



- 3.1.1.9 Code Green: Evacuation
- 3.1.1.10 Code Silver: Gunshot/Firearm
- 3.1.1.11 Code Trauma: Trauma Team Activation
- 3.1.2 PA System: Public Announcement System
- 3.1.3 Repeat x3: Repeat 3 times
- 3.1.4 EMS: Emergency Medical Services
- 3.1.5 MOI: Ministry of Interior
- 3.1.6 ER: Emergency Room
- 3.1.7 Chief PRO: Chief Public Relations Officer
- 3.1.8 PPE: Personal Protective Equipment

#### **4.0 Responsibilities:**

4.1 Responsibilities of following, implementing, and reviewing this policy and the respective codes are:

- 4.1.1 Hospital Director/Deputy
- 4.1.2 Hospital Color Code Committee
- 4.1.3 Chief of Emergency Department
- 4.1.4 Chief of local fire department
- 4.1.5 Local representative of the MOI
- 4.1.6 Quality and Accreditation Department
- 4.1.7 Training Center

#### **5.0 Equipment/Forms Required**

- 5.1 Code Cards
- 5.2 Flip Charts
- 5.3 Posters
- 5.4 Emergency Management
- 5.5 Flow charts

#### **6.0 Procedure**

6.1 Initiation an Emergency Code call: When initiating an emergency code call, the employee should

- 6.1.1 Initiate the notification process for the specific emergency as outlined in the Hospital emergency operations plan
- 6.1.2 Use the plain language code to reduce confusion
- 6.1.3 Use the established code script
- 6.1.4 Include the location of Ward and Room where applicable
- 6.1.5 The following command should be repeated three times
  - 6.1.5.1 **Facility alert**
    - 6.1.5.1.1 Evacuation: Code Green + Location
    - 6.1.5.1.2 Mass Casualty: Code Orange + Location
    - 6.1.5.1.3 Fire: Code Red + Location
    - 6.1.5.1.4 Hazardous Spill: Code Brown + Location
  - 6.1.5.2 **Security Alert**
    - 6.1.5.2.1 Missing Person/Abduction: Code Yellow + Location
    - 6.1.5.2.2 Violent Intruder: Code White + Location
    - 6.1.5.2.3 Firearm threat: Code Silver + Location

6.1.5.2.4 Bomb Threat: Code Black + Location

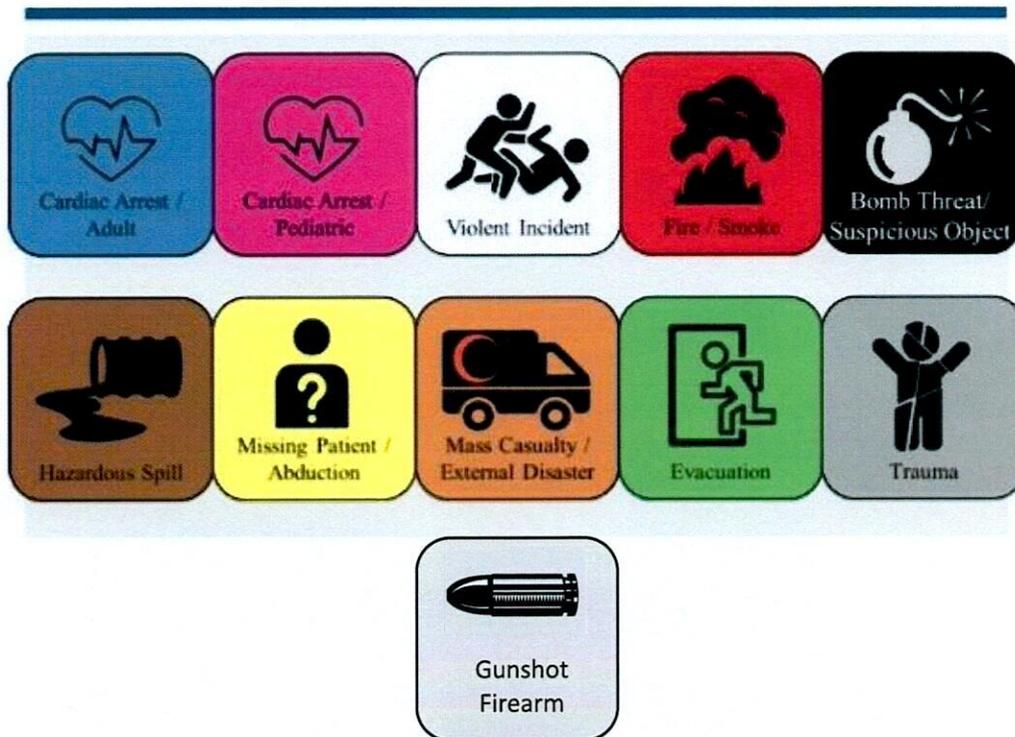
6.1.5.3 **Medical Alert**

6.1.5.3.1 Cardiac Arrest/Adult: Code Blue + Location

6.1.5.3.2 Cardiac Arrest/Pediatric: Code Pink + Location

6.1.5.3.3 Trauma Team Activation: Code Trauma + Location

**Color codes& responsibilities**



6.2 Terminating a code:

6.2.1 When an emergency situation has been effectively managed or resolved, the code should be canceled. An indication of Color Code + ALL CLEAR should be sent to all that received the initial notification three times via the same notification process as the initial code activation.

6.2.2 Nurse group leader/Chief technologist is responsible for Color Code cancelation process through hospital PA systems.

6.3 Providing Competency based Staff education

6.3.1 Competency based education about the plain language emergency codes should be provided to all employees during employee orientation and reviewed during emergency policy updates. All hospital staff should be aware of this policy. Education should include the following:

6.3.1.1 Three categories of alert (facility, security, medical)

6.3.1.2 Immediate steps for emergency code activation and notification of appropriate personnel based on the MOH hospital emergency operations plan.

6.3.1.3 Specific responsibilities of the staff involved based on their job description as written in the Hospital Emergency Policy.

#### 6.4 Implementation

- 6.4.1 It is recommended that MOH hospitals follow these steps to implement standardized codes once established formal organizational approval and decision to adopt the code.
- 6.4.2 Assess organization wide preparedness ensuring success.
- 6.4.3 Encourage hospital interdepartmental drills during the first six months.

#### 6.5 Awareness

- 6.5.1 The MOH disaster committee oversees the timeline for each MOH hospital implementation of the color code policy.
- 6.5.2 Determine a "go-live" date
  - 6.5.2.1 Advise each MOH hospital on suggested go live dates according to preparedness.
  - 6.5.2.2 Ensure all hospital develop a realistic timeline.
  - 6.5.2.3 Recognize hospital and employee readiness to ensure a successful implementation.

#### 6.6 Establish a committee per MOH hospital

- 6.6.1 Authorize the committee to review and update the policy.
- 6.6.2 Authorize the committee to review and update all code cards, flip charts, posters, and other emergency management tools.
- 6.6.3 Authorize the committee to update all algorithms.
- 6.6.4 Develop a formal education plan for hospital employees.

#### 6.7 Develop Training

- 6.7.1 Encourage hospitals to conduct train the trainer competency-based training.
- 6.7.2 Authorize each hospital to finalize employee education plan with materials.

#### 6.8 Finalize Policy and testing

- 6.8.1 Begin pilot testing and hospital employee training.
- 6.8.2 Revise training plan and materials based on pilot testing.

#### 6.9 Evaluation

- 6.9.1 Organization of wide drills to assess the adoption within 6 months post implementation.

#### References

- [www.Jointcommission.org](http://www.Jointcommission.org)
- Canadian Color Code

Color Code	Code Description	Description of Emergency	Authority to Activate
<b>Code Red</b>	<b>Fire /smoke</b>	<b>Facility Alert</b>	<b>Any person</b>
<b>Code Black</b>	<b>Bomb Threat Suspect Parcel</b>	<b>Security Alert</b>	<b>Person in charge</b>
<b>Code White</b>	<b>Violent Incident</b>	<b>Security Alert</b>	<b>Anyone</b>
<b>Code Blue</b>	<b>Cardiac arrest Unconscious Adult</b>	<b>Medical emergency</b>	<b>Any staff member</b>
<b>Code Pink</b>	<b>Cardiac arrest Unconscious Pediatric</b>	<b>Medical emergency</b>	<b>Any staff member</b>

Color Code	Code Description	Description of Emergency	Authority to Activate
<b>Code Brown</b>	<b>Dangerous material spill</b>	<b>Facility Alert</b>	<b>Any Staff Member</b>
<b>Code Yellow</b>	<b>Missing patient Abduction</b>	<b>Security Alert</b>	<b>Nurse Group Leader</b>
<b>Code Orange</b>	<b>External disaster</b>	<b>Facility Alert</b>	<b>-Hospital Director -ER Team Leader</b>
<b>Code Green</b>	<b>Evacuation</b>	<b>Facility Alert</b>	<b>Partial: Nurse Group Leader Complete: Hospital Director, Deputy director, Head of fire Department</b>
<b>Code Silver</b>	<b>Gunshot/ Firearm</b>	<b>Security Alert</b>	<b>Anyone</b>
<b>Code Trauma</b>	<b>Trauma</b>	<b>Medical emergency</b>	<b>ER Team Leader</b>

# Code Red

## 1.0 Policy Statement

1.1 The purpose of Code Red is to provide guidelines for hospital personnel to follow an organized and effective response to a fire within the health-care facility. Providing for the safety of patients, visitors, employees, and other occupants of the building in a fire situation is the primary goal of the Fire Response Plan. Property loss is of secondary importance.

## 2.0 Definitions

2.1 **Code Red:** The hospital's emergency code word to initiate a response to a FIRE. A notification of "Code Red" alerts hospital personnel to respond properly to a fire while keeping patients, visitors, and the public from undue alarm or panic.

2.2 **Fire's Point of Origin:** Location in which the fire originated.

2.3 **Near the Fire's Point of Origin:** Proximate to the fire's point of origin – generally within the same smoke compartment in which the fire originated.

2.4 **Away from the Fire's Point of Origin:** The parts of the building that are remote from the fire, separated by firewalls, smoke doors, or smoke compartments.

