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KHA Quality Technical Advisory Group
KHA Emergency Preparedness Technical Advisory Group
KHA Council on Health Delivery
KHA Board of Directors

Special thanks to:
Colorado Hospital Association
Kentucky Hospital Association
Oregon Association of Hospitals and Healthcare Systems
Oregon Patient Safety Commission
Healthcare Association of Southern California

We thank these organizations for sharing input and guidance related to statewide emergency code implementation that helped shape much of the materials in this toolkit.
Background

In 2007, the Kansas Hospital Association’s Quality Technical Advisory Group developed a survey to ascertain data related to color coding associated with wristbands and emergency/overhead codes. Over half of Kansas hospitals responded to the survey. The emergency codes survey showed a wide variety of emergency codes utilized by Kansas hospitals. However, more than 85 percent of hospitals had similar codes related to the Code Red-Fire and Code Blue-Medical Emergency. In addition, all Kansas hospitals answered “yes” or “partially consider” to the question of would they consider a standardized set of emergency codes.

Lessons learned from recent disasters show that the resources and talent of our health care system must be shared and potentially sent to other communities, regions or the nation. On a more local basis, some facilities are already sharing staff from nursing agencies and physician groups. As these people move from facility to facility, it appears logical that the codes that trigger emergency protective and response steps should be standardized to help insure quick action.

The recommended codes by the KHA Emergency Preparedness Technical Advisory Group and the Council on Health Delivery represent fairly standard emergency situations that could threaten the facility, staff and patients. The “weather-related” codes shown are recommended for communication to staff and visitors alike in plain speech or text to make sure that there is understanding by all of the problem, and the appropriate actions to take. For example, when the National Weather Service issues a Tornado Warning, the overhead announcement would likely restate the warning and instruct people to move to interior spaces away from windows and doors.

The intent of the KHA Emergency Preparedness Technical Advisory Group and the Council on Health Delivery was to set a base-level standard. Their decision took into account the ever increasing focus of standardization from the National Incident Management System (NIMS) from an emergency preparedness standpoint. In addition, the recent KHA wristband standardization recommendations also illustrated the need for consistency from a quality improvement perspective.

Although this is a voluntary effort, hospitals in Kansas are encouraged to adopt these standardized emergency codes by Jan. 1, 2010.
States with statewide standardized emergency codes (yellow)

States with partial standardized emergency codes (blue)

KHA Standardized Emergency Code Recommendations

**Note:** Plain text can be substituted for any color code

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**Frequently Asked Questions - FAQs**

**Question** – Why should we implement standardized overhead emergency codes?

**Answer** – Lessons learned from recent disasters show that the resources and talent of our health care system may have to be shared, and staff could potentially be sent to other communities and regions of the nation. On a more local basis, some facilities are already sharing staff from agencies and physician groups. As these people move from facility to facility, it appears logical that the codes that trigger emergency protective and response steps should be standardized to help insure quick action. From a risk management standpoint, this is the best practice.

**Question** – Can our facility add local codes specific to our organization?

**Answer** – Yes. The intent of this standardization is to set a statewide base-level standard. The KHA Emergency Preparedness Technical Advisory Group recognized that there may need to be facility, community or region-specific codes.

**Question** – How do Kansas codes compare to neighboring states?

**Answer** – Colorado appeared in the committee's research to be the only neighboring state with an adopted system by their hospital association as a recommendation for their facilities. *The five color codes adopted by Kansas are all the same as the codes used by Colorado.* Most of the codes were based off of recommendations by the American Hospital Association and the previous Hospital Emergency Incident Command System.

**Question** – Do I have to use the color codes as written?

**Answer** – If you are going to use any kind of code for fire, cardiac arrest/medical emergency, bomb threat, infant abduction or hazardous material spill/release, you have to use the color codes established or you may use plain text. You must use plain text on inclement weather alerts.

**Question** – When will hospitals across the state be implementing standardized emergency codes?

**Answer** – Although this is a voluntary effort, all hospitals in Kansas are encouraged to adopt these standardized emergency codes by Jan. 1, 2010.
Question – Can other organizations or agencies utilize the standardized overhead emergency codes, like nursing homes or EMS?

