.4. Key Specific Actions:

1.4.4. If notified first, FM will notify 902d Security Forces.

1.4.4.1. FM will lock all exterior doors within in the medical facility, maintain surveillance camera monitoring if possible, and upon termination of Code Pink will unlock all exterior doors.

1.4.4.1.1. If FM is unavailable, designated personnel within Medical Logistics have the capability to lock all MTF exterior doors. Exterior doors can also be locked manually should both the FM and alternate become unavailable, the SGA can secure the doors.

1.4.4.1.2. MCC will make appropriate notifications (Command Section, FM/FM alternate, etc.)

1.4.4.1.3. Will fill out the Code Pink Information Sheet.

1.4.4.2. MCC:

1.4.4.2.1. If notified first, MCC will notify 902d SFS and notify FM or alternate to lockdown the medical facility.

1.4.4.2.2. Will make the announcement to all building occupants via overhead intercom system.

1.4.4.2.3. Sections will send two personnel to secure exits in their areas.

1.4.4.3. 359 MDW Expected 902 SFS Response:

1.4.4.3.1. 902 SFS will apprehend those suspected of abducting an infant/child.

1.4.4.3.2. 902 SFS will dispatch SF personnel to initiate a search for the suspected abductor and report status to MCC.

1.4.5. Termination: 902 SFS will notify the MCC or FM once the child is found. MCC will make appropriate notifications (FM/FM alternate, Safety, Command Section) of termination. FM will unlock exterior doors and the MCC will make a termination announcement to all building occupants via intercom system.

1.4.6. Evaluation: Code Pink will be evaluated annually.

1.5. JBSA Lackland Code Blue: Unresponsive Patient, Patient with Difficulty Breathing, a Heart Attack, or Stroke. Description: Code is used during an event where a patient is unresponsive, demonstrates signs/symptoms of a stroke, has difficulty breathing and/or whose heart is not beating or shows signs/symptoms of an impending cardiac arrest. Refer to 59 MDWI 44-142, *Wilford Hall Ambulatory Surgical Center Code Blue Management*, for all appropriate actions that are to take place.

1.6. JBSA Randolph Code Blue: Unresponsive Patient, Patient with Difficulty Breathing, a Heart Attack, or Stroke. Description: Code is used during an event where a patient is unresponsive, has difficulty breathing and/or whose heart is not beating or shows signs/symptoms of an impending cardiac arrest. The emergency response defined in this MDWI applies to events occurring on the 359 MDG main campus, building 1040. For outlying 359 MDG clinics (e.g., Health Performance Resource Center (HPRC), Aerospace Physiology Training Unit (APTU) and Mental Health clinic) and events occurring in the parking lot outside

building 1040, the medical staff will respond using First Aid/BLS plus AED and will activate EMS response immediately.

1.6.1. Responsibilities During Cardiopulmonary Arrest Resuscitation:

1.6.2. The person who identifies a cardiopulmonary arrest will initiate resuscitation and call for help.

1.6.3. The person who responds to the call for help will activate the in-house emergency response system by announcing via overhead page “Adult (or Pediatric) Code Blue to (appropriate location),” activate local EMS by calling 911, and assist with BLS until the code team arrives.

1.6.4. For either adult or pediatric code blue alerts, a crash cart is brought to the scene by the one of the Family Health Clinic (FHC) front desk clerks if occurring on the 1st floor. If occurring on the second floor, crash cart will be brought by the dental clerk which performs the daily crash cart checks for the crash cart on the 2nd floor. During extended clinic hours, the dental clinic is closed, a staff member from the Optometry clinic will bring the crash cart from the dental clinic to the scene. Once the crash cart arrives on scene, any AED-trained personnel can use the AED until the appointed person (the defibrillator manager) arrives, who will take over control of the crash cart.

1.6.5. The first provider at the scene will assume the role of Code Team Leader (CTL) until the on-call code team arrives, when the designated CTL on the on-call team will assume the CTL role. When more than one provider is present, the most experienced provider will assume the CTL role and have overall responsibility for managing the code.

1.6.6. The medication manager (RN) will administer intravenous (IV) medications and solutions according to established ACLS/PALS protocols as directed by the CTL.

1.6.7. An appointed recorder will document care on the Cardiac/Respiratory Arrest Report.

1.6.8. Any 359 MDG personnel who have successfully completed the BLS/AED training may defibrillate using AED function of defibrillators prior to the arrival of a provider. The defibrillator manager will ensure appropriate rhythm strips are saved for documentation.

1.6.9. Responsibilities After Resuscitation:

1.6.10. The CTL will provide a warm hand-off report to the EMS transport team. All necessary documents will be provided to the transport team.

1.6.11. At the end of the resuscitation effort, the CTL will ensure that the team conduct a debrief. If needed, a supportive and consultative service with Mental Health personnel for all members involved in the cardiac arrest resuscitation will be requested.

1.6.12. The CTL will review and complete the 359 Medical Group Emergency Resuscitation Record (Figure A3.1) with input from other personnel present. The CTL will ensure that all documentation is completed and is filed in the patient’s record. A copy will be forwarded to the Code Blue Quality Reviewer and the SGH by the close of the business day.

1.6.13. Pediatric Codes:

1.6.13.1. A Broselow Bag will be maintained in the pediatric clinic and brought to all codes by any pediatric clinic staff member for use in conjunction with the crash cart.

1.6.14. Code Blue will be evaluated quarterly.

1.7. JBSA Lackland Code Purple: Level I - III Hazardous Material Events.

1.7.1. Description: A release of hazardous material (spill or gaseous) inside 59 MDW facilities and/or property.

1.7.2. Initiation: Code is initiated when a staff member(s) detects the release of hazardous material by sight, smell, or other indicators.

1.7.3. Level I: No harm, injury or illness has resulted from exposure to spilled material and can be cleaned by shop personnel.

1.7.3.1. Level I Staff Actions:

1.7.3.1.1. Staff will call the MCC (292-5990) during normal duty hours and HARPS (292-6070) after hours.

1.7.3.1.2. Staff will CONTAIN and/or control the release of spilled material.

1.7.3.1.3. Staff will CLEAN up the release using proper absorbent media for the chemical spilled.

1.7.3.1.4. Staff will DISPOSE of the spilled material and contaminated absorbent properly by following the procedures recommended on the SDS and method described in the JBSA-LAK Hazardous Waste Management Plan.

1.7.4. Level I Key Specific Actions:

1.7.4.1. Level I HARPS:

1.7.4.1.1. If contacted first during normal duty hours (0730-1630), will make Red Phone notifications (MCC, Safety, Command Section, FM) to all appropriate personnel and will make an announcement via the overhead intercom system to all building occupants.

1.7.4.1.2. If event occurs during non-duty hours then HARPS personnel will contact the on-call MCC and/or FM representative to brief wing leadership and will contact the Fire Department during Level I spill.

1.7.4.2. Level I MCC:

1.7.4.2.1. Will make Red Phone notifications (MCC, Safety, Command Section, and FM) to all appropriate personnel. Will make an announcement via the overhead intercom system to all building occupants and will also send out a Desktop Alert message to all wing personnel.

1.7.4.2.2. Will contact the Fire Department.

1.7.5. Level II and III: injury or illness of personnel has resulted from exposure to spilled material and the material spilled cannot be cleaned-up by shop personnel.

1.7.5.1. Level II and III Staff Actions:

1.7.5.1.1. Staff will CALL 911 immediately to report a HAZMAT spill.

1.7.5.1.2. Staff and patients will EVACUATE and follow the evacuation instructions outlined in their zone specific Fire Evacuation Plan.

1.7.6. Level II-III Key Specific Actions:

1.7.6.1. Zone master(s) from the evacuated zone(s) will conduct personnel accountability (evacuated staff members/patients) and contact the MCC once accountability is complete.

1.7.7. Termination: Normal operations will be restored upon direction of the 59 MDW Commander, or delegated representative, in conjunction with the on scene Fire Chief.

1.7.8. Evaluation: Code Purple will be evaluated at least once a year.

1.8. JBSA Randolph Code Purple: Hazardous Material Event.

1.8.1. Description: A release of hazardous material (spill or gaseous) inside 359 MDG medical facility and/or property.

1.8.2. Initiation: Code is initiated when a staff member(s) detects the release of hazardous material by sight, smell, or other indicators.

1.8.3. Staff Actions:

1.8.3.1. If no harm, injury or illness has resulted from exposure to spilled material and can be cleaned by shop personnel.

1.8.3.1.1. Staff will call the MCC (210-652-3119) to notify them of the situation.

1.8.3.1.2. Staff will CONTAIN and/or control the release of spilled material.

1.8.3.1.3. Staff will CLEAN up the release so long as no harm, injury, or illness will result from the material and can be effectively cleaned by staff with the proper absorbent media.

1.8.3.1.4. Staff will DISPOSE of the spilled material and contaminated absorbent properly by following the procedures recommended on the Material Safety Data Sheets and method described in the JBSA-RND Hazardous Waste Management Plan.

1.8.4. If injury or illness of personnel may or has resulted from exposure to spilled material and the material spilled cannot be cleaned-up by shop personnel staff will CALL 911 immediately to report a HAZMAT spill.

1.8.4.1. Staff will CALL 911 immediately to report a HAZMAT spill.

1.8.4.1.1. Staff and patients will EVACUATE and follow the evacuation instructions outlined in their zone specific Fire Evacuation Plan.

1.8.5. Key Specific Actions:

1.8.5.1. MCC:

1.8.5.1.1. Will make notifications to all appropriate personnel (Fire Department, Command Section, and FM/FM alternate) and will make an announcement via the overhead intercom system to all building occupants.

