## 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 convey the need to be alert or ready for any emergency.
4. To define the type of emergency or disaster occurring in the hospital that needs a corresponding response.
5. To prevent stress or panic among patients and visitors in the hospitals during response to actual emergencies and disasters.
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.

## ADVANTAGE

To facilitate collaborative networking and response to emergencies and disasters occurring within the hospital such as fire, earthquake, flood, and sudden cardiopulmonary arrest of patients, staff and guests.

## TYPES OF HOSPITAL CODES

1. **CODE RED ALERT**
   a) An alert code for more manpower and supplies in preparation for anticipated extensive surge of patients.
   b) When more than **51 (red tag)** casualties are suddenly brought to the hospital.
   c) An emergency wherein the services of the hospital is paralyzed becuase 50% of the hospital manpower are themselves victims of the disaster.
   d) Hospital is structurally damaged requiring evacuation and/or transfer of patients.



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e) Conditions requiring mandatory quarantine of hospital and its personnel (e.g., SARS, avian flu); uncontrolled human to human transmission of SARS/avian flu within the catchment area.

## 2. CODE BLUE ALERT

a) When **21-50** casualties (red tags) are suddenly brought to the hospital.
b) Any internal emergency/disaster in the hospital which brings down its operating capacity (i.e., vital areas) to 50% or which would require evacuation of patients and setting up of a Field Hospital.
c) For conditions other than mass casualty incidents, the influx of patients is beyond the capacity of the hospital to handle.
d) Confirmed/documented report of reemerging diseases (SARS, human to human avian flu) within the catchment area.

## 3. CODE WHITE ALERT

a) Strong possibility of a military operation within the area/region, e.g., coup attempt
b) Any planned mass action or demonstration within the catchment area
c) Forecast typhoons (Signal No. 2 up) the path of which will affect the area
d) National or local elections and other political exercises
e) National events, holidays, or celebrations in the area with potential for mass casualty incidents
f) Any emergency with potential **10-20** casualties (deaths, injuries)
g) Any other hazard that may result in emergency
h) Unconfirmed report of reemerging diseases, e.g., bird flu, SARS

## 4. CODE BLUE

a) A response code in case of sudden cardiopulmonary arrest in the hospital.



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**5. CODE PINK**

a) Infant/Child Abduction.

6. **CODE RED**

a) A response code in cases of fire in the hospital.

**7. CODE GRAY -**

a) Combative/psychiatric person on amok

**8. CODE BLACK**

a) Bomb threat/terrorism

**9. CODE ORANGE**

a) Chemical Hazard

10. **CODE GREEN**

a) Disaster plan activation

11. **CODE BROWN**

a) Internal Disaster for facilities related (electrical, building, water and communication)

12. **CODE WHITE**

a) Internal Disaster for person related (patient, watchers, visitor and personnel)

**LEVEL**

MANCOM, Medical Director, Consultants, DEM Physician, Resident Doctor, Nurses, Ancillaries, Auxiliaries, Safety Engineer, Hospital Employees, Security Guards



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## DEFINITIONS OF TERMS

***Hospital Alert Codes.*** Mainly used in anticipation of surge of patients from an emergency or disaster occurring outside the hospital. However, they can also be used for anticipated emergencies and disasters involving the hospital itself, such as in the anticipation of a signal 4 typhoon.

***Response Codes.*** Mainly used in response to emergencies and disasters occurring within the hospital such as fire, earthquake, flood, and sudden cardiopulmonary arrest of patients, staff, and guests. However, they can also be used in response to external emergencies and disasters.

***Hospital Emergency Response Team.*** A specialized team of ACLS trained doctors and nurses that will take over arrested patients.

## CONSIDERATION

Color codes without the word "Alert" being used in hospitals shall be considered as response codes. If there are two similar colors being used in the alert and response codes, the presence of "Alert" makes the difference. Example, Code Red is a response code in cases of fire in the hospital. Code Red Alert is an alert code for more manpower and supplies in preparation for an anticipated extensive surge of patients. Code Blue is a response code in case of sudden cardiopulmonary arrest in the hospital. Code Blue Alert is an alert code.

