STANDARDIZED HOSPITAL EMERGENCY CODE

STATE OF LOUISIANA

A recommendation for Louisiana Hospitals as presented to the Legislative, Regulatory & Policy Council of the Louisiana Hospital Association
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A Recommendation for the Standardization of Hospital Emergency Codes

Recommended By:  Regions 1 and 3, Greater New Orleans Metropolitan Hospital Council
The HRSA Designated Regional Coordinators

**Background:**

For the past year there was discussion concerning standardization of emergency codes throughout hospitals in the metropolitan New Orleans area as well as hospitals statewide. A subcommittee of the council’s Disaster Preparedness Committee surveyed the member hospitals for the emergency code systems those hospitals had in place. This survey quickly showed the lack of uniformity that existed among the hospitals. While several had the same codes for fire (Code Red), cardiac/respiratory arrest (Code Blue), and infant/child abduction (Code Pink), there was great diversity among the facilities for other emergency designations. In addition, there was a wide variety in codes that included numbers, letters, and colors representing various events or safety concerns.

**Rationale:**

Emergency Code uniformity enables many individuals at multiple facilities to respond consistently to emergencies, which ultimately enhances safety for patients, visitors, and staff. Reasons for seeking uniformity include:

- With the current nursing and other healthcare professionals shortage, many organizations share personnel. Having a consistent code system reduces the amount of information an employee must learn or re-learn and lessens the opportunity for confusion during emergent or disaster events.

- Communication among hospitals and other agencies in a specific geographic region during an emergency can be enhanced when there is a common language (for instance, DASH, DASH II, MMRS, and other statewide agreements that involve different regions).

- Communication during statewide, regional, or local weapons of mass destruction (WMD) events will also be enhanced.
• The myriad of different systems using numbers, alpha codes, and color codes creates confusion, increases the likelihood of miscommunication, and potential for serious outcome to patient care.

**Code Recommendations:**

The following code designations for emergency identification in healthcare organizations are recommended:

- CODE BLUE – Medical Emergency – Cardiac/Respiratory Arrest
- CODE RED – Fire
- CODE GREY – Severe Weather
- CODE BLACK – Bomb
- CODE PINK – Infant/Child Abduction
- CODE YELLOW – Disaster – Mass Casualty
- CODE ORANGE – Hazardous Materials
- CODE WHITE – Security Alert – Violence/Hostage

Note that while the above main colors remain constant, there is flexibility built into the system for individual hospital needs. Emergency code colors not stated may be used by individual organizations to address specific facility or geographic concerns. The goal is to have a common set of base colors and for hospitals to customize them to meet their needs albeit a response to these events is very similar hospital to hospital.

This recommendation takes into consideration that standardization among all hospitals may not be immediate, and that there will need to be a planned transition to the recommended code set. The intent is for hospitals to phase in the implementation of the recommended codes. This way the materials and training can be created and offered at a time best suited for the facilities, realizing that considerable training, labor and financial resources will be involved with the transition.

There is also the potential for outside funding through the use of grants and regional acceptance of the concept of a standardized code system to support the transition to standardized codes (for example, HRSA or MMRS funds).

**Conclusion:**

Healthcare personnel frequently respond to emergency situations or events in their facilities and may encounter confusion and frustration at the time of crisis or disaster. This can be minimized if there is the ability to respond quickly and in a measured and orderly fashion. The recommended standardized emergency codes and guidelines are designed to assist healthcare facilities to serve the community during a disaster and to resume normal operations as quickly as possible.
PURPOSE

To facilitate the arrival of equipment (crash/code cart) and specialized personnel to the location of an adult in cardiopulmonary arrest.

SUPPORTING INFORMATION

**Code Blue** is called for patients who do not have an advance healthcare directive indicating otherwise.

- Code Blue is to be initiated immediately whenever an adult is found in cardiac or respiratory arrest (per facility protocol). In areas where adult patients are routinely admitted there should be an adult crash cart available. If a **Code Blue** is called in an area without a crash cart, the designated area will bring the cart.
PURPOSE

To provide the procedure to be followed in the event of severe weather.

