PURPOSE:

1. To provide the necessary guidelines for the various Hospital Emergency Codes.
2. To standardize the hospital's medical emergency and disaster codes with reference to government disaster codes and medical emergency codes of international understanding.
3. To increase awareness and knowledge of hospital staff working in DPOTMH.
4. To define the type of emergency or disaster occurring in the hospital that needs a corresponding response.
5. To increase staff, patient and public safety within hospitals, health systems, and their campuses.
6. To classify alert codes to be used in anticipation of the surge of patients from an emergency or disaster occurring inside or outside the hospital.

LEVEL:

All employees of Dr. Pablo O. Torre Memorial Hospital

DEFINITION OF TERMS:

Hospital Emergency Codes- Are coded messages often announced over a public address system of a hospital to alert staff to various classes of on-site emergencies. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff while preventing stress and panic among visitors to the hospital.

Code Red. Typically means that there is fire or smoke within the hospital. A code red may be activated if someone smells or sees smoke or flames.

Code Blue. Heart or respiration stops (an adults or child heart has stopped or they are not breathing).

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Code White. is to be initiated immediately whenever an individual eight years of age or younger is found in cardiac or respiratory arrest.

Code Pink. is when an infant less than 12 months of age is suspected or confirmed as missing.

Code Purple. is when a child greater than 12 months of age is suspected or confirmed as missing.

Code Black. Code black most often indicates a bomb threat. Code black may be activated if there has been a threat made to the facility from an internal or external source, or if staff or law enforcement officials have identified a possible bomb in or near the facility.

Code Grey. A Code Grey/Gray is an organization – level response to actual or potential violent, aggressive, abusive or threatening behavior, exhibited by patients or visitors, towards others or themselves, which creates a risk to health and safety.

Code Silver. is a planned response to ensure the safety of all health care workers, patients and visitors at the hospital when an individual is in possession of a weapon and an enhanced police response is required.

Code Orange. Potentially dangerous chemical, biological, radioactive or nuclear spill or release within the community or within the building.

Code Triage- Alert: Informs appropriate staff that an event has occurred, or may occur, that could potentially impact the facility.

Code Triage- Internal: is the activation of the organization's Emergency Operations Plan (EOP) to respond to an event that has occurred within the facility.

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Code Triage- External: Is the activation of the organization's Emergency Operations Plan (EOP) to respond to an external event that has disrupted, or may disrupt, the facility's normal operations.

POLICY:

1. In the event of an emergency situation, a standardized emergency code shall be used to alert staff via the overhead paging system and prompt an appropriate, predetermined response.

2. The following shall be the standardized Emergency Codes in Dr. Pablo O. Torre Memorial Hospital:

Code	Description
CODE RED	Fire
CODE BLUE	Adult Cardiopulmonary Arrest
CODE WHITE	Pediatric Cardiopulmonary Arrest
CODE PINK	Infant Abduction
CODE PURPLE	Child Abduction
CODE BLACK	Bomb Threat
CODE GRAY	Combative Person
CODE SILVER	Person with a Weapon and/or Active Shooter and/or Hostage Situation
CODE ORANGE	Hazardous Material Spill / Release
CODE TRIAGE - ALERT	Limited activation of selected key personnel for potential incident
CODE TRIAGE – INTERNAL	Activate Emergency Operations Plan for Internal Incident
CODE TRIAGE – EXTERNAL	Activate Emergency Operations Plan for External Incident

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3. All current employees in the organization shall attend an in-service training session and learn about the new standardized emergency codes. The in-service training shall also be done annually as part of the Safety Training.

4. The Emergency codes shall be taught in each new hire orientation and refreshed annually as part of the Safety Training.

5. A competency checklist (Annex B) and post-test (Annex A) shall be accomplished during the in-service training sessions and new hire orientation. The checklist shall be part of the employee file in the Human Resource Department and will stay on file for 3 years from the date of training.

6. An official attendance sheet shall be accomplished in every training session. This shall serve as one of our evidence of training.

7. A badge buddy shall be provided to the employees upon completion of the training and will serve as their guide in cases of emergency.

8. Random audits and drills shall be done in coordination with the Total Quality Division, Environmental Pollution and Safety Section or by the concerned departments to ensure employee's knowledge and preparedness in times of emergency.