1.8.5.1.2. MCC will contact the Fire Department during a Level I spill.

1.8.5.2. Flight leadership from the evacuated zone(s) will conduct personnel accountability (evacuated staff members/patients) and contact the MCC once accountability is complete. In the event the main clinic is evacuated, the MCC can be reached at 210-652-2560

1.8.6. Termination: Normal operations will be restored upon direction of the 359 MDG Commander, or delegated representative, in conjunction with the on scene Fire Chief.

1.8.7. Evaluation: Code Purple will be evaluated annually.

1.9. JBSA Lackland Code Orange: Hazardous Material (HAZMAT) or Weapons of Mass Destruction (WMD) Incident.

1.9.1. Description: Code is used to notify staff in response to a HAZMAT or WMD incident with possible contaminated patient arrival at a 59 MDW facility.

1.9.2. Initiation: The MCC will initiate this code for real world and exercise scenarios when there is enough reasonable suspicion to suspect a HAZMAT or WMD incident has occurred where contaminated victims might arrive to JBSA-LAK medical facilities.

1.9.3. Staff Actions:

1.9.3.1. Staff should treat arriving patients as contaminated until directed otherwise.

1.9.3.2. All patients should be directed to the decontamination (DECON) station outside the Urgent Care Center (UCC) in order to protect staff and the facility from contamination. Staff should take necessary actions to safeguard patients and other staff from further contamination by staying away from designated treatment areas, entrances, and exits for victims of the HAZMAT or WMD incident.

1.9.3.3. Directions for treating and handling contaminated patients are contained in the JBSA Medical Contingency Response Plan.

1.9.4. Key Specific Actions:

1.9.4.1. HARPS:

1.9.4.1.1. HARPS will lockdown Building 4550.

1.9.4.2. MCC:

1.9.4.2.1. MCC will notify the outlying facilities to lockdown and all members should remain inside until notified of Code Orange termination by the MCC.

1.9.4.2.2. MCC will activate the DECON, Security, and Manpower Teams.

1.9.4.2.3. The MCC, or if unavailable the Emergency Control Center (ECC), must contact the Reid Clinic of a possible Code Orange. Reid Clinic will direct any arriving patients with possible contamination to report to the Building 4550 UCC. At no time will suspected contaminated patients be allowed entry into Reid Clinic.

1.9.4.2.4. The MCC will contact Fire Department/Bioenvironmental Engineering (BEE) to assess the magnitude of the response required and the nature of the agent (whether it is biological, chemical, nuclear, or radiological).

1.9.4.2.5. The MCC, or if unavailable the Medical Response Center, will inform the 59 MDW medical staff, via overhead announcement/Desktop Alert message system, that a Code Orange is in progress.

1.9.4.2.6. MCC will notify HARPS, EMCS and respective Medical Contingency Response Teams, specifically In-Place Patient Decontamination (IPPD) Team, to

implement their respective checklists. If radiation is suspected, the Radiological Contamination Control Team will also be activated.

1.9.4.3. 59 MDW Disaster Teams on JBSA-LAK:

1.9.4.3.1. IPPD Team, upon activation, will set up DECON station in its predesignated area outside the UCC. They will decontaminate patients as required. Personnel conducting decontamination must be trained on the Hazardous Waste Operations and Emergency Standard Operations Level, have been trained in the DECON process, to include proper Personal Protective Equipment (PPE), and don appropriate PPE before conducting DECON.

1.9.4.3.2. If an airborne/droplet transmissible biological is suspected, patients will be isolated from other patients (preferably in an isolation room), and all personnel who come in contact with the patient must wear an N-95 respirator. (**Note:** A medical exam must be completed and fit testing accomplished by BEE before use of an N-95 respirator.) Standard precautions will be exercised during all suspected biological incidents.

1.9.4.3.3. BEE will ensure the distribution of the N-95 respirator to all staff personnel identified within the 59 MDW Respiratory Protection Program and assigned to those designated 59 MDW clinics tasked with treating exposed or infected patients.

1.9.4.3.4. The Security and Manpower teams will man (from inside the building) the Main Clinic Entrance, Auditorium Entrance, Hyperbaric Entrance, and UCC entrance.

1.9.5. Termination: The Incident Commander will closeout and terminate event response.

1.9.6. Evaluation: Code Orange will be evaluated at least once a year.

1.10. JBSA Randolph Code Orange: Hazardous Material or Weapons of Mass Destruction (WMD) Incident.

1.10.1. Description: Code is used to notify staff in response to a HAZMAT or WMD incident with possible contaminated patient arrival at a 359 MDG facility.

1.10.2. Initiation: The MCC will initiate this code for real world and exercise scenarios when there is enough reasonable suspicion to suspect a HAZMAT or WMD incident where contaminated victims might arrive to JBSA-RND medical facility.

1.10.3. Staff Actions:

1.10.3.1. Staff should treat arriving patients as contaminated until directed otherwise and ensure patients move to the DECON station located directly behind the facility in order to receive treatment.

1.10.3.2. Staff should take necessary actions to safeguard patients and other staff from further contamination by staying away from designated treatment areas, entrances, and exits for victims of the HAZMAT or WMD incident.

1.10.3.3. Directions for treating and handling contaminated patients are contained in the JBSA Medical Contingency Response Plan.

1.10.4. MCC:

1.10.4.1. MCC will contact FM/FM alternate which will turn off HVAC system. Procedures are located inside the Facilities office. Master key will allow for entry should the FM or FM alternate become unavailable.

1.10.4.1.1. If FM is unavailable, a designated personnel in Logistics section has capability to gain entrance to Facilities area and perform HVAC shutdown.

1.10.4.1.2. MCC will notify alternate facility to lockdown and all members should remain inside until notified of Code Orange termination by the MCC.

1.10.4.1.3. MCC will activate the Decontamination and Security/Manpower Teams.

1.10.4.2. The MCC will contact Fire Department/BEE to assess the magnitude of the response required and the nature of the agent (whether it is biological, chemical, nuclear, or radiological).

1.10.4.2.1. The MCC will inform the 359 MDG occupants and medical staff, via overhead announcement, that a Code Orange is in progress.

1.10.4.2.2. MCC will notify respective Medical Contingency Response Teams, specifically In-Place Patient Decontamination Team, to implement their respective checklists.

1.10.4.2.3. MCC will notify JBSA-MCC where additional support, if necessary, will be arranged.

1.10.4.3. 359 MDG Disaster Teams on JBSA-RND:

1.10.4.3.1. DECON, upon activation, will set up DECON station in its predesignated area outside at the back the medical facility. They will decontaminate patients as required. Personnel conducting decontamination must be trained to the Hazardous Waste Operations and Emergency Standard Operations Level. Also to have been trained in the DECON process to include proper PPE, as well as donning appropriate PPE before conducting DECON.

1.10.4.3.2. If an airborne/droplet transmissible biological is suspected, patients will be isolated from other patients (preferably in an isolation room), and all personnel who come in contact with the patient must wear an N-95 respirator. (**Note:** A medical exam must be completed and fit testing accomplished by BEE before use of an N-95 respirator.) Standard precautions will be exercised during all suspected biological incidents.

1.10.4.3.3. BEE will ensure the distribution of the N-95 respirator to all staff personnel identified (PSCM Team) within the 59 MDW Respiratory Protection Program and assigned to those designated 359 MDG clinic tasked with treating exposed or infected patients until they are able to be transported to a higher level of care.

1.10.4.3.4. The Security/Manpower team will man (from inside the building) the Main Clinic Entrance, North Entrance, Emergency Door, South Entrance, and Loading Dock Entrances.

1.10.5. Termination: The Incident Commander will closeout and terminate event response.

1.10.6. Evaluation: Code Orange will be evaluated annually.

1.11. JBSA Lackland Code Silver: Lost or Missing Adult.

1.11.1. Description: Code Silver refers to any situation where an adult is lost or missing.

1.11.2. Initiation: A medical staff member initiates a Code Silver when an adult is formally identified as lost or missing.

1.11.3. Staff Actions:

1.11.3.1. Staff member will contact HARPS at 292-6070 to report a Code Silver and provide a detailed description of the missing person. It is important to give as much descriptive data as possible (e.g., mental condition, if a threat to self or others, sex, age, race, height, hair color, build, distinguishing features) and state where the person was last seen.

1.11.3.2. All staff will conduct a search of their immediate area and contact the MCC or HARPS as soon as the lost/missing person is located.

1.11.4. Key Specific Actions:

1.11.4.1. HARPS:

1.11.4.1.1. If notified first, HARPS will contact the MCC and provide description and last location of the missing adult.

1.11.4.1.2. If notified during non-duty hours, HARPS will make an overhead announcement of a Code Silver and record information/descriptive data about the lost/missing adult on the Code Silver Patient Information Sheet from the caller and ask the caller to call back immediately if the person is located.

1.11.4.1.3. If during non-duty hours, will notify 802 SFS only if it is determined the patient may be a danger to self or to others and provide all descriptive data about the lost/missing person to 802 SFS dispatch.

1.11.4.1.4. 802 SFS is expected to take appropriate action to locate the lost/missing patient while ensuring the safety of all within 59 MDW facilities on JBSA LAK.

1.11.4.2. MCC:

1.11.4.2.1. If notified first will record information/description of lost adult on the Code Silver Patient Information Sheet and will ask the caller to call back immediately if the adult is located.

1.11.4.2.2. Will make Red Phone notifications (Safety, Command Section, and FM) to all appropriate personnel.

1.11.4.2.3. Will make an overhead announcement of a Code Silver and will provide descriptive data about the lost/missing adult and will send out a Desktop Alert message to all personnel in the facility during duty hours.

1.11.4.2.4. The MCC will notify 802 SFS only if it is determined the patient may be a danger to self or others and provide all descriptive data about the lost/missing person to SFS dispatch.

1.11.4.3. 59 MDW Expected 802 SFS Response:

1.11.4.4. 802 SFS will take appropriate action to locate the lost/missing patient while ensuring the safety of all within 59 MDW facilities on JBSA LAK.

