



Standardization of Emergency Code Calls in Oregon

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- Pennsylvania Color Safety Task Force that developed the initial policy as the basis for the Staff Competency Checklist.

Emergency Code Calls

Background

Hospitals in Oregon and Washington are committed to safe, quality health care for their communities. One way to promote safety and reduce harm is to standardize emergency code calls in hospitals throughout both states. The purpose of emergency code calls is to communicate an emergency quickly and to mobilize expert assistance.

Physicians and staff often work in multiple hospitals, each with their own emergency code designations. It is easy to become confused and use the wrong code in an emergency. This has resulted in harm to patients in Washington and several other states. Nine states have responded to the lack of uniformity among health care facilities by standardizing emergency codes in their states. The American Hospital Association has recommended a set of codes for hospitals across the nation to use.

At the request of member hospitals, the Oregon Association of Hospitals & Health Systems, Oregon Patient Safety Commission, and Washington State Hospital Association formed a taskforce to standardize emergency code calls under the leadership of the Dr. Lawrence Schechter, chief medical officer, Providence Regional Medical Center Everett. Both states surveyed member hospitals to determine the amount of variation in emergency codes. Although many hospitals used the same code for fire (code red), tremendous variation existed for codes representing respiratory and cardiac arrest, infant and child abduction, and combative person, reinforcing the importance of standardization to support our physicians and staff who strive to deliver safe patient care.

In our deliberations and decisions regarding the types and names of codes to standardize, we adhered to the following principles:

- the types of codes should be limited given that people have limited memory capacity and fewer codes would be easier to remember ;
- codes should be consistent with national standards where possible to foster clear communication in the event of a national disaster and to address the multiple states also working on this same initiative;
- definitions should be consistent, clear and brief;
- in order to prevent confusion among hospital staff, the colors adopted should be different from the colors adopted for the hospital color-coded alert wristbands where possible;

- names for each code should reflect clarity and brevity; and
- hospitals may add modifiers to codes as appropriate, for example, location of the emergency.

Support for hospitals for standardization of emergency codes is being provided by the Northwest Organization of Nurse Executives, Oregon Association of Hospitals & Health Systems, Oregon Patient Safety Commission, and Washington State Hospital Association.

Emergency Code Recommendations:

The following code designations for emergency identification in health care organizations are recommended code names:

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
AMBER ALERT	Infant and Child Abduction
EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

Note: It is important that location be included with any code announcement.

Although this is a voluntary effort, hospitals in Oregon are encouraged to adopt these emergency codes by December 31, 2009.

Emergency Code Call Information





CODE RED - FIRE

Purpose

Communicate a risk and mobilize a response to protect patients, families, visitors, staff, physicians and property in the event of smoke and/or fire.

Reason **RED** Was Selected for Fire

The color red was selected because it is the universal color for fire and easy for staff to remember. The American National Standards Institute (ANSI) has designated red to communicate "Stop!" or "Danger!" It is also consistent with states that have already standardized emergency code calls.

Supporting Information

Code RED should be immediately initiated if a fire is suspected or observed. This may include:

- seeing smoke or fire;
- smelling smoke or other burning material;
- feeling unusual heat on a wall, door or other surface; or
- notification by a patient, family member, visitor, staff or physician of a fire.

A **Code RED** alarm may also be initiated automatically by electronic fire detection equipment in the facility.

Fire response procedures must be implemented upon suspicion of a fire.

Notification of co-workers for a timely, effective and efficient response is critical to maintaining safety and preventing damage.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE BLUE -CARDIOPULMONARY ARREST

(Adult/Child/Infant)

Purpose

Communicate a risk and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped.

Reason BLUE Was Selected for Heart or Respiration Stopping

BLUE was selected because it is commonly used among Oregon and Washington hospitals to indicate a cardio-pulmonary arrest. It is also consistent with states that have already standardized emergency code calls.

Supporting Information

Code BLUE is called for patients who do not have an advance health care directive indicating otherwise.

- Code Blue is initiated immediately when an adult or child is not breathing or heart has stopped.
- In some hospitals, a modifier may be added to indicate a pediatric or infant emergency.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE ORANGE - HAZARDOUS MATERIALS SPILL OR RELEASE

Purpose

Communicate a potential risk and activate a response that will protect patients, families, visitors, staff and physicians in case of a hazardous material spill or release, identify unsafe exposure conditions and help to evacuate an area safely if necessary.

Reason **ORANGE** Was Selected for Hazardous Materials Spill/Release

Orange was selected because it is the color most frequently associated with hazardous waste signage and therefore is easy to remember. It is also consistent with states that have already standardized emergency code calls.

Supporting Information

Code ORANGE is called if there is a hazardous material spill/release that may cause injury or illness, and/or result in exposure that exceeds state or federal exposure limits, or may harm the environment.

- Staff should consult hospital policy and Material Safety Data Sheets (MSDS) before attempting to clean up the spill.
- Health care facilities should establish a relationship with local fire and police departments, and include them in the overall planning and training programs.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE GRAY - COMBATIVE PERSON

(Patient/Visitor/Staff/Physician)

Purpose

Communicate a potential risk and mobilize a response to protect patients, families, visitors, staff, physicians and property in the event of a combative person. If the person has a weapon, "CODE SILVER" should be called.

Reason Gray Was Selected for Combative Person

Gray was selected in order to be consistent with the many other states that have standardized emergency code calls. Please note that it is a similar color to the emergency code call for weapon or hostage situation.