Answer – Absolutely. The intent is standardization, the more health care facilities that adopt the codes the better.

Question – Will my facility be provided with any educational materials?

Answer – This toolkit, with the KHA recommended Emergency Codes, will be placed on the KHA Web site in the Emergency Preparedness section, along with these FAQs. Included with the FAQs are a set of guidance statements that the organization’s emergency preparedness team can consider when looking at possible modification of internal policies, procedures and/or guidelines. These are suggestions put forth to stimulate discussion and planning.

Question – Will my facility have to absorb the costs of implementing standardized overhead emergency codes?

Answer – Hospitals participating in the emergency preparedness grant can use funding to support this initiative. Since the code recommendations helps supports one of National Incident Management Systems requirements for hospitals and health care systems, funding is eligible.

Question – Do emergency codes have to solely be announced by an overhead speaker?

Answer – No, some hospitals send text message alerts through various communication systems that send information to key staff before notifying the public. Depending on the situation, it may be necessary to send information to key staff before announcing it via an overhead speaker.
OVERHEAD EMERGENCY CODES

Guidance for Policy or Operating Procedure Modification
(Suggested language for consideration)

CODE RED: FIRE

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

SUPPORTING INFORMATION

CODE RED should be immediately initiated whenever any one of the following indications of a real or suspected fire are observed:

- Seeing smoke or a fire.
- Smelling smoke or other burning material.
- Feeling unusual heat on a wall, door or other surface.
- Other indications as identified by the facility.

A CODE RED alarm also may be initiated automatically by electronic fire detection equipment, heat and smoke sensors, ventilation equipment, and water pressure sensors. Fire response procedures must be implemented upon suspicion of a fire. Notification of coworkers for a timely, effective and efficient response is critical.

Many health care facilities use RACE or another acronym to outline their response to a fire. Whatever approach is used, it is recommended that health care facilities review their CODE RED policies and procedures with the local fire jurisdiction, in order to make sure that their response supports the local fire department approach in responding to fire alarms at the facility. An example of a brief action outline using the RACE acronym follows:

1. Remove/Rescue patients and personnel from the immediate fire area.
   a. Evacuate patients to a safe area beyond smoke barrier doors.
   b. Attend to injured and/or non-ambulatory persons.
   c. Disconnect exposed oxygen lines from wall outlets.
2. Alarm/Alert/Activate the fire alarm and notify others in the affected area to obtain assistance.
3. Contain the fire and smoke by closing all doors. (Confirm/Call 911)
4. Extinguish the fire if it is safe to do so. (Evacuate)

Fire extinguishing methods are techniques - the acronym PASS is often used.

- Pull the pin;
- Aim the extinguisher at the base;
- Squeeze the trigger; and
- Sweep the extinguisher’s contents back and forth across the base of the fire.
CODE BLUE: CARDIAC ARREST/ MEDICAL EMERGENCY (Adult or Pediatric)

PURPOSE
To facilitate the arrival of equipment (crash/code cart) and specialized personnel to the location of an individual in cardiopulmonary or respiratory arrest. If there is any doubt about the existence of a valid DNR order or an advanced health care directive, then the response should be towards an immediate decision to call a CODE BLUE and initiate Cardiopulmonary Resuscitation (CPR) at the level appropriate to the training of the responder.

SUPPORTING INFORMATION

CODE BLUE is called for patients who do not have a physician’s Do Not Resuscitate (DNR) Order, or an advance health care directive indicating otherwise.

CODE BLUE is to be initiated immediately whenever a person is found in cardiac or respiratory arrest (per facility protocol). In areas where adult patients are routinely admitted, there should be an adult crash cart available. In areas where pediatric patients are routinely admitted, there should be a pediatric crash cart available with child-sized supplies and equipment.