1.11.5. Termination: FM or 802 SFS will notify the MCC of “Code Silver” termination once the lost/missing person is located.

1.11.6. Evaluation: Code Silver will be evaluated at least once a year.

1.12. JBSA Randolph Code Silver: Lost or Missing Adult.

1.12.1. Description: Code Silver refers to any situation where an adult is lost or missing.

1.12.2. Initiation: A medical staff member initiates a Code Silver when an adult is formally identified as lost or missing.

1.12.3. Staff Actions:

1.12.3.1. Staff member will contact MCC at 210-652-3119 to report a Code Silver and provide a detailed description of the missing person. It is important to give as much descriptive data as possible (e.g., mental condition, if a threat to self or others, sex, age, race, height, hair color, build, distinguishing features) and state where the person was last seen.

1.12.3.2. All staff will conduct a search of their immediate area and contact the MCC as soon as the lost/missing person is located.

1.12.4. Key Specific Actions:

1.12.4.1. MCC:

1.12.4.1.1. If notified first will record information/description of lost adult on the Code Silver checklist and will ask the caller to call back immediately if the adult is located.

1.12.4.1.2. Will make notifications to all appropriate personnel (Command Section, FM/ FM alternate, etc.). MCC will also make an overhead announcement of a Code Silver and will provide descriptive data about the lost/missing adult.

1.12.4.2. The MCC will notify 902 SFS at 210-652-5700 only if it is determined that the patient may be a danger to themselves or to others. Will provide all descriptive data about the lost/missing person to SFS dispatch.

1.12.4.3. 359 MDG Expected 902d SFS response:

1.12.4.4. 902 SFS will take appropriate action to locate the lost/missing patient while ensuring the safety of all within 359 MDG facility on JBSA-RND.

1.12.5. Termination: Facilities Management or 902d SFS will notify the MCC of “Code Silver” termination once the lost/missing person is located.

1.12.6. Evaluation: Code Silver will be evaluated annually.

1.13. JBSA Lackland Code Green: Disruptive Patient, Staff Member, or Visitor.

1.13.1. Description: Code is used to alert personnel of a disruptive patient, staff, or visitor and all personnel should avoid the area where the disruptive person is located.

1.13.2. Initiation: Staff will active their duress alarm and call 911 when a disruptive situation occurs in their area. (**Some areas do not have duress alarms) Disruptive behavior is defined as:

1.13.2.1. Any behavior that requires the assistance of law enforcement or other personnel outside of the immediate work section to resolve including behavior that is intimidating, threatening, or dangerous and may pose a threat to the health or safety of other patients, employees, or visitors at the facility.

1.13.2.2. Behavior that interferes with the delivery of safe medical care to other patients at the facility.

1.13.2.3. Behavior that impedes the operations of the facility.

1.13.2.4. Verbal abuse such as name-calling, racial or ethnic epithets, sexual harassment, loud or profane language; direct, indirect, or implied threats; physical abuse (e.g., bumping, shoving, slapping, striking, or inappropriate touching); unwanted approaches toward or contact with others; persistent or intense outbursts.

1.13.2.5. Behavior exhibited by a person through any external sources of communication and/or media including telephone calls or messages, email, website postings, social media, video, or written or printed form.

1.13.3. Staff Actions:

1.13.3.1. Staff in areas that have a duress alarm will activate their duress alarm and call 911. Areas without a duress alarm will call 911.

1.13.3.2. Staff will also notify HARPS at 292-6070 or MCC at 292-5990.

1.13.3.3. Staff will utilize a runner to alert all staff in the area of the Code Green situation and request senior leadership and clinic Patient Advocate to respond, intervene, and assume control until law enforcement personnel arrive.

1.13.3.4. All staff will remain calm and speak to the individual in a low calm voice while assuring the individual that they are there to listen to their concern and help resolve their issue.

1.13.3.5. If other patients are present staff will request the individual to relocate to a more private area to discuss their concerns.

1.13.3.6. If the individual is in an area such as a waiting room and refuse to cooperate with staff, request to relocate to a private area. Staff should immediately relocate other patients to an area away from the disruption.

1.13.3.7. If the individuals dissatisfaction is directed at a specific staff member that staff member will be removed from the area until the situation is resolved.

1.13.3.8. Section leadership will ensure that the Facility Incident report is thoroughly completed and forward to the Flight Commander, Wing Patient Advocate and FM within (1) hour.

1.13.4. Key Specific Actions:

1.13.4.1. HARPS:

- 1.13.4.1.1. If notified first, HARPS will contact the MCC and provide description of potential Code Green.
 - 1.13.4.1.2. If notified during non-duty hours, HARPS will gather and relay all pertinent information to 802 SFS via 911 and inform them of the information they received.
 - 1.13.4.1.3. During non-duty hours, will make an announcement via the overhead intercom system of a Code Green.
 - 1.13.4.1.4. If possible, HARPS will focus internal cameras to areas where the disruption is occurring.
 - 1.13.4.1.5. 802 SFS is expected to take appropriate action to resolve the disruption while ensuring the safety of all within 59 MDW facilities on JBSA LAK.
- 1.13.4.2. MCC:
- 1.13.4.2.1. Will gather and relay all pertinent information to 802 SFS via 911 and inform them of the information they received.
 - 1.13.4.2.2. Will contact and dispatch FM staff.
 - 1.13.4.2.3. Will make Red Phone notifications (Safety, Command Section, and FM) to all appropriate personnel.
 - 1.13.4.2.4. Will make an announcement via the overhead intercom system to all building occupants and will also send out a Desktop Alert message to all wing personnel.
 - 1.13.4.2.5. 802 SFS is expected to take appropriate action to resolve the disruption while ensuring the safety of all within 59 MDW facilities on JBSA LAK.
- 1.13.5. Termination: FM or 802 SFS will notify the MCC of “Code Green” termination once the lost/missing person is located 802.
- 1.13.6. Evaluation: Code Green will be evaluated at least once a year.

1.14. JBSA Randolph Code Green: Disruptive Patient, Staff Member, or Visitor.

- 1.14.1. Description: Code is used to alert personnel of a disruptive patient, staff, or visitor and all personnel should avoid the area where the disruptive person is located.
- 1.14.2. Initiation: Staff will active their duress alarm and call 902d SFS (210-652-5700) when a disruptive situation occurs in their area. (**Some areas don't have duress alarms and will call 902d SFS directly). Disruptive behavior is defined as:
 - 1.14.2.1. Any behavior that requires the assistance of law enforcement or other personnel outside of the immediate work section to resolve including behavior that is intimidating, threatening, or dangerous and may pose a threat to the health or safety of other patients, employees, or visitors at the facility.
 - 1.14.2.2. Behavior that interferes with the delivery of safe medical care to other patients at the facility.
 - 1.14.2.3. Behavior that impedes the operations of the facility.

1.14.2.4. Verbal abuse such as name-calling, racial or ethnic epithets, sexual harassment, loud or profane language; direct, indirect, or implied threats; physical abuse (e.g., bumping, shoving, slapping, striking, or inappropriate touching); unwanted approaches toward or contact with others; persistent or intense outbursts.

1.14.2.5. Behavior exhibited by a person through any external sources of communication and/or media including telephone calls or messages, email, website postings, social media, video, or written or printed form.

1.14.3. Staff Actions:

1.14.3.1. Staff in areas that have a duress alarm will activate their duress alarm and call 902d SFS (210-652-5700). Areas without a duress alarm will call 902d SFS directly.

1.14.3.2. Staff will also notify MCC at 210-652-3119, provide description of individual(s), situation, and request assistance.

1.14.3.3. Staff will utilize a runner to alert all staff in the area of the Code Green situation, request senior leadership and clinic Patient Advocate to respond, intervene, and assume control until law enforcement personnel arrives.

1.14.3.4. All staff will remain calm and speak to the individual in a low calm voice while assuring the individual that they are there to listen to their concern and help resolve their issue.

1.14.3.5. If other patients are present staff will request the individual to relocate to a more private area to discuss their concerns.

1.14.3.6. If other patients are present, staff will request the individual to relocate to a more private area to discuss their concerns.

1.14.3.7. If the individuals dissatisfaction is directed at a specific staff member, that staff member will be removed from the area until the situation is resolved.

1.14.3.8. Section leadership will ensure that an initial Facility Incident report is thoroughly completed and forwarded to the Flight Commander, Group Patient Advocate and Facility Management within (1) hour.

1.14.4. Key Specific Actions:

1.14.4.1. MCC:

1.14.4.1.1. Will gather and relay all pertinent information to 902d SFS via 210-652-5700 and inform them of the information they received.

1.14.4.1.2. Will make notifications to all appropriate personnel (Command Section, FM/FM alternate, etc.).

1.14.4.1.3. Will make an announcement via the overhead intercom system to all building occupants. A large show of force consisting of available personnel will report to the location specified in the overhead page.

1.14.4.1.4. 902d SFS is expected to take appropriate action to resolve the disruption while ensuring the safety of all within the 359 MDG facility on JBSA-RND.

1.14.5. Termination: Facilities Management or 902 SFS will notify the MCC of “Code Green” termination.

1.14.6. Evaluation: Code Green will be evaluated annually.

1.15. JBSA Lackland Code Grey: Armed and Dangerous Patient, Staff Member, or Visitor.

1.15.1. Description: Code is used to alert personnel that an armed or dangerous patient, staff member, or visitor is in the area and all personnel, except for 802 SFS, should avoid the area.

1.15.2. Initiation: Staff will activate their duress alarm and call 911 when an armed and dangerous person or persons is detected in their area. (**Some areas don’t have duress alarms)

If escape is not possible and ONLY as a last resort should staff attempt to subdue or physically restrain an armed and dangerous person. *This action should only be undertaken when staff have no other option and are facing a life threatening situation.*

1.15.3.4. Section leadership will ensure that the Facility Incident report is thoroughly completed and forward to the Flight Commander, Wing Patient Advocate and Facility Management within (1) hour of termination.