Supporting Information

CODE GRAY is initiated when staff are concerned about their own safety or the safety of others. Combative or abusive behavior can be displayed by patients, families, visitors, staff or physicians. Recognizing early warning signs are critical. These may include:

- direct or verbal threats of harm;
- intimidation of others by words and/or action;
- carrying a concealed weapon or flashing a weapon to test reactions;
- intentional disregard for the safety of others; or
- destruction of property

Generally, a **Code Gray** is not announced overhead but a response team will be notified. The responding team will assist staff in managing and/or de-escalating the situation.

Some hospitals may elect to add a modifier indicating if the code concerns a patient, visitor, staff member or physician.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE SILVER - PERSON WITH A WEAPON OR HOSTAGE SITUATION

Purpose

Communicate a risk and mobilize a response team to assist staff in managing and/or de-escalating a potentially threatening situation and gain the cooperation of a person with a weapon or who has taken hostage(s).

Reason Silver Was Selected for Weapon or Hostage Situation

Silver is the color of a gun, which makes it easy for staff to remember a weapon or hostage situation. It was also selected in order to be consistent with the other states that have standardized emergency code calls.

Supporting Information

Anyone can engage in hostile or violent behavior: Patients, family, visitors, staff or physicians. When staff are concerned about their own safety or the safety of others and suspects that someone has a weapon, they are to call a **CODE SILVER**.

- When possible, staff members should not attempt to intervene or negotiate, but wait for the emergency team to arrive.
- The definition of a weapon is any firearm, knife or instrument than can cause bodily harm or injury.
- This type of code will generally not be announced overhead, but a response team will be notified. When **Code Silver** is activated, a response from internal security, and potentially external law enforcement, should be requested.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response



AMBER ALERT - INFANT OR CHILD ABDUCTION

(Infant/Child)

Purpose

An **AMBER ALERT** should be initiated when an infant or child is missing or abducted.

Reason Amber Was Selected for Infant or Child Abduction

Amber Alert is easy for staff and visitors to remember as it is used nationally by law enforcement for infant and child abduction. It is also used by many of the states that have standardized emergency code calls.

Supporting Information

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 includes the following characteristics:

- frequently visits nursery and maternity units initially at more than one health care facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape;
- usually plans the abduction, but does not necessarily target a specific infant; frequently seizes on any opportunity present;
- frequently impersonates a nurse or other allied health care personnel;
- the abductor can be a stranger to the child, or a family member, such as a non-custodial parent; and
- children can often verbally let someone know when they face a threatening situation.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE EXTERNAL TRIAGE -EXTERNAL DISASTER

Purpose

Communicate the occurrence of a catastrophic event and provide a mechanism to allow the healthcare facility to respond to the external emergency situation.

Reason External Triage Was Selected for External Disaster

External Triage was selected to be consistent with recommendations from the American Hospital Association. We recognize use of "Triage" in this instance differs from the usual usage in emergency departments.

Supporting Information

There are a variety of external emergencies in which mass casualties can result and that may affect hospitals. These can include:

- any event where there are mass casualties;
- flood, earthquake, other natural disaster;
- massive power outages;
- multi-vehicle accident, train derailment, bus or plane accident;
- nuclear, biological and chemical incidents;
- tornado ,severe weather; or
- tsunami

When calling "External Triage", important information to communicate is the type of emergency, estimation of how many people are involved, how many are likely come to arrive at the hospital and any special considerations.



CODE INTERNAL TRIAGE - INTERNAL EMERGENCY

Purpose

Communicate a significant disruption to normal operations in all or part of the healthcare facility and initiate contingency plans in response to the specific emergent situation. It is to protect patients and staff and ensure continued operations of the facility.

Reason Internal Triage Was Selected for Internal Emergency

Internal Triage was selected in order to be consistent with recommendations from the American Hospital Association. We recognize use of "Triage" in this instance differs from the usual usage in emergency departments.

Supporting Information

Any internal event likely to significantly impact the ability of the hospital to function across multiple departments can prompt **Internal Triage**. Departments affected should deal with the event as necessary, following the department specific plan. Examples of what might trigger an Internal Triage are:

- bomb or bomb threat;
- computer or network down which is unanticipated and likely to last for a significant amount of time;
- explosion without fire;
- flooding that needs emergency response;
- plumbing outage or major problems;
- power outage, utility disruption; or
- telephones not working.

Departments unaffected should stand-by for further information and instructions in case help is needed.

All employees must be familiar with the evacuation routes and emergency plans in case of emergencies.

Modifiers may be used to indicate the type of internal event, such as power outage or computer system problems. If the internal event is a presents a safety risk, consider a modifier alerting staff to actions needed or where to get additional information.



RAPID RESPONSE TEAM

Purpose

Communicate that an immediate response and assessment is needed for a patient whose medical condition is declining. This team provides additional support to the bedside nurse prior to the cessation of cardiac or respiratory function. Calling the Rapid Response Team serves as a second pair of eyes and support for the patient's nurse. If the patient's heart or breathing stops, a **"CODE BLUE"** should be called.

Supporting Information

The Institute for Healthcare Improvement (IHI) has found that lives can be saved through early intervention. Indications for calling the Rapid Response Team include:

- staff or family member is concerned about a patient's condition;
- acute change in respiratory rate < 8 or > 28;
- acute change in pulse oximetry saturation to < 90 despite O₂;
- acute change in heart rate < 40 or > 130 bpm;
- acute change in blood pressure – systolic blood pressure < 90;
- acute change in consciousness state; or
- acute change in urine output < 50ml in 4 hours.

This team can be summoned by patients, family, visitors and staff.

CODE "NAME" CLEAR - CLEAR CODE

When the code situation has been addressed or resolved, the hospital operator may page the "code name" and then announce "clear" to indicate the emergency situation has ended.