SUPPORTING INFORMATION

*Code Grey* should be initiated whenever conditions of severe weather are observed. Nursing units, departments and hospital staff must prepare for severe weather conditions and initiate individual plans.

**Severe weather categories**

**Thunderstorm / Flood Watch**
You will be informed when and where severe thunderstorms and flooding are more likely to occur.

**Thunderstorm / Flood Warning**
This warning is issued when severe weather has been reported by spotters or indicated by radar. Warnings indicate imminent danger to life and property to those in the path of the storm.

**Tornado Watch**
Tornadoes are possible in your area. Remain alert for approaching storms.

**Tornado Warning**
A tornado has been sighted or indicated by weather radar. If a tornado warning is issued for your area and the sky becomes threatening, move to your pre-designated place and safety.

**Hurricane / Tropical Storm Watch**
Storm may threaten your area within 24 hours

**Hurricane/Tropical Storm Warning**
Hurricane or tropical storm is expected to strike your area within 24 hours. Warnings indicate imminent danger to life and property to those in the path of the storm. Warnings normally include advisories of flood and wind danger and could mean evacuation from the area.
PURPOSE

To establish a method for coordinating an appropriate facility response that ensures immediate protection of life, property and the continuation of vital patient care and services in the event of a bomb threat or discovery of a suspicious package.

SUPPORTING INFORMATION

Bomb threats do occur in healthcare facilities; however, it is unlikely that an actual bomb has been placed. A facility will make a thorough search when a bomb threat is received. The facility may choose not to evacuate unless a suspicious device has been identified, and then proceed under the direction of the local authority. Safety procedures take precedence over all other activities by healthcare facility employees, except for the provision of immediate medical assistance to patients in life-threatening circumstances.

- The handling of bombs and bombing investigations is solely an official police function. At no time should the healthcare facility security staff try to touch a bomb or suspected bomb. The role of the facility security staff is to help the police find the bomb, and to evacuate patients, visitors and facility personnel.
- When the police enter the healthcare facility they will need trained personnel who are familiar with the facility to assist them in searching for a possible bomb. Security personnel should be completely familiar with all areas of the building, including closets, restrooms, storage areas, trash bins, etc. All security officers should have keys to these areas so that a complete search can be made.
- It is important to remember that a bomb can be placed anywhere and, depending on the time limit, as complete a search as possible should be made.

- General Guidelines for Bomb Threats
  - Launch search promptly
  - Initiate simultaneous assessment and search
  - The depth and nature of the search can vary based upon the threat assessment and information updates as applicable, working with local law enforcement.

- Evacuation of the facility is a challenge that is best resolved by consultation between the police department and the healthcare facility administration.
PURPOSE

To provide the procedures to be followed to protect patients, visitors, staff and property in the event of a real or suspected fire.

SUPPORTING INFORMATION

- **Code RED** should be immediately initiated whenever anyone of the following indications of a real or suspected fire is observed.
  - Seeing smoke or fire
  - Smelling smoke or other burning material
  - Feeling unusual heat on a wall, door or other surface
  - Other indications as identified by the facility

- A **Code RED** alarm may also be initiated automatically by electronic fire detection equipment in the facility. Such equipment includes heat and smoke sensors in the building areas and in ventilation equipment and water pressure sensors in fire sprinkler lines.

- Fire response procedures must be implemented upon suspicion of a fire. Notification of co-workers for a timely, effective and efficient response is critical. Although response procedures are presented in ordered steps, usually more than one person is involved in performing these actions simultaneously.
PURPOSE

To protect infants/children from removal by unauthorized persons, and to identify the typical physical description and actions demonstrated by someone attempting to kidnap an infant/child from a healthcare facility. Additionally, to define healthcare facility response to an infant/child abduction.
A Code Pink should be initiated when an infant/child is missing or is known to have been kidnapped.

SUPPORTING INFORMATION (INFANT)

The following information is taken from For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions, published by the National Center for Missing and Exploited Children.