1.15.4. Key Specific Actions:

1.15.4.1. HARPS:

1.15.4.1.1. If notified first, HARPS will contact the MCC and provide description of potential Code Gray.

1.15.4.1.2. If notified during non-duty hours, HARPS will record all descriptive data to include: type and amount of weapon(s), number of injured personnel, and last known location of the armed and dangerous individual(s).

1.15.4.1.3. Will relay all pertinent information to 802 SFS via 911.

1.15.4.1.4. During non-duty hours, will make an announcement via the overhead intercom system of a Code Grey.

1.15.4.1.5. If possible, HARPS will focus internal cameras to areas where the disruption is occurring.

1.15.4.2. MCC:

1.15.4.2.1. Will record all descriptive data to include: type and amount of weapon(s), number of injured personnel, and last known location of the armed and dangerous person.

1.15.4.2.2. Will relay all pertinent information to 802 SFS via 911.

1.15.4.2.3. Will make Red Phone notifications (Safety, Command Section, and FM) to all appropriate personnel.

1.15.4.2.4. Will make an announcement via the overhead intercom system and will also send out a Desktop Alert message to all wing personnel.

1.15.4.3. 59 MDW Expected 802 SFS Response:

1.15.4.3.1. Will dispatch patrols and take appropriate actions to locate and apprehend the armed and dangerous person while ensuring the safety of all individuals within 59 MDW facilities on JBSA-LAK.

1.15.5. Termination: 802 SFS are the only personnel authorized to terminate Code Gray and will notify the MCC of termination.

1.15.6. Evaluation: Code Gray will be evaluated at least once a year.

1.16. JBSA Randolph Code Grey: Armed and Dangerous Patient, Staff Member, or Visitor.

1.16.1. Description: Code is used to alert personnel that an armed or dangerous patient, staff member, or visitor is in the area and all personnel, except for 902 SFS, should avoid the area.

1.16.2. Initiation: Staff will activate their duress alarm and call 902 SFS (210-652-5700) when an armed and dangerous person or persons is detected in their area. (****Some areas don't have duress alarms and will call 902d SFS directly****).

1.16.3.2. Staff members who may come in direct contact with the armed and dangerous person need to remain calm and avoid making any type of threatening gestures or responses and attempt to escape from the area.

1.16.3.3. If escape is not possible and ONLY as a last resort should staff attempt to subdue or physically restrain an armed and dangerous person. *This action should only be undertaken when staff have no other option and are facing a life threatening situation.*

1.16.3.4. Section leadership will ensure that the initial Facility Incident report is thoroughly completed and forward to the Flight Commander, Group Patient Advocate and Facility Management within (1) hour of termination.

1.16.4. Key Specific Actions:

1.16.4.1. . During normal duty hours, MCC will make an announcement via the overhead intercom system of a Code Grey.

1.16.4.1.1. If possible, FM or FM alternate will focus internal cameras to area where disruption is occurring.

1.16.4.1.2. 902 SFS is expected to dispatch patrols and take appropriate actions to locate and apprehend the armed and dangerous person while ensuring the safety of all individuals within the 359 MDG facility on JBSA-RND.

1.16.4.2. MCC.

1.16.4.2.1. Will record all descriptive data, type and amount of weapon(s), number of injured personnel, and last known location of the armed and dangerous person.

1.16.4.2.2. Will relay all pertinent information to 902 SFS via 210-652-5700.

1.16.4.2.3. Will make notifications to all appropriate personnel (MCC, Command Section, FM/FM alternate).

1.16.4.2.4. Will make an announcement via the overhead intercom system.

1.16.4.3. 359 MDG Expected 902 SFS Response

1.16.4.3.1. Will dispatch patrols and take appropriate actions to locate and apprehend the armed and dangerous person while ensuring the safety of all individuals within the 359 MDG facility on JBSA-RND.

1.16.5. Termination: 902 SFS are the only personnel authorized to terminate Code Gray and will notify the MCC of termination.

1.16.6. Evaluation: Code Grey will be evaluated annually.

1.17. JBSA Lackland Code White: Active Shooter.

1.17.1. Description: Code is used to notify staff in response to an active shooter. An active shooter is defined as one or more subjects participating in a shooting spree, random or systematic, with the intent and means to continuously harm others.

1.17.2. Initiation: This alert code is initiated when 911 is notified that there is an active shooter in an area. No personnel, except SFS, should enter the area.

1.17.3. Staff Actions:

1.17.3.1. Staff will call 911 in the event of an active shooter.

1.17.3.2. If in immediate danger (staff can see the shooter):

1.17.3.2.1. Staff will first attempt to escape/evacuate and assist others with evacuation.

1.17.3.2.2. If unable to escape, staff will hide and take cover.

1.17.3.2.3. If unable to hide and take cover, take action/fight (only as a last resort).

1.17.3.3. If in risk of danger (staff can hear shooting):

1.17.3.3.1. Staff will first secure/barricade doors, turn off lights, remain quiet and limit movement.

1.17.3.3.2. Staff will call 911 and provide their location (bldg./floor/room #), number of shooters, location(s), and a description of the shooter(s) and type of weapon.

1.17.3.4. Staff members should initially follow any instructions given through the overhead intercom system/Desktop Alert.

1.17.3.5. Once SF arrives on scene, staff should remain calm and follow instructions, put down any items in their hands, raise hands and spread fingers, keep hands visible at all times, avoid quick movements toward Law Enforcement officers such as grabbing/holding on to them for safety, avoid pointing, screaming, or yelling, and do not stop to ask response forces for help or directions when evacuating.

1.17.4. Key Specific Actions:

1.17.4.1. HARPS:

1.17.4.1.1. If notified first, HARPS will contact the MCC and provide description of potential Code White.

1.17.4.1.2. During non-duty hours, HARPS will record all descriptive data to include: number of shooter(s), last known location, and numbered injured.

1.17.4.1.3. During non-duty hours, will relay all pertinent information to 802 SFS via 911.

1.17.4.1.4. During non-duty hours, will make an announcement via the overhead intercom system of a Code White, "Active Shooter".

1.17.4.1.5. HARPS will concentrate monitoring of cameras in the area(s) of the active shooter and assist with guiding additional responding patrols to that area.

1.17.4.2. MCC:

1.17.4.2.1. Will record all descriptive data to include: number of shooter(s), last known location, and numbered injured.

1.17.4.2.2. Will relay all pertinent information to 802 SFS via 911.

1.17.4.2.3. Will make Red Phone notifications (Safety, Command Section, and FM) to all appropriate personnel.

1.17.4.2.4. MCC will make an announcement via the overhead intercom system and will also send out a Desktop Alert notification to all wing personnel of an "Active Shooter".

1.17.4.3. 59 MDW Expected 802 SFS Response:

1.17.4.3.1. Upon 911 notification, ECC will dispatch a response force to the immediate area and notify HARPS and/or MCC that they're responding to an active shooter situation and give the location of the their response.

1.17.4.3.2. 802 SFS will take immediate action to locate and neutralize the active shooter while ensuring the safety of all patients, staff, and visitors.

1.17.5. Termination: MCC or HARPS will make Red Phone notifications (MCC, Safety, Command Section, FM), and termination announcement to all building occupants via overhead intercom system along with sending out Desktop Alert of a "Code White" termination to all wing personnel when the installation command authority declares the incident over and the situation safe.

1.17.6. Evaluation: Code White will be evaluated at least twice per year.

1.18. JBSA Randolph Code White: Active Shooter.

1.18.1. Description: Code is used to notify staff in response to an active shooter. An active shooter is defined as one or more subjects participating in a shooting spree, random or systematic, with the intent and means to continuously harm others.

1.18.2. Initiation: This alert code is initiated when 902d SFS (210-652-5700) is notified that there is an active shooter in an area. No personnel, except SFS, should enter the area.

1.18.3. Staff Actions:

1.18.3.1. Staff will call 652-5700 (SFS) in the event of an active shooter.

1.18.3.2. If in immediate danger (staff can see the shooter):

1.18.3.2.1. Staff will first attempt to escape/evacuate and assist others with evacuation.

- 1.18.3.2.2. If unable to escape, staff will hide and take cover.
- 1.18.3.2.3. If unable to hide and take cover, take action/fight (only as a last resort).
- 1.18.3.3. If in risk of danger (staff can hear shooting):
 - 1.18.3.3.1. Staff will call 210-652-5700 (902d SFS) in the event of an active shooter.
 - 1.18.3.3.2. Staff will provide 902 SFS with their location (bldg./floor/room #), number of shooters, location(s), and a description of the shooter(s) and type of weapon.
- 1.18.3.4. Staff members should initially follow any instructions given through the overhead intercom system/Desktop Alert.
- 1.18.3.5. When response personnel arrive on scene, staff should avoid quick movements toward Law Enforcement officers such as grabbing/holding on to them for safety and refrain from making any threatening gestures or actions that responding personnel may deem as hostile.
- 1.18.4. Key Specific Actions:
 - 1.18.4.1. During duty hours, initial caller will relay all pertinent information to 902d SFS via 210-652-5700.
 - 1.18.4.1.1. During duty hours, FM and/or MCC will make appropriate notifications to all appropriate personnel (MCC, Command Section, FM/FM alternate).
 - 1.18.4.1.2. During duty hours, MCC or FM/FM alternate will make an announcement via the overhead intercom system of a Code White, "Active Shooter" if it can be so done safely.
 - 1.18.4.1.3. If possible, FM will concentrate monitoring of cameras in the area(s) of the active shooter and assist with guiding additional responding patrols to that area.
 - 1.18.4.2. MCC:
 - 1.18.4.2.1. Will record all descriptive data, number of shooter(s), last known location, and numbered injured.
 - 1.18.4.2.2. Will relay all pertinent information to 902 SFS (210-652-5700).
 - 1.18.4.2.3. Will make notifications to all appropriate personnel (MCC, Command Section, FM/FM alternate).
 - 1.18.4.2.4. MCC will make an announcement via the overhead intercom system.
 - 1.18.4.3. 359 MDG Expected 902d SFS response:
 - 1.18.4.3.1. Upon 911 notification, 902 SFS will dispatch a response force to the immediate area and notify MCC that they're responding to an active shooter situation and give the location of the their response.
 - 1.18.4.3.2. 902 SFS will take immediate action to locate and neutralize the active shooter while ensuring the safety of all patients, staff, and visitors.