## POLICY

1. All Hospital Employees shall be oriented to all Emergency color codes of the hospital.

2. Any of the hospital Employees can initiate the paging of hospital response code if needed.



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3. The Hospital Disaster Control Director/ER Head Nurse/Nurse Supervisor on Duty (with Medical Director's directive) shall coordinate with hospital administration and other departments namely: Emergency Room, Operating Room, and Anesthesiology Department, in particular, in the preparation and implementation of plans for the Hospital's readiness for the anticipated emergency/disaster.

4. 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 Department of Emergency Medicine Physician, ER Head Nurse, and the Nurse Supervisor on duty.

5. The Head Nurse or the Nurse Supervisor on Duty shall authenticate the information and advise the Medical Director.

6. Only the President or the Medical Director shall give the permission to activate the hospital alert codes.

7. The Emergency Response Team shall be activated to attend to the influx of patients/casualty.

8. The Information Officer will do the paging of Hospital Alert Color Code or Emergency Response Color Code as per advise of the Medical Director through the ER head Nurse or Nurse Supervisor on duty.

9. There shall be a dedicated Ancillary Personnel (Medtech, Radtech, NICIS, RTS), Central Supply Staff and Pharmacist on standby at the Emergency Room once the Hospital Alert Color Code is activated; at least 80% of manpower will be on stand-by outside the hospital within 30 minutes.



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10. All DOPTMH Physicians shall be at the Emergency Department to augment the Influx of patient.

11. One Nurse per station shall be sent to the Emergency Room to augment the Nursing Team with the influx of casualties/patients.

12. The Ambulance/Ambulance Driver shall be on standby at the Emergency Department.

13. The Security Guards shall control the foot traffic during the influx of patient at the Emergency Room.

14. The Emergency Response Team shall be activated and shall take over the patient once Code Blue is called.

15. For CODE BROWN, WHITE, GREEN, ORANGE, the Engineering Personnel shall respond to the scene of the incident.

16. For CODE BLACK AND GRAY, the Security Personnel shall respond to the scene of the incident.

17. The alert code shall be deactivated by the Hospital Disaster Control Director/ ER Head Nurse/Nurse Supervisor on Duty with the approval of the Medical Director.

18. Members of the Hospital alert codes team shall be notified through text or paging system once the alert codes are deactivated.

19. The Management shall assign hospital personnel who will serve as spokespersons during media interviews during the activation of hospital alert color code.



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Prepared by:

**KONRAD JAN J. ESCOBIA, RN**
Head Nurse, OPD/ER

**ENGR. ROCK E. ALEJANDRO**
Safety Engineer

Verified by:

**LAARNI P. GUANZON, MD**
DEM Chairman

**EDNABELLE G. ESTRELLA**
Documentation Specialist

**ARDEZ RIZ R. MORALIDAD**
Internal Quality Analyst for Non-Patient Care

**SUZETTE J. PIDO, RN**
Internal Quality Analyst for Patient Care

Recommending Approval:

**MA. ANTONIA S. GENSOLI, MD**
Medical Director

**HENRY F. ALAVAREN, MD**
Total Quality Officer

Approved by:

