Hospital Specific Student Orientation Packet

WELCOME to UTSW!!

UT Southwestern Medical Center

UT Southwestern Medical Center (UTSW) is located in the heart of the Southwestern Medical District – a nearly 400-acre medical complex 10 minutes north of downtown Dallas, incorporating UT Southwestern Medical Center (UH William P. Clements Jr. and UH Zale Lipshy), Children’s Medical Center Dallas, and Parkland Memorial Hospital.

- **University Hospital Zale Lipshy** – 144 bed facility. Faculty physicians provide diagnostic neurological services and treatments, including stroke patient care, as well as ophthalmology, oral surgery, psychiatric and other services.

- **William P. Clements Jr. University Hospital** – 460 bed hospital situated on 32 acres. Services include cardiology, cardiothoracic surgery, heart, lung, kidney transplantation, obstetrics, gynecology, orthopedic surgery, vascular and bariatric surgery. The hospital has a 40 bed emergency department and a 30 bed Neonatal Intensive Care Unit.

UT Southwestern: Focus on Excellence

Since its formation in 1943, Southwestern Medical School has grown from a small wartime medical college into The University of Texas Southwestern Medical Center, a multifaceted academic institution nationally recognized for its excellence in educating physicians, biomedical scientists, and health-care personnel.

UT Southwestern has approximately 11,400 employees. Its faculty and residents provide care to more than 100,000 hospitalized patients and oversee nearly 2 million outpatient visits each year. They also provide $427 million in unreimbursed professional services annually.

UTSW is proud to be associated with numerous awards, accreditations and designations that have been bestowed upon our facility, staff, programs and facilities. These honors are just a few examples of how our efforts in academics, science and health care take us well beyond a minimalist approach to compliance and ethics. Barely satisfying regulations, standards and benchmarks is not what UTSW is about. We believe in not only meeting expectations but exceeding them.

The faculty now includes six Nobel Laureates, four of whom are active faculty members, 20 members in the prestigious National Academy of Sciences, and 18 members in the Institute of Medicine, a component of the NAS. For two consecutive years, UT Southwestern has ranked as the best metropolitan Dallas-Fort Worth hospital in *U.S. News & World Report’s America’s Best Hospitals* issue. [http://www.utsouthwestern.edu/about-us/](http://www.utsouthwestern.edu/about-us/) [http://www.utsouthwestern.edu/education/medical-school/about-the-school/nobel-winners.html](http://www.utsouthwestern.edu/education/medical-school/about-the-school/nobel-winners.html)

UT Southwestern Nursing Mission and Vision

The Mission of Nurses at UTSW is to elevate the quality, safety, and service to our patients through our commitment to excellence in professional nursing practice, education, innovation and collaboration. The UTSW Nurses’ Vision is a commitment to being a national leader among academic health centers in providing high quality, safe and innovative patient care and in being a model of excellence in professional nursing practice, education and research.
UT Southwestern Nursing Philosophy

UT Southwestern is committed to providing quality nursing care through effective use of resources and the development of innovative programs in clinical practice, education and research. We value the worth, dignity and autonomy of our patients and their families. We believe that each individual has unique physical, social, emotional and spiritual needs that are served through personalized compassionate care.

We recognize and encourage each nurse to care for their body, mind and spirit as a critical element in achieving clinical excellence. Nurses at UT Southwestern are encouraged to nurture and support each other and their colleagues in an environment that fosters teamwork and interdisciplinary collaboration.

Working with our colleagues affords us the opportunity for common goal-setting through trust, mutual respect and a commitment to open and honest communication in serving our patients.

http://www.utsouthwestern.net/intranet/hospitals-clinics/nursing/

UT Southwestern Nursing Care Delivery System is PACE [Rate of movement or progress]

Our UT Southwestern Nursing Care Delivery System is a structure for organizing and delivering care. We have named our system “Relationship Based Nursing Care Delivery System”. However brief or extended the patient encounter or length of stay, the professional nurse embraces the tenets that care delivery should always be:

• Patient focused,
• Accountable,
• Coordinated and Continuous, and
• Evidence-based.