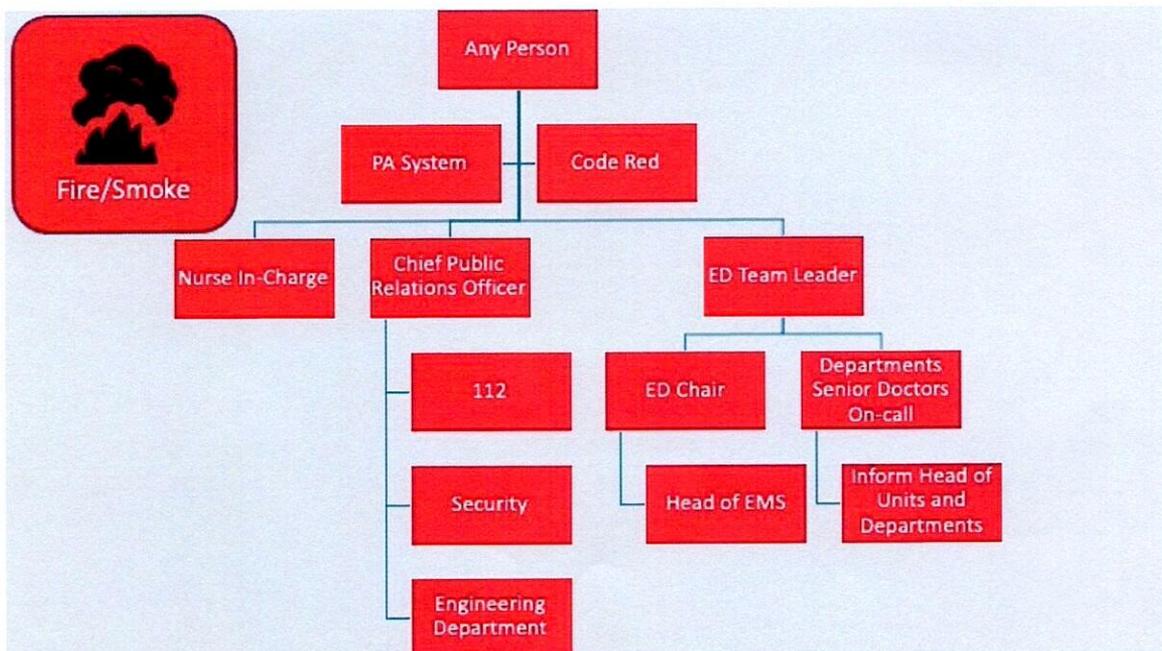
2.5 **R.A.C.E:** An acronym that hospital personnel use to remember their duties in case of fire. It stands for RESCUE, ALARM, CONFINE, EXTINGUISH/EVACUATE.

2.6 **P.A.S.S:** An acronym that hospital personnel use to remember their duties for discharging a fire extinguisher. It stands for PULL, AIM, SQUEEZE, SWEEP.

2.7 **First responder:** the first person to detect a fire in the hospital.

2.8 **PA System:** Public Announcement System

2.9 **Repeat x3:** Repeat 3 times



### 3.0 Procedure for First Responder

- 3.1 When there are visible flames, visible smoke, smell of smoke, unusual heat, or other indications of fire – even if uncertain if the conditions are caused by a fire – employees and staff shall activate the manual pull stations and dial PA system to declare code RED.
- 3.2 Upon fire alarm initiation, visible and audible alarms will be signaled throughout the building where the alarm was activated. In areas with fire alarm announcement capabilities, in addition to visible and audible alarms occupants will hear the following:
  - 3.2.1 At the point of origin, adjacent areas, and floors below and above, the alarm announcement message:
    - 3.2.1.1 ***May I have your attention please! (2 - Times)***
    - 3.2.1.2 ***A Code Red condition has been detected in the building, initiate Code Red procedure at once. (3 - Times)***
    - 3.2.1.3 ***For all remaining areas of building, the alert notification message: May I have your attention please! (2 - Times)***
    - 3.2.1.4 ***A Code Red condition has been detected in the building, please await further instructions. (3 - Times)***
    - 3.2.1.5 ***In addition to automatic fire alarm notifications, the hospital Page Operator will announce "Code Red and the location" (3 - Times) over the PA system.***

### 4.0 Procedure for Chief PRO

- 4.1 Upon hearing a code red, the fire department shall be notified by call from a Security Officer or PR officer.
- 4.2 Security and PR officers will respond to the location of the fire or alarm and should bring an extinguisher with them.
- 4.3 Call for security backup.
- 4.4 Ensure that access to the fire is free and unobstructed for emergency response vehicles and personnel from the fire department.
- 4.5 Security will meet the fire department FD brigade and direct them to the fire location, maintain communication at the fire location, and may direct those not involved in the emergency response to evacuate the area.
- 4.6 Security Officers will also prevent non-emergency responders from entering the building.
- 4.7 Once the Fire Department Brigade arrives, the ranking officer will have authority at the fire scene.

### 5.0 Procedure for Employee and Staff

- 5.1 Personnel, including physicians, ***who are at or near the fire's point of origin,*** shall follow the procedures outlined by the R.A.C.E acronym:

- 5.1.1 Rescue all patients, visitors, employees, staff, and volunteers from immediate danger.
  - 5.1.2 Alarm by pulling the closest fire pull-station and by dialing the PA system and reporting the location of the fire.
  - 5.1.3 Confine the area by closing all doors.
  - 5.1.4 Extinguish the fire if the fire is small (use P.A.S.S).
  - 5.1.5 Evacuate patients from the area if instructed to do so by fire officials or hospital leadership.
- 5.2 Upon activation of a Code Red, personnel, including physicians, who ***are away from the fire's point of origin*** shall do the following:
- 5.2.1 Be ready to accept patients from near the fire's point of origin if required (especially for areas adjacent to the fire's point of origin).
  - 5.2.2 Listen for additional instruction.
  - 5.2.3 Keep patients and visitors in rooms if possible until directed to do otherwise.
  - 5.2.4 Keep all fire doors closed except when passing through them to avoid the spread of smoke and fire.
  - 5.2.5 Be ready to evacuate if directed.
  - 5.2.6 **DO NOT** use Elevators.
  - 5.2.7 If in a patient area, go to the nurses' station to be available for response to a medical emergency.
  - 5.2.8 Assist other staff (when needed) in moving patients and visitors to safety and evacuate with the other staff.

## 6.0 Oxygen Shut-Off

- 6.1 The RN, respiratory technician in charge, or manager/supervisor in charge of the area has the responsibility and authority to direct the shut-off of a medical oxygen gas valve in any life-threatening situation. Provisions will be made to provide patients with portable O2.
- 6.2 It is the responsibility of the staff in all clinical areas to know the location of the shut-off valves.

## 7.0 Evacuation

- 7.1 In buildings where immediate building evacuation is not required, patient, visitor, employee, and staff evacuation shall be initiated when there is immediate danger due to fire, smoke, chemical release, structural failure, or similar condition.
- 7.2 Evacuation of patients by bed or mattress from a room or floor may not be practical due to the large number of non-ambulatory patients. If required, direct evacuation of patients shall be conducted per the following guidelines: Code Green Protocol

## **8.0 Ending a Code**

- 8.1 The Fire Department Brigade at the scene will verify that the situation has been resolved. Any of these individuals can declare the incident "All Clear". The page operator will be notified and will announce "Code Red All Clear" (3 – Times) over the PA system. Security will advise of the "All Clear" to any in areas not covered by the PA system.
- 8.2 All fire threats must be treated as genuine, followed up and investigated.
- 8.3 Organize debrief with key personnel.

## **9.0 Training and Education**

- 9.1 Each department shall ensure that employees are sufficiently trained on Code Red procedures. This is accomplished by New Employee Orientation, department-specific education, and annual recurrent education with the help from fire department brigade.
- 9.2 All employees are required to attend New Employee Orientation upon the start of their employment. New Employee Orientation education includes the following:
  - 9.2.1 RACE procedures
  - 9.2.2 How to initiate a Code Red / Use and function of the alarm system in the hospital.
  - 9.2.3 Procedures all personnel should follow to confine smoke and fire through building compartmentalization.
  - 9.2.4 Emergency Evacuation Procedures.
- 9.3 Each department is also required to conduct department specific training that details the responsibility of personnel within the department's fire plan. The department training must be reviewed with personnel at department orientation at the start of employment. The department's training must include the following (as applicable):
  - 9.3.1 How to initiate a Code Red.
  - 9.3.2 Primary and alternate exits and fire/smoke compartments to be used in a fire.
  - 9.3.3 Specific roles of staff related to fire response.
  - 9.3.4 Location and proper use of equipment for transporting patients between fire/smoke compartments.
  - 9.3.5 Location and proper use of fire-fighting equipment, pull-stations, fire/smoke compartments and other important fire related equipment within the department.
  - 9.3.6 Specific departmental responsibilities in preparation for evacuation.
  - 9.3.7 Anything that makes the department unique from a life safety standpoint (chemicals, flammable liquids, special patient's needs).
  - 9.3.8 Emergency Evacuation Procedures.

9.3.9 Annual recurrent education required of every employee typically includes a fire safety module which educates on RACE and PASS procedures.

## Code Black

### 1.0 Policy Statement

1.1 This guideline is designed to direct staff when confronted by a Bomb Threat. Its aim is to increase awareness among hospital employee if confronted by a bomb threat and ensure the safety of all employees, visitors, and patients in the health-care facility.

### 2.0 Types of threats:

2.1 Bomb threats could either be a prank or a genuine warning of an impending bomb attack and may include but are not limited to the following forms:

- 2.1.1 Written Threats
- 2.1.2 Telephone Threats
- 2.1.3 Suspected Object
- 2.1.4 Suspected Mail

### 3.0 Definitions:

3.1 **Written threat:** a threat that is received in writing.

3.2 **Telephone threat:** a threat that is received via telephone.

3.3 **Suspected Object:** any object found and deemed a possible threat by virtue of its characteristics, location, and circumstances.

3.3.1 Identifying an object as suspect:

3.3.1.1 The following questions are provided as a means of assessing if an object should be considered suspect:

- 3.3.1.1.1 Is the object unidentified?
- 3.3.1.1.2 Is the object unusual or foreign to the environment?
- 3.3.1.1.3 Is the object obviously a bomb?
- 3.3.1.1.4 Is the object hidden or concealed in any way?
- 3.3.1.1.5 Has there been any unauthorised access to the area?
- 3.3.1.1.6 Has there been a perimeter breach?