**GENESIS GOLDI D. GOLINGAN**
President & CEO



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## PROCEDURE

### A. HOSPITAL ALERT CODE

1. Information for mass casualties/disaster is received by the Emergency/ Information Officer.
2. The hospital personnel who receives the information appraises the ER Head Nurse/Nurse Supervisor on duty.
3. The ER Head Nurse/Nurse Supervisor on duty verifies the nature of tragedy and classifies the alert color code needed, whether, code white alert, code blue alert, or code red alert.
4. The ER Head Nurse/Nurse Supervisor on duty informs the Medical Director and relays the nature of tragedy and classification of the alert code received.
5. The Medical Director activates the alert code depending on the number of casualties.
6. The Hospital Disaster Control Director/ER Head Nurse/Nurse Supervisor on Duty notifies the Hospital Alert Team by SMS or through paging system.
7. The Hospital Alert Team/Hospital Emergency Response Team assembles at the ER or outside the Hospital ER department and awaits for the casualties
8. Hospital Alert Team/Hospital Emergency response team and the ER personnel attends to the medical/surgical needs of patients once they arrive at the hospital/ER.
9. Admits patients that needs admission.
10. Transfers patients to room.
11. The Medical Director deactivates the code once all patients/casualties are catered.

### B. HOSPITAL RESPONSE CODE

1. Disaster/Emergency occurs inside the hospital premises.
2. The hospital personnel who witnessed the event automatically activates the hospital response team through the paging system.
3. The Hospital Response Team will be activated and automatically proceeds to the scene/room and takes over the emergency.



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4. For CODE BROWN, WHITE, GREEN, ORANGE, the Engineering Personnel respond to the scene of incident and inform the Nurse Supervisor on duty.
5. For CODE BLACK AND GRAY, the Security Personnel shall respond to the scene and inform the Nurse Supervisor on duty.
6. Nurse Supervisor on duty notifies the Medical Director.
7. Response Team attend to the patients/victims needs and transfer them the to ER.
8. Response Team makes an incident report of the occurrence and submits the report to the Medical Director.



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**FLOW CHART (Hospital Alert Codes)**

| PERSON RESPONSIBLE | ACTIVITY |
|---|---|
| | START |
| ER/Admitting Personnel | Receives alert call of disaster |
| ER/Admitting Personnel | Determines the nature of incident and number of casualties |
| ER/Admitting Personnel | Notifies the Nurse Supervisor on duty and alerts the ER |
| Nurse Supervisor | Notifies & updates the Medical Director the nature of incident & possible number of casualties/victims |
| Medical Director | Activates the Color Alert Code corresponding to the number of casualties |
| | Code White Alert (10-20 patients) / Code Blue Alert (21-50 patients) / Code Red Alert (> 51 patients) |
| | A |