Implementation Materials






Keys to a Successful Implementation

Some considerations:


-  Nurses, physicians and health unit clerks are the people that usually make emergency code calls; however, it is imperative that other hospital employees be included in the education process. Take a few minutes to observe the activities of the day at one of the nursing stations. In just a 30 minute observation, you will probably see and hear things that help identify other stakeholders.
-  Include medical staff early in the process; identify and rely on a physician champion to discuss the initiative and its importance. All active and courtesy physicians, including attending physicians, hospitalists, intensivists, residents and interns need to be familiar with emergency codes and be prepared to respond appropriately.
-  Communication is important for the emergency code standardization process. In order for the desired goals to be effective, the hospital staff should communicate the adopted codes with fire department personnel, EMS, police and other external emergency responders.
-  Put together a strong implementation team; make assignments for the various steps (e.g. training, communication planning, and resource development) so that you can keep focused on the overall implementation and coordination.
-  Keep the organization's leadership informed of progress and enlist their aid, as needed, if you encounter serious obstacles.
-  People have more confidence and approach a change more positively if the communication is clear and implementation runs smoothly. Develop your implementation work plan very early and use it as a guide and checklist to make certain nothing is omitted inadvertently.
-  Few projects proceed as planned. Develop a realistic timeline before beginning — one that allows for unexpected delays or problems.

Suggested Implementation Work Plan

1 Organizational Awareness and Approval

Task	Due Date	Assigned Staff
<ul style="list-style-type: none"> Identify key stakeholders and committees needed to approve the initiative and policy; obtain buy-in; begin to get on meeting agendas for approval.  		
<ul style="list-style-type: none"> Update various key stakeholders and leadership. 		
<ul style="list-style-type: none"> Finalize date for implementation – “Go Live” 		
<ul style="list-style-type: none"> Approve policy and competency. 		

2 Documents and Materials Procurement

Task	Due Date	Assigned Staff
<ul style="list-style-type: none"> Develop training forms and communication materials; obtain organizational approval for forms if necessary. 		
<ul style="list-style-type: none"> Work with materials management to have the necessary posters, badge & phone stickers and other materials ready and available prior to “Go Live” date.  		
<ul style="list-style-type: none"> If your hospital plans on printing the posters in-house, go to INSERT OAHHS WEBSITE HERE to download and print. 		
<ul style="list-style-type: none"> Keep ready adequate stock of: <ul style="list-style-type: none"> phone stickers; employee badge stickers; posters; and emergency code calls information sheets with FAQs. 		

3 Communication Plan

Task	Due Date	Assigned Staff
♦ Draft letter from CEO or other senior leader to physicians and patient care staff.		
♦ Publish article for employee newsletter.		
♦ Create email and send to staff.		
♦ Distribute posters for training.		
♦ Update new hire orientation education materials.		
♦ Update agency worker orientation materials.		
♦ Review policy and competency.		
♦ Identify and set up briefings for external providers (e.g. fire, emergency services, etc).		

4 Education Plan

Task	Due Date	Assigned Staff
♦ Identify trainers and schedule Train the Trainer sessions		
♦ Familiarize yourself/trainer with training content and the tools (Power point presentation, Emergency code calls information sheets, Competency, Policy).		
♦ Identify session preferences (e.g. day/time/length) for medical and patient care staff/units, managers, practice councils, quality groups.		
♦ Schedule presentations with various groups within the hospital - like physicians, nursing practice council, etc.		
♦ Schedule meetings with managers and educators.		
♦ Schedule in-service for staff to update on new emergency codes.		
♦ Share new emergency codes at staff meetings, safety meetings, clinical operations, regulatory and compliance, environmental care services, and all new hospital personnel orientation meetings.		

5 Two Weeks Before Roll Out - 'Go Live' Date

Task	Due Date	Assigned Staff
◆ Send reminder email to all trainers reminding them to make copies of the various hand outs for their staff.		
◆ Check with unit managers of possible questions/issues that may have arisen.		
◆ Make sure that all units are well stocked with information sheets and posters for health care workers and patients/families.		

6 Follow-Up and Evaluation

Task	Due Date	Assigned Staff
◆ Assign point person for questions/issues during implementation and following month.		
◆ Check key areas 6mos post implementation to assess how well the changes have been integrated.		

Sample Policy and Procedure

Policy name: Emergency Code Calls

Purpose: This policy is to ensure that all staff are familiar with and know how to call an emergency code call.

I. Objectives

- A. Support the safety of patients, families, visitors, staff and physicians in the event of an emergency.
- B. Help communicate a dangerous situation quickly and mobilize resources in the event of an emergency situation.

II. Definitions

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
AMBER ALERT	Infant and Child Abduction
EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

CODE RED: Communicate a risk and mobilize a response to protect patients, families, visitors, staff, physicians and property in the event of smoke and/or fire.

CODE BLUE: Communicate an emergent patient condition and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped.

CODE ORANGE: Communicate a potential risk and activate a response that will protect patients, families, visitors, staff and physicians in case of a hazardous material spill or release, identify unsafe exposure conditions, and help to evacuate an area safely if necessary.

CODE GRAY: Communicate a potential risk and mobilize a response to protect patients, families, visitors, staff, physicians and property in the event of a combative person. If the person has a weapon, “**CODE SILVER**” should be called.

CODE SILVER: Communicate a risk and mobilize a response team to assist staff in managing and/or de-escalating a potentially threatening situation and gain the cooperation of a person with a weapon or who has taken hostage(s).

CODE AMBER: Communicate that an infant or child is missing, possibly abducted to visitors, patients, staff and physicians.

