Emergency Codes

- Code Red
- Code Green
- Code Blue/Code Broselow
- Code Gray
- Code Pink
- Code Brown
- Code White
- Code Yellow
- Code Black
- Code Triage
**Code Red (Code Green- Drill)**

Code Red – Means there is a fire in the designated area that is paged overhead. What do you do? First, don’t panic. All doors in the facility should be shut, as a volunteer you should assist as directed by the nursing supervisor in charge of the emergency. This may mean assisting patients out of the building. You should report to the area of safety closest to where you are assigned.

**Immediate Tasks in the Event of a Fire in Your Area:**
1. Evacuate any person in immediate danger
2. Pull nearest fire alarm and dial **4800** to report the location and severity of the fire
3. Close all room doors, hallway doors and windows to prevent drafts
4. Direct all visitors out the nearest exit
5. Leave all lights on
6. Remain calm and follow instructions
7. If necessary, evacuate patients

**Immediate Tasks When the Fire in is Another Area of the Hospital:**
1. When the fire alarm sounds, wait for the PA system announcement of the fire’s location. If the PA system’s announcement of the fire location is not sounded within 10 seconds, report to your supervisor or work station
2. Close all room doors, hallway doors and windows to prevent drafts
3. Proceed with emergency program duties of the area you are in. See department/work station policy/procedures
4. Await instructions, standby and be available for patient evacuation if necessary

**RACE**

- **Rescue** - (Respond) Evacuate, Close all doors & windows
- **Alarm** - Pull nearest fire alarm, call ext. 4800
- **Confine** - Close doors/windows hospital wide
- **Extinguish** - Use proper fire extinguisher to put out fire
**Code Blue/Code Broselow**

Means that there has been either a cardiac or pulmonary arrest "Code Blue" (Adult) or "Code Blue – Broselow" (Pediatric). If you are certified in CPR and know how to initiate CPR, you may begin. If you do not and find the patient, you must notify the nurse immediately. Certain staff in the hospital responds to a Code Blue. You may be asked to take over answering the phone or assisting within your ability during this kind of emergency.

_Pediatric Emergency Equipment Location:_
- ED (Broselow Bag & Pediatric Medication Box located in ER#1)
- Medical/Surgical - (Pediatric Medication Box available)
- OR/PACU/Endo/SDS - (Pediatric Medication Box available in PACU)
- ICU - (Pediatric Medication Box available)

Pediatric emergencies will be managed with the Pediatric Medication Box until the Broselow Bag is brought from the Emergency Department. The Broselow Tape is included in the medication box and should be utilized placing the red arrow at the head of the patient “red to head”.

If you are certified in CPR and know how to initiate CPR, you may begin. If you do not and find the patient, you must notify the nurse immediately. Certain staff in the hospital responds to a Code Blue. You may be asked to take over answering the phone or assisting within your ability during this kind of emergency.

**Code Gray**

This means that a tornado has touched down or has been sighted in the area. Immediate evacuation will take place. Patients will be moved out of their rooms into areas away from windows and outer walls where the risk of flying debris is less likely to occur. You may be asked to assist if possible. Each patient should be given a pillow and/or a blanket if time permits. If the patient can walk, let them. If the patient cannot walk, assist as needed.
CODE PINK

 Called when there is a possible or suspected infant/pediatric abduction.
 Check all department areas, rooms, and secure all exit doors
 Observe for anyone walking around with an infant/child, carrying a
 suspicious looking package or bundle that could hide or contain an infant
 Observe for anyone attempting to leave the hospital with an infant/child
 Observe for any child that looks scared or hesitant to follow the
 instructions of the person/persons they are with
 Observe for any child dressed in a hospital gown or without proper attire
 for out of hospital conditions
 If you observe any of the above, you should:
   o Notify the supervisor of you observations
   o If the person or persons involved leave the building, follow the
     individual to the parking lot, write down the license plate number,
     make and model of the vehicle, etc. and turn the information over to
     the supervisor