1.18.5. Termination: MCC or FM/FM alternate will make appropriate (MCC, Command Section, FM/FM alternate), and termination announcement to all building occupants via overhead intercom system.

1.18.6. Evaluation: Code White will be evaluated twice per year.

1.19. JBSA Lackland Code Black: Bomb Threat or Unidentifiable/Unattended Package.

1.19.1. Description: Code is used to notify staff in response to a bomb threat or of an unidentified/unattended package.

1.19.2. Initiation: This alert code is initiated when the MCC (during duty hours) or HARPS (after duty hours) receives notification that someone in the facility has discovered an unattended or unidentified package, found an object believed to be an explosive device, or received a telephone notification of a bomb threat.

1.19.3. Staff Actions:

1.19.3.1. If an unidentified/unattended package is discovered the staff member should alert a fellow coworker or supervisor to call the MCC (292-5990) or HARPS (292-6070) (after duty hours) via land line immediately and do not touch the object. **IMPORTANT: DO NOT USE A CELL PHONE. Someone needs to stay by the phone used to report the Code Black to answer questions if the MCC or 802 SFS calls back.**

1.19.3.2. If a threat is received telephonically, the receiver needs to stay by that phone and fill out AF Form 440, *Bomb Threat Aid* located by every phone. **IMPORTANT: If the call abruptly ends, leave the receiver off the hook, alert supervisor (if possible) and call the MCC from another phone to report the threat.**

1.19.3.3. Remain calm, in control, and be aware of out of the ordinary items in the area. If evacuation is required, staff and patients should leave the area in an orderly fashion and report to the designated relocation site identified by the MCC and/or on-scene commander.

1.19.3.4. Should not handle any unattended or unidentified packages or items.

1.19.3.5. Follow instructions given through the overhead intercom system, Desktop Alert system, and by any trained personnel called to respond to the threat.

1.19.3.6. Needs to refrain from using cell phones and two-way radios. **(IMPORTANT: Only trained Explosive Ordnance Disposal (EOD) personnel should handle suspicious objects.)**

1.19.4. Key Specific Actions:

1.19.4.1. HARPS:

1.19.4.1.1. If notified first, HARPS will contact the MCC and provide description of potential Code Black.

1.19.4.1.2. During non-duty hours, will relay all pertinent information to 802 SFS via (671-2018/3030).

1.19.4.1.3. During non-duty hours, will make an announcement via the overhead intercom system and will give instructions on which areas/zones are to evacuate to their designated Code Black relocation points.

1.19.4.1.4. If possible, HARPS will focus internal cameras to area(s) where the active shooter is located and assist with guiding additional responding patrols to that area.

1.19.4.2. MCC:

1.19.4.2.1. Will record all descriptive data.

1.19.4.2.2. Will relay all pertinent information to 802 SFS via (671-2018/3030).

1.19.4.2.3. MCC will make Red Phone notifications (Safety, Command Section, and FM) to all appropriate personnel.

1.19.4.2.4. MCC will make an announcement via the overhead intercom system and will also send out a Desktop Alert notification to all wing personnel of a Code Black and give instructions on which areas/zones are to evacuate to their designated Code Black relocation points.

1.19.4.2.5. At the direction of the on-scene commander, the MCC will activate the Manpower, Security, and Facilities Teams to assist in the evacuation of affected personnel to designated relocation sites (See Attachment 2, Figures A2.2. – A2.4. for Immediate Relocation Sites).

1.19.4.2.6. MCC and HARPS will be the last sections to evacuate at the discretion of the on-scene commander.

1.19.4.3. 59 MDW Expected 802 SFS Response:

1.19.4.3.1. 802 SFS will dispatch a patrol to conduct an initial assessment of the unidentified or unattended package(s).

1.19.4.3.2. If 802 SFS determines that it is a suspicious package or an explosive device, SFS will establish entry control points and cordon off affected areas. The on-scene commander controls the affected area and coordinates with the 802 SFS along with the MCC to initiate additional actions, as required, to establish and maintain a perimeter.

1.19.5. Termination: 802 SFS or the on-scene commander are the only personnel authorized to terminate “Code Black”. Once 802 SFS or the on-scene commander have terminated the Code Black MCC or HARPS will make Red Phone notifications (MCC, Safety, Command Section, FM), and termination announcement to all building occupants via overhead intercom system along with sending out Desktop Alert to all wing personnel of a “Code Black” termination.

1.19.6. Evaluation: Code Black will be evaluated annually.

1.20. JBSA Randolph Code Black: Bomb Threat or Unidentifiable/Unattended Package.

1.20.1. Description: Code is used to notify staff in response to a bomb threat or of an unidentified/unattended package.

1.20.2. Initiation: This alert code is initiated when the MCC (during duty hours) or FM/FM alternate receives notification from someone in the facility has discovered an unattended or unidentified package, found an object believed to be an explosive device, or received a telephone notification of a bomb threat.

1.20.3. Staff Actions:

1.20.3.1. If an unidentified/unattended package is discovered the staff member should alert a fellow coworker or supervisor to call the MCC (210-652-3119) or FM (210-652-0243) or FM alternate (210-652-3061) via land line immediately and do not touch the object. **IMPORTANT: DO NOT USE A CELL PHONE. Someone needs to stay by the phone used to report the Code Black to answer questions if the MCC or 902d SFS calls back.**

1.20.3.2. If a threat is received telephonically, the receiver needs to stay by that phone and fill out AF Form 440, *Bomb Threat Aid* located by every phone. **IMPORTANT: If the call abruptly ends, leave the receiver off the hook, alert supervisor (if possible) and call the MCC from another phone to report the threat.**

1.20.3.3. Remain calm, in control, and be aware of out of the ordinary items in the area. If evacuation is required, staff and patients should leave the area in an orderly fashion and report to the designated relocation site identified by the MCC and/or on-scene commander.

1.20.3.4. Should not handle any unattended or unidentified packages or items.

1.20.3.5. Follow instructions given through the overhead intercom system, Desktop Alert system, and by any trained personnel called to respond to the threat.

1.20.3.6. Needs to refrain from using cell phones and two-way radios. **(IMPORTANT: Only trained EOD personnel should handle suspicious objects.)**

1.20.4. Key Specific Actions:

1.20.4.1. MCC:

1.20.4.1.1. Will record all descriptive data.

1.20.4.1.2. Will relay all pertinent information to 902 SFS via (210-652-5700).

1.20.4.1.3. MCC will make appropriate notifications to all appropriate personnel (Command Section, FM/FM alternate).

1.20.4.1.4. MCC will make an announcement via the overhead intercom system notifying all personnel in 359 MDG clinics of a Code Black and give instructions on which areas/zones are to evacuate to their designated section meeting points.

1.20.4.1.5. At the direction of the on-scene commander, the MCC will activate the Manpower, Security, and Facilities Teams to assist in the evacuation of affected personnel to designated relocation sites.

1.20.4.1.6. MCC and FM will be the last sections to evacuate at the discretion of the on-scene commander.

1.20.4.2. 359 MDG Expected 902 SFS Response:

1.20.4.2.1. 902 SFS will dispatch a patrol to conduct an initial assessment of the unidentified or unattended package(s).

1.20.4.2.2. If 902 SFS determines that the package is a suspicious package or an explosive device, SFS will establish entry control points and cordon off affected areas. The on-scene Commander controls affected area and coordinates with 902 SFS and MCC to initiate additional actions, as required, to establish and maintain perimeter.

1.20.5. Termination: 902 SFS or the on-scene commander are the only personnel authorized to terminate "Code Black". Once 902 SFS or the on-scene commander have terminated the Code Black, MCC or FM will make appropriate notifications (MCC, Command Section, FM/FM alternate, etc.), and termination announcement to all building occupants via overhead intercom system notifying them of a "Code Black" termination.

1.20.6. Evaluation: Code Black will be evaluated annually.

1.21. JBSA Lackland Severe Weather Watch.

1.21.1. Description: This alert is notification of a developing weather condition based on the area mixing of temperature fronts, air pressure changes and relative humidity. There is a potential of severe weather resulting from this interaction. This area alert is for staff information only and possibly no staff action is necessary.

1.21.2. Initiation: The 502 Installation Support Group (502 ISG) Command Post (CP) will notify all personnel of a weather watch via JBSA AtHoc notification system and email. The CP will also contact the MCC. Additionally, an announcement may also be made via the overhead intercom system along with sending out a Desktop Alert message to wing personnel.

1.21.3. Staff Actions:

1.21.3.1. Staff will need to follow any instruction given over the overhead intercom announcement/Desktop Alert message.

1.21.3.2. Staff will need to remain calm and be prepared to initiate measures to protect patients, staff and critical medical resources and to go to designated shelter-in-place (SIP) if tornadoes do appear or a warning is issued.

1.21.4. Key Specific Actions:

1.21.4.1. Facilities Management will ensure all potential flying debris is removed from WHASC grounds or secured (pallets, trash cans, etc.).

1.21.4.2. Readiness will be prepared to activate the MCC.

1.21.4.3. Upon termination, the MCC will make an announcement via the overhead intercom system to all building occupants and send out a Desktop Alert message to all wing personnel.