EXTERNAL TRIAGE: Communicate the occurrence of a catastrophic event and provide a mechanism to allow the healthcare facility to respond to the external emergency.

INTERNAL TRIAGE: Communicate a significant disruption to normal operations in all or part of the healthcare facility and initiate contingency plans in response to the specific emergent situation. It is to protect patients and staff and ensure continued operations of the facility.

RAPID RESPONSE TEAM: Communicate that an immediate response and assessment is needed for a patient whose medical condition is declining. This team provides additional support to the bedside nurse prior to the cessation of cardiac or respiratory function. It serves as a second pair of eyes and support for the patient’s nurse. If the patient’s heart or breathing stops, a “**CODE BLUE**” should be called.

CODE CLEAR: When the codes are clear, hospitals may page the “code name” and then announce “clear” to indicate the emergency situation is over.

III. Policy:

In the event of an emergency situation, an emergency code will be called to activate a prompt and effective response.

IV. Procedures:

1. Initiating an Emergency Code Call:

- a) When an emergency occurs, the health care worker present or first to arrive will initiate an emergency call by dialing XXX, and giving the code name, the department, and the location in the department or patient room number.
- b) The operator will immediately notify the appropriate response person(s).
- c) If an overhead page or group page is required, this will be immediately completed by the operator.

2. Staff Education: Employees should be familiar with the following:

- a) code names or immediately able to locate list;
- b) code definitions;
- c) appropriate number to dial during an emergency; and
- d) specific responsibilities and procedures during a code situation.

Emergency codes will be taught in each new employee education session and to all new physicians.

Model Letter (Sample)

This letter can be used to inform all staff and physicians about the new emergency code calls. It can be helpful to have the appropriate senior leader also co-sign the letter. Consider enclosing your emergency code policy and procedure.

Dear xxxxx,

I am pleased to inform you that [HOSPITAL NAME] is participating in a state-wide effort to standardize emergency call codes throughout Washington and Oregon. Given that physicians and staff often work in more than one hospital, variation in emergency code calls makes it difficult for staff to respond appropriately to emergencies. To reduce confusion and improve patient safety our hospital, along with other Oregon hospitals, is adopting the standardized emergency codes that will be used in hospitals throughout Oregon and Washington.

You will see posters throughout the hospital displaying the new codes:

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
AMBER ALERT	Infant and Child Abduction
EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

It is important that all staff become familiar with the codes and we will be having multiple information sessions. When you complete a session, you will get a sticker for your ID badge.

I appreciate your help and support. Together we can achieve a safer environment for our patients. I welcome any comments, as your feedback is very important to me. If you have comments or questions please contact [NAME/PHONE/EMAIL].

Sincerely,
[HOSPITAL CEO]

[CMO, CNO, COO as appropriate]

Employee Newsletter (Sample)



New Emergency Codes at [Hospital Name]

[HOSPITAL NAME] joins other Oregon hospitals in improving patient safety by putting in a standard set of emergency codes. We are helping to lead a national movement to reduce harm by lessening unnecessary variation in hospitals. These same codes will be used in Washington hospitals and are consistent with the American Hospital Association's recommendations for hospitals nationally.

A number of our staff come from other hospitals/systems and physicians often practice at several hospitals. By having the same codes, our staff and providers will be able to respond appropriately to emergencies more quickly. Our patients are our first priority, and reducing confusion will improve patient safety

The new Emergency Code Calls are:

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
AMBER ALERT	Infant and Child Abduction
EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

Learn More – attend a new code presentation and get a code sticker for your ID badge!

If you did not receive these materials, or if you have comments, or questions, contact [PERSON / PHONE / EMAIL].

Staff Poster – Sample #1



Do you know the new
emergency code calls?

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
AMBER ALERT	Infant and Child Abduction
EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

Hospitals in Oregon and Washington are working to make care safer by using the same names for emergency codes. Common code names between hospitals will simplify emergency response for physicians and staff who may work in multiple hospitals.

Attend an in-service and learn about the new signage.

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

Date: _____ Time: _____ Location: _____

Questions? Contact: _____ ext: _____

Staff Poster – Sample #2



Support CCOs

learn about new emergency codes at [Hospital]

Attend a code presentation session, check with your department for dates and times

Stop by [Place] on [Date] to learn more and receive your personal CCO sticker.

Training Sessions

Main Points of Training:

1

Start with a story - adults want to know “why” they should do something; simply telling them they need to start doing this “because they do” is not sufficient information to get high levels of compliance. Besides, isn’t that what you would want to know as well?

Many hospitals share physicians, nurses and other health care professionals. Working in hospitals is complicated by the use of different emergency codes in each hospital that they are working in. This increases risk for errors that could harm patients. The lack of emergency code uniformity in Oregon and Washington hospitals could delay timely and effective responses as seen in the story below, shared by a Washington hospital:

In a Washington hospital, a resource nurse who worked in multiple hospitals began her shift to find that one of her patients had stopped breathing. She responded quickly by picking up the phone and announcing “Code Blue.” Within minutes she was surrounded by security guards and police officers with weapons drawn. To her dismay, the nurse was informed that in that hospital a “Code Blue” indicates a weapons situation. In her other place of work, it means heart or respiration stopping. The correct team was quickly notified and the patient recovered.

This example could have happened anywhere and serves as a “wake-up call” for other hospitals.

2

Introduce the Emergency Codes - There are nine emergency codes that we are going to discuss that are a part of a statewide standardization process. Emergency Code standardization has been implemented in nine states including California.

