RHODE ISLAND

STATEWIDE HEALTHCARE EMERGENCY CODES

Code Triage and Code Clear

HEALTHCARE COALITION OF RHODE ISLAND
Revised 2016

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Acknowledgments

We would like to thank the Healthcare Coalition of Rhode Island workgroup members who attended extra meetings, participated in conference calls, and responded to many emails throughout the revision of the Statewide Emergency Codes.

We would also like to thank the participating healthcare facilities that took the time to present and discuss the revision topic to the appropriate internal committees (e.g. emergency preparedness and environment of care).

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Executive Summary

Background:

Healthcare facilities in Rhode Island are committed to safe, quality healthcare for their communities. One way to promote safety and reduce harm is to standardize emergency code calls in healthcare facilities throughout the state. The purpose of emergency codes is to quickly communicate an emergency and to mobilize the appropriate expert assistance.

In 2006, at the request of member hospitals, the Hospital Association of Rhode Island (HARI) and the Rhode Island Department of Health (RIDOH) formed a workgroup to standardize emergency codes under the leadership of the Dr. Anthony Cirillo, Chief, Center for Emergency Preparedness & Response, Rhode Island Department of Health. Rhode Island 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. This variation between codes at different healthcare facilities led to confusion among staff who work at multiple facilities.

In our deliberations and decisions regarding the types and names of codes to standardize, we adhered to the following principles:
- The number of codes should be limited making it easier to remember a few, rather than many.
- Codes should be consistent with national standards, where possible, to foster clear communication and coordination with other states in case of regional or national emergencies.
- Names for each code should reflect clarity and brevity.
- The 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 wristbands.
- Health care facilities should establish a relationship with local fire and police departments, and include them in the overall planning and training programs.

Current Emergency Codes:

Since the adoption of the original codes, new world events have proven the need for new codes or revision of the current codes in order to better capture the nuances of a situation. The following code designations for emergency identification in Rhode Island healthcare facilities are:

Code Name	Emergency Situation
CODE RED	Fire
CODE ORANGE	Hazardous material spill or release
CODE BLUE	Heart or respiration arrest
CODE YELLOW	Incoming trauma patient/Trauma team needed
CODE PURPLE	Infectious event
CODE AMBER	Infant/Child abduction
CODE GRAY	Security team/Behavioral team needed
CODE SILVER	Hostile situation/Person with weapon
ACTIVE SHOOTER	Individual(s) discharging a firearm
CODE GREEN	Bomb threat
CODE TRIAGE ASSESSMENT	Small group assembled to establish situational awareness
CODE TRIAGE STAND-BY	Alert and warning released to a larger group - no HCC response
CODE TRIAGE ICS LEVEL (I)	Scaled ICS response. EOP in effect with HCC staffed
CODE TRIAGE ICS LEVEL (II)	Expanded ICS response. EOP in effect with HCC staffed
[CODE NAME] CLEAR	To clear any of the above codes

Note: It is important that the location of the incident is included with any code announcement. In addition, the Statewide Healthcare Emergency Codes do not represent the concept of a Rapid Response Team (RRT) that is called when a patient demonstrates signs of imminent clinical deterioration. That team of providers is summoned to the bedside to immediately assess and treat the patient with the goal of preventing intensive care unit transfer or death or for assessment for early intervention to mitigate a catastrophic health event (e.g. CVA or MI).

Codes Defined

This section provides greater detail on the codes, including their respective origins and purposes, and other information that may be valuable when developing your facility's internal response protocols.

Note: Wherever the term 9-1-1 is used in this document it refers to the Rhode Island Enhanced 911 Uniform Emergency Telephone System RI E 9-1-1 a 24 hour, statewide emergency public safety communications services.

CODE RED

FIRE

Purpose
Communicate 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 keeping safe and preventing damage.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.
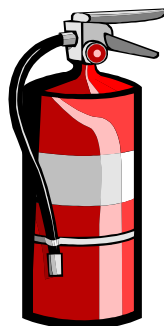
CODE ORANGE

HAZARDOUS MATERIAL RELEASE

Purpose
Communicate 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 safely evacuate an area if necessary.

