

# E-ORIENTATION



# EMERGENCY CODES

# EMERGENCY CODES

## Emergency Codes

CODE	DEFINITION
Code Red	Fire in the Hospital
Code Blue	Medical Emergency in an Adult or Child
Code Pink	Medical Emergency in an Infant
Code Black	Bomb Threat
Code Brown	Chemical Spill
Code Yellow	Missing Patient
Code Grey	Infrastructure Loss or Failure
Code Green	Internal Evacuation
Code White	Violent Person
Code Purple	Hostage Situation
Code Silver	Person with a Weapon

## In Case of Emergency...

At Met or Ouellette, any staff member can notify Switchboard of an emergency code by dialing: **3-3-3-3**

When a Code is called, the appropriate Code personnel will respond. Please state the **Code, Campus,** and **specific location e.g. Code Red, Ouellette Campus, Room 4276**

Any off-site programs can access emergency assistance by dialing: **9-1-1**

## Emergency Codes On-Line

The most up to date codes policies can be found via the Policy Library on the WRH Intranet. Each policy contains detailed information regarding roles & responsibilities, Code Team members and Decision Tree algorithms.

## Emergency Codes Kits

Located in each department, the Emergency Codes Kit contains important information and/or supplies that may be needed in the case of an emergency e.g. hazmat, green tape, department maps, etc. If you do not know the location of the Emergency Codes kit in the area you are working, please ask the Most Responsible Person (MRP) from the unit/department.

### Code Red: Fire in the Hospital

- R** **RESCUE** or **REMOVE** Person(s) from immediate danger
- A** **ALARM** or **ASSESS** - Pull alarm, located near stairwells, & call "3-3-3-3"
- C** **CONFINE** or **CLOSE** all doors & windows
- E** **EXTINGUISH** or **EVACUATE** - use fire extinguisher, if trained and safe to do so, evacuate as directed

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## Code Red: Fire in the Hospital

- Students should return to their area anytime the fire alarms sounds, even in a drill
- In a Code Red Drill, the Code Red Drill Form is completed (found on Intranet) and sent to Security
- Do NOT press your PAL in a Code Red

### How to Use a Fire Extinguisher



## Code Black: Bomb Threat

### Threat by Phone

- Listen carefully - do not interrupt
- Keep the caller talking - ask when, where, why, etc.
- Dial 3-3-3-3 and provide Code, Campus, Location
- Complete the 'Responsibilities of Anyone Receiving a Bomb Threat Form' on the WRH Intranet - hand deliver to the Incident Command Centre (across from the Library at Met and The Boardroom at the Ouellette Campus).

In the event of any Code Black:

- Remain calm
- Do NOT press your PAL
- Remain in your department until the Code Black is cleared



### Conduct a Proper Search

- Search public areas first (washrooms, hallways, etc.)
- Search spots that are locked (closets, filing cabinets, etc)
- Search rooms (floor, objects off the floor, eye level, ceiling level)
- Highlight searched areas using the Departmental Search Grid, found in your Emergency Codes Kit

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## IF a suspicious object is found

- DO NOT disturb the suspicious object - secure the area
- Dial 3-3-3-3 to notify Switchboard. DO NOT leave the object unattended at any time
- Document the situation
- Switchboard announces “Attention All Staff: Code Black (campus);(Location) 3 times followed by “All Staff/Patients/Visitors, cell phones and pagers are to be turned OFF until further notice”
- Turn electronic devices (eg. cell phones, pagers, etc.) off until an overhead announcement is made indicating you can turn them back on