9. Necessary posters, phone stickers, badge buddy and other materials shall be prepared in order to raise employee's awareness on the emergency codes.

10. In the event of surge of patients from an emergency or disaster occurring outside the hospital, any hospital personnel who receives the outside call shall immediately inform the Safety Officer who will then activate the Hospital Incident Command System. DPOTMH Physicians shall be at the Emergency Department to augment the influx of patients. One Nurse per station shall be sent to the Emergency Room to augment the Nursing Team with the influx of

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casualties/patients. The Ambulance/Ambulance Driver shall be on standby at the Emergency Department. The Security Guards shall control the foot traffic during the influx of patient at the Emergency Room.

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DOCUMENTATION:

Revised Policy

DISSEMINATION:

1. In-service Training
2. New Hire Orientation
3. Hospital wide Policies and Procedure Manual
4. Hospital Communicator

REFERENCE:

Adapted from *Hospital Emergency Codes - Hospital Association of Southern California.* (2011, May 6). Hospital Association of Southern California. https://www.hasc.org/resource/hospital-emergency-codes

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ANNEX A: STANDARDIZED EMERGENCY CODE POST TEST

RIVERSIDE MEDICAL CENTER, INC.
Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

STANDARDIZED EMERGENCY CODES POST TEST

INSTRUCTIONS: Complete this post-test after attending a training session, then submit this test to your supervisor for your training file.

Name:_____ **Employee ID Number:** _____

Department: _____ **Date:** _____

For Questions 1-12, write the letter which matched the proper emergency code.

1.____Code Red	A. Activation of Emergency Operations Plan for internal incident
2.____Code Blue	B. Hazardous Material Spill / Release
3.____Code Yellow	C. Infant Abduction
4.____Code Orange	D. Child Abduction
5.____Code Triage: Alert	E. Partial activation of Emergency Operations Plan for key personnel
6.____Code Silver	F. Bomb Threat
7.____Code Purple	G. Fire
8.____Code White	H. Activation of Emergency Operations Plan for external incident
9.____Code Pink	I. Combative Person
10.___Code Gray	J. Medical Emergency - Pediatric
11.___Code Triage: External	K. Person with a Weapon and/or Active Shooter and/or Hostage Situation
12.___Code Triage: Internal	L. Medical Emergency - Adult

13. What number do you call for emergencies?

14 If a Code Triage is announced, where do you immediately report for further instructions?

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ANNEX B: MANDATORY COMPETENCY ON EMERGENCY PREPAREDNESS

RIVERSIDE MEDICAL CENTER, INC.
Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

MANDATORY COMPETENCY EMERGENCY PREPAREDNESS (NON-MEDICAL PERSONNEL)							
Competency Statement: Identifies and responds to emergency situations.							
ASSESSMENT CRITERIA	**ASSESSMENT METHOD**	**SCORING SYSTEM**					**SCORE**
		E (5)	VG (4)	G (3)	F (2)	P (1)	
1. Access to emergency code policy and procedure.							/ 5
2. Definitions of each emergency code: 2.1 Code Red 2.2 Code Blue 2.3 Code White 2.4 Code Pink 2.5 Code Purple 2.6 Code Black 2.7 Code Gray 2.8 Code Silver 2.9 Code Orange 2.10 Code Triage- Alert 2.11 Code Triage- Internal 2.12 Code Triage- External							
3. States how to initiate a code as per RMCI guidelines							
4. When is it appropriate to call each code							
5. Staff responsibilities after calling or hearing a code							
6. Describe the RMCI Disaster Preparedness plan.							
Total Score		..... / ..... X 100 = ... %					

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Assessment Methods

WT – Written Test **PR** – Peer Review

RD - Return Demonstration **FB** - Feed Back from other professional.

Scoring System: **E** = Excellent (5); **VG** = Very Good; (4) **G** = Good (3); **F** = Fair (2); **P** = Poor (1)

Note: Passing Score 80% and Above.

Competency References:

1. RMCI Policy and Procedure on Stndardized Emergency Codes
2. HMG Policy and Procedures: Fire Safety Plan, Code Red Plan, Code Black Plan/Bomb Threat Response Plan, Code Pink, Code Purple Plan, Disaster Preparedness Plan.
3. *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California. https://www.hasc.org/resource/hospital-emergency-codes

Learning gap/s:

.....

