Emergency Codes

Revised: October 1, 2024

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NCH is transitioning away from color-based alerts and adopting plain language emergency codes on November 18, 2024.

These changes are based on recommendations from the New Hampshire Hospital Association's "Plain language Implementation Toolkit," incorporating national best practices for emergency codes.

Members of the NCH Affiliate Safety Committees developed a series of 12 emergency codes which will be standardized across the system.

Some codes are new, some remain unchanged, and others now have a different title. All of them will be outlined in NCH System-Wide Emergency Preparedness Policies, available on the NCH Intranet.

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Hospitals are increasingly moving away from color-based emergency codes and transitioning to plain language for several reasons:

1. Clarity and Understanding: Color codes can be confusing, especially for visitors and non-clinical staff who may not be familiar with the specific meanings of each color. Plain language descriptions are universally understood and reduce ambiguity during critical situations.

2. Improved Response Times: Plain language codes can lead to faster and more accurate responses during emergencies. Instead of deciphering color codes, staff can immediately grasp the nature of the situation and respond appropriately.

3. Reduction of Errors: Color-based codes can sometimes be misinterpreted or misunderstood, leading to errors in response. Using clear, descriptive language reduces the likelihood of mistakes and enhances patient safety.

4. Compliance and Standards: Regulatory bodies and accreditation organizations are increasingly recommending the use of plain language codes to ensure consistency and effective communication in healthcare settings.

5. Training and Education: Plain language codes are easier to teach and integrate into training programs for both new and existing staff.

6. Patient and Visitor Awareness: Plain language codes can also benefit patients and visitors by providing clearer information about the nature of emergencies without causing unnecessary alarm or confusion.

7. Accessibility and Inclusivity: Using plain language supports inclusivity by ensuring that emergency information is understandable to all individuals, including those with language barriers or disabilities.

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Updated Emergency Codes (Go-Live October 21, 2024)

Active Shooter: an individual is actively engaged in attempting to kill or harm people in a populated and confined area. Staff are trained to run, hide, or fight.

Bomb Threat: any suspicious warning or communication indicating an explosive device has been placed or is planned to be detonated. Bomb threats can be conveyed through phone calls, written notes, emails, or social media messages.

Code Blue: establishes a standard for the immediate recognition of patients experiencing cardiopulmonary arrest. The "Code Team" is activated with an overhead page.

Code Red: facility-wide response to any potential risk of fire, smoke or carbon monoxide.

Code Triage: a coordinated, facility-wide response to conditions which could challenge or exceed the hospital's servicing capacity, also known as a Medical Surge Event. The proactive use of Code Triage is essential for early recognition and preparation for Mass Casualty Incidents (MCI), such as natural disasters, large scale motor vehicle crashes, industrial accidents and mass shootings.

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Updated Emergency Codes (Go-Live October 21, 2024)

Evacuation Order: To ensure an orderly evacuation in response to an immediate threat to patients, personnel, or property. This policy ensures the movement of patients from potentially dangerous areas to an alternative treatment area in the event of an emergency.

Facility Alert: To provide guidelines for the appropriate staff response to planned or unplanned disruptions of essential infrastructure impacting the hospital campus.

Hazardous Material Response: staff response to decontaminating patients, personnel and property exposed to hazardous material

Missing Person: reported missing or abducted individual.

Rapid Response Team: To expedite the appropriate staff response to patients requiring urgent medical evaluation and treatment, especially in non-clinical areas of the hospital campus. "Rapid Response Team, *Code C*" will indicate stat cesarian sections on the AVH campus.

Security Alert: To provide guidelines for the appropriate staff response to aggressive or violent behavior on the hospital campus.

What happened to the old emergency codes?

Some emergency codes stay the same:
        Active Shooter
        Code Blue
        Code Red

Some emergency codes are new:
        Evacuation Order
        Facility Alert
        Rapid Response Team

Some emergency codes have been renamed:
        Code Purple and Code White have been replaced with Code Triage
        Code Grey and Code Silver have been combined as a Security Alert
        Code Black is now Bomb Threat
        Code Orange is now Hazardous Material Response
        Code Amber is now Missing Person

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Active Shooter

WHEN TO USE:

An individual is actively trying to harm people using a weapon.

OVERHEAD PAGE:

"Attention, Active Shooter, [Location], Run, Hide, Fight" three times

STAFF RESPONSIBILITIES:

Run: Evacuate the area immediately, leaving personal belongings behind. Inform patients and visitors to evacuate as well. Move quickly to a safe location, avoid using elevators and call emergency services as soon as possible.