If a CODE BLUE is called in a non-treatment area, or one that is not normally assigned a crash cart, it may be appropriate to request a CODE BLUE PEDIATRIC so that an appropriately equipped cart can be sent from the closest designated area.
CODE BLACK: BOMB or BOMB THREAT (including suspicious packages)

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

SUPPORTING INFORMATION

Bomb threats do occur in health care facilities; however, it is unlikely that an actual bomb is placed. The facility will usually make a thorough search when a bomb threat is received (people who normally work in an area are more likely to notice something is wrong or out of place). IF A BOMB OR SUSPICIOUS DEVICE IS FOUND, IT SHOULD NOT BE TOUCHED. Report the device to your supervisor or building manager. The handling of bombs and bombing investigations is solely an official police function. At no time should the health care facility security staff try to touch or move a bomb, suspected device or package. The role of the facility security staff is to help the police find the bomb and to evacuate patients, visitors and facility personnel.

When the police enter the health care facility, they will need trained personnel who are familiar with the facility to direct them quickly to a potentially suspicious device or package, or to assist them in searching for a possible bomb. Security personnel should be completely familiar with all areas of the building, including closets, restrooms, storage areas, trash bins, etc. All security officers should have keys to these areas so a complete search can be made.

The facility may choose not to evacuate unless a suspicious device has been identified, and then proceed under the direction of the local authority. Safety procedures take precedence over all other activities by health care facility employees, except for the provision of immediate medical assistance to patients in life-threatening circumstances.

It is important to remember that a bomb can be placed anywhere; therefore, a complete search should be made. Depending on available time, make as complete a search as possible.

General Search Guidelines for Bomb Threats
1. Launch search promptly.
   a. Initiate simultaneous assessment and search.
   b. The depth and nature of the search can vary based upon the threat assessment and information updates as applicable, working with local law enforcement.
   c. If something is found, do not touch it. Secure the area and notify a supervisor.
2. The question of evacuation is a challenge that is best resolved by consultation between the police department and the health care facility administration.
CODE PINK: INFANT ABDUCTION

PURPOSE
To protect infants from removal by unauthorized persons and to identify the typical physical description and actions demonstrated by someone attempting to kidnap an infant from a health care facility, and to define the health care facility’s response to an infant abduction.

SUPPORTING INFORMATION

A CODE PINK should be initiated when an infant is missing or is known to have been kidnapped. Plain text could be used if appropriate, such as Amber Alert. Active Amber Alerts in Kansas can be found at www.ksamber.org

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

RESPONSIBILITIES AND ACTIONS
Safeguarding newborn infants requires a comprehensive program. This involves education of and teamwork by nursing personnel, parents, physicians, security and risk management personnel, as well as coordination of various elements of physical and electronic security.

A. General Responsibilities
   1. Immediately report persons exhibiting behaviors of a potential abductor.

   2. For all attempted abductions, notify the police and the National Center for Missing and Exploited Children (NCMEC).

B. Proactive Measures
   1. Develop a written proactive-prevention plan.

   2. Immediately after birth of infant:
      a. Attach identically numbered ID bands to infant, mother, father/significant other.
      b. Properly fitting ID bands are essential.

   3. As soon as possible after the birth:
      a. Ensure that cord blood is to be kept in the lab for two weeks.
      b. Footprint baby.
      c. Take color photograph of baby.
      d. Perform and record full physical assessment of baby.
      e. All items are to be noted in chart.

   4. Require all health care personnel to wear up-to-date, conspicuous, color photo ID badges.
5. Personnel in direct contact with infants should wear a second/special form of unique ID.

6. Distribute guidelines for parents in preventing health care facility abductions in childbirth classes, pre-natal classes, on pre-admission tours, upon admission and at postpartum instruction. Guidelines are to be available in languages other than English to meet the needs of the community.

7. Information should cover all relevant health care facility identification procedures and outline all standard nursery procedures.

8. Information should be given regarding visitation policies and the importance of never leaving the infant unattended.

9. Mother, father/significant other should be encouraged to ask questions when their infants are taken from them while in the health care facility.

10. Hospital discharge parent education should include guidelines for prevention of child abduction in the home and community.

11. Train staff on protecting infants from abduction

12. While infants are transported within the facility, ensure that:
   a. Only authorized staff members are allowed to transport the infant.
   b. The only authorized non-staff individuals to transport baby out of the room are the “banded” mother, father/significant other.
   c. A baby is never left in the hallway without direct supervision.
   d. Infants are taken to mothers one at a time.
   e. Babies are never carried, always pushed in a bassinet.
   f. Infants should never be left unsupervised.