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Action Plan:

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Employee Feedback:

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Assessor's Name: ..... **ID:** ..... **Assessor's Signature:** .....

Name of Staff: ..... **ID:** ..... **Staff's Signature:** .....

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**KONRAD JAN J. ESCOBIA, RN** ER/OPD Manager		2/17/22
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Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		2-17-2022
Recommending Approval:	**NANCY B. HIZON, MS Psych, FPCHA** Human Resource Division Officer		2/18/22
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		2/21/22
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	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		03/24/2022
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		4/7/22

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DR. PABLO O. TORRE MEMORIAL HOSPITAL B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	Document Code:	DPOTMH-HW-P13-S01
	Effective Date:	12-31-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 3
	Department/Section:	ER/OPD Department
	Document Title:	**HOSPITAL EMERGENCY CODES**

PURPOSE:

1. To provide the necessary guidelines for the various Hospital Emergency Codes.
2. To standardize the hospital's medical emergency and disaster codes with reference to government disaster codes and medical emergency codes of international understanding.

SCOPE:

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

RESPONSIBLE PERSON:

Management Committee, Middle Managers, all Rank and File employees

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PROCEDURE:

1. **Initiating an emergency code**
   - 1.1. When an emergency occurs, call the emergency page operator at [0] and provide the nature of the emergency and the location of the incident.
   - 1.2. The emergency page operator will immediately notify the appropriate management authority and response personnel in accordance with the Hospital Incident Command System and Standard Operating Procedures.
   - 1.3. If an overhead page is required, the emergency page operator will use the appropriate emergency code and repeat it three times via the overhead paging system.
2. **Terminating an emergency code**
   - 2.1. When the incident response is completed, the appropriate authority (e.g., Incident Commander, Team Leader, etc…) will call the emergency page operator and request that they announce an "All Clear."
   - 2.2. When instructed by the appropriate authority (e.g., Incident Commander), the emergency page operator will announce "the [Code Name] is All Clear" three times via the overhead paging system.
3. **Education & Training**
   - 3.1. All employees must be familiar with the following:
     a) Code Names
     b) Code Definitions
     c) Appropriate number to call (e.g., Emergency Page Operator) to notify of in case of an emergency.
     d) Their specific responsibilities and procedures during an emergency code incident.
   - 3.2. Emergency codes will be taught in each new hire orientation and refreshed annually at annual update training or skills lab.

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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	**KONRAD JAN J. ESCOBIA, RN** ER/OPD Manager		2/17/22
	JOANNA MARIE M. AGUILAR, RN Accreditation Standard Internal Auditor for Non-Patient Care		2-17-2022
Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		2-17-2022
Recommending Approval:	**NANCY B. HIZON, MS Psych, FPCHA** Human Resource Division Officer		2-18-22
	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		2-21-2022
	ENGR. NOEL P. GARBO, FPCHA Engineering and General Services Division Officer		3-24-2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		3/18/2022
	MA. ANTONIA S. GENSOLI, MD, FPPS,FPCHA Vice President- Chief Medical Officer		3.23.22
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		03/28/2022
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		4/2/22

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PURPOSE:

1. To provide an appropriate response to a suspected or imminent cardiopulmonary arrest or a medical emergency for an **adult** patient.
2. To establish a formal mechanism for providing rapid advance medical care at the scene, in which a higher level of on scene medical expertise is needed.
3. To reduce in-hospital deaths, cardiopulmonary arrests and unexpected ICU admissions by providing early clinical intervention to stabilize the patient and prevent further deterioration.
4. To provide fast and appropriate response in managing patients with life-threatening conditions or those at risk of cardiopulmonary arrest.

SCOPE:

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Physicians, Nurses, Respiratory Therapists, Code Blue Team

GENERAL GUIDELINES:

1. Code Blue is called for patients who do not have an advance healthcare directive indicating otherwise.
2. Code Blue is initiated immediately whenever an adult is found in cardiac or respiratory arrest. In areas where adult patients are routinely admitted there should be an adult crash cart available. If a Code Blue is called in an area without a crash cart, the designated response team will bring a crash cart.
3. If the patient's weight does not meet the expected developmental growth, consider a response based on the appropriate protocol (e.g., ACLS).
4. If a patient has been found unconscious in a public area of the hospital, the Code Blue Team shall be called whether the patient has pulse or not.