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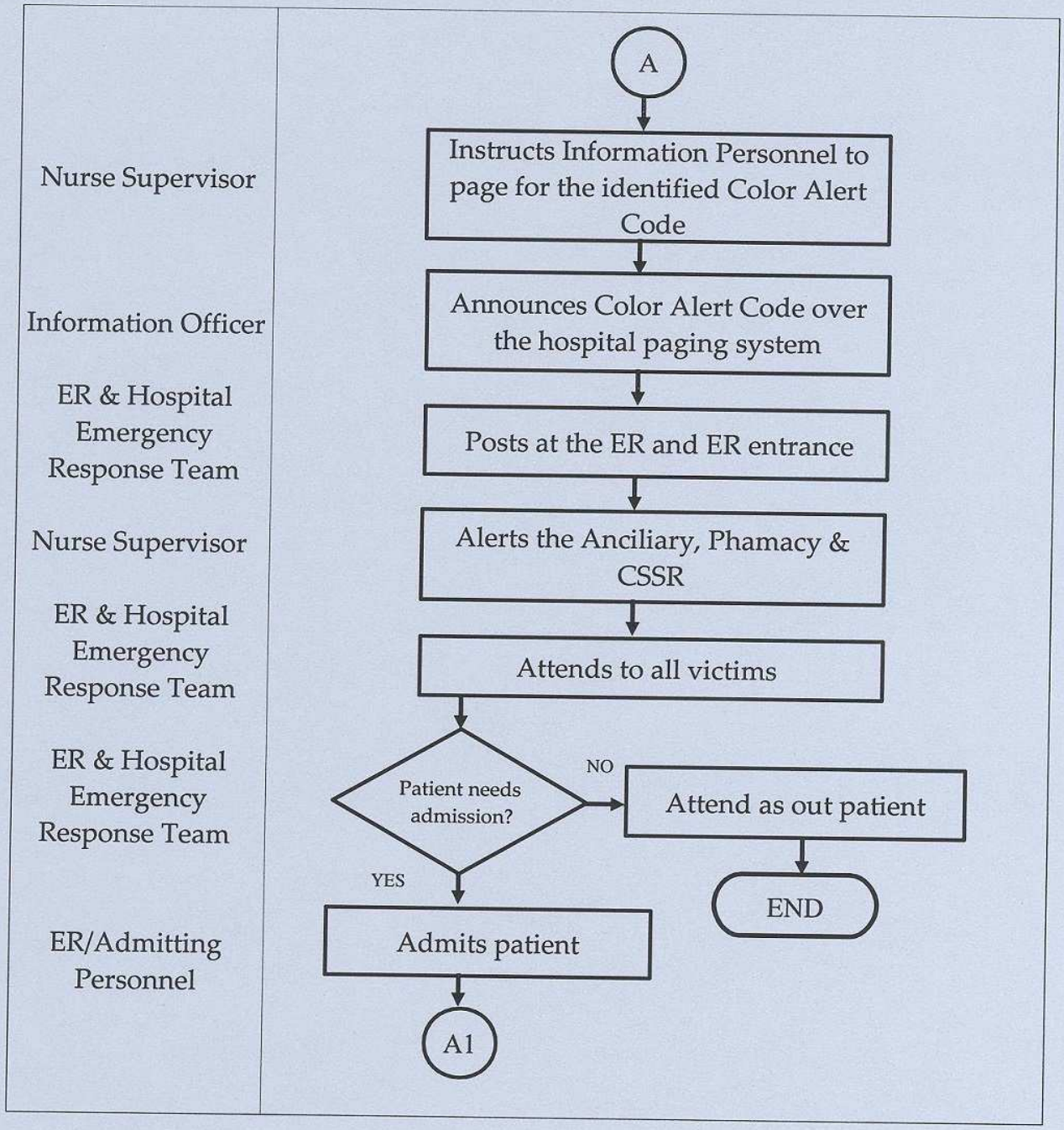
Nurse Supervisor
Information Officer
ER & Hospital Emergency Response Team
Nurse Supervisor
ER & Hospital Emergency Response Team
ER & Hospital Emergency Response Team
ER/Admitting Personnel
A
Instructs Information Personnel to page for the identified Color Alert Code
Announces Color Alert Code over the hospital paging system
Posts at the ER and ER entrance
Alerts the Anciliary, Phamacy & CSSR
Attends to all victims
Patient needs admission?
NO
Attend as out patient
END
YES
Admits patient
A1



