



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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| Department: | Facility Management Safety (FMS) | | |
| Document: | Administrative Policy and Procedure | | |
| Title: | Hospital Emergency Codes | | |
| Applies To: | All MCH Staff | | |
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1. PURPOSE:

- 1.1 To standardize and reduce variation of Emergency Codes.
- 1.2 To provide color code indicators for different types of hospital emergencies based on best practices.
- 1.3 To increase the awareness and knowledge of all hospital staff working in multiple facilities.
- 1.4 To improve safety of hospital staff, patient and public.
- 1.5 To follow the national trend on standardizing the emergency Codes recommended by the Saudi Central Board for Accreditation of Healthcare Institution (CBAHI) and Joint Commission International.

2. DEFINITIONS:

- 2.1 **Emergency** – refers to a sudden, unexpected event requiring immediate action due to a potential threat to health and safety of an individual.
- 2.2 **Hospital Emergency Codes** – Color codes used to alert personnel in the event of an emergency/disaster and to convey essential information quickly and with minimal misunderstanding.
- 2.3 **Internal Disaster in the Hospital** – events that occurs inside the hospital which result in loss of resources used in regular activities. (i.e. fire, smoke, fumes, loss of utilities, any form of worker strikes, sudden release of chemicals and radiations, hostage situation or bomb threats).
- 2.4 **External Disaster in Hospital** – events that occur outside the hospital that may affect the facilities ability to carry out regular activities. (i.e. hurricanes, tornados, floods, storms, earthquakes, train derailments, plane crash, power outages, terrorist attacks and riots).
- 2.5 **Code Events:**
 - 2.5.1 **CODE BLUE:** an emergency that needs prompt medical attention by a professional and skilled medical practitioner (i.e. Cardio-Pulmonary arrest or with imminent Cardio-Pulmonary Arrest, Neonates, Pediatric, Maternal and Adult) that requires a team of providers (Code Blue Team) to rush to the coded location/ department and immediately begin resuscitation efforts.
 - 2.5.2 **CODE RED:** communicate a risk and mobilize a response to protect patients, families, visitors, medical practitioners and property in the event of FIRE or other internal disaster
 - 2.5.3 **CODE YELLOW:** communicate a potential risk and mobilize a response in case of an external disaster or standby status means the hospital has been contacted about a "possible" incident in the community.
 - 2.5.4 **CODE ORANGE:** communicate a potential risk and activate a response that will protect patients, families, visitors and medical practitioner in case of hazardous material spill or release and identify unsafe exposure, conditions and help them evacuate an area safely if necessary.
 - 2.5.5 **CODE GRAY:** communicate a potential risk and mobilize a response to protect patients, families, visitors and medical practitioners in the event of severe weather calamity (i.e. strong winds, torrents, dust storms and water floods).
 - 2.5.6 **CODE BLACK:** communicate a potential risk and mobilize a response to protect patients, families, visitors and healthcare provider in the event of a bomb threat or suspicious item (i.e. mail, telephone messages).

- 2.5.7 **CODE SILVER:** communicate a risk and mobilize a response team to assist medical practitioner in the event of a combative person (i.e. active shooter or with weapon either gun or knife) or who has taken hostages.
- 2.5.8 **CODE PINK:** communicate that an infant/ child is missing, possibly abducted.
- 2.5.9 **CODE BROWN:** communicate system or utility failure that will affect service delivery.
- 2.5.10 **CODE WHITE:** communicate a potential risk and mobilize a response to protect against, patient's families, visitors, medical practitioner and property in the event of assaultive/abusive behaviour, violent situation (without weapon).
- 2.5.11 **Plain Language:** is a clear concise, writing designed to ensure the reader understands as quickly and completely as possible (easy to read, understand and use, avoid verbose, convoluted and jargon language). **Plain language** is a central tenet of health literacy and has been adopted to demonstrate, improved patient safety outcomes. The use of plain language (clear text) in emergency management and incident response is a matter of public safety, especially the safety of emergency management/response personnel and those who are affected by the incident. "in an era of increased transparency, there are several national initiatives to promote plain language among many disciplines, including healthcare providers and emergency managers).
- 2.5.12 **Rapid Response Team:** is a team of healthcare providers that responds to hospitalized patients with early signs of clinical deterioration on non-invasive care units to prevent respiratory or cardiac arrest (code blue in case of cardiopulmonary arrest).

3. POLICY:

- 3.1 The person who will call/page for the code event should clearly state exact Location (department-Room) and type of code.
- 3.2 All Medical Professionals who has been given task to respond during code event should have their ID's with specific responsibilities during the code event.

4. PROCEDURE:

- 4.1 The standard Emergency Codes shall be integrated with the Health Care Professionals and other Hospital employee's Departmental Orientation Program:
 - 4.1.1 Competency based education about the emergency codes should be provided to all hospital employees during employee orientation and will be reviewed during annual life-safety updates.
- 4.2 Healthcare professional's education: all healthcare professionals should have an orientation and training regarding the different emergency codes and when to use it.
 - 4.2.1 Different Emergency Codes;
 - 4.2.2 Code Definition and Meaning;
 - 4.2.3 Exact number to call during emergency situation (**2222**);
 - 4.2.4 Specific responsibilities and duties during the code event, based on job description written in the policy and procedure.
- 4.3 During the emergency event, an emergency code will be called to activate a prompt and effective response.
- 4.4 Each color/ non color code will be considered as a separate event and should have an individual policies, guidelines or plans. (Depends on the hospital administration the frequency of drills and competency among the employees of the institution).
- 4.5 Once the Emergency event has been effectively managed or resolved, and based on the Emergency Operation Plan, the code should be cancelled.
 - 4.5.1 The cancellation notification should be sent via the same notification process as the initial code activation.

5. MATERIAL AND EQUIPMENT:

- 5.1 New and Updated Emergency Codes
- 5.2 Paging System
- 5.3 Telephone
- 5.4 CPR Form

6. RESPONSIBILITIES:

- 6.1 All MCH Staff

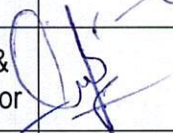

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 California's standardized health care emergency code (20100 code changes).
- 8.2 Kingdom of Saudi Arabia, ministry of Health, Bisha General Hospital
- 8.3 Joint commission resources (2-012) Emergency management in healthcare, an all hazard approach (2nd edition).

9. APPROVALS:

| | Name | Title | Signature | Date |
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