3.3.1.2 This series of questions may be remembered using the mnemonic '**HOT ALERTS**'

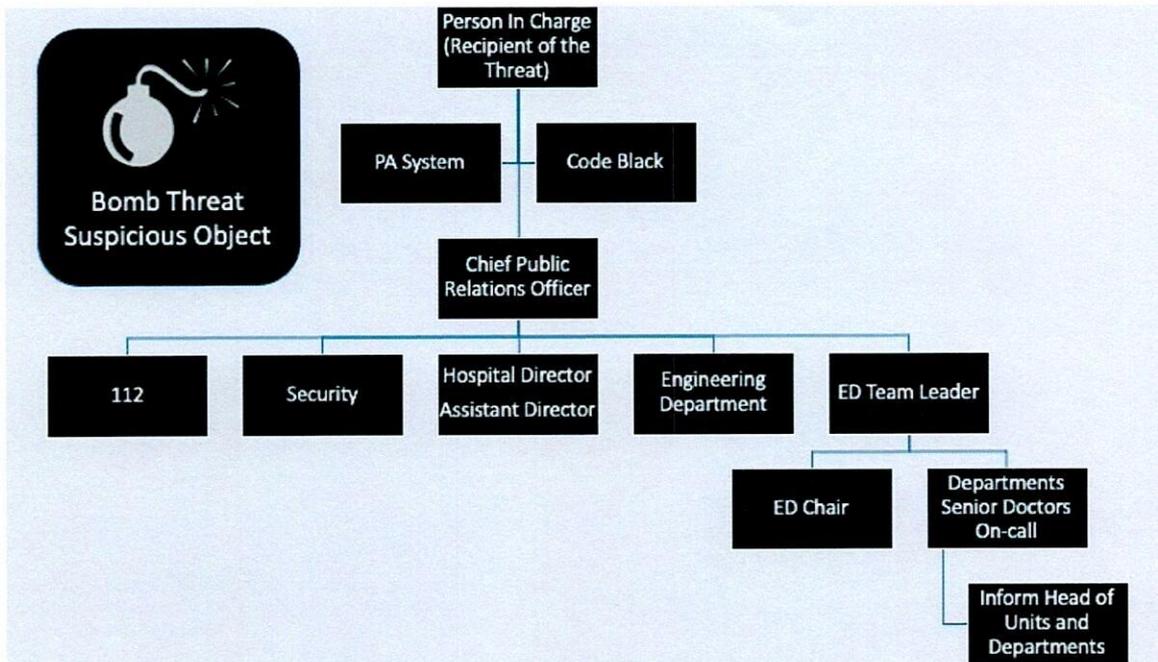
H	Is the article <b>h</b> idden?	Yes / No
O	Is the article <b>o</b> bviously suspicious?	Yes / No
T	Is the article <b>t</b> ypical of the items in your area?	Yes / No
A	Is the government <b>a</b> lert?	Yes / No
L	<b>l</b> evel	
E	<b>e</b> levated?	Yes / No
R	Is your business in <b>r</b> eceipt of a	
T	<b>t</b> hreat?	Yes / No
S	Is the property that has been found in a suspicious location?	Yes / No

3.4 **Suspected mail:** a received mail that deemed suspicious. Like suspected object.

3.5 **First responder:** the first in-charge person to receive bomb threat.

3.6 **PA System:** Public Announcement System.

### 3.7 Repeat x3: Repeat 3 times



## 4.0 Procedure for First Responder:

### 4.1 Written Threats

- 4.1.1 Declare a Code Black via the PA System and Repeat x3 (*For example, Code Black and Repeat x 3*).
- 4.1.2 Keep the document, including any envelope or container that it came in.
- 4.1.3 Avoid any unnecessary handling.
- 4.1.4 Place the document in an envelope (preferably a paper one).

### 4.2 Telephone Threat

- 4.2.1 Attempt to keep the caller on phone and talking.
- 4.2.2 If possible, delegate a second person Declare a Code Black via the PA System and Repeat x3 (*For example, Code Black and Repeat x 3*).
- 4.2.3 Switch off all radio devices and mobile phones.
- 4.2.4 **DO NOT** hang up your telephone, even after the caller has hung up, as calls may be traced.
- 4.2.5 Please note number if digitally displayed.

### 4.3 Suspected Object

- 4.3.1 Declare a Suspected Code Black and Location via the PA System and Repeat x3 (*For example, Suspected Code Black in Ward 5 and Repeat x 3*).
- 4.3.2 Cordon-off immediate area.
- 4.3.3 DO NOT touch or move object.
- 4.3.4 Open doors and windows only if safe to do so.

- 4.3.5 DO NOT use radio handsets, two-way radios or mobile phones until cleared to do so by specialist personnel, as some bombs are detonated remotely by radio signal.

#### **4.4 Suspected Mail Articles**

- 4.4.1 Declare a Suspected Code Black and Location via the PA System and Repeat x3 (*For example, Suspected Code Black in Ward 5 and Repeat x 3*).
- 4.4.2 Maintain vigilance.
- 4.4.3 DO NOT handle the item.

#### **5.0 Procedure for Chief Public Relations Officer:**

- 5.1 Upon receipt of a code black, public relations officer shall notify 112, security staff, hospital director or hospital assistant director, engineering department, ED team leader.
- 5.2 Wait upon instructions from incident commander from 112 who shall declare if search and/or evacuation (code green) is to be initiated.

#### **6.0 Ending a Code**

- 6.1 Following the end of search and/or evacuation by incident commander, a code shall be cleared via the PA system and Repeat x3 (*For example, Code Black Cleared*).
- 6.2 All bomb threats must be treated as genuine, followed up and investigated by a hospital committee.
- 6.3 Organize debrief with key personnel.

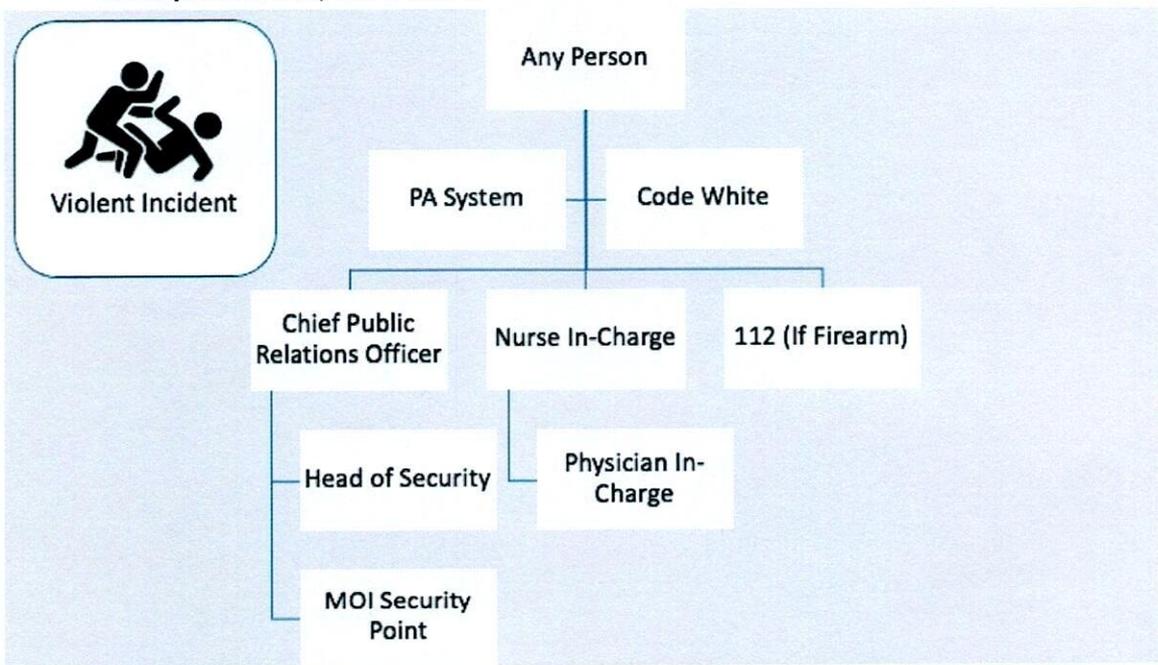
## Code White

### 1.0 Policy Statement

1.1 The ministry of health in Kuwait is committed to the prevention of injuries by providing a safe and healthy work environment for its employees, physicians, volunteers, patients, and visitors. With that said, a color code has been assigned by MOH hospitals staff to activate in case there is a need to manage violent or potentially violent patients who are unmanageable by any other means and present a danger to self or to others.

### 2.0 Definitions:

- 2.1 **Code White:** the term used to alert staff when a violent or potentially violent patient who is unmanageable by any other means and presents a danger to self or to others. This **does not** include a hostage situation or where a weapon is involved (**Code Silver**).
- 2.2 **Code White with Caution:** A precautionary notification to alert the Code White Response Team that there is a weapon (i.e. any weapon that is not a firearm) and to warn all other staff to not go to the scene. Police may be notified to assist if required. Note: Staff can escalate a Code White to a Code White Caution.
- 2.3 **Code White Response Team:** the group of individuals that respond to a Code White and de-escalate the situation of aggressive behavior.
- 2.4 **First responder:** the first in-charge person in to witness violence in hospital grounds.
- 2.5 **PA System:** Public Announcement System.
- 2.6 **Repeat x3:** Repeat 3 times.



### **3.0 Guidelines**

#### **3.1 When to Call a Code White**

- 3.1.1** The person is verbally and/or physically threatening towards themselves, staff, patients/clients, and/or visitors.
- 3.1.2** The person is ***not*** responding to verbal de-escalation techniques, negotiating, redirection, limit setting, and problem-solving techniques by the staff.
- 3.1.3** The person may require restraint (chemical and/or physical) and is anticipated to be resistive to the restraining procedure.
- 3.1.4** Urgent assistance is required.
- 3.1.5** Note: For aggressive behavior and/or acts of violence or threat in non-clinical areas, staff should call overhead or telecommunications operator of the hospital from an internal phone (or cell phone), request a Code White, and give the exact location (site, building, floor, room) to ensure Security and clinical support is rapidly deployed to the location.

#### **3.2 When to Call a Code White with Caution**

- 3.2.1** The incident involves any weapon that is not a firearm.

#### **3.3 When to Call 112**

- 3.3.1** Whenever there is a real or perceived threat that lives are in danger.
- 3.3.2** When the initial staff or the Code White Response Team determines the situation is beyond their abilities.
- 3.3.3** When an individual is brandishing or claiming to possess a weapon (non-firearm), a firearm, or is actively shooting a firearm.
- 3.3.4** When an individual is taken hostage.
- 3.3.5** When the aggressive behavior occurs outside the limits of pursuit established by the organization (e.g. off-site).
- 3.3.6** When the aggressor is ***not*** a patient and threatens staff and patient/visitors safety, and other means of intervention are not available.

#### 4.0 Procedure for first responder

4.1 Upon discovery of an individual (patient or non-patient) who is out of control, using threatening language, or at risk to do harm to themselves or others which gives staff reasonable cause to believe that they are at risk of injury:

4.1.1 Ensure own and co-worker safety.

4.1.1.1 If necessary, leave the immediate area until sufficient resources are available to restrain or remove the aggressive individual.