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5. In special areas such as Emergency Room, Intensive Care Units and Surgical ICU, the code can be called "silently", meaning, there is no need for the code to be announced over the paging system.
6. Code Blue Response Team (CBRT) is a designated team of healthcare providers of DPOTMH who will quickly deliver critical care expertise to a patient outside a critical care unit. **The team will only be activated once code blue is called**. The members of the CBRT are:
   6.1. Licensed Medical Practitioners
   6.2. Registered Nurses
   6.3. Certified BLS/ ACLS providers
   6.4. Certified Intravenous Nurse providers
7. The CBRT responder team shall be composed of 1 or 2 doctors and 5 nurses:
   7.1. Attending Physician-Team Leader (vice versa)
   7.2. Resident on Duty- Assistant Team Leader (vice versa)
      a) Responsible for organizing, supervising and accompanying members of the team to the scene.
      b) Gives direct orders related to patient care
      c) Performs intubation to patient, if clinical indication.
   7.3. ER Nurse (2)- Compressor
   7.4. ICU Nurse(1)- Airway
   7.5. PICU Nurse(1)- Medication
   7.6. Station Nurse (1)- Recorder
8. Criteria for activation of Code Blue
   (Subject to ROD clinical assessment)

Acute changes in:	**Physiology:**
AIRWAY	Respiratory distress Threatened airway
BREATHING	ADULT:(>19 years old) Respiratory rate > 30 cycles/min Respiratory rate < 12 cycles/min

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	O2 saturation < 90% where clinically unexpected
CIRCULATION	Blood Pressure <90mmHg despite of treatment Pulse Rate <55 beats/min (sudden and sustained) Pulse Rate > 160 beats/min (adult)
NEUROLOGY	Any unexplained or substantial decrease in conscious state Repeated or prolonged seizures
OTHER	Concern about patient Unable to obtain prompt assistance Resident Doctor initiative to activate HERT

9. Facilities needed for Code Blue
   - 9.1. Personal Protective Equipment
   - 9.2. Complete Portable Emergency Cart
   - 9.3. Cardiac Monitor with Defibrillator
   - 9.4. Complete Intubation Set
   - 9.5. Portable Pulse Oximeter
   - 9.6. Portable Suction Machine
   - 9.7. Valve bulb mask with connecting tube
   - 9.8. Complete suction paraphernalia
   - 9.9. Full tank Oxygen tank with gauge / pipe in oxygen with gauge
   - 9.10. Functioning penlight
   - 9.11. Thermometer
   - 9.12. Stethoscope
   - 9.13. Ventilator/Respirator
   - 9.14. Others
     a) Electrocardiogram (ECG) Machine
     b) Portable X ray Machine
     c) Supplies needed for phlebotomy
     d) Other supplies needed in the immediate point of care.

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10. Code Blue will be announced through hospital paging system as follows, **"ATTENTION! ATTENTION! Code Blue Room _____"**, to be repeated twice.
11. There shall be a designated staff per shift of healthcare providers from different hospital units who can be assembled quickly in response to clinical emergencies located outside of a critical care unit.
12. The resident doctor or the patient's attending physician shall be assigned as a Team Leader of CBRT.
13. The floor Nurse Supervisor on-duty will identify and notify the member of CBRT every shift and provided them with a badge, signifying their role in the CBRT team. The badge will be surrendered to the nurse supervisor after the staff duty ends.
14. While the CBRT leads the Emergency Response to patient, the ER nurse will be the 2nd, and the ICU will be the 3rd in command during the activation of CBRT.
15. All equipment, medicines and supplies needed by CBRT shall be kept at the Emergency Department for easy access.
16. The team will take over the patient care from the Nurse In-Charge until the patient stabilized. The team shall also facilitate the patient transfer and will endorse to ICU or any unit as deemed necessary by the CBRT Team.
17. The Nurse On-Duty assigned to patient shall give complete endorsement of patient to the Team Leader or to the ER/ICU nurse regarding patient present health status.
18. The Station nurse shall record all procedures, emergency medications given, events done during the entire procedure and call the team for post event evaluation. Log book shall be kept together with the CBRT equipment at the ER.
19. There shall be two CBRT responder from different area in the hospital and they will be strictly identified as No.1 and No. 2. The No. 1 will respond the 1st call and if there is a 2nd code blue call in the same given time the 2nd team consists of No. 2 responder shall attend the 2nd code blue call.
20. For the 3rd Code blue, the head nurses shall respond to the third call and shall be spare headed by either the ER or the ICU Head Nurse.
21. In the event that the Code blue call is coming from the MAB clinic, aisles, cafeteria or any location inside hospital premises, a charge of 3,500Php plus the medicines,

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supplies and ancillary services used will be directly charged to the patient. The DEM physician shall serves as the team leader.