Professional Practice Model

“Professional Nursing Practice is characterized by a well-defined body of knowledge, proficiency in specialized skills, knowledge-based caring, and a deep understanding of the human condition. It is both the art and science of nursing.” —M. Koloroutis (Relationship-based Care)

Nurses at UT Southwestern provide the highest quality patient care through the application of the Relationship Based Care Model, which focuses on what matters most: caring and healing relationships at the point of care. Compassion, knowledge and evidence based care make up the foundation for excellence and make a profound difference in the patient’s ability to recover and heal.

The Nurse-Patient relationship is strengthened through a focus on continuity of care and physician and interdisciplinary collaboration. Nurses at UT Southwestern are empowered through a shared governance structure to make decisions while building professional accountability. Nurses have a strong voice on issues impacting nurses. Our practice environment values, encourages, recognizes and rewards innovation, creativity and scholarly pursuit to improve patient care.

The UT Southwestern Nursing Professional Practice Model is based on the belief that patients and families are at the center of everything we do and are our partners in care. Patients and families are honored as individuals and cared for with dignity and respect leading to greater patient and family satisfaction. Our model provides a framework for achieving excellent clinical outcomes by allowing nurses to practice professionally. It is through our model that we put our vision into action. http://www.ipfcc.org/faq.html
The Model:
- guides our decisions
- supports delivery of professional nursing care and quality outcomes
- ensures consistency in nursing practice
- promotes a healthy environment for the delivery of care

The Model outlines a core set of principles and practices that support and enable us to practice professionally every day. These include:

A Caring and Healing Environment: Nurses help to instill a healing environment by ensuring that each patient’s privacy, comfort and dignity are maintained. A caring physical environment includes addressing such issues as noise management, proper rest and a relaxing atmosphere.

Shared Leadership: UT Southwestern recognizes the leadership capacity of every nurse. Leaders exist at all levels of the organization and are vital to creating and sustaining a transformed culture that supports nursing excellence. Leaders know the vision, act with purpose, responsibility, accountability and authority and remove barriers to quality care. Nurses take conscious ownership of patient care, quality outcomes, safety, performance improvement, ethics, research and evidence based practice. A shared governance structure supports the practicing nurse as a key decision maker with a credible, sought after perspective. Organized leadership roles in nursing are in place to support the professional practice of nursing.

Evidence-Based Quality Outcomes: Effective outcome measurement motivates us to continuously improve the way we work and care for patients and families. Data and measurement must be trustworthy, tangible and relevant from the point of care to the boardroom. Evidence-based practice promotes the collection, interpretation and integration of valid patient-reported, clinically observed and research derived evidence.

The best available evidence is applied to improve the quality of clinical judgments and facilitate cost effective care. Outcomes are specific and measurable and identify achievement of a goal. Outcome driven practice provides direction for patient satisfaction, clinical quality, safety and staff engagement and guides continuous improvement. Our professional practice model will have a measurable positive impact on patient care.

Professional Nursing Practice: Nurses practice autonomously, consistent with application of the ANA Scope and Standards of Practice, ANA Code of Ethics for Nurses, ANA Bill of Rights, the Texas Board of Nursing Practice Act and Interpretive Guidelines and within all aspects of the UT Southwestern framework. In keeping with these guidelines, nurses are responsible for assessing, planning, implementing and evaluating nursing care for an identified group of patients. Nurses collaborate with all members of the interdisciplinary health care team. Nurses have the authority to make decisions within the scope of their practice and to advocate on behalf of patients. They are accountable for nursing care outcomes. Nursing practice is guided by critical thinking and the application of evidence based Standards of Care and Standards of Practice.

Teamwork: Healthy teams form a support network similar to the root system of the Redwood trees. Their roots are intertwined just below the surface so that each tree is supported by the strength of the rest. Collaborative relationships are characterized by trust, mutual respect, visible support and honest communication. Teamwork is supported by a system of care delivery that defines members’ roles and responsibilities, a focus on shared purpose and the unique contributions of each member. A collaborative nurse physician relationship is pivotal to the delivery of safe, quality care. The UT Southwestern academic setting promotes mutual respect among professional nurses and physicians. Effective teamwork cannot exist without effective communication.