13. When in the mother’s room:
   a. Bassinets should be placed near the mother, and when possible, the mother’s bed should be between the bassinet and the doorway.
   b. Instruct mother to alert nurses if and when she is unable to supervise the infant, such as when in the shower or attending to other personal needs.

14. Do not post the full name of the mother or infant, or identify the sex of the infant, where it will be visible to visitors.

15. In a legal guardian or a child protective services situation, routine nursery procedures are carried out, and based upon maternal/neonatal assessment, supervised parental visits may be recommended.
16. Establish an access-control policy for the nursing unit (nursery, maternity, neonatal-intensive care, pediatrics).

17. At the front lobby or entrance to those units, instruct health care facility personnel to ask visitors which mother they are visiting and for how long.

18. Require a show of the ID wristband for the person taking the infant home from the health care facility, matching the bands on the wrist and ankle of the infant with the bands worn by the mother and father/significant other.

19. No home address or other unique information should be divulged to the public in birth announcements that would put the infant and family at risk after discharge. Include all departments, i.e., medical records, information systems, baby photography in this policy.

20. When providing home visitation services, personnel entering patients' homes need to wear a unique form of ID used only by them, strictly controlled by the facility and known to the parents.

**ACTIONS**

The following procedures should be established in order to provide an organized response should an infant be taken from the obstetrical unit in an unauthorized manner. *The Guidelines for Healthcare Professionals*, developed by the National Center for Missing and Exploited Children, were used in formulating these recommendations.

**Critical-Incident Response Plan**

1. Every department develops a written, critical-incident response plan in the event of a suspected or confirmed infant abduction, in support of the facility CODE PINK response plan.

2. Include procedures for the re-uniting of infant and mother.

3. Includes procedures to follow if a suspicious person is seen during a CODE PINK.

4. Call the National Center for Missing and Exploited Children at **1-800-THE-LOST (1-800-843-5678)** for advice and technical assistance.

5. Define which department or individual will brief the health care facility spokesperson; this individual will inform and involve the local media by requesting their assistance in accurately reporting the facts of the case and soliciting the support of the public.
CODE ORANGE: HAZARDOUS MATERIAL SPILL/RELEASE

PURPOSE
1) To identify unsafe exposure conditions, safely evacuate an area, and/or protect others from exposure within the health care facility or on its grounds, due to hazardous materials spill/release. A hazardous material spill/release is an unexpected release into the environment (internal or external to the facility), either accidental or deliberate, that has the potential to cause injury or illness, may result in further risks such as an explosion, and may result in exposure to a potentially toxic substance that exceeds state or federal exposure limits, or may harm the environment. Some substances and situations can create potentially dangerous or deadly circumstances very quickly, and may require immediate activation of Incident Response Plans. 2) To ensure hazardous materials and waste used within the health care facility are handled and managed according to applicable regulations, minimizing their impact on the environment.

SUPPORTING INFORMATION

It is recommended that each facility define procedures to be taken in response to a minor and a major spill, either EXTERNAL or INTERNAL. It should be considered in planning that in either scenario, the facility or organization may need to both react in a defensive manner to protect staff, patients, visitors and/or the facility, AND prepare to receive, decontaminate, triage and treat potential victims of the incident. Planning for potential decontamination operations shall be consistent with the OSHA Best Practices for Hospital First Receiver Operations guidance.

In the event of a release that may EXTERNALLY impact the facility, a decision may need to be made to either evacuate portions of a building (horizontally or vertically), the entire building, or to “shelter-in-place”. Plans should address all three of these potential scenarios. The decision to take one of these actions should be coordinated with Fire Department On-Scene Incident Command.

It would be appropriate to have a good working relationship with the community’s emergency management and response agencies, and include them in planning and drills.

In the event of a spill or release that may occur INTERNALLY, the personnel in the affected area or department should be aware of the immediate actions they are to take to alert others and the 9-1-1 system, protect fellow staff, patients, visitors and the facility.

Some potential mitigation actions could include, but are not limited to:
- Shutting off power or control valves to critical systems;
- Starting, shutting off or reversing ventilation fans; and
- Evacuating the impacted area and closing fire doors.
These types of plans are best developed at the specific department or section level where the hazard is likely to occur since the staff is likely to be the most knowledgeable about the materials they work with, the risks involved and the safety systems available.