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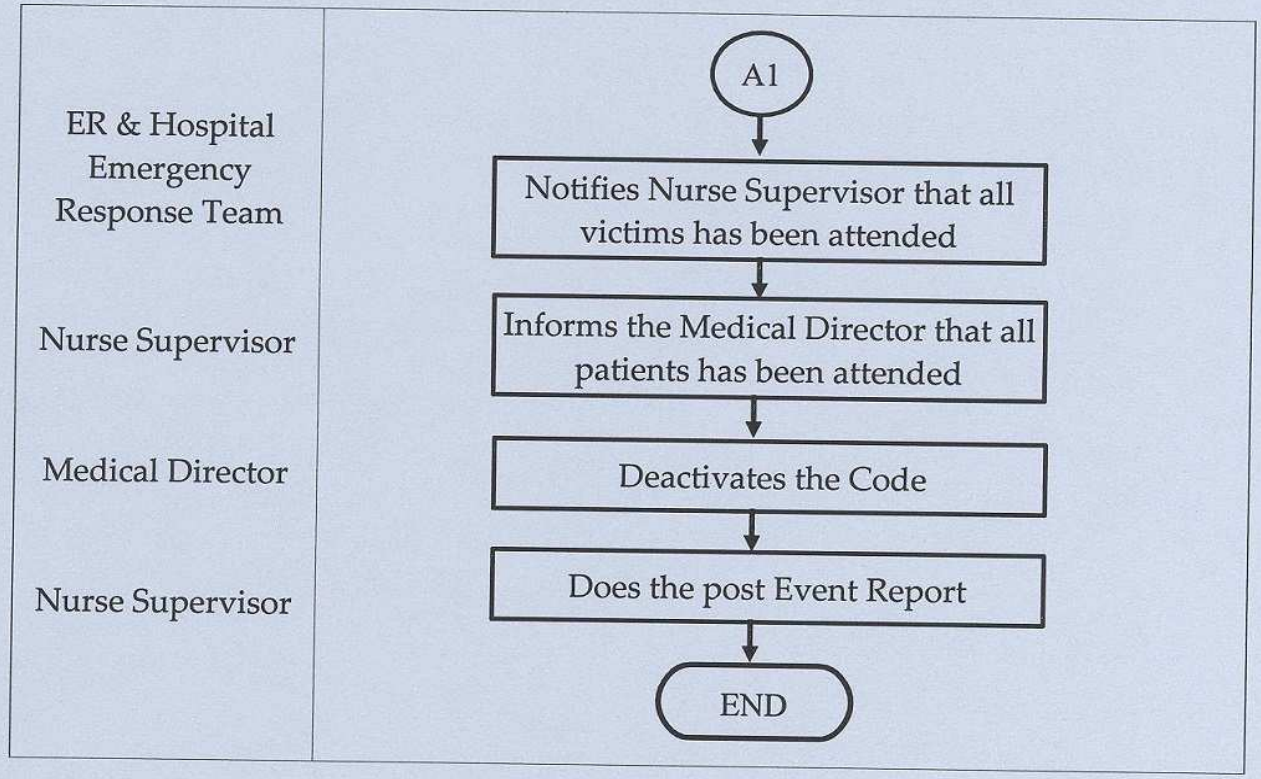
ER & Hospital Emergency Response Team
Nurse Supervisor
Medical Director
Nurse Supervisor
A1
Notifies Nurse Supervisor that all victims has been attended
Informs the Medical Director that all patients has been attended
Deactivates the Code
Does the post Event Report
END