Standardized emergency code calls:

Code Name	Emergency Situation
CODE RED	Fire
CODE BLUE	Heart or Respiration Stopping
CODE ORANGE	Hazardous Material Spill or Release
CODE GRAY	Combative Person
CODE SILVER	Person with Weapon/Hostage Situation
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EXTERNAL TRIAGE	External Disaster
INTERNAL TRIAGE	Internal Emergency
RAPID RESPONSE TEAM	Rapid Response Team
"CODE NAME" CLEAR	To Clear a Code

3

Review the points listed below - It is important to clarify that staff have good understanding of these items. This is a good opportunity to hand out your hospital's policy & procedure. Be sure your policy covers the areas listed.

- ✓ Emergency Codes - meaning of each code
- ✓ Specific situations that require activation of emergency codes
- ✓ The appropriate number to dial if an emergency code is to be activated
- ✓ The responsibilities and required action necessary to ensure safety in each emergency situation

Staff Sign-In Sheet

Date : _____ Unit/Dept/Location _____

Educator: _____

Topic: **Emergency Code Standardization**

Objectives:

- 1. To inform staff of all emergency code call designations and procedures.**
- 2. Staff to demonstrate understanding of information through feedback of information.**

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Name/Unit: _____ Shift: _____

Staff Competency Checklist

Purpose: These are the standards of the technical competencies.

To meet competency standard, the employee must demonstrate knowledge and proficiency in using each emergency code.

Employee Name (print)

Job Title

Emergency Code Standardization Process	Date Demonstrated	Supervisor Initials	Comments
Access to emergency code policy and procedure.			
Definitions of each emergency code.			
How to call each emergency code.			
When it is appropriate to call each code.			
Staff responsibilities after calling a code.			

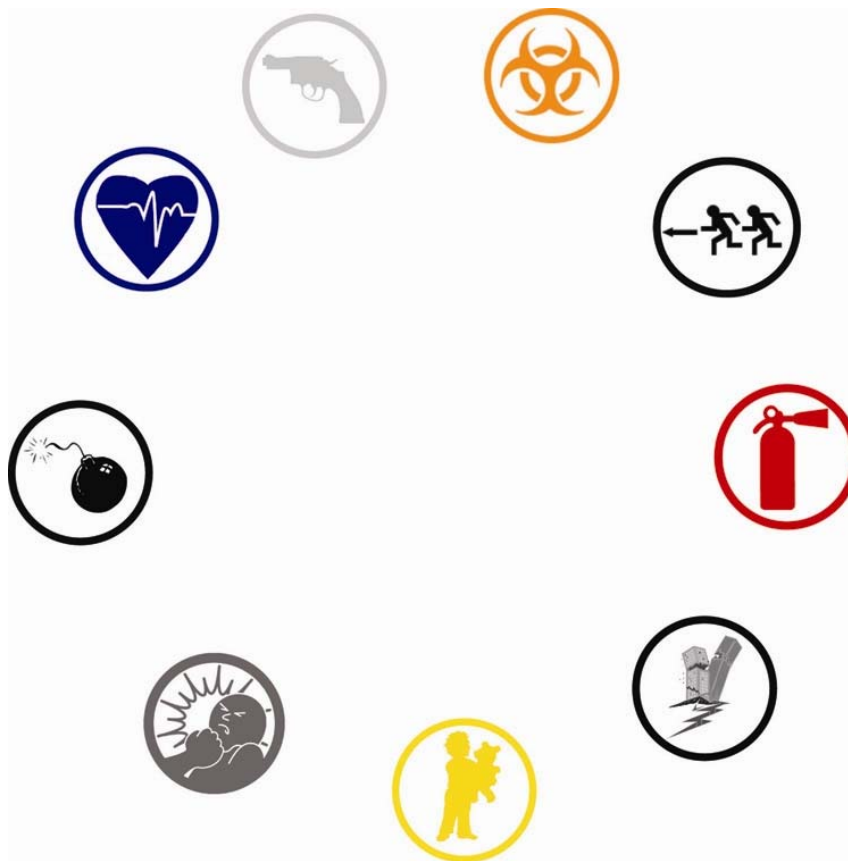
Employee Signature

Initials/Date

Supervisor Signature

Initials/Date

Emergency Code Presentation



Standardizing Emergency Code Calls



November 2008



Be sure to have the Emergency Call Information Sheets and your hospital's policy and procedures.

Today we will be presenting how Oregon and Washington hospitals are working together to reduce harm to patients through the standardization of emergency code calls.

We will be sharing:

- why it is important to standardize emergency codes ;
- an overview of the national effort around standardization of hospital emergency codes
- the names and definitions for codes that have been standardized for use; and
- how you should call these codes in this hospital.

Reasons for Moving to Standard Codes

- Risks of patient harm identified by hospitals
- Disaster readiness groups identify an opportunity to improve effectiveness
- WSHA and OAHHS saw value in common standard
- Oregon hospitals survey identified wide variation in Oregon



Moving to standard codes will be important to disaster readiness and common codes between Oregon and Washington will reduce the possibility of harm to patients from delayed responses because codes were misunderstood. The following is a story related by a Washington hospital.

Its All About the Patient

- A nurse, working in two different hospitals, announced a “Code Blue” when one of her patients had a cardiac arrest.
- She was soon surrounded by security guards and police officers with weapons in hand.
- “Code Blue” denoted security alert in this facility; whereas, in her other place of employment it meant cardiac arrest.



Many hospitals share physicians, nurses and other health care professionals. These employee jobs are complicated by the fact that they may utilize different emergency code designations in each hospital where they work. This increases the likelihood of confusion and error with the potential for patient harm.

The following is a true story that illustrates how the lack of emergency code uniformity can lead to confusion.