22. For *Code Blue call in the hospital, supplies, medicines and ancillary services will* be charged to the patient (service charge).
23. The Nurse Supervisor/Head Nurse shall organize the foot traffic during the procedure.
24. All ER, ICU, PICU and selected Ward nurses are qualified members of CBRT.
25. Names of identified daily members lists shall be endorsed to the Nursing Service Office, Supervisors Office, ER/OPD and ICU every Friday.
26. Head Nurse of the selected identified nurses shall be responsible in informing her/ his staff assignment.
27. Selected CBRT nurses shall be only assign as general help only during her/his shift.
28. Patient from ER, ICU, PICU, NICU, OR, are not covered by CBRT.
29. Section Heads will arrange the schedule of CBRT members and ensures that there will be available members per shift in case CBRT is activated.
30. Excess ICU staff nurses during low census shall only be assigned as general help and automatically assigned as CBRT provider during her/his shift.
31. CBRT functions 24 hours a day, 7 days a week.
32. All supplies and equipment used by CBRT will be charged to patient by the ER/OPD.
33. The selected CBRT responders schedule per shift shall be posted at the ER, Medical Directors office and the Nursing Supervisor Office.
34. CBRT checklist shall be utilize by the team during and after the procedure and will be officially part of the patient chart.
35. Other allied hospital unit shall be notified once there services is needed.

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PROCEDURE:

Code Blue teams should not enter an area where a Code Silver was called until the area has been determined by law enforcement to be safe

1. The outgoing Nurse Supervisor identifies the member of CBRT from ER/ICU, different stations and ancillary department.
2. The Nurse Supervisor notifies the Section Heads of selected CBRT members per shift, in the absence of the section head the Nurse supervisor directly notifies the CBRT member of their assignment.
3. Once the CBRT is activated, the ER CBRT provider will grab the Emergency kit and respond directly to the scene as well as the other member of CBRT.
4. The CBRT team leader gets the brief clinical history of patient
5. The CBRT team take over the care of patient
6. The CBRT team stabilizes patient, secures the airway, and do BLS/ACLS protocol when necessary.
7. The CBRT team leader appraises patient family of patient present condition.
8. The CBRT team leader advises ICU transfer and asks patient significant others decision whether the patient care will be at ICU or stays at regular station.
9. The ICU nurse will endorse back the patient at the station or at the ICU once stabilize. In the event that the patient expires the team endorses back to the regular station.
10. The CBRT team do after care and charge actual charges used by patient.

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REFERENCE:

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California. https://www.hasc.org/resource/hospital-emergency-codes

California Code of Regulations, Title 22.

The Hospital Incident Command System (HICS) Guidebook, www.emsa.ca.gov/HICS.

National Fire Protection Association (NFPA) 101 and 99, www.NFPA.org.

Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, www.jcrinc.com/Joint-Commission-Requirements.

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DR. PABLO O. TORRE MEMORIAL HOSPITAL B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	Document Code:	DPOTMH-HW-P13-S07
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	8 of 8
	Department/Section:	ER/OPD
	Document Title:	**CODE BLUE**

APPROVAL:

	Name/Title	Signature	Date
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Verified:	**EVRAM V. CORRAL, MD** Chairperson, Department of Internal Medicine		
Reviewed:	**DENNIS C. ESCALONA, MN, FPCHA, FPSQua** Quality Assurance Supervisor		
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	MA. ANTONIA S. GENSOLI, MD, FPCHA Vice President- Chief Medical Officer		
Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		

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PURPOSE:

To provide an appropriate response to a suspected or imminent cardiopulmonary arrest or a medical emergency for a **pediatric** patient.