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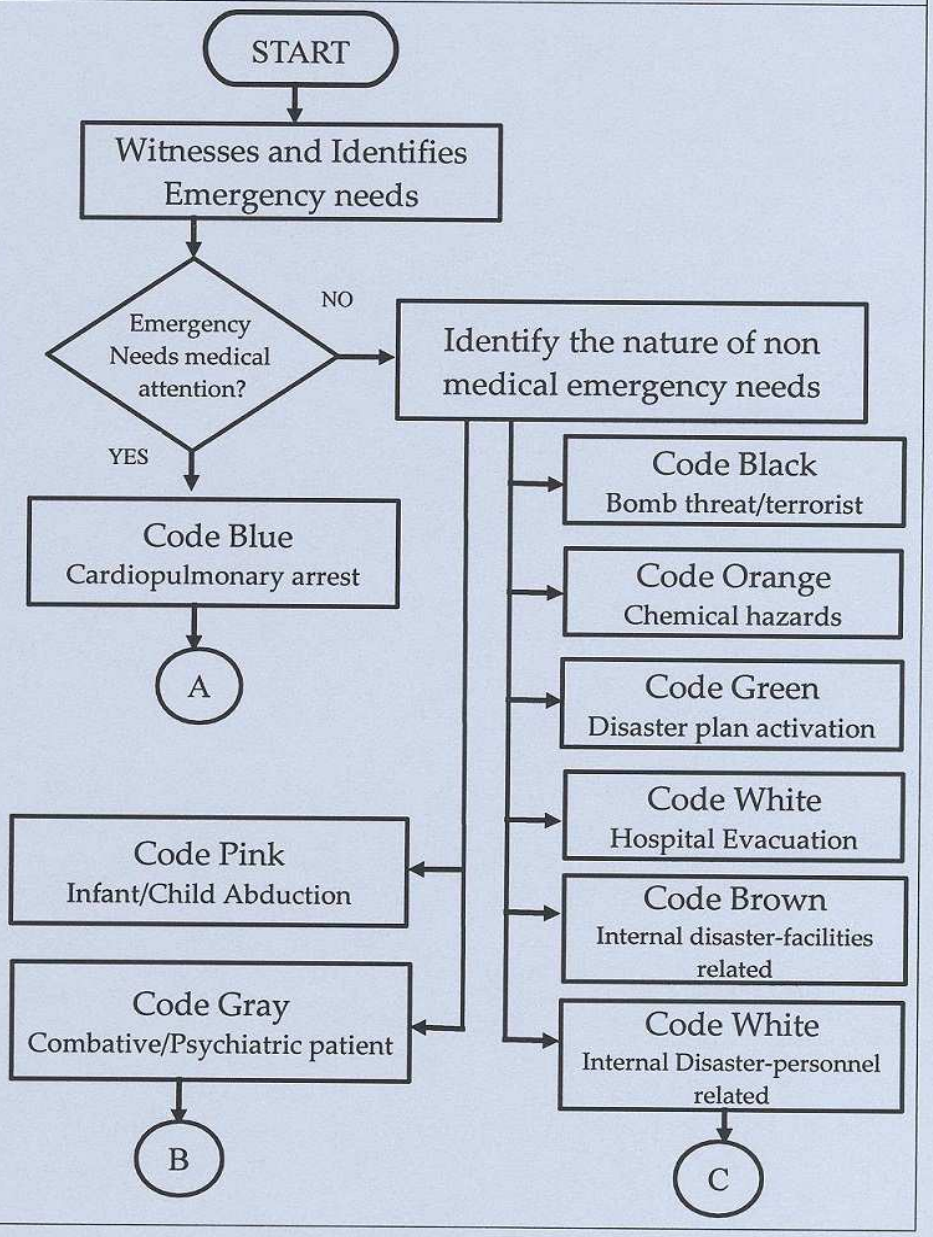
## FLOW CHART (Hospital Response Code)

| PERSON RESPONSIBLE | ACTIVITY |
|---|---|
| Hospital Personnel<br>Hospital Personnel |  |