**Reason Orange Was Selected for Hazardous Materials Spill or Release**
The color orange was selected because it is the color that staff frequently sees on 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 is likely to 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 Hazard Communication Safety Data Sheets (SDS) before attempting to clean up the spill.
- In some hospitals, they may say add a location and state "internal" or simply state "external" to indicate a location of spill or release.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.
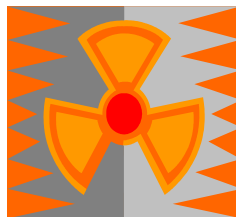
CODE BLUE

CARDIAC ARREST/MEDICAL EMERGENCY

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

Reason Blue Was Selected for Cardiac Arrest/Medical Emergency
The color blue was selected because it is commonly used among Rhode Island healthcare facilities. It is also consistent with states that have already standardized emergency code calls.

Supporting Information
Code Blue is initiated immediately when an adult or child is not breathing or heart has stopped. In some hospitals, they may also say "pediatric" or "infant" with the code.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

CODE YELLOW
TRAUMA PATIENT/TRAUMA TEAM

Purpose
Communicate a trauma patient is arriving to the hospitals and mobilize the immediate arrival of the trauma team and emergency equipment.

Reason Yellow Was Selected for Heart or Respiration Stopping
The color yellow was selected because it has been in place at other healthcare facilities for this purpose and it is a color associated with injury triage.

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

- Code Yellow is initiated immediately when an adult, child, or infant has suffered a trauma.
- In some hospitals, they may also say "pediatric" or "infant" with the code.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

Note: This Code is not in use at some hospitals

CODE PURPLE

INFECTIOUS EVENT

Purpose
Communicate and mobilize the immediate arrival of emergency equipment and specialized personnel, including but not limited to infection control, to a patient who is considered to be highly infectious.

Reason Purple Was Selected for Infectious Event
The color purple was selected because it was already in place across the country at all VA hospitals.

Supporting Information
Code Purple may be called for patients who:

- Are incoming to a Frontline or Assessment Hospital from the movement and monitoring program at RIDOH.
- Responds to the recent travel assessment question in a manner that is concerning to a health care worker
- At any time may be considered highly infectious by a health care worker

CODE AMBER

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 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 (Infant)
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 (10th edition, 2014).

Typical Abductor
Profile developed from an analysis of 292 cases occurring from 1983 through June 2014.

- Usually a female of childbearing age, range now 12 to 55, who appears overweight to suggest pregnancy.
- Most likely compulsive; most often relies on manipulation, lying and deception.
- Frequently indicates she has lost a baby or is incapable of having one.
- Often married or cohabitating; companion's desire for a baby or the abductor's desire to provide her companion with "his" baby may be the motivation for the abduction.
- Frequently initially visits nursery and maternity units 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; and may also try to abduct from the home setting.
- Frequently impersonates a nurse or other allied health care personnel.
- Often becomes familiar with health care staff members, staff member work routines and victim parents.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

CODE GREY
SECURITY/BEHAVIORAL TEAM

Purpose
Communicate 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 Grey Was Selected for Combative Person
The color grey was selected in order to be consistent with the many other states that have standardized emergency code calls. It is a similar color to the emergency code call for weapon or hostage situation.

Supporting Information
Code Grey is called for patients, families, visitors, staff, or physicians who are exhibiting combative or abusive behavior. Recognizing early warning signs are critical. A single sign alone may not require action, 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 a 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

The responding team will assist staff in managing and/or de-escalating the situation. Some hospitals may elect to indicate if the code is for a patient, visitor, or staff member.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

CODE SILVER

HOSTILE SITUATION/PERSON with a WEAPON

Purpose
Call 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
The color silver was selected because it 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
Code Silver is called for patients, family, visitors, staff, or physicians who have a weapon or staff is concerned about their own safety or the safety of others and suspects that someone has a weapon. Anyone can engage in hostile or violent behavior. 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.

When Code Silver is activated, a response from internal security and potentially external law enforcement will be called.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

ACTIVE SHOOTER
PERSON DISCHARGING A FIREARM

Purpose
Alert everyone in the building of the initial location of a person discharging firearm with the intent to harm or kill.