Tell the story: A hospital resource nurse, employed by two different hospitals, began her shift to find that one of her patients had gone into cardiac arrest. She responded quickly by picking up the phone and announcing “code blue.” Within minutes she was surrounded by security guards and police officers with weapons in hand. To her dismay, the nurse was informed that code blue is a security alert in this facility. In her other place of employment, it means cardiac arrest. The correct team was quickly brought to the bedside and the patient recovered.

Standardizing Code Calls Taskforce Participants

- Evergreen Healthcare
- Highline Medical Center
- King County Public Health
- MultiCare Health System
- **Oregon Association of Hospitals and Health Systems**
- **Oregon Patient Safety Commission**
- Overlake Hospital Medical Center
- Providence Everett Medical Center
- Providence St. Peter Hospital
- **Providence Health and Services, Oregon**
- Sacred Heart Medical Center and Children's Hospital
- Seattle Children's
- Skagit Valley Hospital
- Swedish Medical Center
- University of Washington Medical Center
- Valley General Hospital
- Washington State Hospital Association
- Yakima Regional Medical & Cardiac Center



A taskforce comprising of hospitals from Oregon and Washington recommended the names and types of codes we should use. This taskforce was chaired by Dr. Larry Schechter, CMO, Providence Regional Medical Center, Everett.

As these emergency call standards were developed, Public Health, and disaster readiness experts also were included in the process.

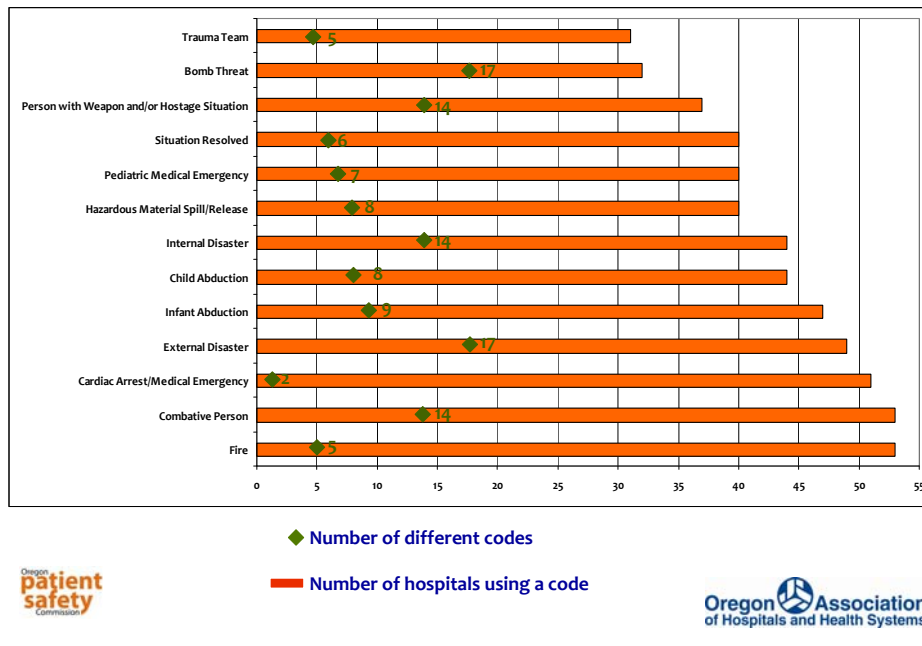
Work Supported By:

- Northwest Organization of Nurse Executives (NWONE)
- Oregon Association of Hospitals and Health Systems (OAHHS)
- Oregon Patient Safety Commission
- Washington State Hospital Association (WSHA)



This work is being supported by nursing leaders, physician association, hospitals, and quality commission. This collaboration between Northwest Organization of Nurse Executives, Oregon Association of Hospitals and Health Systems, Oregon Patient Safety Commission, and the Washington State Hospital Association is helpful in making this happen.

Variation in Oregon Hospitals' Use of Emergency Codes N=55



Oregon has 58 acute care hospitals, all but 2 of which use some color-coded alerts. As you can see from this graph, there is much variation in the types of alerts used and the number of different codes uses for each type of alert.

Variation in Code Designations

- **Most Consistent**
 - Fire: “**Red**” used by 81% (43/53)
 - Cardiac Arrest/Medical Emergency: only 2 codes used
 - “**Blue**” used by 55% (28/51)
 - “99” used by 45% (23/51)
 - Hazardous Material: “**Orange**” used by 74%
- **Least Consistent**
 - Combative Person: 10 codes used by 51 hospitals
 - Bomb Threat: 17 codes used by 32 hospitals
- **Some unique codes**
 - Tsunami, Turtle, Dr Hot



Key Themes

Voluntary standardization of emergency code calls across Oregon and Washington hospitals:

- improve safety of care to patients;
- reduce duplication of work; and
- provide consistency for staff and physicians, making the delivery of care less complex and easier to provide.



When an emergency occurs, clear communication is important for quick response to protect patients and staff. Standardization:

- Improves safety of care to patients.
- Reduces duplication of work by one standard in which physicians and staff are trained.
- Provides consistency for staff and physicians making the delivery of care less complex and easier to provide.

Core Philosophies

- **The types of code calls should be as few as possible.**
- **Code calls should be consistent with national standards where possible.**
- **Codes should have a consistent definition between hospitals.**
- **Code colors should be different from wristband colors.**
- **Clarity and brevity in selecting names.**



In coming up with a recommended list of standardized emergency codes, the task force agreed to adhere to five core philosophies:

1. The types of codes should be limited given that people have limited memory capacity and fewer codes would be easier to remember.
2. Codes should be consistent with national standards where possible to foster clear communication in the event of a national disaster and to address the multiple states also working on this same initiative.
3. Definitions of codes should be consistent between hospitals.
4. Definitions should be consistent, clear, and brief.
5. In order to prevent confusion among hospital staff, the colors adopted should be different from the colors adopted for the hospital color-coded alert wristbands where possible.