1.21.5. Evaluation: Severe weather watches will be evaluated at least once a year.

1.22. JBSA Randolph Severe Weather Watch.

1.22.1. Description: This alert is notification of a developing weather condition based on the area mixing of temperature fronts, air pressure changes and relative humidity. There is a potential of severe weather resulting from this interaction. This area alert is for staff information only and possibly no staff action is necessary.

1.22.2. Initiation: The 502 ISG CP will notify all personnel of a weather watch via JBSA AtHoc notification system and email. An announcement may also be made via the overhead intercom system along with sending out a Desktop Alert message to 359 MDG personnel.

1.22.3. Staff Actions:

1.22.3.1. Staff will need to follow any instruction given over the overhead intercom announcement/Desktop Alert message. Special attention will be given to ensure that medical personnel located within outlying buildings (APTU [210-652-4931], HPRC [210-652-2300], Disaster Mental Health (DMH) [210-652-2448]) are notified.

1.22.3.2. Staff will need to remain calm and be prepared to initiate measures to protect patients, staff and critical medical resources and to go to designated SIP if tornadoes do appear or a warning is issued.

1.22.4. Key Specific Actions:

1.22.4.1. Facilities Management/FM alternate will ensure all potential flying debris is removed from 359 MDG grounds or secured (pallets, trash cans, etc.).

1.22.4.2. Readiness will be prepared to activate the MCC.

1.22.4.3. Upon termination, the MCC will make an announcement via the overhead intercom system to all building occupants and send out a Desktop Alert message to all wing personnel.

1.22.5. Termination: The 502 ISG Commander has the authority to terminate the Severe Weather Watch.

1.22.6. Evaluation: Severe weather watches will be evaluated at least once a year by 359 MDG Wing Inspection Team (WIT) or designee.

1.23. JBSA Lackland Severe Weather Warning.

1.23.1. Description: The interaction of temperature fronts, extreme air pressure differential with violent vertical wind currents, and high relative humidity can produce the conditions of severe weather.

1.23.2. Initiation: Weather warning notifications are sent through the 502 ISG CP via base-wide email and AtHoc. **Note: Upon notification, EMCS will pass the information on to the Total Energy Plant (TEP). TEP personnel will shift plant to “Island” mode. Island mode disconnects/shifts main power support from city public service, San Antonio to the TEP, thus becoming the sole source to power the WHASC (Building 4550 only).**

1.23.3. Staff Actions:

1.23.3.1. Staff should be prepared to move patients to protected areas or SIP rooms within the building, if directed by MCC.

1.23.3.2. Staff should plan for possible power outage/surges affecting equipment.

1.23.3.3. Staff will need to follow any instruction given on the overhead announcement/Desktop Alert message system.

1.23.3.4. Staff should close all blinds, windows, and doors.

1.23.4. Key Specific Actions:

1.23.4.1. MCC:

1.23.4.1.1. Upon notification from the 502 ISG CP of a Severe Weather Warning, the MCC will stand up and activate the FM team.

1.23.4.1.2. If required and/or at the direction of the 59 MDW/CC or designated representative, the MCC will notify the Zone masters to conduct SIP operations.

1.23.4.2. FM:

1.23.4.2.1. Determine the need to SIP.

1.23.4.2.2. Secure loose items (i.e., trash receptacles, brooms, chairs, garage doors, etc.) outside of all buildings.

1.23.4.2.3. Notify any contractors in and around the medical facility of the storm "Watch" and instruct them to take precautionary measures as necessary to secure themselves and their equipment.

1.23.5. Termination: The 502 ISG Commander has the authority to terminate the Severe Weather Warning. Upon termination, the MCC will make an announcement via the overhead intercom system to all building occupants and send out a Desktop Alert message to all wing personnel.

1.23.6. Evaluation: Severe Weather Warnings will be evaluated at least once a year.

1.24. JBSA Randolph Severe Weather Warning.

1.24.1. Description: The interaction of temperature fronts, extreme air pressure differential with violent vertical wind currents, and high relative humidity can produce the conditions of severe weather.

1.24.2. Initiation: Weather warning notifications are sent through the 502 ISG CP via JBSA-wide email and AtHoc.

1.24.3. Staff Actions:

1.24.3.1. Staff should be prepared to move patients to protected areas or SIP rooms within the building, if directed by MCC.

1.24.3.2. Staff should plan for possible power outage/surges affecting equipment.

1.24.3.3. Staff will need to follow any instruction given on the overhead announcement/Desktop Alert message system.

1.24.3.4. Staff should close all blinds, windows, and doors.

1.24.4. Key Specific Actions:

1.24.4.1. MCC:

- 1.24.4.1.1. Upon notification from the 502 ISG CP of a Severe Weather Warning, the MCC will stand up and notify FM of Severe Weather Warning.
- 1.24.4.2. Determine the need to SIP.
 - 1.24.4.2.1. Facilities Management/FM alternate will coordinate will coordinate with other respective building managers to ensure all potential flying debris is removed from 359 MDG grounds or secured (pallets, trash cans, etc.).
 - 1.24.4.2.2. Notify any contractors in and around the medical facility of the storm “Warning” and instruct them to take precautionary measures as necessary to secure themselves and their equipment.
- 1.24.5. Termination: The 502 ISG Commander has the authority to terminate the Severe Weather Warning. Upon termination, the MCC will make an announcement via the overhead intercom system to all building occupants and send out a Desktop Alert message to all wing personnel.
- 1.24.6. Evaluation: Severe Weather Warnings will be evaluated at least once a year by 359 MDG WIT or designee.

1.25. JBSA Lackland Severe Weather—Tornado Emergency.

- 1.25.1. Description: This announcement is an alert that heavy rain, hail, high winds, and/or tornadoes are reported in the immediate area. This radar indication is confirmed by visual observation and property destruction is definite.
- 1.25.2. Initiation: The 502 ISG Command Post contacts the MCC and, if time permits, the MCC passes the warning onto the Command Section and HARPS. **Note:** Pass the information to EMCS to pass to the TEP. TEP personnel will operate the plant in “Island” mode. If time does not permit, the MCC will do an overhead announcement/Desktop Alert message to notify those in WHASC of the danger.
- 1.25.3. Staff Actions:
 - 1.25.3.1. Staff will need to follow any instruction given over the overhead announcement/ Desktop Alert message system.
 - 1.25.3.1.1. Staff, patients, and visitors may be instructed to SIP or proceed immediately to the interior of the building and, if time permits, go down the stairs to the basement.
 - 1.25.3.1.2. If time does not permit, staff, patients, and visitors will be directed to move to the center areas of the building. Staff will cover the patients with available blankets or table pads to achieve the best possible protection.
 - 1.25.3.2. Staff should remain calm as they shelter inside their facility.
 - 1.25.3.3. If not already done and, if time permits, all blinds, windows, and doors should be closed.
 - 1.25.3.4. Staff will perform self-aid and buddy care (SABC) checks on each other and standby for further instructions.

1.25.3.5. All personnel in medical buildings will remain inside their shelter area until the all clear or decision to evacuate is given by the appropriate authority.

1.25.4. Key Specific Actions:

1.25.4.1. MCC.

1.25.4.1.1. MCC will give an announcement via the overhead intercom system to all building occupants and send out a Desktop Alert message to all wing personnel to seek shelter immediately and activate the FM Team

1.25.4.1.2. Notify the Aeromedical Staging Facility and Emergency Medical Service to notify any of their dispatched drivers to seek immediate shelter. No vehicles will be dispatched until the “All-Clear” is given.

1.25.4.1.3. Once the storm or tornado passes, an “All Clear” will be given by the MCC via the overhead announcement/Desktop Alert message system or by runners.

1.25.5. Termination: The 502 ISG Commander has the authority to terminate the Severe Weather/Tornado Emergency.

1.25.6. Evaluation: Severe weather/tornado warnings will be evaluated at least once a year.

1.26. JBSA Randolph Severe Weather—Tornado Emergency.

1.26.1. Description: This announcement is an alert that heavy rain, hail, high winds, and/or tornadoes are reported in the immediate area. This radar indication is confirmed by visual observation and property destruction is definite.

1.26.2. If time permits, the MCC will make overhead announcement notifying all medical facility occupants. Special attention will be given to ensure that medical personnel located within outlying buildings (APTU [210-652-4931], HPRC [210-652-2300], DMH [210-652-2448]) are notified.

1.26.3. Staff Actions:

1.26.3.1. Staff will need to follow any instruction given over the overhead announcement/ Desktop Alert message system.

1.26.3.1.1. Staff, patients, and visitors may be instructed to SIP or proceed immediately to the interior of the building and, if time permits, go down the stairs to the basement.

1.26.3.1.2. Staff will cover the patients with available blankets or table pads to achieve the best possible protection.

1.26.3.2. Staff should remain calm as they shelter inside their facility.

1.26.3.3. If not already done and, if time permits, all blinds, windows, and doors should be closed.

1.26.3.4. Staff will perform SABC checks on each other and standby for further instructions.

1.26.3.5. All personnel in medical buildings will remain inside their shelter area until the all clear or decision to evacuate is given by the appropriate authority.

1.26.4. Key Specific Actions:

1.26.4.1. MCC:

1.26.4.1.1. MCC will give an announcement via the overhead intercom system to all building occupants to seek shelter immediately. Special attention will be given to ensure that medical personnel located within outlying buildings (APTU [210-652-4931], HPRC [210-652-2300], DMH[210-652-2448]) are notified.

1.26.4.1.2. Once the storm or tornado passes, an “All Clear” will be given by the MCC via the overhead announcement or by runners.