4.1.2 Call overhead or the hospital telecommunication operator (using internal line or a mobile device).

4.1.2.1 *If no weapon* is involved, request a **Code White** and specify location (building, floor, room).

4.1.2.2 *If a weapon (non-firearm) is involved*, request a **Code White with Caution** and specify location (building, floor, room).

4.1.2.3 If a ***firearm*** is involved (i.e. a person is brandishing or claiming to possess a firearm or is actively shooting), initiate a **Code Silver** (Active Shooter) by calling 112 from an internal phone (or from a mobile device). Once police have been notified, call overhead or the hospital telecommunication operator, request a Code Silver (Active Shooter) and state location (building, floor, room).

4.1.2.3.1 Assess the situation and determine if a call to 112 is required.

4.1.2.3.2 Advise the Code White Response Team, upon arrival, if 112 was called, if safe to do so.

4.1.2.3.3 Do ***not*** attempt to engage or confront the person with the weapon (non-firearm). Note: This includes verbal and physical attempts to de-escalate the situation.

4.1.2.3.4 Do ***not*** attempt to remove wounded persons from the scene.

4.1.2.3.5 If possible, assist others to:

4.1.2.3.5.1 leave the area and redirect those trying to enter.

4.1.2.3.5.2 evacuate, if able and safe to proceed.

4.1.2.3.5.3 shelter patients in their rooms with the doors shut.

4.1.3 Brief the Code White Response Team upon arrival at the scene if safe to do so using Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication.

## 5.0 Procedure for Chief Public Relations Officers

- 5.1 Once contacted through direct or overhead page of Code White or Code White with Caution, respond to the scene of the incident.
- 5.2 Assume the role of the Incident Commander and take responsibility for directing the team, including the police if necessary.
- 5.3 Ensure Code White has been called.
- 5.4 Control the situation as quickly as possible, involving as few persons and departments as possible.
- 5.5 Direct the team as necessary for verbal or physical intervention.
  - 5.5.1 who should interact with the patient to de-escalate.
  - 5.5.2 who should interact with the patient to restrain if necessary.
  - 5.5.3 who should provide code leadership to manage other procedures.
- 5.6 Consider 3-point protection (goggles, surgical mask, and gloves) where there is a potential for body fluid exposure (e.g. spitting) as per routine practice.
- 5.7 Assist staff in managing situation and, if possible, remove all patients, visitors, and staff at risk from the immediate area.
- 5.8 Notify the physician-in-charge (or delegate) if the person is a patient and in need of chemical restraint and/or monitoring.
- 5.9 Ensure that all staff involved in the code have the opportunity to debrief within the shift.
- 5.10 Ensure that an incident report is completed within 24-hour period.
- 5.11 Offer support as needed to staff, patients, visitors.
- 5.12 Notify the hospital director if there are any injuries or property damage.
- 5.13 Notify the ED Team Leader if there are any injuries.

## 6.0 Procedure for security

- 6.1 Upon notification of a Code White or Code White Caution, all available security officers will immediately respond to the location of the situation.
- 6.2 If the situation is outside a clinical area and there is no clinical lead at the scene, assume the role of incident commander.
- 6.3 Do ***not*** take control of the situation ***unless*** an act of violence is taking place; first responsibility is to protect all patients, visitors, and staff, but act immediately to prevent injury or death. Note: If Security feels that a staff member is at imminent risk of injury, Security will step in and restrain the person in the absence of direction from the incident commander.
- 6.4 Contain the area and prevent access to the area.
- 6.5 Take direction from the incident commander.
- 6.6 If the violent person is a patient, attend the briefing at the scene between the first responder and incident commander to assist with plan of action.
- 6.7 Protect all patients, visitors, and staff at the incident to prevent injury or death.

- 6.8 Call police if the person has a weapon or attempts to defuse/control the situation are unsuccessful and additional external resources are needed.
- 6.9 Escort police to the location, if called.
- 6.10 If not a patient, escort the individual from the premises, if needed. If the situation warrants, key off an elevator to escort the individual off the premises.
- 6.11 Remain at the Code White or Code White Caution scene until the code is cleared or directed to leave by the incident commander.

## **7.0 End of Code**

- 7.1 In consultation with the policemen on site (if involved), call overhead or the hospital telecom operator or direct Switchboard to:
  - 7.1.1 Announce a Code White – ALL CLEAR overhead announcement.
  - 7.1.2 If a weapon (non-firearm) was involved, announce a Code White with Caution – ALL CLEAR overhead announcement.
- 7.2 Document details leading to any Code White or Code White with Caution incident involving a patient in the patient's chart.
- 7.3 All code white and code white with caution must be treated as genuine, followed up and investigated.
- 7.4 Incident report shall be written within 48 hours.
- 7.5 Organize debrief with key personnel.

## **8.0 Injuries**

- 8.1 In the event that an employee is injured, the employee will be provided with aide or medical treatment, if needed, in the Emergency Department. The hospital director will be informed of the injury immediately and within 24 hours, the employee will complete an Incident Report.
- 8.2 If there is a critical injury or fatality, ensure that 112 has been contacted and the incident is investigated.

# Code Blue

## 1.0 Policy Statement

1.1 Cardiac arrest is the ultimate process towards end of life. Early management and response to cardiac arrest patient by a dedicated team of healthcare employees can have a good outcome in people with cardiac arrest. This aim of this policy is to increase the awareness among healthcare employees and to act fast in cases of cardiac arrest.

## 2.0 Definitions:

2.1 **Cardiac arrest:** unconscious unresponsive adult with absent pulse.

2.2 **Code Blue:** is a color code assigned to inform other healthcare employees that there is an adult in a cardiac arrest.

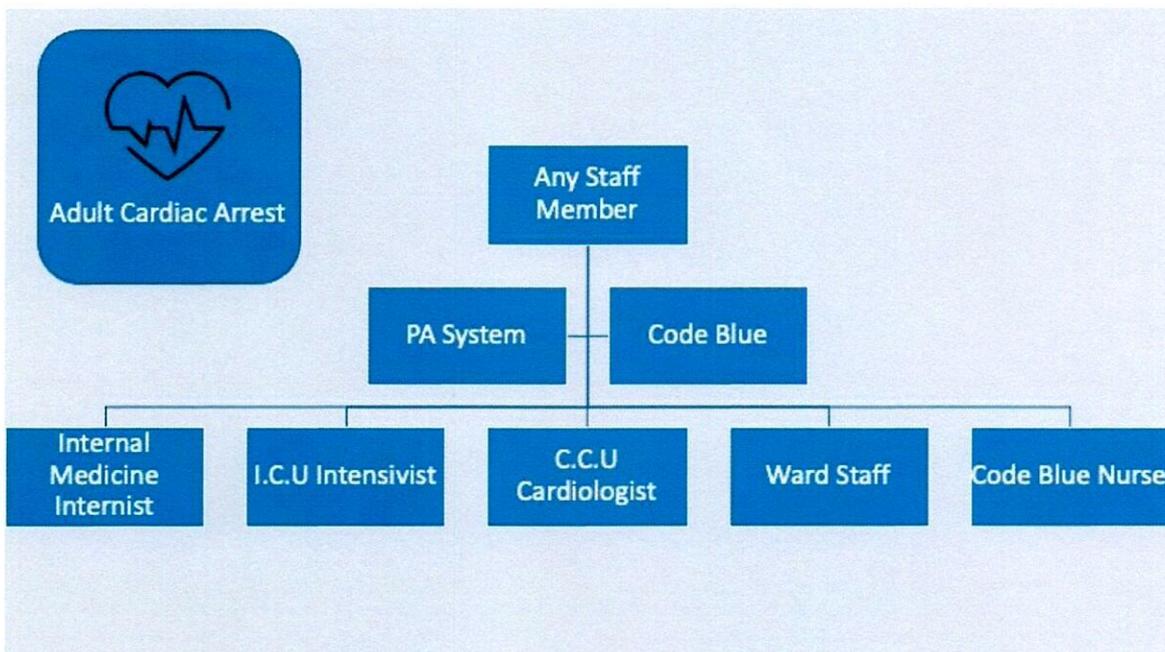
2.3 **First responder:** the first person in contact with the patient to detect the cardiac arrest.

2.4 **BLS:** Basic Life Support in accordance with American Heart Association.

2.5 **ACLS:** Advanced Cardiovascular Life Support in accordance with American Heart Association.

2.6 **PA System:** Public Announcement System.

2.7 **Repeat x3:** Repeat 3 times.



### **3.0 First Responder**

- 3.1 Once a patient is declared to be in cardiac arrest
  - 3.1.1 If first responder is **alone**, he/she needs to call for help and declare a Code Blue via the PA System and Repeat x3 (*For example, Code Blue in Ward 5 and Repeat x 3*), then return to patient and start BLS.
  - 3.1.2 If first responder is **not alone**, he/she will start BLS and his helper shall call for help and declare a Code Blue via the PA System and Repeat x3 (*For example, Code Blue in Ward 5 and Repeat x 3*).

### **4.0 Procedure**

- 4.1 Upon hearing a code blue, a dedicated trained code blue team assigned by the hospital departments from intensive care unit, coronary care unit, internal medicine department, code blue nurse, and ward staff shall attend the code blue and start ACLS to revive the patient.
- 4.2 In-charge doctor shall take the role of leader and guide the code according to ACLS protocol.

### **5.0 Ending a Code**

- 5.1 Following a cardiac arrest, a code shall be cleared via the PA system and Repeat x3 (*For example, Code Blue Cleared in Ward 3*).
- 5.2 Code Blue Team shall document and debrief on the code.