OSHA requires that to protect the health and safety of all employees they shall be informed about potential hazardous substances within the workplace. That includes providing them with unrestricted access to information on these hazards normally contained in Material Safety Data Sheets (MSDS) that must be readily available at all times. Further, OSHA requires that employers train employees in the proper procedures they must follow to protect themselves from the risks of hazardous materials. Often, this includes information on the appropriate level of PERSONAL PROTECTIVE EQUIPMENT to use, how to wear or use it, and where to get it (at no cost to the employee). This is considered AWARENESS-LEVEL training.
INCLEMENT WEATHER ALERTS: PLAIN TEXT MESSAGING

Purpose
To provide consistent terminology for weather-related events using plain text messaging or clear language.

SUPPORTING INFORMATION

Weather-related events will be stated based on National Oceanic and Atmospheric Administration’s (NOAA) warning and watch definitions.

- Tornado Watch
- Tornado Warning
- Severe Thunderstorm Warning
- Severe Thunderstorm Watch
- Flash Flood Warning
- Flash Flood Watch
- Winter Weather Alert
- Heat Alert
- Wind Chill Alert
- Wind Advisories
- Dense Fog Advisories

The Kansas Department of Health and Environment and the Kansas Division of Emergency Management usually send weather alerts out through the Kansas Health Alert Network or EMResource™.
Appendix A: Threat Analysis - Emergency Operations Plans

A threat or hazard vulnerability analysis permits us to evaluate the potential for an adverse outcome to the time and resources available to reduce the odds of occurrence to a more acceptable level. Situations that may warrant a threat analysis: Bomb threat, threat of workplace violence, threat of Anthrax, tornado, large industrial accident, contaminated victims (biological or chemical) self-transporting to the facility or acts of terrorism in the community.

Issues to consider when doing a threat analysis (partial list):

Probability of occurrence:
- Has it occurred here before?
- Has it occurred in other similar situations or businesses in the local area?
- How often has it occurred in other similar situations or businesses in the nation?
- Is there anything I am aware of that might cause this problem to occur here in the near time frame?

Response Options:
- Do nothing.
- Gather more information before taking further action.
- Confer with others more knowledgeable and/or having more authority.
- Initiate a minimal response.
- Initiate a credible response.

Cost of Response:
- Staff hours required to respond appropriately.
- Materials costs.
- Outside services costs.
- Adverse effect on current business.
- Customer and/or employee reaction or misunderstanding to the risk and the response effort.
- Are funds available to cover the costs of the response effort?
- Will my response to this situation encourage other similar threats?

Cost of Undesirable Outcome Should the Threat Occur:
- Injury or loss of life.
- Damage to or loss of property.
- Loss of services.
- Loss of credibility.
- Loss of future business.
- Adverse employee or community reaction.
Timing:
- Can a reasonable response effort be accomplished before the incident will/might occur?
- Are the needed material resources available?
- Are enough personnel available who are properly trained and equipped to accomplish the necessary tasks at the quality level required for a successful or significantly improved outcome?
- Is there sufficient time to move to another, safer location, or must we remain and live with the consequences?

An effective threat analysis can take a significant amount of time, require the best available information and involve many other people. Threat analysis is best done before a problem is imminent to help prepare for what might happen by pre-selecting one or several options, providing training and support materials. When the incident occurs or appears to be imminent, an effective response is chosen or modified and implemented.

References:
Sample threat or hazard vulnerability analysis and emergency operations plans can be found at the following Web sites:

www.kha-net.org

http://www.kdheks.gov/cphp/hospital_resources.htm
Appendix B: Color Code Coordination

In the wake of any disaster or emergency, it’s important to recognize codes utilized by other first responders or disciplines. It’s important that hospital employees don’t confuse common color codes utilized by other agencies. Below is a sample of color codes utilized by other agencies or within the hospital that shouldn’t be confused with overhead/emergency codes.

National Emergency Medical Services Triage Color Codes:

The basic sections of a triage tag include the four colors of triage:

- Black (Deceased): no care needed
- Red (Immediate): life threatening injuries
- Yellow (Delayed): non-life threatening injuries
- Green (Minor): minor injuries

Department of Homeland Security Threat Alerts

The scale consists of five color-coded threat levels that are intended to reflect the probability of a terrorist attack and its potential gravity.