1.26.5. Termination: The 502 ISG Commander has the authority to terminate the Severe Weather/Tornado Emergency.

1.26.6. Evaluation: Severe weather/tornado warnings will be evaluated at least once a year by 359 MDG WIT or designee.

Chapter 2

DESCRIPTION, INITIATION, ACTION, TERMINATION AND EVALUATION OF WHASC CLINICAL ALARMS

2.1. Clinical alarm systems are those alarms that are triggered by physical or physiologic monitoring of the patient or by variations in measured parameters of medical equipment directly applied to the patient. Clinical alarms are used in Operating Rooms, the Post Anesthesia Care Unit, the UCC, and seven conscious sedation areas.

2.1.1. These alarms are intended to protect the patient or alert the staff that the patient is at increased risk and needs immediate assistance.

2.1.2. Examples include cardiac monitor alarms, infusion pump alarms, and medical gas alarms.

2.2. Alarm Maintenance.

2.2.1. Regular preventive maintenance and testing of clinical alarm systems will be accomplished to ensure the alarms function appropriately and are audible.

2.2.1.1. The staff will not defeat any clinical alarm or prevent it from being audible in the healthcare setting.

2.2.1.2. Exception: Oftentimes it is necessary to temporarily silence an alarm while responding to the cause of the alarm.

2.2.2. Each patient care area will be responsible for ensuring that clinical alarms not covered in this instruction are audible or visible by initiating periodic monitoring checks. The frequency of the alarm checks will be determined by the criticality of the equipment and the frequency of the use.

2.3. JBSA Lackland Duress Alarms.

2.3.1. Description: A duress alarm is a silent alarm system that can be manually triggered under conditions of threat, holdup or other emergency. Duress alarm buttons are located in various clinics, administrative and support areas. Duress alarms for the pharmacies, Mental Health areas, and BM10/warehouse rings at 802 SFS. All other duress alarms will ring at HARPS.

2.3.2. Initiation: Staff members in specified locations facing an emergency situation will initiate duress alarms.

2.3.3. Staff Actions:

2.3.3.1. Staff should remain calm and not bring undue attention to the situation.

2.3.3.2. If a robbery, cooperate. Observe what the robber looks like and develop a mental picture so that an accurate description can be given to 802 SFS.

2.3.3.3. Staff in areas that have a duress alarm will activate their duress alarm and call 911. Areas without a duress alarm will call 911.

2.3.3.4. Staff will also notify HARPS at 292-6070 or MCC at 292-5990, provide information on the situation and be prepared to take actions to ensure the safety of staff and patients.

2.3.4. Key Specific Actions:

2.3.4.1. HARPS:

2.3.4.1.1. HARPS and ECC will record all descriptive data about the duress call and note the location.

2.3.4.1.2. If alarm is initiated during normal duty hours (0730-1630) HARPS will make Red Phone notifications (MCC, Safety, Command Section, FM), dispatch a FM staff member to the immediate area, and request additional 802 SFS patrols to assist if necessary. HARPS, MCC, and/or ECC will relay all pertinent descriptive information to all responding patrols.

2.3.4.1.3. If event occurs during non-duty hours then HARPS personnel will contact the on-call MCC and/or FM representative and will notify 802 SFS for additional patrols to assist if necessary. HARPS will relay all pertinent descriptive information to all responding patrols.

2.3.4.1.4. HARPS will concentrate monitoring of cameras (if available) to the area(s) of the duress alarm and assist with guiding additional responding patrols to that area.

2.3.4.2. 802 SFS will take immediate action to locate and neutralize the situation while ensuring the safety of all WHASC patients, staff, and visitors.

2.3.5. Termination: 802 SFS or Facilities Management will terminate duress alarm and will closeout event response with 59 MDW leadership coordination.

2.3.6. Evaluation: Duress alarms will be evaluated annually in conjunction with, Code Grey or Code Green.

2.4. JBSA Randolph Duress Alarms.

2.4.1. A duress alarm is a silent alarm system that can be manually triggered under conditions of a threat, holdup or other emergency. Duress alarm buttons are located in various clinics, administrative and support areas. Duress alarms are located in the pharmacies and Logistics Warehouse areas. Duress alarm notifies 902d SFS of emergency situation requiring their response.

2.4.2. Staff Actions:

2.4.2.1. Staff should remain calm and not bring undue attention to the situation.

2.4.2.2. If a robbery, cooperate. Observe what the robber looks like and develop a mental picture so that an accurate description can be given to 902 SFS.

2.4.2.3. Staff in areas that have a duress alarm will activate their duress alarm and if safe, will make attempt to call 902d SFS. Areas without a duress alarm will directly call 902d SFS at 210-652-5700.

2.4.2.4. When and if possible staff will also call the MCC at 210-652-3119, provide information on the situation, and be prepared to take actions to ensure the safety of staff and patients.

2.4.3. Facilities Manager/alternate FM will concentrate monitoring of cameras (if available) to the area(s) of the duress alarm and assist with guiding additional responding patrols to that area.

2.4.3.1. 359 MDG expected response from 902d SFS is that they will take immediate action to locate and neutralize the situation while ensuring the safety of all 359 MDG patients, staff, and visitors.

2.4.4. Termination: 902 SFS or Facilities Management will terminate duress alarm and will closeout event response with 359 MDG leadership coordination.

2.4.5. Duress alarms will be evaluated annually in conjunction with Code Grey or Code Green. Evaluation will be performed annually.

2.5. Emergency Nurse Call Alarms and Patient Room/Bathroom Pull Alarms.

2.5.1. Description: An emergency call or pull alarm is provided adjacent to the patient's head in recovery areas, treatment rooms, and in selected restrooms.

2.5.2. Initiation: An emergency nurse call or patient pull cord alarm is initiated by pulling a cord or pushing a button.

2.5.3. Action: Staff should respond as soon as possible by locating the individual needing assistance and providing them aid.

2.5.4. Termination: The alarm will continue until cancelled at the originating station.

2.5.5. Evaluation: Contract Maintenance will check these alarms quarterly. This allows for the entire nurse call system to be inspected at least once annually.

RACHEL H. LEFEBVRE, Colonel, USAF, MSC
Vice Commander, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

AFI 41-201, *Managing Clinical Engineering Programs*, 15 October 2014

59 MDWI 31-102, *Parking Program*, 23 September 2015

59 MDWVA 32-101, *WHMC Spill Response*, 13 February 2009

59 MDWI 44-142, *Wilford Hall Ambulatory Surgical Center Code Blue Management*, 10 April 2013

JBSA Medical Contingency Response Plan, Annex A, Appendix 1 “Code Orange” Facility Activation for Patient Decontamination, 2013

Adopted Forms

AF Form 440, *Bomb Threat Aid*

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

APTU—Aerospace Physiology Training Unit

BEE—Bioenvironmental Engineering

CP—Command Post

CTL—Code Team Leader

DECON—Decontamination

DMH—Disaster Mental Health

ECC—Emergency Control Center

EMCS—Energy Management and Control Systems

EOD—Explosive Ordnance Disposal

FHC—Family Health Clinic

FM—Facilities Management

HARPS—Hospital Automated Resource Protection System

HAZMAT—Hazardous Material

HPRC—Health Performance Resource Center

IPPD—In-Place Patient Decontamination

ISG—Installation Support Group

JBSA—Joint Base San Antonio

LAK—Lackland

MCC—Medical Control Center

MDG—Medical Group

MDW—Medical Wing

PPE—Personal Protective Equipment

RACE—Rescue, Alarm, Confine, and Extinguish

RND—Randolph

SABC—Self-Aid and Buddy Care

SDS—Safety Data Sheets

SIP—Shelter-In-Place

SFS—Security Forces Squadron

TEP—Total Energy Plant

UCC—Urgent Care Center

WMD—Weapons of Mass Destruction

WHASC—Wilford Hall Ambulatory Surgical Center

WIT—Wing Inspection Team

Attachment 2

IMMEDIATE RELOCATION SITES

Figure A2.1. WHASC Immediate Relocation Sites.