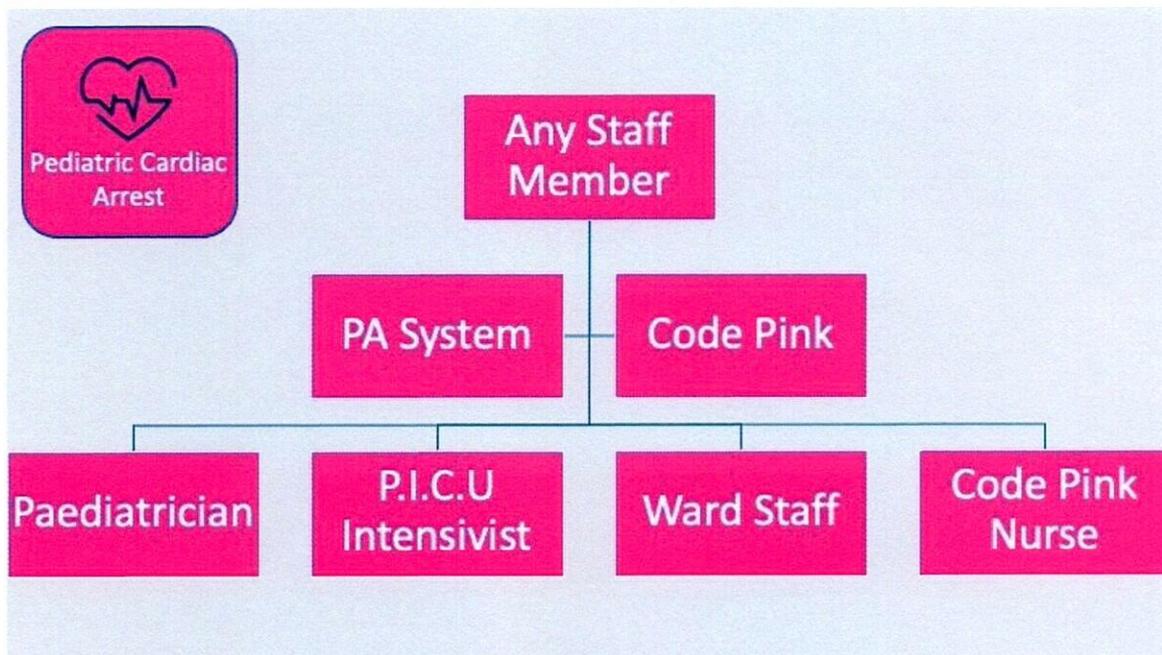
# Code Pink

## 1.0 Policy Statement

1.1 Cardiac arrest is the ultimate process towards end of life. Early management and response to cardiac arrest patient by a dedicated team of healthcare employees can have a good outcome in people with cardiac arrest. This aim of this policy is to increase the awareness among healthcare employees and to act fast in cases of cardiac arrest.

## 2.0 Definitions:

- 2.1 **Cardiac arrest:** unconscious unresponsive child with absent pulse or severe bradycardia.
- 2.2 **Code Pink:** is a color code assigned to inform other healthcare employees that there is a child in a cardiac arrest.
- 2.3 **First responder:** the first person in contact with the patient to detect the cardiac arrest.
- 2.4 **BLS:** Basic Life Support in accordance with American Heart Association.
- 2.5 **PALS:** Pediatric advanced Life Support in accordance with American Heart Association.
- 2.6 **PA System:** Public Announcement System.
- 2.7 **Repeat x3:** Repeat 3 times.



### 3.0 First Responder

3.1 Once a child is declared to be in cardiac arrest

3.1.1 If first responder is **alone**, he/she needs to call for help and declare a Code Pink via the PA System and Repeat x3 (*For example, Code Pink in Ward 5 and Repeat x 3*), then return to patient and start BLS.

3.1.2 If first responder is **not alone**, he/she will start BLS and his helper shall call for help and declare a Code Pink via the PA System and Repeat x3 (*For example, Code Pink in Ward 5 and Repeat x 3*).

### 4.0 Procedure

4.1 Upon hearing a code pink, a dedicated trained code pink team assigned by the hospital departments from pediatric intensive care unit, pediatrics department, code pink nurse, and ward staff shall attend the code pink and start PALS to revive the child.

4.2 In-charge doctor shall take the role of leader and guide the code according to PALS protocol.

### 5.0 Ending a Code

5.1 Following a cardiac arrest, a code shall be cleared via the PA system and Repeat x3 (*For example, Code Pink Cleared in Ward 3*).

5.2 Code Pink Team shall document and debrief on the code.

# Code Brown

## 1.0 Policy Statement

1.1 Hazardous substances are everywhere. Some substances can cause mild toxicity and other can cause severe life-threatening toxicities. Regardless of the severity of toxicity, the ministry of health main objective is to minimize the risks of exposure to health-care facility employee, patients, and visitors.

## 2.0 Definitions:

2.1 **Code Brown**: is a color code assigned to inform others that there is a hazardous substance in the health-care facility.

2.2 **Hazmat**: is an abbreviation of **Hazardous Material**, which is defined as any substance to which if exposed to can result in adverse effects on the health of employees, patients, or visitors. It is found throughout the MOH Health Region in locations such as (but not limited to): clinical and pathology labs, surgery, emergency department, laundry, environmental services, pharmacy, maintenance, loading docks, patient care areas, oncology, radiology, etc.

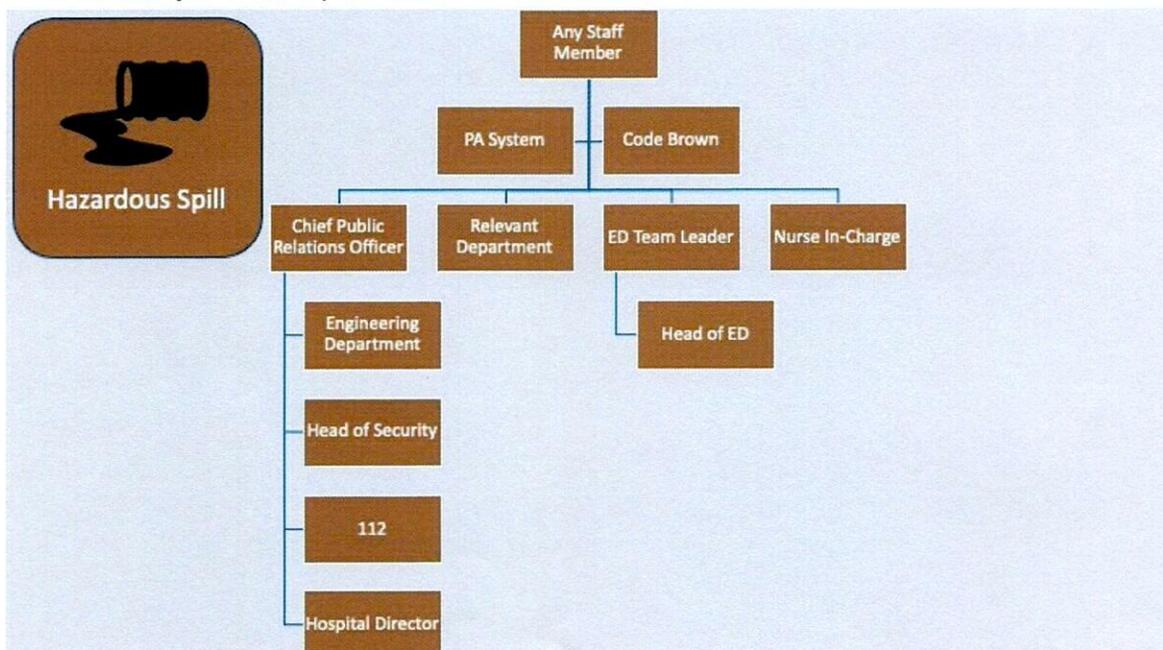
2.2.1 Examples of classes and types of hazmat in healthcare: Acetylene, Propane, Oxygen, Nitrogen, Nitrous Oxide, Carbone Dioxide, Anesthetic Gases, Medical Air, Argon, Diesel, Alcohols, Xylene, Methyl Methacrylate, Methyl Ethyl Ketone, Barium, Peroxyacetic Acid, Phenol, Chemotherapy Drugs, Biohazardous Waste, Blood Borne Pathogens, Solvents, Sewage, Vesicants, Mercury Ethylene Oxide, Glutaraldehyde, Formaldehyde, Nuclear Medicine, Lab Acids, Boiler Treatment Caustics, Hazardous Waste, Asbestos, and Anesthetics.

2.3 **First responder**: the first person in contact with the hazardous substance.

2.4 **PPE**: Personal Protective Equipment (e.g. goggles, mask, gown, gloves, etc.).

2.5 **PA System**: Public Announcement System.

2.6 **Repeat x3**: Repeat 3 times.



### **3.0 First Responder procedure**

- 3.1 If a substance is released or spilled, the early recognition, of whether it is a hazmat or not, is essential. Identification of hazmat is via markings and colors, placards and labels, Material Safety Data Sheets (MSDS), Poison Center Notification, or scene clues such as people running from the area, people collapsed in the area, evidence of leak, a fire, vapors, unusual colors/odors, a loud roar or increased pitch of a valve.
- 3.2 Once the substance is declared as hazmat, declare a Code Brown via the PA System and Repeat x3 (*For example, Code Brown in Ward 5 and Repeat x 3*).
- 3.3 If a patient is exposed, DO NO INTERVENE if:
  - 3.3.1 Action would be unsafe.
  - 3.3.2 There is a threat to life.
  - 3.3.3 There is a lack of response resources.
  - 3.3.4 There is a lack of adequately trained personnel.
  - 3.3.5 There is a lack of proper Personal Protective Equipment (PPE).
- 3.4 If a patient is exposed and the scene is considered safe, decontamination takes priority.
- 3.5 Evacuation all personnel from the area to a safe-zone.

### **4.0 Procedure for Chief Public Relations Officer**

- 4.1 Upon hearing a code brown, engineering department, head of security and 112 (if hazmat cannot be contained) shall be informed.
- 4.2 PPE shall be worn.
- 4.3 Hospital director shall be informed if evacuation plan (Code Green) is being considered by the incident commander.
- 4.4 Help clear the contaminated area if the scene is safe.

### **5.0 Procedure for Security**

- 5.1 PPE shall be worn.
- 5.2 Isolate the scene.
- 5.3 Prevent entry.
- 5.4 Establish perimeters and control zones (pre-decon (hot), decon (warm), and post-decon (cold)).
- 5.5 Limit the spread of contamination.
- 5.6 Notify personnel in nearby areas.
- 5.7 Allow for safe working area.
- 5.8 Work with 112 in determining whether there is a criminal component to the event.

### **6.0 End of Code**

- 6.1 In consultation with 112 on site, call overhead or the hospital telecom operator or direct Switchboard to:
  - 6.1.1 Announce a Code Brown – ALL CLEAR overhead announcement.
- 6.2 Document details leading to any Code Brown.

- 6.3 All code brown must be treated as genuine, followed up and investigated.
- 6.4 Incident report shall be written within 48 hours.
- 6.5 Organize debrief with key personnel.

## **7.0 Injuries**

- 7.1 In the event of injury, the injured will be provided with aid or medical treatment, if needed, in the Emergency Department. The hospital director will be informed of the injuries immediately and within 24 hours, the injured will complete an Incident Report.
- 7.2 If there is a critical injury or fatality, ensure that 112 has been contacted and the incident is investigated.