- Severe (Red): severe risk
- High (Orange): high risk
- Elevated (Yellow): significant risk
- Guarded (Blue): general risk
- Low (Green): low risk

Kansas Hospital Association’s Wristband Recommendations

The colors below were chosen based on a nationwide initiative to standardize patient wrist bands (inpatient) and include the use of:

- Yellow: fall risk
- Red: allergy
- Purple: “Do Not Resuscitate”
- Pink: limited extremity (optional)
- Green: latex allergy (optional)
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 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

- Identify key stakeholders and committees needed to approve the initiative and policy.
- Obtain buy-in; begin to get on meeting agendas for approval.
- Update various key stakeholders and leadership.
- Finalize date for implementation – “Go Live.” Kansas hospitals are encouraged to adopt standardized emergency codes by Jan. 1, 2010.
- Approve policy and competency.

2. Documents and Materials Procurement

- Develop training forms and communication materials and obtain organizational approval for forms if necessary.
- Work with materials management to have the necessary posters, phone stickers, badge buddies or stickers and other materials available prior to “Go Live” date.
- If your hospital plans on using badge buddies, go to www.kha-net.org to download order form for standard or customized orders.
- If your hospital plans on printing the posters in-house, go to www.kha-net.org to download templates and print.
- Keep a supply of phone stickers; employee badge buddies or stickers; posters; and emergency code calls information sheets with FAQs.

3. Communication Plan

- Draft a letter from the CEO or other senior leader to physicians and patient care staff.
- Publish an article for the employee newsletter.
- Create an e-mail and send to the staff.
- Distribute posters for training.
- Distribute badge buddies or stickers to staff.
- 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

- Identify trainers and schedule train the trainer sessions.
- Familiarize yourself/trainer with training content and the tools (PowerPoint 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 and 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

- Send a 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

- Assign a point person for questions/issues during implementation and the following month.
- Check key areas six months post implementation to assess how well the changes have been integrated.
Sample Policy and Procedure

Policy name: Standardized Emergency Codes

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 - Plain text can be substituted for any color 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 BLACK: Communicate that an immediate response and assessment is needed regarding a bomb threat or suspicious package.

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

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.

WEATHER ALERTS: Communicate pertinent weather events based on National Oceanic and Atmospheric Administration’s (NOAA) definitions.
III. Policy:
In the event of an emergency situation, an emergency code (or plain text) 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 the list;
   b) Code definitions;
   c) Appropriate number to dial during an emergency; and
   d) Specific responsibilities and procedures used during a code situation.

   Emergency codes will be taught in each new employee education session and to all new physicians.
This letter can be used to inform all staff and physicians about the new standardized emergency/overhead codes. 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 codes throughout Kansas. Given that physicians and staff often work in more than one hospital, variation in emergency/overhead codes makes it difficult for staff to respond appropriately to emergencies. To reduce confusion and improve patient safety, our hospital is adopting the standardized emergency codes that will be used in hospitals throughout Kansas. You will see posters throughout the hospital displaying the new codes:

<table>
<thead>
<tr>
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(If you’ve decided to use plain text for any of these color codes indicate so in the chart.)

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 badge buddy (or 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/E-MAIL].

Sincerely,

[HOSPITAL CEO] [CMO, CNO, COO as appropriate]
New Emergency Codes at [Hospital Name]

[HOSPITAL NAME] joins other Kansas 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 standardized codes will be used in Kansas 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 codes are:

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Learn More — attend a new code presentation and get a badge buddy (or sticker) for your ID badge!

If you have comments or questions, contact [PERSON / PHONE / E-MAIL].
Do you know the new emergency/overhead codes?

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Hospitals in Kansas are working to make care safer by using standardized emergency/overhead codes statewide. Standardized codes 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 standardized emergency/overhead codes.

Date: 
Time: 
Location:

Date: 
Time: 
Location:

Date: 
Time: 
Location:

Questions?  Contact:  Phone:
Training Sessions

Main Points of Training:

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 hospitals could delay timely and effective responses as seen in the story below, shared by a community hospital:

In a community 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.