Resource Driven Care Delivery: UT Southwestern nurses focus on the needs and expectations of our patients and their families. Clinical decisions are based on competence, knowledge, technical skill and critical thinking. These decisions are also based on the most effective use of internal and external resources. Decision making is based on patient needs, professional requirements and best practices that facilitate choices about what to do as well as what not to do. A primary focus is to preserve the functions that are unique to the professional nurse and delegate non nursing tasks to other members of the interdisciplinary team. The work of the nurse continues until the patient is discharged from our care.
Education and Professional Advancement: Practicing in an academic setting affords the nurse an opportunity to continually learn and grow. Education promotes competence, confidence, personal commitment and advancement opportunities. Participating in education is part of everyone’s role as a professional. Educational priorities include critical and creative thinking, the patient and family experience of care, developing and maintaining healthy relationships, proactive positive communication and transformational leadership.

http://www.utsouthwestern.net/intranet/hospitals-clinics/nursing/professional-practice/

Our commitment to Our Patients – And Each Other! I will:

- make the hospital environment a peaceful, quiet place dedicated to the healing of body and spirit
- anticipate the needs of patients and their families rather than waiting to be asked for assistance
- own and resolve every problem I can, or personally hand over the problem to someone who can resolve it
- respect the confidentiality of patients, their families and my colleagues through discrete conversation and attention to privacy
- be responsible for keeping our work environments clean and safe
- dress professionally, and speak and conduct myself in a manner which always keeps the focus on patients

UT Southwestern’s Magnet Journey

UT Southwestern Hospitals and Clinics are on the Magnet Journey. Magnet Recognition Program® is the highest national recognition granted to a hospital or medical center for excellence in nursing. The gold standard for nursing care is given by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association and the largest and most prestigious nurses credentialing organization.

The Magnet Recognition Program provides consumers with a way to measure the quality of care based on indicators and standards of nursing practice as defined in the ANCC’s Scope and Standards for Nurse Administrators (2004). Currently, the Magnet Recognition Program® designation is held by less than six percent of the nation’s more than 7,000 hospitals.

http://www.utsouthwestern.net/intranet/hospitals-clinics/nursing/magnet/
Communication and Collaboration **Effective Teamwork = Safety and Quality**

When the Patient Care Team works together it ensures safe and continued quality patient care, prevents errors, improves patient understanding, optimizes patient outcomes and enhances patient, family and staff satisfaction. Effective teamwork cannot exist without effective communication!

Employees at UTSW conduct a standardized approach of passing information between patient caregivers about a patient’s care. This includes current condition, recent medications, and safety concerns. Hand-off communication is done any time all or part of the responsibility of patient care is transferred to another caregiver. Examples include shift change and relief for breaks, when a patient is transferred from one unit to another, and when a patient leaves the floor for a test or procedure.

Bedside report is an important communication tool. Topics include an introduction of the next caregiver, patient education review involving the patient and family member (if possible), and a visual inspection of the condition of the patient. If a visitor is present in the room, ask the patient if he/she can stay to hear the conversation.

If the patient does not speak English, the Language Line can be utilized. A UTSW interpreter may be used, but ALL interpreters must be Certified, including nurses and physicians. Examples of events requiring an interpreter include bedside report, informed consent, diagnostic test results, admission assessment, patient education, discharge planning, and physician communication.

**Dress Code and ID Badges**

All UTSW employees wear navy blue scrub tops [with UTSW logo] and pants plus UTSW photo identification (ID) badge. Please discuss student uniform requirements with the Clinical Nurse Educator or the Unit Manager prior to your first clinical day. Students coming to UTSW out of uniform or without their UTSW ID badge cannot be in any patient care area. ID badges are to be worn above the waist and visible at all times. Return your name tag to the UTSW Education Department at the end of your clinical rotation to avoid charges. [Policy No: 2-1132]

**Parking**

All students who park at UTSW must purchase a student parking permit and park in designated areas. Parking illegally can result in fines up to $250. Confirm cost and parking areas with Parking Services. (214-645-9600-0)

**Smoking at UT Southwestern**

Smoking or using other tobacco products, including electronic cigarettes, is not permitted within the buildings or on the grounds of UTSW hospitals and clinics. There are no designated smoking areas. [Policy No: 3-500]

**Social Media and Cellular Phone Use**

Never post content (whether through UTSW computers, home computers, personal devices or otherwise) containing information/pictures about, or related to the Protected Health Information (PHI) of patients or patient families on social networking sites, internet chat rooms, message boards, news groups or any other similar forum. [Policy No: 1-1250] “All nurses have an obligation to protect their patient’s privacy and confidentiality which extends to all environments, including the social media environment.” [TX BON Board Rule 217.11]

**Cell phones are never to be seen or heard by patients or visitors at any time!** Please keep your phone out of sight on vibrate. If someone calls you, go to a private area [e.g.: staff break room] to answer. Do not access programs on your phone in the presence of a patient or visitor. Even if the program is work-related, the patient or visitor may think you are texting about them. Do not take pictures of patients, visitors, employees EVER!