Hide: If escaping is not feasible, seek shelter in a secure, concealed location. Lock or barricade doors, turn off lights, and remain out of sight. Silence phones and communication devices to avoid detection, and wait for law enforcement to arrive.

Fight: If confronted by the shooter and all other options have been exhausted, take proactive and aggressive action to disarm or incapacitate the attacker. Use any available objects as weapons and coordinate with others to confront the shooter.

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Bomb Threat

WHEN TO USE:
Staff receives a suspicious communication indicating an explosive device has been placed or is planned to be detonated. Bomb threats can be conveyed through various means, including phone calls, written notes, emails, or social media messages.

OVERHEAD PAGE:
"Attention, Security Alert, Staff Instructions to Follow" three times
Staff will then receive updates in-person, via email, or additional overhead pages, as necessary.

STAFF RESPONSIBILITIES:
Staff members should document the nature of the threat and involve a supervisor or manager immediately. Members of the NCH Incident Command Team who are present at the Hospital Command Center will work with Law Enforcement to identify the threat level associated with the suspicious communication. If an actual explosive device is discovered, evacuate the immediate area and proactively relocate patients.

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Code Blue

WHEN TO USE:

A patient is experiencing cardiopulmonary arrest. The "Code Team" is activated with an overhead page or "Code Button" at the bedside.

OVERHEAD PAGE:

"Attention, Code Blue, [Location]" three times

STAFF RESPONSIBILITIES:

Clinical staff who recognize that a patient needs emergency care should establish that the person is unresponsive by speaking loudly, tapping the person, or performing a sternal rub. Symptoms of sudden cardiac arrest are immediate and include chest discomfort, shortness of breath, weakness, heart palpitations, loss of consciousness, collapse, and the absence of respirations and a pulse. The "Code Team" responds according to affiliate level procedures.

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Code Red

WHEN TO USE:
A Fire Alarm is activated based on a smoke, heat or CO_2 sensor.

OVERHEAD PAGE:
"Attention, Code Red, [Location]" three times

STAFF RESPONSIBILITIES:
The **R.A.C.E.** acronym describes immediate steps for staff:
    Rescue all patients, visitors, employees, and volunteers from immediate danger
    Alarm by pulling the closest fire pull-station and reporting the location of the fire
    Confine the area by closing all doors
    Extinguish the fire and evacuate patients
An investigation team will go to the location per affiliate procedure.

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Code Triage

WHEN TO USE:

At the discretion of the ED Provider and ED Charge Nurse, a Triage Alert or Code Triage will be announced in preparation for a medical surge event.

OVERHEAD PAGE:

"Attention, Triage Alert"
Used for an urgent incident briefing among clinical staff who gathers near the ED.

"Attention, Code Triage"
Used to prepare for any <u>confirmed</u> medical surge event or mass casualty incident.

STAFF RESPONSIBILITIES:

One person from each clinical department will report to the Emergency Department for assignments. Should there be a need to "call in" hospital personnel, the House Supervisor or Administrator on Call (AOC) will designate the appropriate staff member to call through a list maintained in the ED.

Staff will work to identify immediate needs for personnel, equipment, supplies, medication, blood products, PPE, a law enforcement detail and employee assistance resources. An Emergency Treatment Area adjacent to the Emergency Department may be used for low acuity patients.

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Evacuation Order

WHEN TO USE:
An immediate threat to patients, personnel, or property necessitates an orderly evacuation (or partial evacuation) of the building, including the relocation of patients.

OVERHEAD PAGE:

"Attention, Standby for Evacuation" Used for to prepare staff for evacuating the building and relocating patients.

"Attention, Evacuation" three times Initiates the evacuation.

STAFF RESPONSIBILITIES:
All nonclinical staff exit the building and gather at the designated assembly point.
All clinical staff relocates patients to the designated treatment area.
Affiliate level procedures outline steps for notifying the Administrator On Call, establishing Incident Command, accounting for missing staff members, slowing vehicle traffic around evacuating routes, coordinating patient transfers, updating additional hospitals, and requesting supplies, equipment and medication.