Categories and Colors

Code Name	Emergency Situation
Code Red	Fire
Code Blue	Heart or Respiration Stopping
Code Orange	Hazardous Material Spill or Release
Code Gray	Combative Person
Code Silver	Person with Weapon/Hostage Situation
Amber Alert	Infant and Child Abduction
External Triage	External Disaster
Internal Triage	Internal Emergency
Rapid Response Team	Summon Rapid Response Team
Code Name Clear	To Clear a Code



The taskforce has recommended the following set of standardized codes to be adopted by the hospitals in Washington and Oregon .

While the following colors and definitions remain constant, there is flexibility built in the system for individual hospital needs by using a modifier.

“Code Blue” has been recommended for the cessation of cardiac or respiratory function for both Adult and Pediatric patients. You would add a modifier with an announcement for “Code Blue” to indicate an adult or pediatric patient and the location.



Code RED - Fire

Purpose

Communicate a risk and mobilize a response to protect patients, families, visitors, staff, physicians and property in the event of smoke and/or fire.



Reason Red Was Selected for Fire

The color red was selected because it is the universal color for fire and easy for staff to remember. The American National Standards Institute (ANSI) has designated red to communicate “Stop!” or “Danger!” It is also consistent with states that have already standardized emergency code calls.

Supporting Information

Code RED should be immediately initiated if a fire is suspected or observed. This may include:

- seeing smoke or fire;
- smelling smoke or other burning material;
- feeling unusual heat on a wall, door or other surface; or
- notification by a physician, staff member, patient, or family of a fire.

A Code RED alarm may also be initiated automatically by electronic fire detection equipment in the facility. Fire response procedures must be implemented upon suspicion of a fire.

Notification of co-workers for a timely, effective and efficient response is critical to keeping safe and preventing damage.

Other buildings of the medical center which are not part of the hospital itself will dial 911 for response.



Code **BLUE** – Cardiopulmonary Arrest

Purpose

Communicate a risk and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped.



Reason Blue Was Selected for Heart or Respiration Stopping

Blue was selected in order to be consistent with all of the eleven other states that have standardized emergency code calls. Code Blue is the second most frequent name for this situation among hospitals.

Supporting Information

CODE BLUE is called for patients who do not have an advance health care directive indicating otherwise.

Code Blue is to be initiated immediately whenever an adult or child is found in cardiac or respiratory arrest. In areas where patients are routinely admitted there should be an adult and a pediatric crash cart available. If a “**Code Blue**” is called in an area without a crash cart, the designated area will bring the cart.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.

In some hospitals, a modifier may be added to indicate a “pediatric” or “infant” cardiopulmonary arrest.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



Code **ORANGE** – Hazardous Material Spill or Release

Purpose

Communicate a potential risk and activate a response that will protect patients, families, visitors, staff and physicians in case of a hazardous material spill or release, identify unsafe exposure conditions, and help to evacuate an area safely if necessary.



Reason Orange Was Selected for Hazardous Materials Spill or Release

Orange was selected in order to be consistent with all of the eleven other states that have standardized emergency code calls. It is the color that color staff frequently see on hazardous waste signage and therefore easy to remember. Supporting Information

Code ORANGE is called if there is a hazardous material spill/release that may cause injury or illness, and may result in exposure that exceeds state or federal exposure limits, or may harm the environment.

- A major spill is a hazardous spill, which is likely to cause unknown effects, injury, and illness or harm the environment.
- Consult hospital policy and MSDS before attempting to clean up the spill.
- Health care facilities should establish a relationship with local fire and police departments, and include them in the overall planning and staff training programs.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



Code GRAY – Combative Person

• Patient/Visitor/Staff

Purpose

To communicate and mobilize a response to protect patients, visitors, staff and property in the event of a combative person. If the person has a weapon, “Code Silver” should be called.



Reason Gray Was Selected for Combative Person

Gray was selected in order to be consistent with the many other states that have standardized emergency code calls. Please note that it is a similar color to the emergency code call for weapon or hostage situation.

Supporting Information

CODE GRAY is initiated when staff are concerned about their own safety or the safety of others.

Combative or abusive behavior can be displayed by patients, families, visitors, staff, or physicians.

Recognizing early warning signs are critical. These may include:

- direct or verbal threats of harm
- intimidation of others by words and/or action
- carrying a concealed weapon or flashing a weapon to test reactions
- intentional disregard for the safety of others
- destruction of property; and
- generally, a **Code Gray** is not announced overhead but a response team will be notified. The responding team will assist staff in managing and/or de-escalating the situation.

Some hospitals may elect to add a modifier indicating if the code concerns a patient, visitor, staff member, or physician.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



Code **SILVER** – Person with a Weapon or Hostage Situation

Purpose

Communicate a risk and mobilize a response team to assist staff in managing and/or de-escalating a potentially threatening situation and gain the cooperation of a person with a weapon or who has taken hostage/s.



Reason Silver Was Selected for Weapon or Hostage Situation

Silver is the color of a gun which makes it easy for staff to remember for a person with a weapon or hostage situation. It was also selected in order to be consistent with the other states that have standardized emergency code calls.

Supporting Information

Anyone can engage in hostile or violent behavior: Patients, family, visitors, staff or physicians. When staff are concerned about their own safety or the safety of others *and* suspects that someone has a weapon, they are to call a CODE SILVER.