Safety and Clinical Care Issues

Your own safety is the most important at UTSW! However, it is everyone’s responsibility to ensure a safe work environment is maintained. UTSW has a Patient Care Services Staff Safety Committee to identify and resolve safety risks and hazards in patient care areas. All employees are the ‘eyes and ears’ of the committee and must report all safety issues, events and near misses (i.e.: sentinel events) including those involving employees who act or perform in a manner unsafe to patients, staff or self. Use the “Event Reporting” site found on the UTSW Clinical Portal. Events can be reported anonymously. [Policy No: 2-605]

Moving Patients Safely and Comfortably at UT Southwestern

UTSW’ “Think LIFT” program provides devices to assist you in safely moving patients. Please ask staff about gait belts, cardiac chairs, partial/total assist and other pieces of transfer mobility equipment. [Policy No: 9-7020]

Annual Influenza Vaccinations (Flu Shots)

During flu season (in the fall), all visiting students are required to show proof of receiving a flu shot to Occupational Health (OC). OC will place a vaccination sticker on your name badge. Those without a sticker must wear a mask in patient care areas during flu season, October 1 through March 31. [Policy No: 7-5052]

Patient Arm Bands

Patients at UTSW may wear the following arm bands [Policy No: 9-104]:

- White: Patient information including name and medical record number
- Red: Allergy or No Known Allergy (NKA)
- Yellow: Patient is a “Fall Risk“
- Blue: Blood infusion band
- Green: “Yes this side” indicating side of body to perform a procedure
- Pink: “Restricted Extremity”- the tagged extremity is restricted for some reason
- Orange: “PPE” Personal Protective Equipment – someone needs to wear PPE

UTSW does not use “Do Not Resuscitate” [DNR] arm bands.

Fall Precautions

Nurses at UTSW assess patients for fall risk. If a patient is at risk, the following safety measures are used:

- The patient is to wear yellow slipper socks, yellow gown and yellow “Fall Risk” arm band
- The patient must be within arm’s length of an employee if not sitting in a chair or lying in a bed.
- The patient is asked to sign a “Patient Assistance Agreement.” The patient agrees to call for assistance to get out of bed, reach for objects while lying down or sitting in a chair, or going to the bathroom
- Other precautions may be used as appropriate (e.g.: bed/chair alarm).

Backup generators

Red plug outlets and light switches are connected to backup generators in case of an electrical outage/power failure. Be sure all essential patient care and medical equipment are always plugged into a red outlet.

What to do if injured while at UT Southwestern

- If the skin is broken, wash the area well with soap and water.
- Notify your instructor and follow your school’s guidelines.
- Notify the Unit Charge Nurse, the Clinical Coordinator and/or Unit Manager.
- Complete an Event Report on the UTSW intranet and injury forms provided by the Unit Manager.
- If necessary, go to Occupational Health (OH). If OH is closed or if you require emergency care please go to the Emergency Department (ED). [Policy No: 1-106]
PATIENT SAFETY PROGRAM

Goal of the Patient Safety Program is to improve patient safety and reduce risk to patients through an environment that encourages:

- Recognition and acknowledgement of risks to patient safety and medical/healthcare errors;
- The initiation of actions to reduce these risks;
- Minimize individual blame/retribution for involvement in medical/healthcare error to encourage reporting;
- Organizational learning about medical/healthcare errors as a prevention measure;
- Internal reporting (automated incident reporting system) of what has been found and the actions taken;
- Support sharing of that knowledge to effect behavioral changes in itself and other healthcare organizations.

No disciplinary action will be taken against any employee who reports safety or quality concerns

Sentinel Events: TJC defines sentinel event: “An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.” Serious injury specifically includes loss of limb/function. The phrase “or the risk thereof” includes any process which would carry a significant chance of serious adverse outcome. This includes a “near miss.” All sentinel events must be reported; can be reported anonymously on the intranet.