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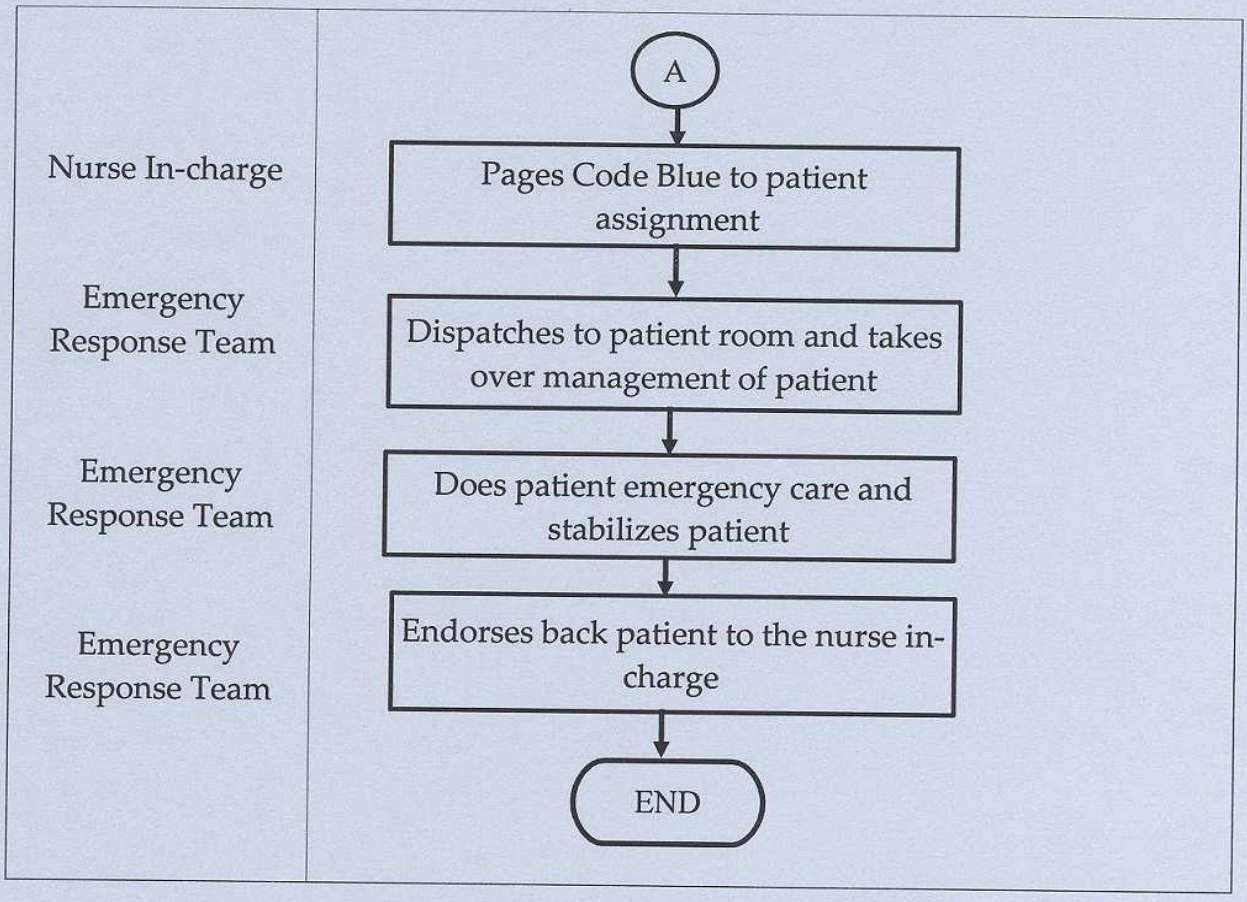
A
Nurse In-charge
Pages Code Blue to patient assignment
Emergency Response Team
Dispatches to patient room and takes over management of patient
Emergency Response Team
Does patient emergency care and stabilizes patient
Emergency Response Team
Endorses back patient to the nurse in-charge
END