CODE BROWN

If PBX operator or any other department/individual received a bomb threat,
remain calm and try to prolong the conversation as long as possible in an effort to

1. Get the exact message
2. Ask questions to determine where the bomb will explode, as him/her to
   repeat the time. Note whether or not the caller uses military time
3. Determine background noises such as music, bells, etc.
4. Note distinguishing voice characteristics such as accent,
   pronunciations, etc. The caller’s state of excitement, control and/or
   attitude should also be noted.
5. Determine if the caller is familiar with the hospital by his/her description
   of locations.
6. If call is received by the PBX operator, contact with the outside
   operator should be attempted.
7. The person receiving the call will notify the Administrator on call as
   soon as possible. In the absence of the Administrator on call, notify the
   nursing supervisor. After hours, notify the Administrator on call,
   Director of Nursing and Plant Operations Director
8. Instructions for the proper procedure and handling of the bomb threat
   will be issued by the official involved (Administrator on call or House
   Supervisor)
9. When the operator receives or is advised of a bomb threat, he/she
   should follow the procedure outlined in the Bomb Threat Check list.
Written Bomb Threat
1. Handle the message as little as possible after you have read it
2. Notify Administrator or Administrator on call
3. Write down how you received the message, from whom, when, etc

CODE WHITE
Called to summon aid to prevent someone from: injuring others, injuring self, causing extensive damage, or disturbing or upsetting others.

To call a Code White, the employee should call ext. 4800. Give the following information:
- Specify the type of code
- Specify the location
- Specify whether the person/persons is armed
- Name the attending physician, if known applicable
- Give a brief description of the situation

CODE YELLOW
Called to alert all on duty staff members of an external disaster, catastrophic in nature when large numbers of victims may need emergency medical treatment/care.

A special recall notification system has been devised to provide a system to recall staff when the expected influx of patients may tax the on duty staff beyond their abilities to provide appropriate care.

Any employee who is at home or within a 30 minute driving distance of the hospital who becomes aware of a disaster or accident that may involve multiple injuries is expected to report to the hospital.
**Code BLACK**

"Code Black" is called when there is suspected use or threatened use of a biological agent as an act of terrorism.

When the threat is received, stay in the room where the threat was received. Also confine any other persons who may have been exposed. Relay the threat to the Hospital Commander (CEO or CNO). If the Administrator or the CNO are not present, then the House Supervisor should be notified. The Hospital Commander or House Supervisor will have a "Code Orange" announced and notify 911.

Once the "Code Black" has been announced no one will be allowed to enter or leave the building. Signs will be posted stating that the hospital is temporarily closed.

Any and all threats, suspected or actual must be treated as real attacks. The 911 dispatcher will notify the Fire Department, the Police Department, the local Health Department and Kentucky Emergency Management.

Determination of the type of biological agent will be done as early as possible and done by a source activated by the Russellville/Logan County Incident Command Center.

The Incident Commander is responsible for instructions of the decontamination of victims requiring such, when and where medical treatment will be given, and information regarding persons locked down in the building.
Code Triage

Code Triage is called to establish a procedure for rapid assessment and early intervention of a patient with an acute status change. The Rapid Response Team members include ICU RN’s, Respiratory Therapist and the House Supervisors. Members of the Rapid Response Team will have current BLS, ACLS and PALS certification. Another member of the hospital staff will be designated to monitor the ICU RN’s patients during response to any Code Triage.

INDICATIONS FOR NOTIFICATION:
Indications for calling the Rapid Response Team can be but are not limited to:

- Symptomatic change in HR <40 or > 130
- Symptomatic change in Systolic BP <90
- Acute change in respiratory rate <8 or >28/min
- Acute change in oxygen saturation <90% despite O2
- Acute change in level of consciousness
- Chest pain unrelieved by NGT PRN
- New onset or prolonged seizures
- Acute or suspected bleeding
- Staff concerns
- Family, patient or physician request for evaluation by the Rapid Response Team