## Code Brown: Chemical Spill

<b>Code Brown Level I DEPARTMENTAL RESPONSE</b>	<ul style="list-style-type: none"> <li>• Spill is identifiable and small in volume</li> <li>• No serious risk to skin/lungs/eyes</li> </ul>	<ul style="list-style-type: none"> <li>• DO NOT call Switchboard</li> <li>• Review Safety Data Sheet (SDS) of spilled product</li> <li>• Contain and clean up spill as per department procedure with water and cleaning product</li> <li>• No evacuation needed</li> <li>• Complete report in RL6</li> </ul>
<b>Code Brown Level II CODE BROWN RESPONSE TEAM</b>	<ul style="list-style-type: none"> <li>• Hazard is unidentifiable or known to be hazardous</li> <li>• Spill cannot be handled by department staff and/or there is no departmental response procedure</li> <li>• Large volume of liquid (larger than face cloth)</li> <li>• Poses a safety hazard to skin, eyes and/or lungs, even with use of PPE, and may require evacuation</li> <li>• Can't be cleaned with water and disinfectant</li> </ul>	<ul style="list-style-type: none"> <li>• Notify Switchboard at 3-3-3-3</li> <li>• No Overhead announcement – Switchboard will contact required departments</li> <li>• Response Team arrives and establishes the Most Responsible Person (MRP) and requirements to follow</li> <li>• Complete report in RL6</li> </ul>
<b>Code Brown Level III</b>	<ul style="list-style-type: none"> <li>• Serious health hazard to response team/nearby persons</li> <li>• Fire hazard</li> <li>• Serious environmental hazard</li> <li>• Requires respiratory equipment to be worn</li> <li>• Can't be cleaned with water and disinfectant</li> </ul>	<ul style="list-style-type: none"> <li>• MRP determines if Code Brown Level III needs to be called</li> <li>• Incident Management System initiated</li> </ul>

## Code Grey: Infrastructure Loss/Failure

Code Grey is called when both current and back-up systems to one of the six primary life giving systems are not operational.

1. Medical Vacuum (AGS)
2. Water
3. Hydro
4. Natural Gas
5. Medical Gas
6. Fresh Air (Air Exclusion Event)

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## Code Grey: Infrastructure Loss/Failure

### Code Grey Advisory

- There is no potential risk of service loss to one or more systems
- Staff alerted via email (no overhead announcement)
- A designated staff member will receive information from Facilities/logistics officer and bring back to the staff

### Level I

- Hospital has lost one of the major services and is working to resolve the issue; estimated recovery time is unknown
- *Example:* a failure of medical vacuum system where pumps are off for 4 hours while backups arrive

### What does this mean to me?

- A designated staff will get further information from the logistics officer/facilities staff (no overhead announcement)
- Staff are to stand by for further direction
- Only those departments immediately affected by the code will be involved at this level

### Level II

- Hospital has lost one of the major services and is working to resolve the issue; estimated recovery time is unknown/lengthy
- *Example:* a water main breaks outside the organization and cannot be fixed immediately and there is no estimated time of recovery

### What does this mean to me?

- Switchboard announces overhead (3X) "Code Grey Confirmed Level II" - and identifies the system affected (ie. water) and the location, if applicable
- A designated staff will get further information from logistics officer/Facilities to determine any follow-up required
- Staff are to stand by for further direction
- ***Only those departments immediately affected by the code will be involved at this level***
- A Code Green and/or a Code Orange may be called depending on the nature of the loss of service

## Code Green: Internal Evacuation

### LEVEL I

#### HORIZONTAL EVACUATION:

- Persons are moved from one area to another safe area (through the fire doors) on the same floor

### LEVEL II

#### VERTICAL EVACUATION:

- All persons are moved from one floor to another floor, preferably TWO FLOORS DOWN (and not directly under the affected area)
- Authorized by Incident Commander, Fire Department or Medical Officer

### LEVEL III

#### TOTAL PREMISES EVACUATION:

- All persons are moved from the affected building (may be outside or to another building)
- Each floor has a primary evacuation route and a secondary evacuation route
- Authorized by Incident Commander, Fire Department or Medical Officer

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## Code Green: Internal Evacuation

### Did You Know?

An "X" (made with green tape - found in the Emergency Codes Kit) placed across the door jam indicates that a room has been cleared and is empty

## Code Orange: Disaster in the Community

### Code Orange Alert

Hospital has been notified that a disaster has occurred in the community – no casualties have arrived yet

### Code Orange Level I

Hospital is receiving less than 4 major casualties and/or the hospital is unable to cope with present staff and resources. Only the staff in the departments that are immediately affected are required to stand-by for further direction. All other staff continue with regular duties

### Code Orange Level II

Hospital is receiving more than 4 major casualties OR the number of victims/severity of injuries requires additional staff and resources. Specific departments will respond, as needed. Staff without designated duties will make themselves available and stand-by for direction

### Code Orange Level III

Hospital is receiving MANY more than 4 major casualties OR the number of victims/severity of injuries requires additional staff and resources AND normal hospital routine will be interrupted. Specific departments will respond, as needed. Staff without designated duties will make themselves available and stand-by for direction

### Code Orange Downgraded

The hospital is no longer receiving casualties – staff continue to care for current casualties and families. Staff resume normal work duties

### Code Orange Decontam

Indicates a chemical, biological and/or radioactive disaster. Requires lockdown and decontamination procedures.