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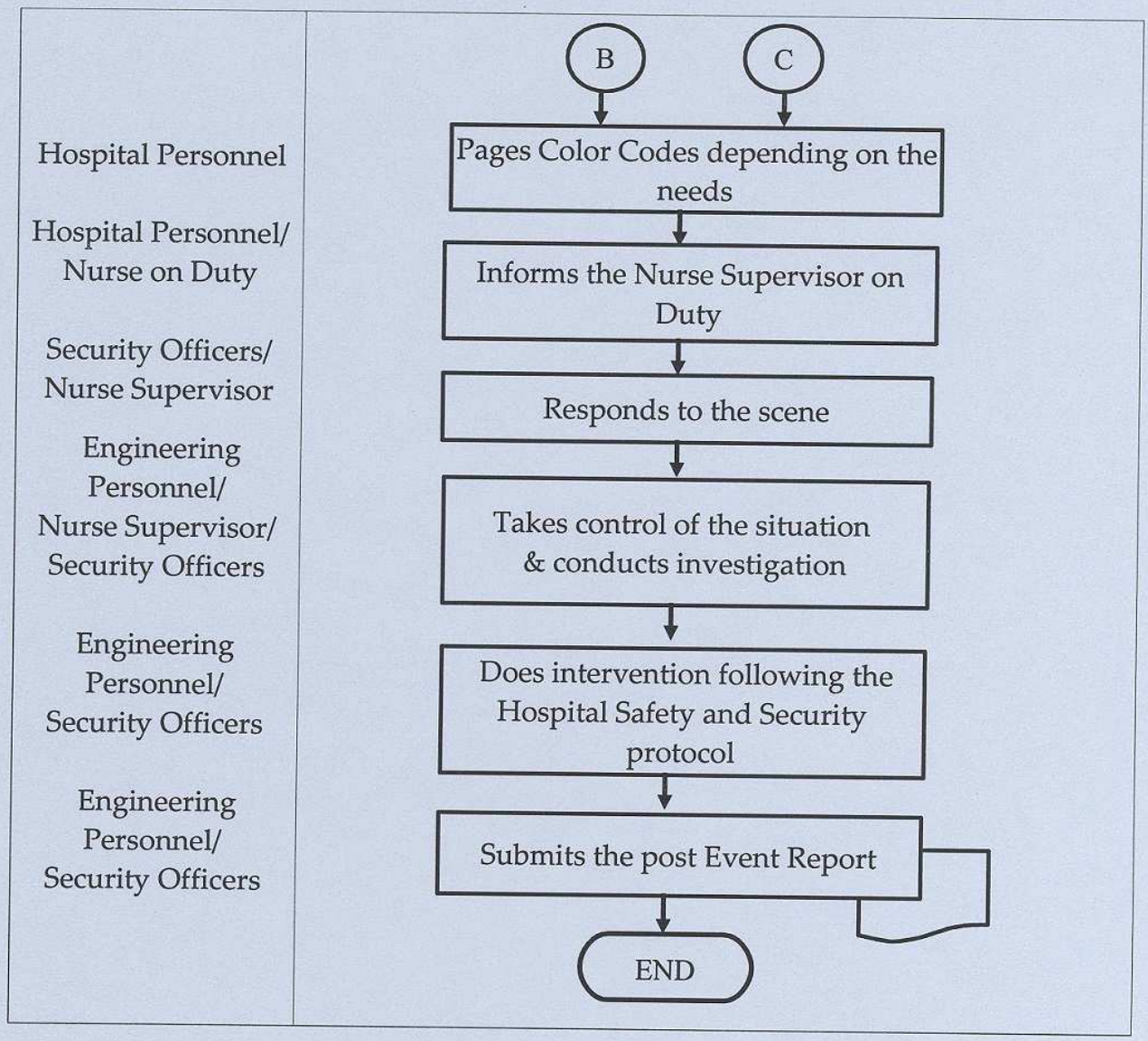
Hospital Personnel
Hospital Personnel/ Nurse on Duty
Security Officers/ Nurse Supervisor
Engineering Personnel/ Nurse Supervisor/ Security Officers
Engineering Personnel/ Security Officers
Engineering Personnel/ Security Officers
B
C
Pages Color Codes depending on the needs
Informs the Nurse Supervisor on Duty
Responds to the scene
Takes control of the situation & conducts investigation
Does intervention following the Hospital Safety and Security protocol
Submits the post Event Report
END



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## WORK INSTRUCTION

**Medical Director:**

1. Headed all Medical and Operational operation of the hospital

**Nurse Supervisor:**

1. Oversee the Nursing Operations of All Nursing Stations.

**Security Guard/CRO:**

1. Screens and traffic patients that enters the Emergency Department

**Auxiliary:**

1. Assists and transport patients to point of destination.
2. Performs bedside functions to patient with in the scope of his practice.

**Triage/ER Nurse:**

1. Classifies and attends patients according to their needs

## DOCUMENTATION

1. Patient chart
2. Nurses remarks
3. CRO/ Security guard logbook
4. Triage Census log book

## MONITORING

1. Post Event Reports

## DISSEMINATION

1. Approved policy on Hospital Emergency Codes
2. Engineering/Security Department policy on Emergency on specific preparedness/plan.



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## REFERENCES


1. Primer on Hospital Alert Codes
   Reynaldo O. Joson, MD, MHA, MHPEd, MSc Surg
   January 13, 2012
   Edited: January 15, 2012

2. Guidelines for Health Emergency Management – Hospitals, Philippines, 2nd edition, 2008, DOH, HEMS




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