Introduce the Emergency Codes – These emergency codes are a part of a statewide standardization process. Emergency code standardization has been implemented in nine states. Standardized emergency codes are either plain text messaging or the following:

CODE RED: Fire
CODE BLUE: Cardiac Arrest/Medical Emergency (Adult or Pediatric)
CODE BLACK: Bomb Threat
CODE PINK: Infant Abduction
CODE ORANGE: Hazardous Material Spill or Release
INCLEMENT WEATHER ALERTS: Plain Text Messaging for All Watches and Warnings

Review the points listed below - It is important to clarify that staff have a good understanding of these items. This is a good opportunity to hand out your hospital’s policy and procedures. 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: __________________

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:

<table>
<thead>
<tr>
<th>Emergency Code Standardization Process</th>
<th>Date Demonstrated</th>
<th>Supervisor Initials</th>
<th>Comments</th>
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<tr>
<td>Access to emergency code policy and procedure.</td>
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<td>Definitions of each emergency code.</td>
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<td>How to call each emergency code.</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Staff responsibilities after calling a code</td>
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Employee Signature Initials/Date

Supervisor Signature Initials/Date
Background

• In 2007, the Kansas Hospital Association’s Quality Technical Advisory Group developed a survey to ascertain data related to color coding associated with wristbands and emergency/overhead codes.

• Over half of Kansas hospitals responded to the survey.

• The emergency codes survey showed a wide variety of emergency codes utilized by Kansas hospitals. However, more than 85 percent of hospitals had similar codes related to the Code Red-Fire and Code Blue-Medical Emergency.

• In addition, all Kansas hospitals answered “yes” or “partially consider” to the question of whether they consider a standardized set of emergency codes.
Background cont…. 

- Lessons learned from recent disasters show that the resources and talent of our health care system must be shared and potentially sent to other communities, regions or the nation.

- On a more local basis, some facilities are already sharing staff from nursing agencies and physician groups.

- As these people move from facility to facility it appears logical that the codes which trigger emergency protective and response steps should be standardized to help insure quick action.

Nationwide Trend

States with statewide standardized emergency codes (yellow)
States with partial standardized emergency codes (blue)
Kansas Standardized Emergency Codes

**Note:** Plain text can be substituted for any color code

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Frequently Asked Questions

**Question** – Can our facility add local codes specific to our organization?

**Answer** – Yes. The intent of this standardization is to set a statewide base-level standard.

The KHA Emergency Preparedness Technical Advisory Group recognized that there may need to be facility, community or region specific codes.
FAQs cont…

Question – How do Kansas codes compare to neighboring states?

Answer – Colorado appeared in the committee's research to be the only neighboring state with an adopted system by their hospital association as a recommendation for their facilities. The five color codes adopted by Kansas are all the same as the codes used by Colorado.

Most of the codes were based off of recommendations by the American Hospital Association and the previous Hospital Emergency Incident Command System.

FAQs cont…

Question – Do I have to use the color codes as written?

Answer – Yes or you may use plain text.

If you are going to use any kind of code for fire, cardiac arrest/medical emergency, bomb threat, infant abduction or hazardous material spill/release, you have to use the color codes established.

You must use plain text on inclement weather alerts.
FAQs cont…

**Question** – When will hospitals across the state be implementing standardized emergency codes?

**Answer** – Although this is a voluntary effort, all hospitals in Kansas are encouraged to adopt these standardized emergency codes by Jan. 1, 2010.

FAQs cont…

**Question** – Can other organizations or agencies utilize the standardized overhead emergency codes, like nursing homes or EMS?

**Answer** – Absolutely. The intent is standardization, the more health care facilities that adopt the codes the better.
FAQs cont…

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**Answer** – Absolutely. The intent is standardization, the more health care facilities that adopt the codes the better.

---

FAQs cont…

**Question** – Will my facility have to absorb the costs of implementing standardized overhead emergency codes?

**Answer** – Hospitals participating in the emergency preparedness grant can use funding to support this initiative.

Since the code recommendations helps supports one of National Incident Management Systems requirements for hospitals and health care systems, funding is eligible.
FAQs cont…

**Question** – Do emergency codes have to solely be announced by an overhead speaker?

**Answer** – No, some hospitals send text message alerts through various communication systems that send information to key staff before notifying the public.