### Code Orange IPAC

Indicates an infectious disease requiring high-risk isolation procedure

# EMERGENCY CODES

## Code Blue: Medical Emergency in an Adult or Child (18 years +)

## Code Blue Paediatric: Medical Emergency in a Child (1 month – 18 years)

### Met/Ouellette

- The Code Blue team will bring the crash cart to the scene and take charge
- MET staff can use the code alerting system, located on the wall in patient rooms, to activate a Code Blue response (If the Code button is pressed in error, staff should notify Switchboard so the Code can be canceled)
- Do not activate your PAL (Ouellette only) for a Code Blue, as this may delay the appropriate medical response for the patient

### WRCC

- Cancer Centre staff are responsible for maintaining and bringing the crash cart to the location of the emergency

### Off-Site

Dial 911 for a medical emergency and assist in directing EMS upon arrival

### Outside the Building (Met)

- Initiate Code Blue Response by notifying Switchboard
- Switchboard will call 911 and make the announcement overhead
- Code Blue team members will use discretion to determine if they are able to respond based on personal safety, hospital responsibilities, distance from hospital, etc.

### Outside the Building (Ouellette)

- Call 911 (Code Blue team does not respond and no overhead announcement is made by Switchboard)

MET		To activate these teams: Dial 4-4-4-4  Give Switchboard: Team required Campus Specific Location
Paediatric Emergency Response Team (PERT)	This team assists in managing paediatric crisis eg. threats to airway, neurological changes. Does not replace Code Blue Paediatric	
Obstetrical Rapid Response Team (OBRRT)	This team assists in managing obstetrical crises eg. unplanned childbirth outside of Family Birthing Centre	
Neonatal Rapid Response Team (NRRT)	This team responds if a newborn infant is experiencing respiratory distress in which the NICU is not present at delivery	

OUELLETTE		To activate these teams: Dial 3-3-3-3  Give Switchboard: Team required Campus Specific Location
Code Stemi	A heart attack on patient is on route Alerts CCU and other affected staff to prepare for incoming patient	
Code Stroke	An acute stroke patient has arrived in Emergency. Notifies departments such as Lab, CT, ICU that an acute stroke patient has arrived	
Code Trauma	A seriously injured patient is coming into the ED. This notifies the "trauma" team, Lab, DI and EKG to come to the ED and await the patient's arrival; Alerts the OR and ICU staff that a patient is on the way	

# EMERGENCY CODES

**Code Blue: Medical Emergency in an Adult or Child (18 years +)**

**Code Blue Paediatric: Medical Emergency in a Child (1 month – 18 years)**

MET/OUELLETTE		To activate these teams:  Dial 3-3-3-3  Give Switchboard: Team required Campus Specific Location
<b>Code Omega</b>	A patient requires a massive blood transfusion	
	Only initiated in ED, FBC, Endo, Interventional DI, Cath Lab, OR, and Critical Care Unit	
	Initiated following a Code Blue/Code Blue Paediatric	
	During this code, lab services are unavailable. Services are reinstated once a Code Omega is "ALL CLEAR"	
	Staff are requested to stop all non-urgent calls to the Lab during a Code Omega	

**Code Pink: Medical Emergency - Infant - Less than 1 Month**

<b>MET</b>	• Code Pink Team will respond
<b>CANCER CENTRE</b>	• Staff should meet the Code Pink Team at the entrance of the Cancer Centre to help
<b>OUELLETTE</b>	• Code Blue Team will respond to the Code Pink announcement
<b>OFF SITE</b>	• Dial 9-1-1 for a medical emergency and assist in directing EMS upon arrival



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## Code Pink: Medical Emergency - Infant - Less than 1 Month

<b>MET</b>	<ul style="list-style-type: none"><li>• Code Pink Team will respond</li></ul>
<b>CANCER CENTRE</b>	<ul style="list-style-type: none"><li>• Staff should meet the Code Pink Team at the entrance of the Cancer Centre to help</li></ul>
<b>OUELLETTE</b>	<ul style="list-style-type: none"><li>• Code Blue Team will respond to the Code Pink announcement</li></ul>
<b>OFF SITE</b>	<ul style="list-style-type: none"><li>• Dial 9-1-1 for a medical emergency and assist in directing EMS upon arrival</li></ul>