- The typical abductor profile was developed from an analysis of 187 cases occurring between 1983-1999, National Center for Missing and Exploited Children (Note: There is no guarantee that an infant abductor will fit this description.)
- Female of “childbearing” age (range now 12-50), often overweight, generally has no prior criminal record.
- Most likely compulsive; most often relies on manipulation, lying, and deception.
- Frequently indicated that she has lost a baby or is incapable of having one
- Often married or co-habitating, companion’s desire for a child may be the motivation for the abduction
- Usually lives in the community where the abduction takes place
- Frequently visits nursery and maternity units initially at more than one healthcare facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also move to the home setting
- Usually plans the abduction, but does not necessarily target a specific infant; frequently seize on any opportunity present
- Frequently impersonates a nurse or other allied healthcare personnel
- Often becomes familiar with healthcare personnel and even with the victim’s parents
- Demonstrates a capability to provide “good” care to the baby once the abduction occurs
- She will likely remove the newborn as follows: carrying an infant, carrying a bag large enough to hold an infant, covering the infant with her coat/baby blanket, or she may be in a nurse’s uniform carrying an infant.

SUPPORTING INFORMATION – CHILD

The following information is taken from For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions, published by the National Center for Missing and Exploited Children. Supporting information for Code Pink would be various situations that may trigger a child abduction.

- The abductor can be a stranger to the child, or a family member, such as a non-custodial parent.
- A State custody dispute may result in the taking of a child by an official of the Department of Family Services while the child is in the healthcare facility, perhaps for treatment of suspected child abuse.
- Children can often verbally let someone know when they face a threatening situation. However, some factors, such as domestic situations, state custody, and “wandering” creates a need for an expansion of the infant monitoring system into the Pediatric Unit.
Each healthcare facility is to develop their own guidelines for handling disasters in accordance with state and federal laws, the Hospital Emergency Incident Command System (HEICS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Occupational Safety and Health Administration (OSHA) and other regulatory agencies.

PURPOSE

Response to needs from incidents that require, or may require, significant support from departments to assist with emergency needs, within the healthcare facility, or while addressing the needs of the community.

- To provide a mechanism that will allow the healthcare facility to respond effectively to a variety of emergency situations
- To ensure the continued operations of the facility under emergency conditions
- To ensure that employees are aware of their roles and their departments’ roles in the emergency
- To ensure the safety and security of patients, visitors, and employees during the emergency
- These policies and procedures have been developed utilizing the Hospital Emergency Incident Command Systems (HEICS) standards. HEICS is based upon an organizational chart that clearly defines the chain of command and Job Action Sheets (job descriptions) which assist healthcare facility management in focusing upon critical issues affecting a facility during a crisis.

SUPPORTING INFORMATION (INTERNAL DISASTER)

The various levels of a disaster alert severe as a general guide only to provide a sense of the facility’s involvement in the situation. The actual situation and direction may require variations to this guide.

- Examples of what might constitute an internal disaster are:
  - Total power outage, utility disruption
  - Plumbing outage and or problems
  - Flooding
  - Explosion without fire
- Each department within the healthcare facility is to develop a departmental-specific disaster plan to support the overall plan. The various institutional and departmental emergency and disaster response plans are designed to ensure that the facility can maintain operations during and immediately following a disaster.
- Internal disasters can happen anywhere within the facility. Departments affected should deal with the disaster as necessary, following the departmental-specific disaster plan.
- Departments unaffected by the internal disaster should stand-by for further information and instructions.
SUPPORTING INFORMATION (EXTERNAL DISASTER)

- Each department within the healthcare facility is to develop a departmental-specific disaster plan to support the overall plan.
- The various levels of a disaster alert serve as a general guide to identify the facility’s involvement in the situation. The actual situation and direction from the Incident Commander may require variations to this guide.
- Departmental Disaster Plan: Each department within the facility is required to have their own Emergency Disaster Response Plan. These plans shall include at least two evacuation routes, and identify the responsibilities per job title during different types of disasters, such as fire, flood, earthquake, etc. All employees are to be familiar with the evacuation routes and responses during the Code Yellow.
  - Examples of an external disaster:
  - Any event where there are mass casualties
  - Multi-vehicle accident
  - Hurricane, tornado
  - Flood
  - Nuclear, biological and chemical incidents
It is recommended that each healthcare facility develop their own guidelines for managing a hazardous materials spill/release in accordance with local, state and federal laws, the Occupational Safety and Health Administration (OSHA), the Ohio Code of Regulations (OCR), The Department of Health and Safety (DHS), and other regulatory agencies.