Reason Active Shooter Was Selected for Weapon or Hostage Situation
The use of a plain language code is to provide a sense of urgency allowing people to vacate the area or implement a protective posture.

Supporting Information
Anyone can engage in hostile or violent behavior: patients, family, visitors, staff, or physicians. When staff is concerned about their own safety or the safety of others and suspects that someone has a weapon, they are to call a Code Silver. However, Code Silver can be bypassed and an Active Shooter Code be called immediately if a person has a firearm and is threatening to use it.

When Active Shooter is activated, a response from external law enforcement and potentially internal security is expected. Stay calm, quiet, and hidden until police have cleared your area.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.

CODE GREEN

BOMB THREAT

Purpose
Communicate the location of a potential explosive device to staff, who can then vacate the area and assist others in vacating the area. Bomb threats are usually received by telephone, but they may also be received by note, letter, or e-mail. All bomb threats should be taken very seriously and handled as though an explosive were in the building.

Reason Code Green Was Selected for Bomb Threat
The color green was selected in order to be consistent with states that have standardized emergency code calls.

Supporting Information
If you receive a bomb threat:

- Get as much information from the caller as possible.
- Take good notes when talking to the person on the telephone. Keep the caller on the line, and write down everything that is said.
- Be aware of background noise, special voice characteristics, music, machinery or other sounds.
- If possible, have a co-worker call 9-1-1 and building security immediately. Plan how you are going to alert your co-worker.
- If you receive a bomb threat, do not touch any suspicious packages.
- Clear the area around the suspicious package, follow your facility's security procedures.
- While evacuating a building, avoid standing in front of windows or other potentially hazardous areas.
- Do not block sidewalks or other areas used by emergency officials.
- If you find a bomb, don't touch it or attempt to move it. Call for help and evacuate the area immediately.

Other buildings on the healthcare facility campus, which are not part of a hospital itself, may be directed to dial 9-1-1 directly for response.
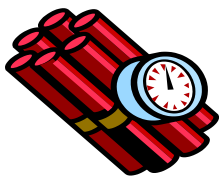
CODE TRIAGE
[ANNOUNCE LEVEL]

Purpose
Provide healthcare facilities with a mechanism to activate a proportional response to any of the Statewide Emergency Codes or to any event that impacts the facility. There are four levels of Code Triage:

1. Assessment
2. Standby
3. ICS Level (I)
4. ICS Level (II)

The four levels represent an escalation in response. However, each level does not need to be called or be activated for the same length of time.

Reason Code Triage Was Selected for Code Triage was already in place at Rhode Island Healthcare facilities. This reflects a revise to the original code. And remains consistent with states that have standardized emergency code calls.

Code Triage - Assessment

- This is a pre-activation level for the Incident Command System (ICS). The Hospital Command Center (HCC) is not activated.
- A small group of individuals convene to gather data regarding the emergency situation. This group will determine if an escalation in the Code Triage is warranted.

Code Triage - Standby

- This is a pre-activation level for the Incident Command System (ICS). The Hospital Command Center (HCC) is not activated.
- An alert and warning is released.
- A pre-designated set of individuals is placed on standby, but do not report to the HCC.

Code Triage - ICS LEVEL (I)

- This is an activation level for the Incident Command System (ICS). The Hospital Command Center (HCC) is manned and operational.
- Emergency Operations Plan (EOP) is activated.
- Incident Command position is filled. Other positions are being filled as the need arises.
- Healthcare Coalition of Rhode Island is notified.

Code Triage - ICS LEVEL (II)

- This is an activation level for the Incident Command System (ICS). The Hospital Command Center (HCC) is manned and operational.
- Emergency Operations Plan (EOP) is activated.
- Command and General Staff ICS positions are filled. Other positions are being filled as the need arises.
- Healthcare Coalition of Rhode Island is notified.

Examples of what might constitute an Activation of ICS and opening of the HCC are:

- Any internal event likely to significantly impact the ability of the hospital to function across multiple departments
- Bomb or bomb threat
- Computer or network down which is unanticipated and likely to last for a significant amount of time
- Flooding that needs emergency response
- Plumbing outage or major problems
- Power outage, utility disruption
- Telephones not working

CODE CLEAR

[ANNOUNCE NAME OF CODE BEING CLEARED + CLEAR]

Purpose
Alert all staff that the emergency situation is over.