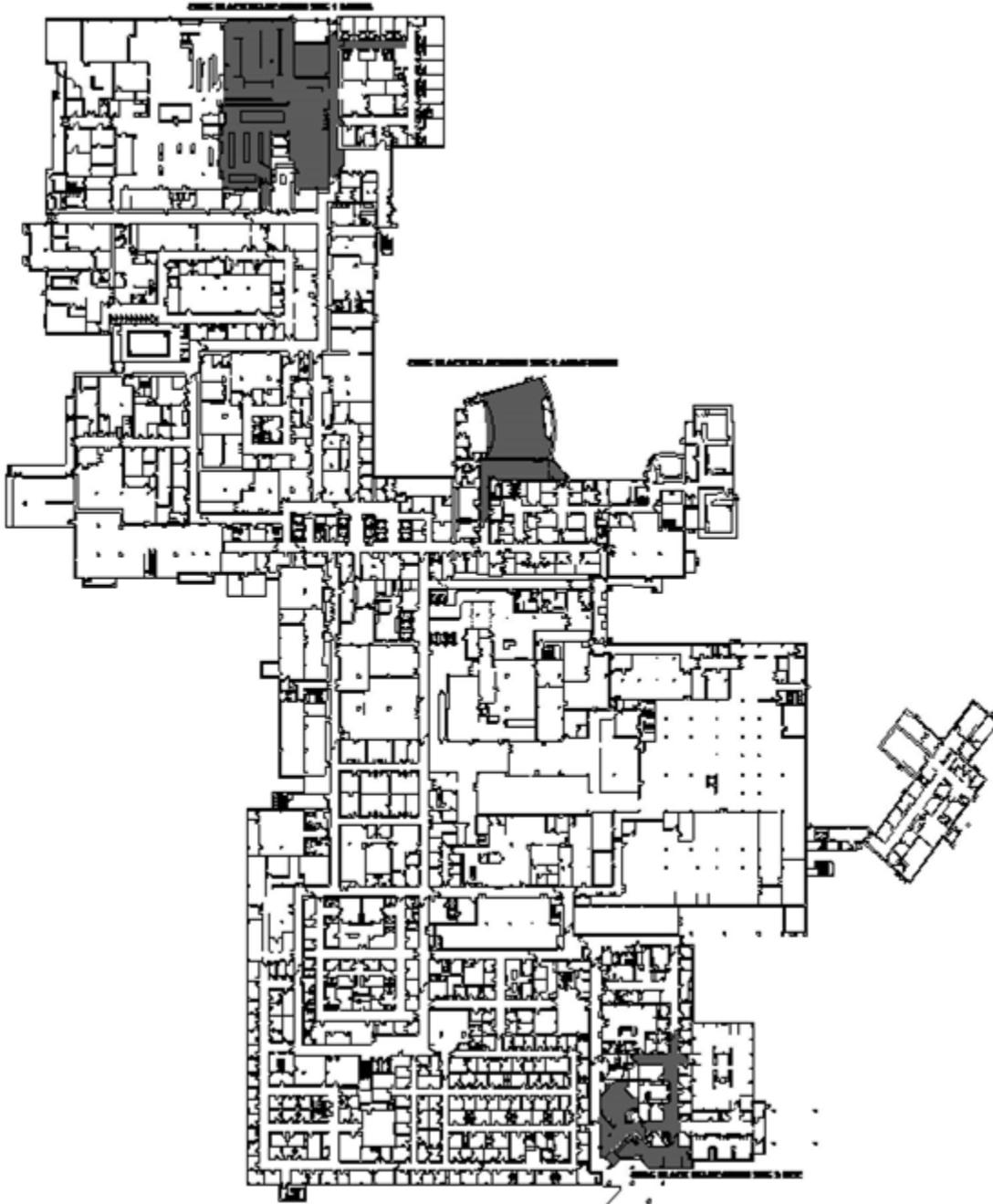


Figure A2.2. WHASC Immediate Relocation Site 1, Dining Area.

CODE BLACK RELOCATION SITE 1 DINING

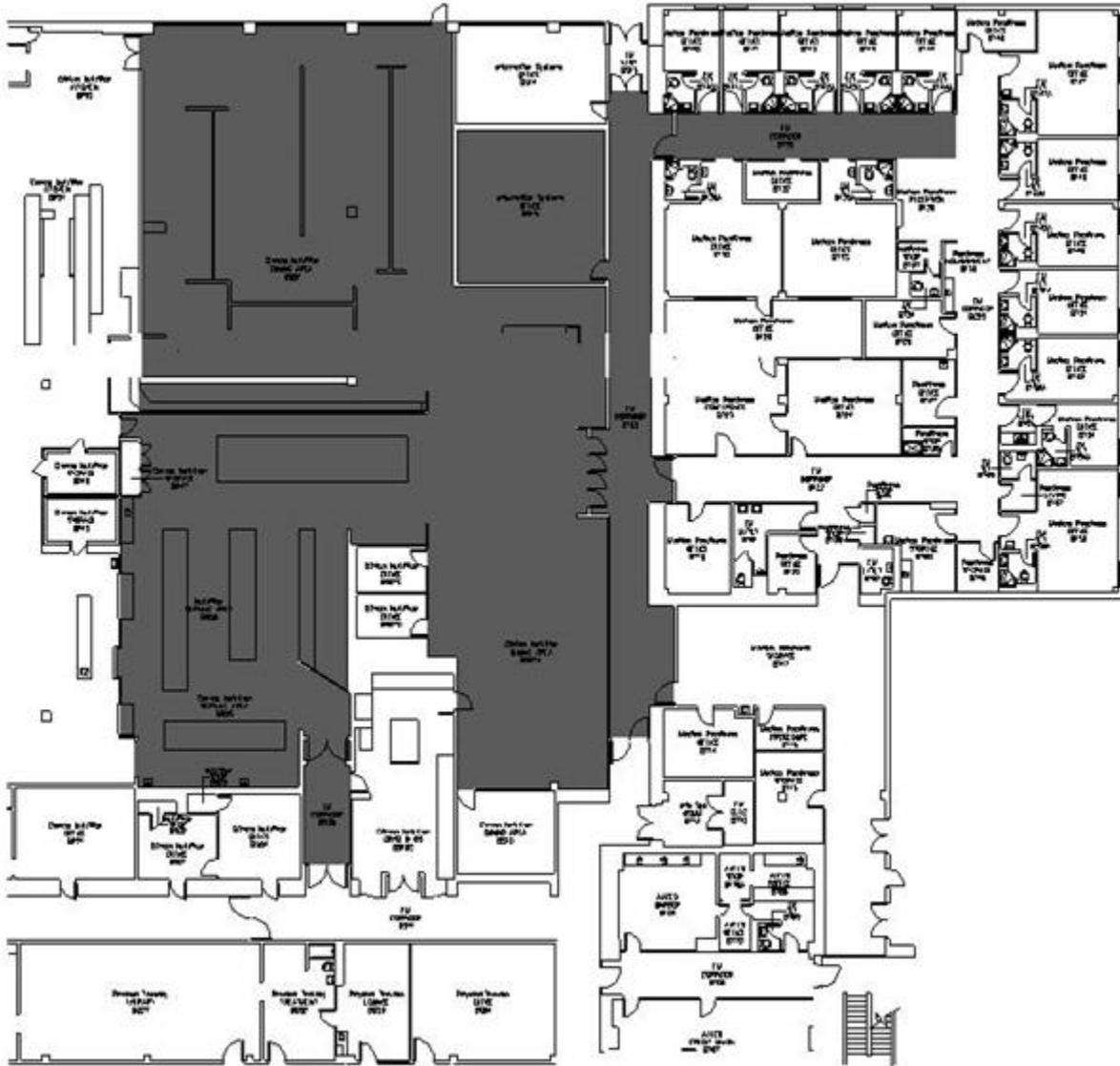


Figure A2.4. WHASC Immediate Relocation Site 3, Urgent Care Center.

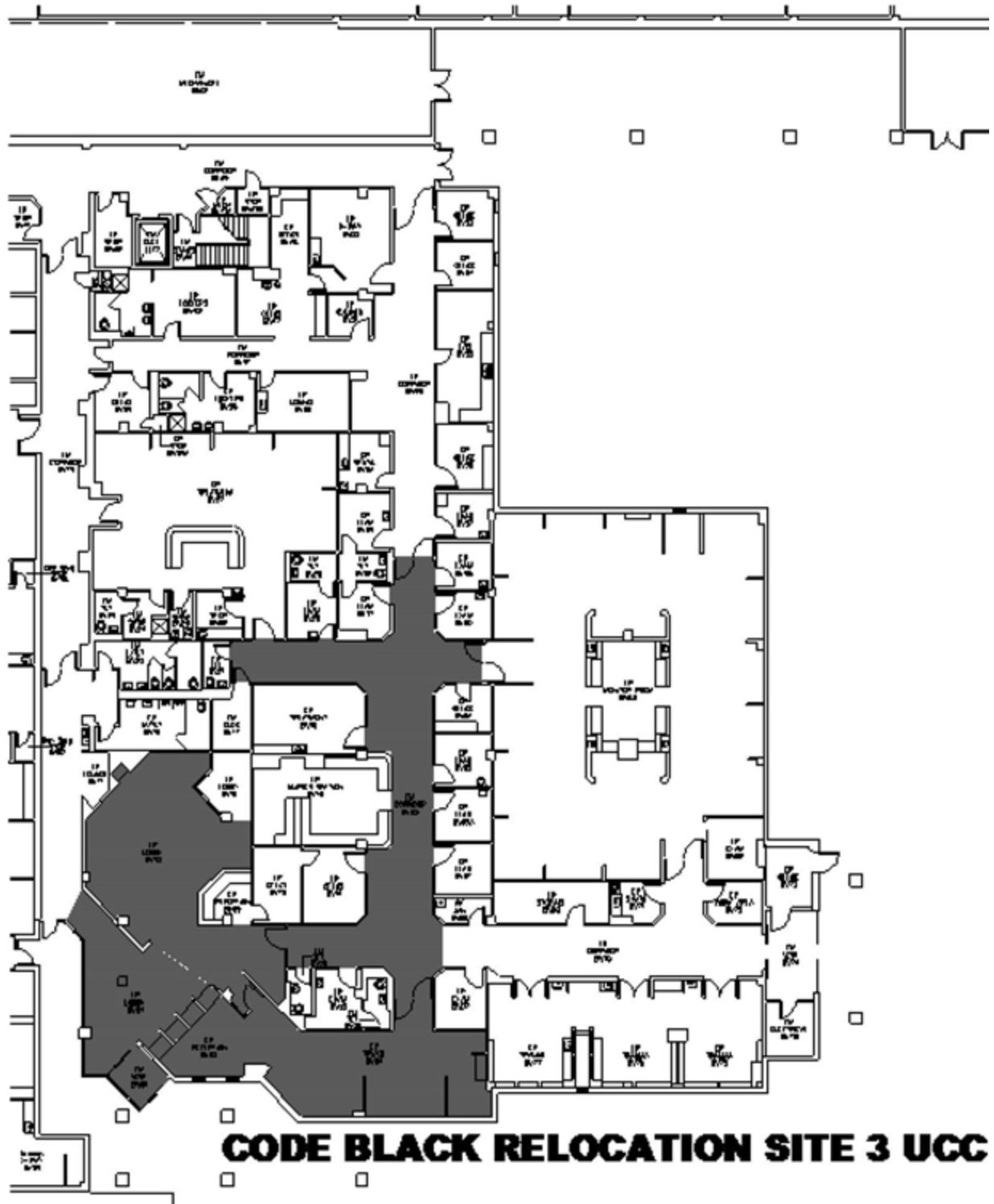


Figure A2.5. 359 MDG Alternate Medical Facility.

