

STANDARDIZED HOSPITAL EMERGENCY CODE STATE OF LOUISIANA

A Review of the Standardization of Hospital Emergency Response Codes Recommended by the Hospital Designated Regional Coordinators

INTRODUCTION

BACKGROUND:

In 2005, the Louisiana Policy and Regulatory Committee adopted the following code designations for emergency identification in healthcare organizations:

CODE BLUE	-	Medical Emergency – Cardiac/Respiratory Arrest
CODE RED	-	Fire
CODE GREY	-	Severe Weather
CODE BLACK	-	Bomb
CODE PINK	-	Infant/Child Abduction
CODE YELLOW	-	Disaster – Mass Casualty
CODE ORANGE	-	Hazardous Materials
CODE WHITE	-	Security Alert – Violence/Hostage

While the above color codes were adopted, flexibility was built into the system for individual hospital needs. As such, other emergency code colors that are not stated above were used by individual organizations to address specific facility or geographic concerns.

For the past year there has been some discussion about adding to these recommended hospital emergency response codes. The hospitals, through the HPP grant, were surveyed to ensure hospitals had, in fact, adopted the codes and to determine if there was a need to add to the current recommendations. This survey revealed that out of the 250 hospitals, 86% of the hospitals currently use the recommended codes. The survey also revealed that 39% felt that other emergency response codes that are not currently included in the recommended list should be considered. Approximately 20 additional codes were asked to be considered. It was also brought to LHAs attention that hospitals were unsure of when and how to use a few of the original recommended codes.

REVIEW OF CURRENT CODES:

To ensure there continues to be uniformity among the hospitals across the state, the original codes were reviewed as there is a need to clarify when and how specific codes should be used. Of the original eight (8) response codes, the following code designations were reviewed:

CODE YELLOW	-	Disaster – Mass Casualty
CODE ORANGE	-	Hazardous Materials
CODE WHITE	-	Security Alert – Violence/Hostage

CODE YELLOW – INTERNAL AND EXTERNAL DISASTERS

Code Yellow is currently used for both internal and external disasters. This is very confusing to hospital personnel as to whether the disaster occurred from the inside or was it an external disaster in which they are to respond. This code also does not say what type of disaster occurred. Code Yellow is currently being used to alert staff of **internal disasters** such as a total power outage, utility disruption, plumbing outage and or problems, internal flooding, and internal explosions without fire. This Code is also called when there is an **external disaster** where there are mass casualties from a multi-vehicle accident, a hurricane or tornado, flood, nuclear, biological and/or chemical incidents.

CODE ORANGE – HAZARDOUS MATERIAL SPILL/RELEASE

Code Orange is currently used by hospitals to inform their employees of a hazardous substance spill in which they may come in contact. Again, this is confusing as employees are unsure as to whether the hazardous substance spill occurred inside the hospital or whether someone has or will present to their hospital that has been contaminated with hazardous substances.

CODE WHITE – COMBATIVE PERSON, PERSON WITH WEAPON, HOSTAGE SITUATION

Code White is currently used when a person who displays combative or behavioral problems presents at the facility. This code includes persons who may have a weapon, those that may simply be acting out and those that may potentially cause a hostage situation. Again, when this code is used, it is unclear as to which situation applies.

RECOMMENDATION

To help clarify the ambiguity of the codes mentioned above, the following is recommended.

- When calling a CODE YELLOW for a disaster situation, hospitals should distinguish between an internal and an external disaster by simply calling CODE YELLOW INTERNAL or a CODE YELLOW EXTERNAL.
- When calling a CODE ORANGE for a hazardous material spill, hospitals should distinguish between an internal and an external spill by simply calling a CODE ORANGE INTERNAL or a CODE ORANGE EXTERNAL.
- To distinguish between a combative person with a weapon and one without a weapon, CODE WHITE will be split into two codes: CODE WHITE and CODE SILVER. See supporting information section below for explanation.

SUPPORTING INFORMATION

Code White was originally part of the initial recommendation of hospital emergency response codes that were proposed back in 2005. However to distinguish between a combative person with a weapon and one without a weapon, Code White has been split into two split codes:

- **Code White**
- **Code Silver**

To ensure facilities can clearly distinguish between a Code White and Code Silver, the following explanation and supporting information has been provided.

CODE WHITE – COMBATIVE PERSON WITHOUT A WEAPON

CODE WHITE should be used when there is an abusive or assaultive person who is combative or threatening within the facility or within its properties. **This person will not have a weapon (knife, gun, etc).** When a Code White is called, law enforcement should respond to the violent situation.

Code White should be called when a one or a combination of any of the following is of a concern:

- Direct or verbal threats of harm;
- Intimidation of others by words and/or action;
- Refusing to follow policies;
- Hypersensitivity or extreme suspiciousness;
- Extreme moral righteousness;
- Inability to take criticism of job performance;
- Holding a grudge, especially against supervisor;
- Often verbalizing 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; and/or
- Destruction of property.

When staff are concerned about their own safety and the safety of others due to abusive or assaultive behavior, they are to initiate a Code White. **However when there is a combative person with a weapon, Code Silver should be called instead of a Code White.**

CODE SILVER - ACTIVE SHOOTER

CODE SILVER should be called when any of the above mentioned incidents occur and the combative person has a weapon. Code Silver should be used to communicate to staff that an active shooter exists within the facility or within its properties. An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. Therefore in response to a Code Silver, the facility should have a pre-designated security response team (staff who have been trained to respond). An active shooter situation may be unpredictable and may evolve very quickly. Immediate deployment of law enforcement will be required to stop the shooting and mitigate harm. Mitigation includes, but is not limited to, locking down the facility and/or evacuating patients and staff.

An active shooter profile includes the following:

- Use of firearms;
- May or may not have a pattern of selected victims;
- Shooting may be random or systematic;
- No regard for their own life – may be planning to die; and/or
- No criminal objective (e.g. robbery) other than individual or mass murder.

CONCLUSION

Healthcare personnel frequently respond to emergency situations or events in their facilities and may encounter confusion and frustration at the time of crisis or disaster. This can be minimized if there is the ability to respond quickly and in a measured and orderly fashion. The recommended standardized emergency codes and guidelines are designed to assist healthcare facilities to serve the community during a disaster and to resume normal operations as quickly as possible.

These recommendations take into consideration that standardization among all hospitals may not be immediate, and that there will need to be a planned transition to the recommended code set. The intent is for hospitals to phase in the implementation of the new recommended codes. This allows for materials and training to be created and offered at a time best suited for the facilities, realizing that considerable training, labor and financial resources will be involved with the transition.

There is also the potential for outside funding, such as the Health and Human Services (HHS) Hospital Preparedness Program and Metropolitan Medical Reserve Service (MMRS) grants, as well as regional acceptance of the concept of a standardized code system to support the transition to standardized codes.