SCOPE:

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Physicians, Nurses, Respiratory Therapists, Code White Team

GENERAL GUIDELINES:

1. Code White is called for patients who do not have an advance healthcare directive indicating otherwise.
2. **Code White** is to be initiated immediately whenever a patient fitting the criteria for a pediatric patient is found in cardiac or respiratory arrest. In areas where pediatric patients are routinely admitted there should be a pediatric crash cart available. If a Code White is called in an area without a pediatric crash cart, the designated response team will bring a crash cart with pediatric equipment.
3. If the patient's weight does not meet the expected developmental growth, consider a response based on the appropriate protocol (e.g., ACLS/PALS).
4. **REQUIREMENTS**
   - 4.1. Health Care Clinician
     - a) License Medical Practitioner
     - b) Registered Nurse
     - c) Certified BLS/ACLS/NALS/PALS provider
     - d) Certified Intravenous Nurse provider
   - 4.2. Facilities
     - a) Personal Protective Equipment
     - b) Complete Portable Emergency Cart

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c) Cardiac Monitor with Defibrillator
d) Complete Intubation Set
e) Portable Pulse Oximeter
f) Portable Suction Machine
g) Valve bulb mask with connecting tube
h) Complete suction paraphernalia
i) Full tank Oxygen tank with gauge / pipe in oxygen with gauge
j) Functioning penlight
k) Thermometer
l) Stethoscope
m) Ventilator/Respirator

4.3. Others
a) Electrocardiogram (ECG) Machine
b) Portable X ray Machine
c) Supplies needed for phlebotomy
d) Other supplies needed to the immediate point of care.

5. Code White Response Team (CWRT)
   5.1. a designated team of healthcare providers of DPOTMH who will quickly to deliver critical care expertise to a patient outside a critical care unit.
6. Composition of CWRT
   6.1. Physician- Team leader (one)
   a) Responsible for organizing, supervising and
   b) accompanying members of the team to the scene.
   c) Gives direct orders related to patient care
   d) Performs intubation to patient, if clinical indication.
   6.2. Nurse -
   a) Carries doctors orders / performs CPR /secures patient airway / recording of events
   b) Performs either as Compressor, Airway, Medication and Recorder.
7. **CRITERIA FOR ACTIVATION OF CODE white** (Subject to ROD clinical assessment)

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Acute changes in:	**Physiology:**
AIRWAY	Respiratory distress Threatened airway
BREATHING	INFANT: (Birth-1year old) Respiratory rate >60cycles/min Respiratory rate <30cycles/min TOODLER: (1-3years old) Respiratory rate >40cycles/min Respiratory rate <24cycles/min PRESCHOOLER:(3-6 years old) Respiratory rate >34cycles/min Respiratory rate <22cycles/min SCHOOL AGE: (6-12years old) Respiratory rate >30cycles/min Respiratory rate <18cycles/min ADOLESCENT: (12-18 years old) Respiratory rate >16cycles/min Respiratory rate <12cycles/min
CIRCULATION	Blood Pressure <90mmHg despite of treatment Pulse Rate <55 beats/min (sudden and sustained) Pulse Rate > 160 beats/min (adult)
NEUROLOGY	Any unexplained or substantial decrease in conscious state Repeated or prolonged seizures
OTHER	Concern about patient Unable to obtain prompt assistance Resident Doctor initiative to activate HERT

8. The team will only be activated once Code White is called.
9. Code White will be announced through hospital paging system as follows, "ATTENTION! ATTENTION! Code White Room _____", to be repeated twice.
10. There shall be a designated staff per shift of healthcare providers from different hospital units who can be assembled quickly in response to clinical emergencies located outside of a critical care unit.
11. The CWRT responder team shall be composed of 1 or 2 doctors and 5 nurses

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11.1. Responders functions are as follows:
11.2. Attending Physician – Team Leader (vice versa)
11.3. Pediatric Resident on Duty – Assistant. Team leader (vice versa)
11.4. ER Nurse (1)– Compressor
11.5. PICU Nurse (1)- Compressor
11.6. ICU Nurse(1) – Airway
11.7. PICU Nurse(1)– Medication
11.8. Station Nurse (1)– Recorder

