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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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:

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<th>Organizations</th>
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<tr>
<td>Evergreen Healthcare</td>
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<tr>
<td>Highline Medical Center</td>
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<tr>
<td>King County Public Health</td>
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<tr>
<td>MultiCare Health System</td>
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<tr>
<td>Oregon Association of Hospitals &amp; Health Systems</td>
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<td>Oregon Patient Safety Commission</td>
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<td>Overlake Hospital Medical Center</td>
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<td>Providence Regional Medical Center Everett</td>
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<td>Providence Health System – Portland Service Area</td>
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<td>Providence St. Peter Hospital</td>
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<td>Sacred Heart Medical Center and Children’s Hospital</td>
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<td>Seattle Children’s</td>
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<td>Skagit Valley Hospital</td>
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<tr>
<td>Swedish Medical Center</td>
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<tr>
<td>University of Washington Medical Center</td>
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<tr>
<td>Valley General Hospital</td>
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<td>Washington State Hospital Association</td>
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<tr>
<td>Yakima Regional Medical &amp; Cardiac Center</td>
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</tbody>
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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.
Emergency Code Calls – Preventing Harm

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.

“Zero errors that affect patient’s health”
• 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.


**Emergency Code Recommendations:**

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

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

**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.