Reason Code Clear Was Selected
Clear is a common term associated with the completion of an event.

Supporting Information

- When the codes are clear, the hospitals may page the "Code Name" and then announce "clear" to indicate the emergency situation is over.
- Upon hearing a Code Clear, staff should attempt to resume normal operations.

Training Support Documents

Policy and Procedure (Sample)

Policy name: Statewide Healthcare Emergency Codes

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

I. Objectives:

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

II. Policy:

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

III. Procedures:

1. **Initiating an Emergency Code:**
   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 have immediate access to the list
   b. Code definitions
   c. Appropriate number to dial during an emergency
   d. Responsibilities and procedure
   e. Emergency codes will be taught in each new employee education session and to all new physicians.

Please note that each facility will be responsible for developing its own set of procedures. This policy is a guideline.

Staff Competency Checklist

Purpose: These are the standards of the technical competencies.

To meet competency standards, the employee must demonstrate proficiency in performing the technical procedures safely as evidenced by department specific criteria.

Methods to Use:
A. Demonstration   **D. Skills Lab**   **G. Other**
B. Direct Observation/Checklist   **E. Self Study/Test**
C. Video / PowerPoint Review   **F. Data Management**

Employee Name _____   Job Title _____

Emergency Code Standardization Process	Date	Method Used	Supervisors Initials	Comments
Emergency Codes – What do the codes mean?				
How do I call each emergency code?				
When is it appropriate to call each code?				
What are my responsibilities after I call a code?				
Review Policy and Procedures.				

_____

Supervisor Signature   Initials/Date   Employee Signature
Initials/Date

Fire, EMS, Police, and Other External Partners Code Poster

Statewide Healthcare Emergency Codes

(Panic button can be used in conjunction with these codes, if permitted by facility policy)

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CODE RED	**Fire** Smoke or fire is seen or smelled. - OR – Excessive heat is noted on a wall, door, or surface. - OR - An alarm of fire is indicated.	**CODE ORANGE** (Internal/External)	**Hazardous Material Release** A hazardous material (including nuclear and/or radiological wastes) has been spilled or released in the environment.
CODE BLUE	**Cardiac Arrest/ Medical Emergency** A person is found in cardiac or respiratory arrest or has some other medical emergency.	**CODE YELLOW**	**Trauma Patient/ Trauma Team** A trauma patient has arrived or is due to arrive at the facility.
CODE PURPLE	**Infectious Event** A patient who is considered to be highly infectious requiring a quick response by infection control.	**CODE AMBER**	**Infant/Child Abduction** An infant or child is missing or is known or suspected to have been kidnapped.
CODE GREY	**Security/Team** There is a situation requiring a quick response by security or a behavioral health team, e.g. combative patient or visitor.	**CODE SILVER**	**Hostile Situation/ Person with a Weapon** Person(s) in the facility are at risk of being confronted by a person with a weapon. A weapon may be a firearm, knife, or instrument that can cause bodily injury or harm.
ACTIVE SHOOTER	**Person discharging a firearm with intent to harm or kill** A person is discharging a firearm with intent to harm or kill.	**CODE GREEN**	**Bomb Threat** A bomb threat has been received. – OR – A suspicious package has been discovered on site.

CODE TRIAGE-CLEAR The situation has been cleared

CODE TRIAGE ASSESSMENT	**CODE TRIAGE STANDBY**	**CODE TRIAGE ICS LEVEL (I)**	**CODE TRIAGE ICS LEVEL (II)**
Hospital Assessment Group convened to establish situational awareness, determine need to pursue Code Triage Activation.	Alert and warning announcement of situation or event with potential impact to facility. Code Triage Group notified, no response to EOC.	Scaled incident operations for all hazards event with probable impact. EOP in effect. Principal assigned HICS Staff respond to EOC. Department plans activated as needed.	Expanded (Full) incident operations. EOP in effect. Principal assigned HICS Staff respond to EOC; additional pre-assigned positions activated. Department plans activated as needed.

Pre-activation levels

Fire, EMS, Police, and Other External Partners

Assistance

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