## Code White: Violent Person

### Code White: Violent Person

A Code White may be called for ANY of the following reasons:

- De-escalation efforts have failed
- The physical safety of staff, patients or visitors is being threatened
- A person displays a substantial loss of control, which could result in harm to themselves, others, or the physical environment
- Aggressive or violent behaviour is about to happen or has erupted

**IMPORTANT: Staff are encouraged to use de-escalation techniques before calling a Code White**

### Flagging an Acting Out Patient

- "Flagging" a patient involves the following:
  - A Violence Prevention Screening (VPS) tool
  - A purple wristband on the patient
  - A Violence Prevention Care Plan
  - A Safety Precaution sign on the door/above the bed
  - An RL6 incident report
- All staff caring for the patient shall be informed of the safety measures that are in place
- When transferring/treating in another department, the Transfer of Accountability tool will help communicate these safety measures
- Always contact nursing staff before interacting with a flagged patient and/or entering a flagged patient's room



### SAFETY PRECAUTIONS



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## Code Yellow: Missing Patient

### Code Yellow: Missing patient

#### Level I

- Security and staff from the unit/department where the patient went missing search using the search grid from the Emergency Codes kit.
- There is no corporate voice-mail or overhead page during a Level I – Ensure Security (not Switchboard) is contacted with details, including name, height, weight, hair colour/style, clothing last seen wearing, any distinguishing features e.g. tattoos, glasses, etc.
- If the patient is on a form under the Mental Health Act, proceed to a Code Yellow Level II.

#### Level II

- ALL staff are required to assist in the search.
- MRP notifies Switchboard to call Code Yellow Level II with a description of the missing patient.
- Switchboard will send out voice-mails to all staff, including the description of the missing patient.
- A full search of the hospital is required, using search grids found in the Emergency Codes kit.

## Code Amber / Amber Alert: Missing Child

### Code Amber/Amber Alert: Missing Child

- Dial 3-3-3-3 and provide code, campus, specific location, and a full description of the infant/child AND alleged abductor (if known).
- Alert Security of all details.
- Switchboard communications via voice-mail, and overhead, including a description of the alleged abductor AND infant/child (no name to protect privacy).
- Upon hearing the Code Amber, staff should secure their area, restrict entrance/exits, and conduct a search using their search grid.
- Any suspicious individuals with an infant/child should be reported to Switchboard for a Security response.
- Code Amber incidents should be documented in RL6.

## Code Purple: Hostage Situation

- STEP 1** DO NOT attempt any actions that may put you at risk
- STEP 2** Dial 9-1-1 - DO NOT activate your PAL
- STEP 3** Dial 3-3-3-3 to notify switchboard that you have a Code Purple and have called Police; Provide switchboard with campus and specific location
- STEP 4** Clear the area if it is safe to do so
- STEP 5** Wait for Security and Police to arrive
- STEP 6** DO NOT initiate conversation with the hostage taker(s) but do answer when spoken to
- STEP 7** Make as many notes as possible about demands or actions

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## Code Silver: Person with a Weapon

### Code Silver: Person with a Weapon

- An individual threatening to use, attempting to use, or actively using a weapon to use harm, regardless of the type of weapon and the situation cannot be controlled without enhanced police response
- Call 3333 if you are told about, or see someone carrying and/or using a weapon on/near hospital grounds
- Switchboard will call 911 and connect directly to the person who called the code – **STAY ON THE LINE** if safe to do so
- Other staff, including security, will not come to assist due to potential harm
- If not in your area during the Code Silver, remain calm, do not return to your department unless directed to do so, and hide if unable to leave
- Do not use the phone unless directly related to the Code Silver
- Medical Emergency Codes will **NOT** be called during a Code Silver



### In a Code Silver - Remember:

#### “RUN....HIDE....FIGHT”

##### **RUN**

- Staff in the immediate area shall not attempt to engage the assailant (verbally or physically)
- Remain calm and evacuate if able

##### **HIDE**

- Hide if unable to evacuate
- Silence phones/sources of noise

##### **FIGHT**

- If your life is in imminent danger, fight back as a last resort (work together if possible)