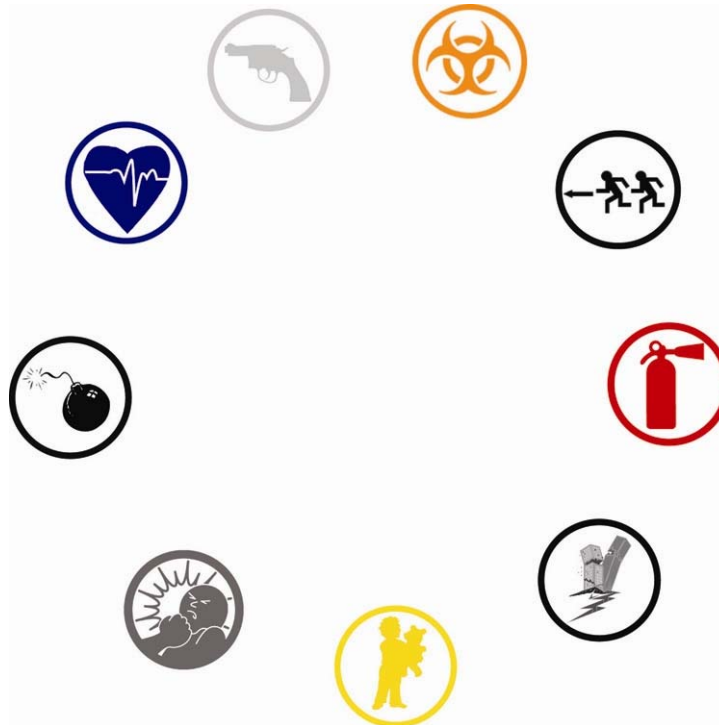




Washington State Hospital Association

Standardization of **Emergency** **Code Calls** in Washington *Implementation Toolkit*



Washington State Hospital Association

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October 2008

Washington State Hospital Association (WSHA) produced these materials based on documents from the Arizona Hospital and Healthcare Association and other hospital associations.

“Washington Hospitals - Collaborating to Keep Patients Safe”

Standardization of Emergency Code Calls in Washington State



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October 2008

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Acknowledgments

We would like to thank the taskforce and participating hospitals that worked on developing the Emergency Code Calls. Quality leaders, security experts, disaster preparedness, physicians, and nurses provided expert advice. The dedication to safe care by the participating hospitals helped make this work a reality.

Participating organizations:

Organizations
Evergreen Healthcare
Highline Medical Center
King County Public Health
MultiCare Health System
Oregon Association of Hospitals & Health Systems
Oregon Patient Safety Commission
Overlake Hospital Medical Center
Providence Regional Medical Center Everett
Providence Health System - Portland Service Area
Providence St. Peter Hospital
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

Special thanks to:

- Disaster preparedness staff including Peggi Shapiro who helped to guide this effort.
- Healthcare Association of Southern California and Louisiana Hospital Association upon which this toolkit is based.
- Pennsylvania Color Safety Task Force which developed the initial policy as the basis for the Staff Competency Checklist.
- Washington State Hospital Association (WSHA) for their work in creating a national standard through the American Hospital Association.
- WSHA Intern - Siobhan Lilly, who worked on this project.



Executive Summary



Washington State Hospital Association

Emergency Code Calls

Executive Summary

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 quickly communicate an emergency and to mobilize expert assistance.

Physicians and staff often work in multiple hospitals. Staff has become confused and has used the name of a code call from one hospital in another. This has resulted in harm to patients in both Oregon and Washington. Nine states including California have responded to the lack of uniformity that exists between health care facilities by recommending that all hospitals standardize emergency codes.

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 Schecter, 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 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 memories and fewer would be easier to remember).
- Codes should be consistent with national standards where possible to foster clear communication in case there is a national disaster and as there are many neighboring states also working on this.
- 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 where possible.
- Names for each code should reflect clarity and brevity.

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, Washington State Nurses Association, 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.

The codes calls are similar to what is used in California except for infant and child abduction where Amber Alert is easier for staff, families, and visitors to understand. We are also using the overhead page “CODE NAME” CLEAR to indicate the situation has been resolved when needed.

These codes have been approved by the WSHA Patient Safety Committee and endorsed by the WSHA Board. Although this is a voluntary effort, hospitals in Oregon and Washington are encouraged to adopt these emergency codes by October 1, 2009.