PATIENT RIGHTS

Patients are given information regarding their rights on admission.
Patient Rights are posted in registration areas and available in writing upon request

Examples of Patient Rights

Right to know who is caring for them: WEAR YOUR NAME TAG!
Right to privacy
- Knock on door before entering and introduce yourself. Close doors/curtains when doing patient care.
Right to Confidentiality
- Do not talk about patients/families in public areas.
- Be certain computer screens with patient information are not in public view or left unattended.
Right to voice a complaint
- Patients may tell any employee of dissatisfaction with care/services; all attempts to solve complaint made.
Right to be told of diagnosis, treatment options, risks, benefits
- The patient receives complete information in order to accept or refuse care.
- If patient is mentally/physically able to make decisions, no one else can make decisions for him.
Right to be free from abuse or harassment
- Child Protective Services (under age 18) or Adult Protective Services (over age 65, or mentally/physically disabled and over age 18) is notified when a patient is an actual or potential victim of abuse.
- Hotline for Child Protective Services & Adult Protective Services: 1-800-252-5400
Right to appropriate assessment and management of pain
- Staff is committed to pain prevention and management & responds quickly.
Right to a secure environment.
- Report security issues you identify
Respect for a patient’s choices, culture, and beliefs.
Right to make Advance Directives
- The patient has the right to appoint someone to make care decisions if he becomes mentally or physically unable to do it for himself.
- The patient may choose to withhold or withdraw life-sustaining treatment if terminally ill.
- Each patient is asked if they have an advance directive. If not, they are given the opportunity to complete one.
- Chaplain Services is available for patients who wish to ask questions or complete an advance directive.
- If the patient has an advance directive but has not brought it to the hospital with them, they are asked to provide a copy, and if unable to do so, to complete a new one.

--Patient Safety Manager; 214-645-1120
INFECTION CONTROL

Hand washing is the single most important way to STOP the spread of infections!
- Hand washing at a sink before first patient interaction of the day
- before and after eating
- after using the bathroom or personal hygiene
- after a maximum of 7-8 applications of hand gel/foam
- when hands are visibly soiled

Hand Hygiene
- hand hygiene with alcohol-based gels or foams or degermer
- between every patient contact
- before donning and after removing gloves
- up to a maximum of 7-8 applications

Patient/Staff Safety Measures
- Standard Precautions apply to ALL patients, ALL the time
- Transmission based (isolation) precautions apply to those cases where a more restrictive level of isolation is necessary based on known or suspected diagnosis, clinical evidence or patient signs and symptoms.
  Categories for this isolation include:
  - Contact (green sign) for MRSA, VRE, and Clostridium difficile,
  - Droplet (orange sign) for Meningitis, Influenza, and Pneumonia
  - Airborne (pink sign) for Tuberculosis, Varicella (chicken pox), Red Measles, SARS, Smallpox.
- Barrier precautions include the use of certain personal protective equipment (PPE) until certain infections are ruled out. PPE includes:
  - fluid resistant gowns
  - latex/powder free gloves
  - masks (including N95, fluid resistant with and without face shields)
  - goggles
  - single use CPR pocket masks with one way valves
  - biohazard labeled zip lock specimen bags
- Appropriate waste disposal of infectious waste includes:
  - Placing solidifying products in liquids
  - Placing all infectious waste in a red biohazard bag
  - Placing red biohazard bags in the Soiled Utility Room for collection by facility services
- Disposal of sharps includes:
  - Sharps containers are available in all patient rooms and work areas.
  - Closing, locking and exchanging these containers before they are ¾ full.
  - Ensuring all safety engineered devices are activated.
  - Taking the sharps container to the Soiled Utility Room for pick up.
  - ACTIVATE SAFETY NEEDLE DEVICE BEFORE DISPOSAL.
  - The University Hospital Safe Devices ad Practices Committee is responsible for final decision regarding safety engineered safe devices.
- Keep your work area/unit clean, free of dust and debris.
- Maintaining control of non-approved break areas includes restricting bad habits such as:
  - Eating
  - Drinking – Open containers
  - Application of cosmetics
  - Application of lip balm or contact lenses in the direct patient care and work areas
- Always keep linen carts covered and all linen is to be carried away from employee’s body.
- Infection Control education and involvement.