## **8.0 Training and Education**

- 8.1 Each department shall ensure that employees are sufficiently trained on Code Brown procedures. This is accomplished by New Employee Orientation, department-specific education, and annual recurrent education with the help from fire department brigade.
- 8.2 All employees are required to attend New Employee Orientation upon the start of their employment. New Employee Orientation education includes the following:
  - 8.2.1 Proper PPE
  - 8.2.2 Decontamination
  - 8.2.3 Emergency Evacuation Procedures.
- 8.3 Each department is also required to conduct department specific training that details the responsibility of personnel within the department's. The department training must be reviewed with personnel at department orientation at the start of employment and periodically at staff meetings.

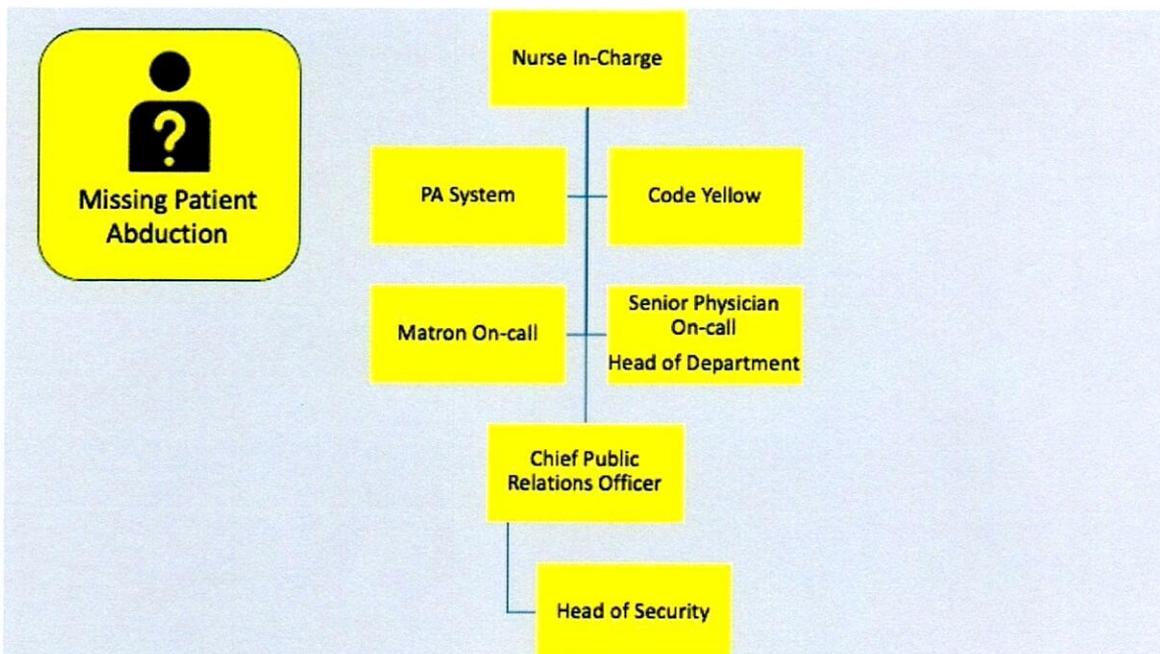
# Code Yellow

## 1.0 Policy Statement

1.1 When an admitted patient is reported missing, specific responses will take place to ensure the safe return of the missing patient, which include searching for the missing patient, and notification of direct supervisor(s), administrator on-call, security, and/or the police, if necessary.

## 2.0 Definitions:

- 2.1 **First responder:** the first in-charge person to declare that a patient is missing or being abducted.
- 2.2 **PA System:** Public Announcement System.
- 2.3 **Repeat x3:** Repeat 3 times.



## 3.0 Procedure for First Responder:

- 3.1 Upon receiving the information that a possible patient (adult/child) is missing or abducted, the nurse in-charge shall do a rapid assessment of the situation.
- 3.2 If the patient is deemed missing, the nurse in-charge declare a Code Yellow via the PA System and Repeat x3 (*For example, Code Yellow in Ward 5 and Repeat x 3*).
- 3.3 Matron on-call and senior physician on-call shall be informed.
- 3.4 Notify clinical lab to retain specimens for DNA identification, if needed when patient is confirmed missing.

3.5 The employee shall provide as much information or details as requested by security. They will provide a description of the admitted patient including the following:

- 3.5.1 Last Time Seen
- 3.5.2 Last Seen Location
- 3.5.3 Clothing/Color of gown
- 3.5.4 Age
- 3.5.5 Gender
- 3.5.6 Height
- 3.5.7 Weight
- 3.5.8 Color of Hair
- 3.5.9 Race

**4.0 Procedure for Chief Public Relations Officer:**

- 4.1 Upon receipt of a code yellow, public relations officer shall notify head of security to initiate a search of the patient and call 112 if necessary.
- 4.2 The public relations officers with head of security ensures staff cover all exits and stairwells on units.
- 4.3 Items in room are not to be moved to preserve evidence.
- 4.4 Roommate shall be moved to another room, if available to provide privacy for the family of the missing patient.
- 4.5 Reports persons exhibiting suspicious behavior to security department or the MOI representatives in the hospital.
- 4.6 Arranges media briefing at regular intervals if deemed necessary and approved by the hospital director in accordance with MOH media disclosures policies.

**5.0 Procedure for Head of Security:**

- 5.1 Immediately notifies security officers to establish perimeter and conduct search.
- 5.2 Notifies local MOI representatives in the hospital if present and/or 112 if missing patient is confirmed.
- 5.3 Dispatches Security Department representative to unit to meet with reporting employee when patient is confirmed missing.
- 5.4 Completes written report.
- 5.5 Establishes command post as needed.

**6.0 Procedure for Hospital Employee:**

- 6.1 Hospital employee shall report to the public relations officer and security any person not having proper identification, exhibiting suspicious behavior, or appearing to be lost.

- 6.2 If any of the above are witnessed, the responder will ask the personal to wait momentarily until the "Code yellow" is cleared and the person is cleared by security.
- 6.3 If the individual exits the facility and refuses to stop, the responder should note the physical description of the suspicious individual and immediately report any observations to security and 112.
- 6.4 Inform families/visitors/patients that a patient is missing, and they should stay with their family member until the "Code Yellow" – all clear is announced.

### **7.0 Process upon Recovery**

- 7.1 When a patient is located/returned the following events occur:
  - 7.1.1 The in-charge nurse notifies the patient's physician to immediately evaluate physical status.
  - 7.1.2 The in-charge nurse immediately notifies the family/legal guardian/emergency contact, and the security.
  - 7.1.3 The security immediately notifies all the security officers and announces, "Code Yellow all clear".
  - 7.1.4 Blood Bank and Clinical Lab are notified by ward nurse, and overhead.

### **8.0 Ending a Code**

- 8.1 Following recovery of missing person, a code shall be cleared via the PA system and Repeat x3 (For example, Code Yellow Cleared) .
- 8.2 All missing persons inquires must be treated as genuine, followed up and investigated.
- 8.3 The Supervising team (physician, nurse, and security) meet for debriefing within 24 to 48 hours post incident with department chair, head of unit, head nurse, and the hospital director.

## Code Orange

### 1.0 Policy Statement

1.1 Disaster is the disruption of hospital function in which the demands exceed the hospital resources. Disaster can affect patients' morbidity and mortality. Early activation of code orange ensures that the number of resources is sufficient to maintain a high-quality standard of care to all patients in need of that resources.

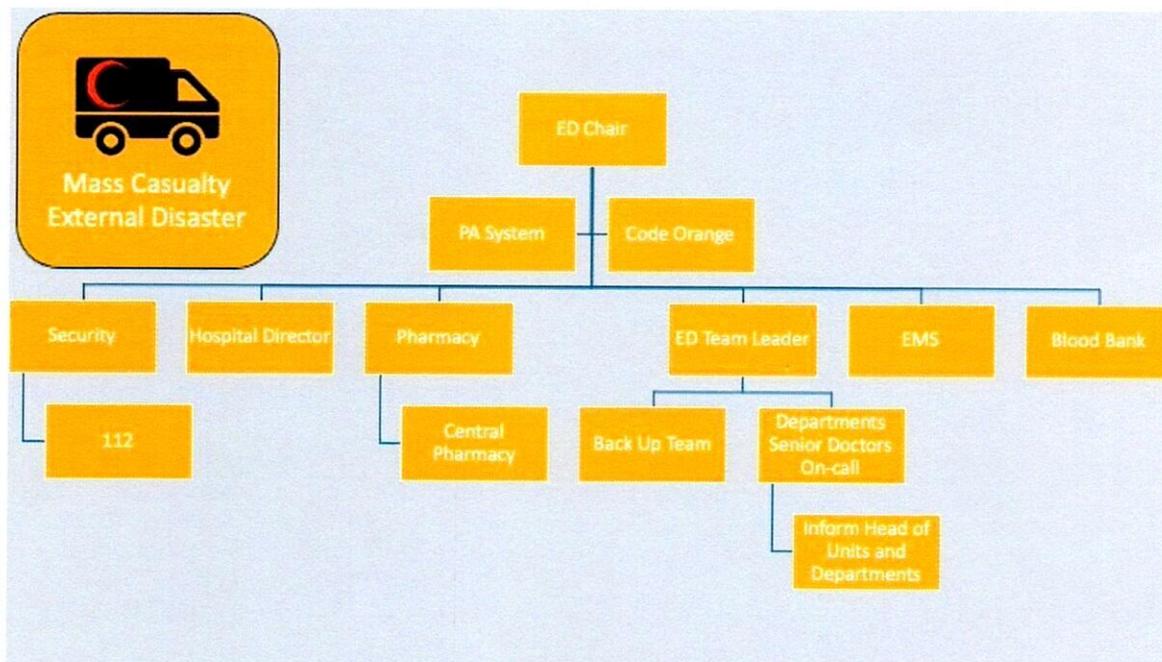
### 2.0 Definitions:

2.1 **Code Orange:** is a color code assigned to inform other healthcare employees that there is a mass casualty/external disaster.

2.2 **First responder:** the first person to detect a disaster.

2.3 **PA System:** Public Announcement System.

2.4 **Repeat x3:** Repeat 3 times.



### 3.0 First Responder

3.1 Once a mass casualty/external disaster is detected, ED Chair need to be informed of the disaster and a code orange is declared.

### 4.0 Procedure for ED Team Leader

4.1 Upon hearing a code orange, ED team leader needs to inform Back Up Team and department senior doctors on-call.

4.2 The resuscitation room shall be cleared for the arrival of critically ill patients.

4.3 The observations beds shall be cleared for the arrival of all other patients.

4.4 Multiple triage points at the hospital shall be initiated and **color bands** shall be given to patients based on priority.