PURPOSE

To identify unsafe exposure conditions, safely evacuate an area, and protect others from exposure within the healthcare facility or on its grounds, due to a hazardous materials spill/release.
- To protect the health and safety of all employees by informing them of the hazardous substances with which they routinely work or are likely to encounter
- To train employees in the proper procedures they must follow to protect themselves from the risks of hazardous materials
- To ensure that hazardous materials and waste used with in the healthcare facility are handled and managed according to applicable regulations, minimizing their impact on the environment

SUPPORTING INFORMATION

- A hazardous material spill/release is one that is likely to cause injury or illness, and may result in exposure which exceeds state or federal exposure limits, or may harm the environment.
- Departments with significant hazardous materials, including radioactive materials, are to develop a disaster-specific plan to support this plan.
- The cleanup of a chemical spill should only be done by knowledgeable and experienced personnel (fire department HA/MAI team).
- Spill kits with instructions, absorbents, reactants and protective equipment should be available to clean up minor spills.
- It is important to note that an external disaster/spill external spill, or when a contaminated individual is admitted to the Emergency Department.
- It is recommended that each facility devine procedures to be taken in response to a minor and a major spill.
- A minor spill presents no hazard to trained employees or the environment.
- A major spill is a hazardous spill, which is likely to cause unknown effects, injury, and illness or harm the environment.

- It is recommended that each healthcare facility establishes a relationship with local fire and police departments, and include them in the overall planning and training programs.
PURPOSE

To provide a safe and secure healthcare environment for patients, visitors and staff. It is also to assist the staff in managing and/or de-escalating the situation by a show of force, to gain the cooperation of the abusive or assaultive person who is combative, threatening, brandishing a weapon or who has taken hostages within the facility or within it’s properties. This type of situation must be approached calmly, carefully, and thoughtfully in order to reduce danger to patients, visitors and staff.

SUPPORTING INFORMATION

Combative or abusive behavior can be displayed by anyone: patients, patients’ family members, staff, staff family members, or acquaintances of employees and patients. Combative or abusive behavior can escalate into a more violent episode. A comprehensive workplace violence prevention policy should include procedures and responsibilities to be taken in the event of a violent incident in the workplace.

A written policy needs to make clear the commitment to promote workplace safety, prohibit threats and violence of any kind, and requires immediate reporting of any incident that causes a concern for safety, as well as requiring discipline of offenders.

- Recognizing early warning signs. No single sign alone should cause concern, but a combination of any of the following should be cause for concern and action.
  - Direct or verbal threats of harm
  - Intimidation of others by words and/or action
  - Refusing to follow policies
  - Carrying a concealed weapon or flashing a weapon to test reactions
  - Hypersensitivity or extreme suspiciousness
  - Extreme moral righteousness
  - Inability to take criticism of job performance
  - Holding a grudge, especially against supervisor
  - Often verbalizing hope for something to happen to the other person against whom the individual has the grudge
  - Expression of extreme desperation over recent problems
  - Intentional disregard for the safety of others
  - Destruction of property
- When staff are concerned about their own safety and the safety of others due to abusive or assaultive behavior, they are to initiate a Code White.
- Each department is to develop a departmental-specific disaster plan to support this plan.
- Patients, visitors or staff are at risk of being confronted by a person with a weapon or of being involved in a hostage situation. If such a situation arises, staff members should not attempt to intervene or negotiate.
For purposes of this protocol, the definition of a weapon is any firearm, knife, or instrument that can cause bodily harm or injury.

The facility reserves the right to inspect the contents of all packages or articles entering or being removed from the facility. Firearms and illegal weapons are prohibited from being on the premises. Weapons, dangerous devices and illegal or unsafe items will be retained by facility management, security personnel and/or local law enforcement authorities.

Weapons are not permitted on the healthcare facility’s property, except for persons who are professionally exempted or authorized by law to carry a weapon in the performance of their duties, such as:

- City, county, state or federal law enforcement officers
- Staff contract services companies (i.e., Brinks Armor, Wells Fargo Armor, etc.)