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Facility Alert

WHEN TO USE:

To provide guidelines for the appropriate staff response to planned or unplanned disruptions of essential infrastructure impacting the hospital campus

OVERHEAD PAGE:

"Attention, Facility Alert, Description or Brief Instructions" three times

Example 1: "Attention, Facility Alert, water shortage in effect until 2pm"
Example 2: "Attention, Facility Alert, network disruption, use downtime procedures"
Example 3: "Attention, Facility Alert, testing the alarm panel, disregard previous activation"

STAFF RESPONSIBILITIES:

Staff should report concerns or safety issues related to essential infrastructure such as power, water, medical gas systems, HVAC (Heating, Ventilation and Air Conditioning), communications, waste management, fire safety systems or shortages with medical equipment and supplies.

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HazMat Response

WHEN TO USE:
There is need to decontaminate patients, hospital personnel or property which may have been exposed to hazardous material.

OVERHEAD PAGE:

"Attention, HazMat Spill, [Location]" three times
Used for a chemical spill or leak

"Attention, Decon Team to [Location]" three times
Used for patients who are inbound to the Hospital and will need to be decontaminated prior to arrival.

STAFF RESPONSIBILITIES:
Utilize the RAIN acronym for hazmat situations on the hospital campus:
R - Recognize the hazard: Identify the presence of hazardous materials or substances.
A - Assess the situation: Evaluate the risks associated with the hazardous materials present.
I - Isolate the area: Establish a safe perimeter around the hazardous materials to prevent exposure.
N - Notify authorities: Consider contacting the local fire department for assistance.

Staff Resource: Safety Data Sheet (SDS) Hotline 1-800-451-8346.

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Missing Person

WHEN TO USE:
There is a report of a missing or abducted individual.

OVERHEAD PAGE:
"**Attention, Missing Person, [Description]**" three times

> Example 1: Attention, Missing Person, Elderly Male, Hospital Gown
>
> Example 2: Attention, Missing Person, three-year old female, blue dress, rehab waiting room"

STAFF RESPONSIBILITIES:
Staff should search their work area for individuals matching the description of the missing person and notify a supervisor of any suspicious or "out of place" behavior. All exits to the building should be actively monitored until an "all clear" announcement can be issued. Additional responsibilities are outlined in affiliate level procedures.

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Rapid Response Team

WHEN TO USE:
A patient requires urgent medical evaluation and treatment, especially in non-clinical areas of the hospital campus.
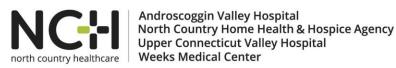
OVERHEAD PAGE:
"Attention, Rapid Response Team, [Location]" three times

STAFF RESPONSIBILITIES:
All staff (both clinical and nonclinical) may activate the Rapid Response Team as conditions warrant. The Rapid Response Team comprised of 2-3 clinical staff members will perform an initial assessment of the patient and will facilitate a move to a more appropriate area, such as the Emergency Department, for treatment.

If the patient is found to be in cardiopulmonary arrest, this emergency code should be upgraded to "Code Blue."

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Rapid Response Team (Code C) at AVH Only

WHEN TO USE:
A Rapid Response Team "Code C" indicates a stat cesarian delivery (C-Section).

OVERHEAD PAGE:
"Attention, Rapid Response Team, Code C"

STAFF RESPONSIBILITIES:
A specialized team will acknowledge the page by calling Women's Services and reporting to the Operating Room, including the OB Provider, Anesthesia, OR Circulator, OR Scrub Tech, Pediatrician, Surgical Assistant and Respiratory Therapist. This emergency code is specific to the VAH Campus and is consistent with the Code C – Stat Cesarean Delivery Activation Plan.

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Security Alert

WHEN TO USE:
Aggressive or violent behavior on the hospital campus.

OVERHEAD PAGE:
"Attention, Security Alert, [Location]" three times

STAFF RESPONSIBILITIES:
Staff, patients and visitors should avoid the area until the "all clear" is announced. Team members who are trained in MOAB, AVADE, or Escalation Prevention are asked to safely gather near the area as conditions allow them to. Contracted security personnel or local law enforcement will be directed to the incident. Specific details, such as a description of the individual or their behaviors, should be relayed using internal channels such as emergency 2-way radios, and not over the intercom system.

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Don't hesitate to reach out to the following staff members if you have questions about the new emergency codes:

AVH	William Chabot	William.Chabot@northcountryhealth.org
NCHHHA	Tamara Reilly	treilly@nchhha.org
UCVH	Clarke Reiner	Clarke.Reiner@northcountryhealth.org
WMC	Steven Legge	Steven.Legge@northcountryhealth.org

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