4.4.1 **Red:** critically ill and need to be seen immediately.

4.4.2 **Yellow:** moderately ill and need to be seen within 30 minutes.

4.4.3 **Green:** minimally ill and shall be seen after the red and yellow color-

coded patients.

4.4.4 **Black:** dead on arrival.

#### **5.0 Procedure for EMS**

- 5.1 Upon receiving a code orange, EMS shall triage patients based on severity and given to patient's color codes based on severity.
- 5.2 Transportation priority is for critically ill patients (labeled red).
- 5.3 Patient shall be routed to multiple hospitals to reduce the massive load of patients on a single hospital.

#### **6.0 Procedure for Pharmacy**

- 6.1 Upon hearing a code orange, pharmacist on-call shall ensure a stock of all necessary medications (e.g. epinephrine, atropine, IV Fluids, opioids).
- 6.2 If there is a deficiency in certain medications, central pharmacy shall be contacted for resupply.

#### **7.0 Procedure for Hospital Director**

- 7.1 Upon hearing a code orange, hospital director shall contact other hospital directors to assign a back-up hospital for receiving patients in case the hospital is fully occupied and the resources are limited.

#### **8.0 Procedure for Security**

- 8.1 Upon hearing a code orange, security shall ensure that all hallways are clear and non-obstructed.
- 8.2 Visitors should not be allowed in the health-care facility to ensure patient confidentiality and proper care of patients.
- 8.3 If there are violent personal who are disrupting the ongoing medical care, 112 shall be called for assistance.

#### **9.0 Procedure for Blood Bank**

- 9.1 Upon hearing a code orange, hematologist oncall and laboratory technician shall ensure availability of Type O blood for massive transfusion protocol.

#### **10.0 Procedure for Other Departments**

- 10.1 Upon hearing a code orange, other departments (e.g. medical/surgical etc.) shall inform the head of unit and head of department.
- 10.2 Beds in the emergency rooms assigned by ER to other departments shall be cleared either by admitting the patient or discharging them via the relevant departments.
- 10.3 Beds shall be cleared in the wards to allow new patients to be admitted.

#### **11.0 Procedure for Operating Theatre**

- 11.1 Upon hearing a code orange, operating theatre staff shall inform staff in-charge, hold all non-urgent surgeries, and admit only emergent surgeries.
- 11.2 Back up team shall be informed for extra operating theatre rooms.

#### **12.0 Ending a Code**

- 12.1 Following the end code orange, a code shall be cleared via the PA system

and Repeat x3 (For example, Code Orange Cleared).

- 12.2 All code orange must be treated as genuine, followed up and investigated.
- 12.3 Organize debrief with key personnel.

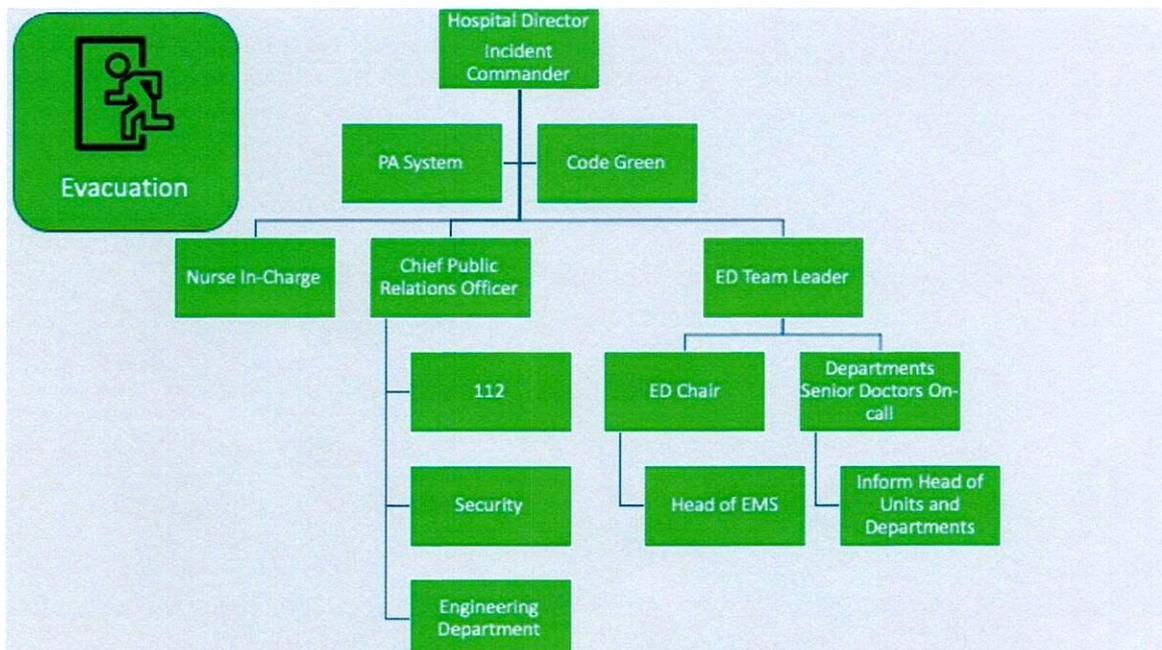
## Code Green

### 1.0 Policy Statement

1.1 Safety of the patients, hospital employees, and visitors are the primary concern to the ministry of health. Full evacuation of a health-care facility should generally be considered as a last resort when mitigation or other emergency response efforts are not expected to maintain a safe-care environment.

### 2.0 Definitions:

- 2.1 **Code Green:** is a color code assigned to evacuate the health-care facility.
- 2.2 **Partial Evacuation:** is the relocation to other areas of the building. It may be used depending on the emergency and the level of danger that it poses. When partial evacuation is indicated, horizontal followed by vertical evacuation will be used.
- 2.3 **Complete Evacuation:** is the full health-care facility evacuation. Should the emergency condition persist or be of a severity such that the building is endangered, a complete evacuation of the building shall be initiated. Directions given by incident commander from 112 or fire brigade shall be carried out immediately.
- 2.4 **Horizontal Evacuation:** is the evacuation to a safe zone in the same level as the threat or immediate danger. Horizontal evacuation is preferred over vertical. As directed, patients will be moved typically to an adjacent danger-free zone.
- 2.5 **Vertical Evacuation:** is the evacuation to a safe zone in another floor level. If necessary and as directed, patients may be moved to another floor - typically the floor below. If it becomes necessary to evacuate patients to a lower floor, stairwells should be used.
- 2.6 **PA System:** Public Announcement System.
- 2.7 **Repeat x3:** Repeat 3 times.



### **3.0 Procedure**

3.1 Once a code green is declared via incident commander or hospital director or his/her assistant, multiple procedures shall be done to ensure the safety of the patient, health-care employee, and visitors.

- 3.1.1 Patients are to be removed horizontally by stretcher, wheelchair, blankets, or other method of transportation to an adjacent safe zone.
- 3.1.2 Patients in immediate danger shall be removed first - including those who might be subject to danger should the danger (for example, fire) spread into their area.
- 3.1.3 Ambulatory patients should be accompanied or directed to an appropriate safe zone, depending on the situation.
- 3.1.4 Non-Ambulatory patients should be moved using wheelchairs or stretchers when available to an appropriate safe zone.
- 3.1.5 Patients being evacuated should be wrapped in blankets before placing in wheelchairs.
- 3.1.6 EMS paramedics shall be ready for critical patients' transportation to another health-care facility.
- 3.1.7 EMS shall direct all patients with medical emergencies en-route to a different health-care facility.
- 3.1.8 Oxygen Wall Outlet shall be turned off by the engineering department and oxygen cylinders shall be used.
- 3.1.9 Security and public relations shall guide the pathway to the safe assembly points designated earlier via the ministry of health or the fire department.
- 3.1.10 Priority of patient transportation shall be to the intensive care unit (ICU) patients especially if oxygen dependent.

### **4.0 Ending a Code**

- 4.1 Following the end of evacuation, a code shall be cleared via the PA system and Repeat x3 (For example, Code Green Cleared).
- 4.2 All evacuations must be treated as genuine, followed up and investigated.
- 4.3 Organize debrief with key personnel.

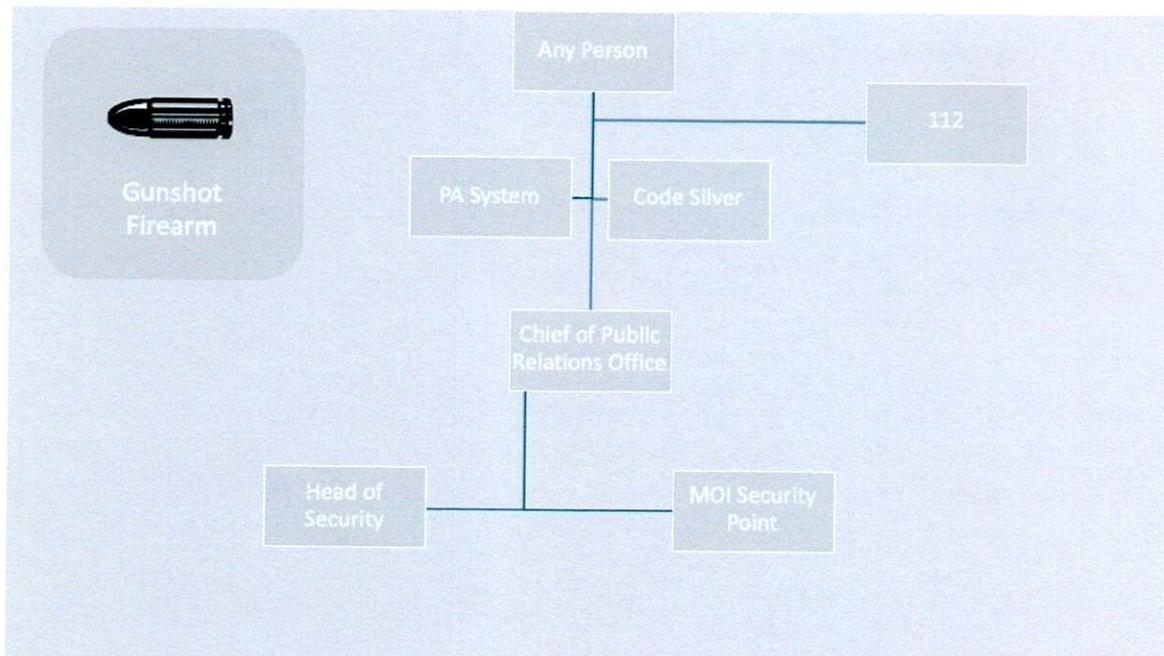
# Code Silver

## 1.0 Policy Statement

- 1.1 The Ministry of Health in Kuwait is committed to the prevention of injuries by providing a safe and healthy work environment for its employees, physicians, volunteers, patients, and visitors. With that said, a color code silver has been assigned by MOH hospitals staff to activate in case there is a need to manage any person with firearms.
- 1.2 As a general rule, no one is allowed to carry dangerous weapon of any sort, concealed or otherwise in a health-care facility, except for official purposes such as police escorting incarcerated individuals.