When possible, staff members should not attempt to intervene or negotiate, but wait for the emergency team to arrive.

The definition of a weapon is any firearm, knife or instrument than can cause bodily harm or injury.

This type of code will generally not be announced overhead, but a response team will be notified. When Code Silver is activated, a response from internal security, and potentially external law enforcement, should be requested.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response



AMBER ALERT – Infant or Child Abduction

Purpose

An **AMBER ALERT** should be initiated when an infant or child is missing or abducted.



Reason Amber Was Selected for Infant or Child Abduction

Amber is the color used for infant and child abduction nationally by law enforcement and is easy for staff and visitors to remember. It is also used by many of the states that have standardized emergency code calls.

Supporting Information

The following information is taken from “For Health care Professionals: Guidelines on Prevention of and Response to Infant Abductions,” published by the National Center for Missing and Exploited Children. The typical abductor profile includes the following characteristics:

- Frequently visits nursery and maternity units initially at more than one health care facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape.
- Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes on any opportunity present.
- Frequently impersonates a nurse or other allied health care personnel.
- The abductor can be a stranger to the child, or a family member, such as a non-custodial parent.
- Children can often verbally let someone know when they face a threatening situation.

Other buildings on the hospital campus that are not part of the designated hospital will dial 911 for response.



CODE EXTERNAL TRIAGE – External Disaster

Purpose

Communicate occurrence of a catastrophic event and provide a mechanism to allow the healthcare facility to respond to the external emergency situation.



Reason External Triage Was Selected for External Disaster

An **External Triage** was selected to be consistent with recommendations from the American Hospital Association. We recognize use of “Triage” in this instance differs from the usual usage in emergency departments.

Supporting Information

There are a variety of external emergencies in which mass casualties can result and that may affect hospitals. These can include:

- any event where there are mass casualties;
- flood, earthquake, other natural disaster;
- massive power outages;
- multi-vehicle accident, train derailment, bus or plane accident;
- nuclear, biological and chemical incidents;
- tornado ,severe weather; or
- Tsunami.

When calling “External Triage,” important information to communicate is the type of emergency, estimation of how many people are involved , how many are likely come to arrive at the hospital, and any special considerations.



CODE INTERNAL TRIAGE – Internal Emergency

Purpose

To provide a mechanism that will allow the healthcare facility to respond to a variety of internal emergency situations. It is to ensure continued operations of the facility under emergency conditions.



Reason Internal Triage Was Selected for Internal Emergency

An **Internal Triage** was selected to be consistent with recommendations from the American Hospital Association around code standardization. We recognize use of 'Triage' in this instance differs from the usual usage in emergency departments.

Supporting Information

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.

All employees are to be familiar with the evacuation routes and responses during the **“Internal Triage.”**

- Bomb or bomb threat
- Computer or network down which is unanticipated and likely to last for a significant amount of time
- Explosion without fire
- Flooding that needs emergency response
- Plumbing outage or major problems
- Power outage, utility disruption
- Telephones not working



RAPID RESPONSE TEAM

Purpose

Communicate that an immediate response and assessment is needed for a patient whose medical condition is declining. This team provides additional support to the bedside nurse prior to the cessation of cardiac or respiratory function. Calling the Rapid Response Team serves as a second pair of eyes and support for the patient's nurse. If the patient's heart or breathing stops, a **CODE BLUE** should be called.



Supporting Information

The Institute for Healthcare Improvement has found that lives can be saved through early intervention. Rapid Response Teams are called when:

- staff or family member is concerned about a patient;
- acute change in Respiratory Rate < 8 or > 30 ;
- acute change in pulse oximetry saturation to < 90 despite O_2 ;
- acute change in HR < 40 or > 130 ;
- acute change in BP- SBP < 90 ;
- acute change in consciousness state; or
- acute change in urine output $< 50\text{ml}$ in 4 hours.

This team can be summoned by patients, family, visitors and staff.

CODE “NAME” *CLEAR*

Purpose

When the code situation has been addressed or resolved, the hospital operator may page the “code name” and then announce “clear” to indicate the emergency situation has ended.



How to Call a Code

In our hospital call

.....

to announce an emergency.



Hospitals can add the number to dial or method to announce code.

Our Hospital's Policy



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patient
safety
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Review your hospital's emergency code policy and procedures.

Summary and Review

- Do I know the emergency code definitions?
- Do I know what number to dial and when it is appropriate to call each emergency code?
- Do I have a clear understanding of my hospital's policy and procedures?



Go through each of these points.

When Do We “Go Live”?



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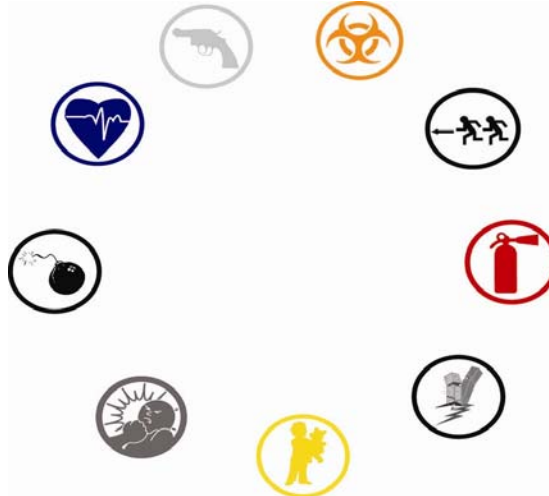
Discuss your implementation timeline.

Questions?

For comments or questions contact -



If you have questions or comments, please contact us.



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