Depending on the situation, it may be necessary to send information to key staff before announcing it via an overhead speaker.

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**Code Red: Fire**

- **PURPOSE**
  - To provide the procedures to be followed to protect patients, visitors, staff and property in the event of a real or suspected fire.
Code Blue: Cardiac Arrest / Medical Emergency

• PURPOSE
  – To facilitate the arrival of equipment (crash/code cart) and specialized personnel to the location of an individual in cardiopulmonary or respiratory arrest.

  *If there is any doubt* about the existence of a valid DNR order or an advanced health care directive, then the response should be towards an immediate decision to call a **CODE BLUE** and initiate Cardiopulmonary Resuscitation (CPR) at the level appropriate to the training of the responder.

Code Black: Bomb Threat

• PURPOSE
  – To establish a method for coordinating an appropriate facility response to ensure immediate protection of life, property and the continuation of vital patient care services in the event of a bomb threat or discovery of a bomb or suspicious package.
Code Pink: Infant Abduction

- PURPOSE
  - To protect infants from removal by unauthorized persons and to identify the typical physical description and actions demonstrated by someone attempting to kidnap an infant from a health care facility, in addition, to define the health care facility’s response to an infant abduction.

Code Orange: Hazardous Material Spill/Release

- PURPOSE
  - To identify unsafe exposure conditions, safely evacuate an area, and/or protect others from exposure within the health care facility or on its grounds, due to hazardous materials spill/release.

A hazardous material spill/release is an unexpected release into the environment (internal or external to the facility), either accidental or deliberate, that has the potential to cause injury or illness, may result in further risks such as an explosion, and may result in exposure to a potentially toxic substance which exceeds state or federal exposure limits, or may harm the environment. Some substances and situations can create potentially dangerous or deadly circumstances very quickly, and may require immediate activation of Incident Response Plans.

  - To ensure hazardous materials and waste used within the health care facility are handled and managed according to applicable regulations, minimizing their impact on the environment.
Inclement Weather Alerts: Plain Text/Language

- **Purpose**
  - To provide consistent terminology for weather-related events using plain text messaging or clear language.

  Weather-related events will be stated based on National Oceanic and Atmospheric Administration’s (NOAA) warning and watch definitions.

<table>
<thead>
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<th>Plain Text/Language</th>
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<tbody>
<tr>
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<tr>
<td>Severe Thunderstorm Warning</td>
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</tr>
<tr>
<td>Flash Flood Warning</td>
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</tr>
<tr>
<td>Winter Weather Alert</td>
<td>Heat Alert</td>
</tr>
<tr>
<td>Wind Chill Alert</td>
<td>Wind Advisories</td>
</tr>
<tr>
<td>Dense Fog Advisories</td>
<td></td>
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Color Code Coordination

In the wake of any disaster or emergency it’s important to recognize codes utilized by other first responders or disciplines.

**National Emergency Medical Services Triage Color Codes:** The basic sections of a triage tag include the four colors of triage:

- Black (Deceased): no care needed
- Red (Immediate): life threatening injuries
- Yellow (Delayed): non-life threatening injuries
- Green (Minor): minor injuries
Code Coordination, cont.

**Department of Homeland Security Threat Alerts**

The scale consists of five color-coded threat levels, that are intended to reflect the probability of a terrorist attack and its potential gravity.

- Severe (Red): severe risk
- High (Orange): high risk
- Elevated (Yellow): significant risk
- Guarded (Blue): general risk
- Low (Green): low risk

---

Code Coordination, cont.

**Kansas Hospital Association’s Wristband Recommendations**

The colors below were chosen based on a nationwide initiative to standardize patient wrist bands (inpatient) and include the use of:

- Yellow: fall risk
- Red: allergy
- Purple: "Do Not Resuscitate"
- Pink: limited extremity (optional)
- Green: latex allergy (optional)
Keys to Successful Implementation

- 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.

Keys to Successful Implementation

- Put together a strong implementation team; make assignments for the various steps (e.g. training, communication planning and resource development) so 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.