## 2.0 Definitions:

- 2.1 **Code Silver:** a color code to be activated in case a person is witnessed in the premises of a health care facility with possession of a firearm with a suspicion of intent to harm.
- 2.2 **First responder:** the first in-charge person in to witness firearms in hospital grounds
- 2.3 **PA System:** Public Announcement System.
- 2.4 **Repeat x3:** Repeat 3 times.



## 3.0 Procedure for first responder

- 3.1 Upon discovery of an individual (patient or non-patient) with firearms, initiate a **Code Silver** by calling 112 from an internal phone (or from a mobile device). Once

police have been notified, call overhead or the hospital telecommunication operator, request a Code Silver and state location (building, floor, room).

- 3.1.1** Ensure own and co-worker safety.
- 3.1.2** Evacuate the premises if possible. If not possible, hide in a locked room. If not possible, hide under a table.
- 3.1.3** Do ***not*** attempt to engage or confront the person with the firearm.  
Note: This includes verbal and physical attempts to de-escalate the situation.
- 3.1.4** Do ***not*** attempt to remove wounded persons from the scene.
- 3.1.5** Switch off mobile phones
- 3.1.6** If possible, assist others to:
  - 3.1.6.1** leave the area and redirect those trying to enter.
  - 3.1.6.2** evacuate, if able and safe to proceed.
  - 3.1.6.3** shelter patients in their rooms with the doors shut.

#### **4.0 Procedure for chief of public relations office**

- 4.1 Once contacted through direct or overhead page of Code Silver, inform MOI security point, and inform head of security.
- 4.2 Assume the role of the Incident Commander and take responsibility for directing the team, including the police if necessary.
- 4.3 Control the situation as quickly as possible, involving as few persons and departments as possible.
- 4.4 Assist staff in managing situation and, if possible, remove all patients, visitors, and staff at risk from the immediate area.
- 4.5 Ensures that all staff involved in the code have the opportunity to debrief within the shift.
- 4.6 Ensure that an incident report is completed within 24-hour period.
- 4.7 Offer support as needed to staff, patients, visitors.
- 4.8 Notify the hospital director if there are any injuries or property damage.
- 4.9 Notify the ED Team Leader if there are any injuries.

#### **5.0 Procedure for security**

- 5.1 Call 112 if not already done.
- 5.2 Upon notification of a Code Silver, all available security officers will immediately respond to the location of the situation along with MOI security point
- 5.3 If the situation is outside a clinical area and there is no clinical lead at the scene, assume the role of incident commander.
- 5.4 Contain the area and prevent access to the area.
- 5.5 Take direction from the incident commander.
- 5.6 If the violent person is a patient, attend the briefing at the scene between the first responder and incident commander to assist with plan of action.

- 5.7 Protect all patients, visitors, and staff at the incident to prevent injury or death.
- 5.8 Escort police to the location, if called.
- 5.9 Remain at the Code Silver scene until the code is cleared or directed to leave by the incident commander.

## **6.0 End of Code**

- 6.1 In consultation with the policemen on site, call overhead or the hospital telecom operator or direct Switchboard to:
  - 6.1.1 Announce a Code Silver – ALL CLEAR overhead announcement.
- 6.2 Document details leading to any Code Silver.
- 6.3 All code silver must be treated as genuine, followed up and investigated.
- 6.4 Incident report shall be written within 48 hours.
- 6.5 Organize debrief with key personnel.

## **7.0 Injuries**

- 7.1 In the event of is injured, the injured will be provided with aide or medical treatment, if needed, in the Emergency Department. The hospital director will be informed of the injuries immediately and within 24 hours, the injured will complete an Incident Report.
- 7.2 If there is a critical injury or fatality, ensure that 112 has been contacted and the incident is investigated.

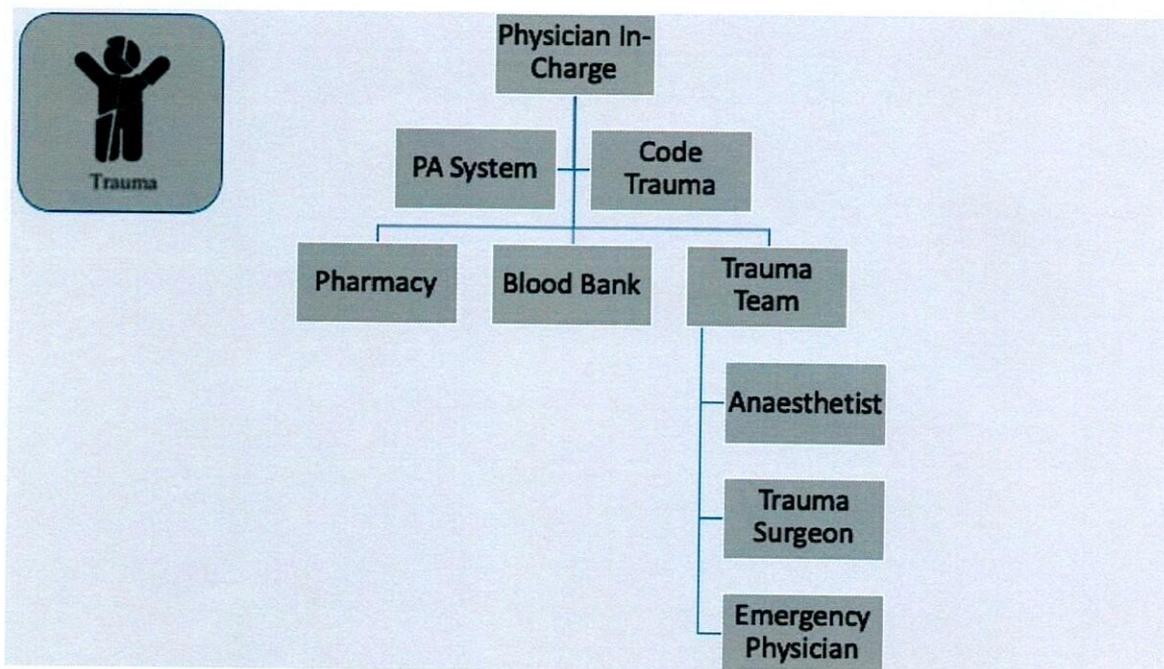
# Code Trauma

## 1.0 Policy Statement

1.1 Trauma is one of the leading health problems worldwide and the leading cause of death among children, adolescents, and young adults. Early management and response to trauma patients is associated with better outcome and higher survival. Ensuring dedicated trauma teams of healthcare personnel working in an established system is vital to achieve such outcomes. Designation of code trauma that is activated for specific traumatic injuries presenting to the ER ensures the necessary system, resources and standard required to manage such patients are always available in a time efficient manner.

## 2.0 Definitions:

- 2.1 **Code Trauma:** is a code assigned to inform other healthcare employees that there is a patient with severe trauma.
- 2.2 **First responder:** the first person to evaluate the patient.
- 2.3 **PA System:** Public Announcement System.
- 2.4 **Repeat x3:** Repeat 3 times.



## 3.0 First Responder

3.1 After evaluating a patient with traumatic injuries, the physician in-charge will activate code trauma for any of the following indications:

### 3.2 Indications for activation of code trauma:

#### 3.2.1 Physiologic

3.2.1.1 Traumatic Cardiac Arrest

3.2.1.2 Systolic Blood Pressure < 90mmHg

3.2.1.2.1 Child <1 year: Systolic Blood Pressure <70mmHg.

3.2.1.2.2 Child 1-9 years: Systolic Blood Pressure <70 + 2 x age (in years).

- 3.2.1.3 Respiratory Compromise (Respiratory Rate <10 or >30).
- 3.2.1.4 Glasgow Coma Scale <12 with evidence of torso or extremity trauma.
- 3.2.1.5 Pregnant patient (triaged as CTAS 1 and 2).
- 3.2.2 **Anatomic**
  - 3.2.2.1 Amputation proximal to elbows or knees.
  - 3.2.2.2 2 or more proximal long bone fractures.
  - 3.2.2.3 Suspected spinal cord injury.
  - 3.2.2.4 Severe maxillofacial injury with potential airway compromise.
  - 3.2.2.5 Burns >15% total surface burn area.
- 3.2.3 **Mechanism**
  - 3.2.3.1 Gunshot wounds.
  - 3.2.3.2 Significant penetrating wound to head, neck, chest, abdomen, or groin.
  - 3.2.3.3 Ejection from vehicle.
  - 3.2.3.4 Pedestrian thrown (hit by car) or run over.
  - 3.2.3.5 Fall from height >6 meters (20 feet) or 2.5 times patient height.
  - 3.2.3.6 Major electrical injury with burn.
- 3.2.4 **Logistical**
  - 3.2.4.1 Simultaneous arrival of more than 3 patients (CTAS 1 and 2).
- 3.2.5 **ED Physician Discretion**

#### **4.0 Procedure for Trauma Team**

- 4.1 Upon hearing a code trauma, a dedicated team consisting of anesthesiologists, trauma surgeons, emergency physicians shall attend the code trauma within five minutes.
- 4.2 If the number of patients exceeds the capacity and/or resources of the hospital, code orange shall be declared.

#### **5.0 Procedure for Pharmacy**

- 5.1 Upon hearing a code trauma, pharmacist on-call shall ensure a stock of all necessary medications (e.g. epinephrine, atropine, IV Fluids, opioids).
- 5.2 If there is a deficiency in certain medications, central pharmacy shall be contacted for resupply.

#### **6.0 Procedure for Blood Bank**

- 6.1 Upon hearing a code trauma, hematologist and laboratory technician shall ensure availability of Type O blood for massive transfusion protocol.

#### **7.0 Procedure for Operating Theatre**

- 7.1 Upon hearing a code trauma, operating theatre staff shall inform staff in-charge, hold all non-urgent surgeries, and admit only emergent surgeries.
- 7.2 Back up team shall be informed for extra operating theatre rooms.

#### **8.0 Ending a Code**

- 8.1 Following the end code trauma, a code shall be cleared via the PA system and

Repeat x3 (For example, Code Trauma Cleared).

8.2 All code trauma must be treated as genuine, followed up and investigated.

8.3 Organize debrief with key personnel.