-- Infection Control Manager; 214-645-1177
**Fire Safety** [Policy No: EC 02.03.01]

UTSW uses “RACE” to respond to a fire alarm; if it is safe for you to do so:

- **Rescue**: take patient, visitors or personnel to a safe area
- **Alert / Alarm**: activate the fire pull and call the operator to report the fire
- **Confine / Contain**: close all doors and windows to confine the area
- **Extinguish**: use the fire extinguisher

UTSW uses “PASS” when using a fire extinguisher; if it is safe for you to do so:

- **Pull** the pin located at the handle of the extinguisher
- **Aim** the nozzle at the base of the fire
- **Squeeze** the handle to activate the extinguisher
- **Sweep** the nozzle from Side to Side toward the base of the fire.

**Rapid Response Team (RRT)** [Policy No: 9-1138]

Rapid Response Teams are groups of specially trained healthcare providers who will respond when alerted of a patient, employee, or visitor in distress. The team usually includes an ICU Nurse and a Respiratory Therapist. They will perform a patient assessment and implement protocols where appropriate. The goal of the RRT is to minimize the number of respiratory and cardiac arrests experienced by hospitalized patients and outpatients, to mobilize healthcare workers quickly to intervene for the benefit of patients experiencing acute decompensation, and to mentor and educate non-critical care nurses. The RRT may be called for any change in patient status, acute or gradual, including blood pressure, heart rate, respirations, level of consciousness, or signs of a stroke.

**Reporting a Code Situation – High School Students Are Not to call in a Code at UTSW**

Most patient care areas in UH Zale Lipshy and UH William P. Clements Jr. call 3333 (remember, “Help for Me, call 3333”). Some clinics call 311 (Campus Security) for non-life threatening situation or 911 for life-threatening situations. Please verify with the unit manager which phone number to use.

To “Call a Code”, five (5) pieces of information are essential:

- **Type of Code** (e.g.: patient not breathing, fire in the trash can, man has a weapon)
- **Hospital or building** (e.g.: William P. Clements Hospital, Zale Lipshy Hospital, name of clinic)
- **Floor where the code is occurring**
- **Room / Office number where the code is occurring**
- **Your Name**

*Wait for the Operator to Repeat ALL of this information BEFORE hanging up!!!*

If any information is missed, the operator will not be able to send the help you need!

**In any emergency situation, students/visiting nurses must always follow the instructions of the hospital staff.**

**If you have any questions, please contact:**

- Ann Mercado, MSN, RN, CBN
- Clinical Nurse Educator
- Department of Nursing Education
- Office: 214-633-6451
- Ann.Mercado@UTSouthwestern.edu
### Emergency Codes at UT Southwestern Medical Center

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiac Arrest</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Severe Weather</td>
</tr>
<tr>
<td>Code Black</td>
<td>Tornado (Take Cover)</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Child Abduction</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Levels I-V: Threat/Actual Event</td>
</tr>
<tr>
<td>Code Rush</td>
<td>Violence/Patient out of Control</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Hostage / Person with a Weapon</td>
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</tbody>
</table>

#### Code Yellow Levels I-V

- **Drill** - A practice drill is being activated.
- **Level I** - Event in State or Region
- **Level II** - Immediate Region/Community
- **Level III** - Local Internal/External Plan Activated
  - Eg: Bomb threat, Hazardous spill/contamination
- **Level IV** - Standby - potential emergency.
- **Level V** - Missing adult patient
- **All Clear** - Emergency condition terminated.

### What Do I Do?

<table>
<thead>
<tr>
<th>Code</th>
<th>Action</th>
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<tbody>
<tr>
<td>Code Red</td>
<td>Fire: RACE / PASS if safe to do so</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Help, Traffic Control, Stay out of way</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Be alert!</td>
</tr>
<tr>
<td>Code Black</td>
<td>Stay calm, close doors, move to halls</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Go to exit &amp; watch for person w/bundle</td>
</tr>
</tbody>
</table>
| Code Yellow  | Return to work area; follow directions III: Hazardous spill? RACE  
  - Suspect bomb? Call 3333-don’t touch!                     |
| Code Rush    | Stay calm; Close doors near area                         |
| Code Silver  | Close doors; Stay away; Be alert!                        |