12. The Pediatric Resident doctor or the patient's attending physician shall be assigned as a Team Leader of CWRT.
13. The floor Nurse Supervisor on-duty will identify and notify the member of CWRT every shift and provided them with a badge, signifying their role in the CWRT team. The badge will be surrendered to the nurse supervisor after the staff duty ends.
14. While the CWRT leads the Emergency Response to patient, the ER nurse will be the 2nd, and the ICU will be the 3rd in command during the activation of CWRT.
15. All equipment, medicines and supplies needed by CWRT shall be kept at the Emergency Department for easy access.
16. The team will take over the patient care from the Nurse In-Charge until the patient stabilized. The team shall also facilitate the patient transfer and will endorse to ICU or any unit as deemed necessary by the CWRT Team.
17. The Nurse On-Duty assigned to patient shall give complete endorsement of patient to the Team Leader or to the ER/ICU nurse regarding patient present health status.
18. The Station nurse shall record all procedures, emergency medications given, events done during the entire procedure and call the team for post event evaluation. Log book shall be kept together with the CWRT equipment at the ER.
19. There shall be two CWRT responder from different area in the hospital and they will be strictly identified as No.1 and No. 2. The No. 1 will respond the 1st call and if there is a 2nd code white call in the same given time the 2nd team consists of No. 2 responder shall attend the 2nd code white call.

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20. For the 3rd Code white, the head nurses shall respond to the third call and shall be spare headed by either the ER or the ICU Head Nurse.
21. In the event that the Code White call is coming from the MAB clinic, aisles, cafeteria or any location inside hospital premises, the Code White fee plus the medicines, supplies and ancillary services used will be directly charged to the patient.
22. The Nurse Supervisor/Head Nurse shall organize the foot traffic during the procedure.
23. All ER, ICU, PICU and selected Ward nurses are qualified members of CWRT.
24. In calling Code White, majority of the nurse responders will come from pediatric ICU.
25. Names of identified daily members lists shall be endorsed to the Nursing Service Office, Supervisors Office, ER/OPD and ICU every Friday.
26. Head Nurse of the selected identified nurses shall be responsible in informing her/ his staff assignment.
27. Selected CWRT nurses shall be only assign as general help only during her/his shift.
28. Patient from ER, ICU, PICU, NICU, OR, are not covered by CWRT.
29. There will be at least 2 nurses from the PICU/Pedia Ward assigned to the CWRT per shift.
30. Section Heads will arrange the schedule of CWRT members and ensures that there will be available members per shift in case CWRT is activated.
31. Excess ICU staff nurses during low census shall only be assigned as general help and automatically assigned as CWRT provider during her/his shift.
32. CWRT functions in a 24hours / 7days basis.
33. All supplies and equipment used by CWRT will be charged to patient by the ER/OPD.
34. The selected CWRT responders schedule per shift shall be posted at the ER, Medical Directors office and the Nursing Supervisor Office.
35. CWRT checklist shall be utilize by the team during and after the procedure and will be officially part of the patient chart.

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PROCEDURE:

**Code White teams should not enter an area where a Code Silver was called until the area has been determined by law enforcement to be safe.*
Code White team members function within their respective scopes of practice and utilize guidelines set by the American Heart Association on Advanced Cardiac Life Support.

1. The outgoing Nurse Supervisor identifies the member of CWRT from Pediatric ICU (PICU), ER/ICU, different stations and ancillary department.
2. The Nurse Supervisor notifies the Section Heads of selected CWRT members per shift, in the absence of the section head the Nurse supervisor directly notifies the CWRT member of their assignment.
3. Once the CWRT is activated, the ER CWRT provider will grab the Emergency kit and respond directly to the scene as well as the other member of CWRT.
4. The CWRT team leader gets the brief clinical history of patient
5. The CWRT team take over the care of patient
6. The CWRT team stabilizes patient, secures the airway, and do BLS/PALS/NRP protocol when necessary.
7. The CWRT team leader appraises patient family of patient present condition.
8. The CWRT team leader advises PICU transfer and asks patient significant others decision whether the patient care will be at PICU or stays at regular station.
9. The PICU nurse will endorse back the patient at the station or at the PICU once stabilized. In the event that the patient expires the team endorses back to the regular station.
10. The CWRT team do after care and charge actual charges used by patient.

REFERENCE:

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California. https://www.hasc.org/resource/hospital-emergency-codes

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California Code of Regulations, Title 22.

The Hospital Incident Command System (HICS) Guidebook, www.emsa.ca.gov/HICS.

National Fire Protection Association (NFPA) 101 and 99, www.NFPA.org.

Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, www.jcrinc.com/Joint-Commission-Requirements.

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APPROVAL:

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