



Carolinan HealthCare System  
*Blue Ridge*

## Emergency Management

### Introduction

Carolinan Healthcare System Blue Ridge uses a uniform system of “Codes” and “Conferences” to alert staff to emergencies in their facility. This module contains important general information concerning Emergency Codes and Conferences used at Blue Ridge facilities. These codes allow communication of emergencies via overhead/voice paging systems (where available) without alarming patients and/or visitors, thus making it easier for employees to respond quickly, in a smooth and orderly manner.

Blue Ridge facilities follow the facility Emergency Management Plan (EMP) and corporate Emergency Operations Plan (EOP). Some care teams may have specific response plans for the events. This module is general in nature and does not contain all facility and departmental procedures. Detailed information may be obtained from facility and care team specific policies and procedures.

### Emergency Management

***Emergency Management is the ability of an organization to prepare for, respond to, mitigate against, and recover from an emergency or disaster outside the facility, in the community, or inside the facility.***

The community expects Blue Ridge facilities to provide healthcare services to Burke County and the surrounding areas with minimal disruption in the event of an emergency or disaster.

All Blue Ridge teammates must know their assigned roles and perform them efficiently. A carefully planned and fully implemented Emergency Operations Plan is the key to saving lives.

### Emergency Management Plan and Emergency Operations Plan

The Emergency Management Plan (EMP) is a document designed to guide the facility activities through all phases of emergency management: mitigation, preparedness, response, and recovery.

The Emergency Operations Plan (EOP) is the corporate operational plan used to respond to any emergency. It contains the specific operational details of the response across the corporation.

**The EMP/EOP** is available on-line via the BLUE RIDGE Intranet. The on-line manual contains the Blue Ridge (system-wide) plan. Departmental plans may also be available. Ask your Supervisor which plans you should be using within your specific care team.

## **Hospital Incident Command System (HICS)**

**Incident Command:** An organized process of command and control for managing the hospital during an emergency event. Incident command does not change the policies or procedures we use during an emergency response.

**Blue Ridge Perspective:** Blue Ridge facilities use HICS, the Hospital Incident Command System. This is a standard system used in hospitals nationwide. Incident command will be used to manage every emergency, but in smaller events it may not be visible to most staff members. In larger scale emergencies, Incident Command will be established and managed in the Hospital Command Center (HCC) at each facility. The HCC is a large meeting room with communications equipment, computers, and other resources. Designated individuals will be based in the HCC.

Each hospital has an organizational chart that designates positions to be filled, as necessary, for the management of the particular event. Certain individuals are designated, or may be asked, to fill a role on that chart. These people will be given a "Job Action Sheet," which is essentially a checklist of responsibilities, to complete. These roles fit into a specific reporting structure on the chart. Key individuals will wear a vest identifying their position.

Most hospital staff members will **not** be asked to fill one of these designated roles. They will continue to perform their regular (or alternate) duties as designated by their Supervisor. They may be asked to report to a Labor Pool for alternate assignment to assist with the emergency.

The following are types of plans for addressing emergencies:

1. *External disaster plan,*
2. *Internal disaster plans, and*
3. *Department-specific disaster plans.*

## **Types of Events**

Events can be described as **external** and/or **internal**, depending on their origin and impact on the community and/or directly on BLUE RIDGE operations or facilities.

### **External**

External disasters are events outside of the hospital which cause serious injury to multiple persons at one time or which cause a serious impact on hospital operations.

Examples include:

- Earthquake
- Flood
- Severe weather or other natural disasters
- Multiple car accident
- Large-scale power outage
- Train collision or derailment
- Off-site hazardous chemical spill resulting in mass casualties
- Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) incidents arising as acts of terror



These events may have devastating effects on the community, as well as on the ability of healthcare facilities responding to them. Blue Ridge has emergency management programs to manage the consequences of naturally occurring disasters or other external emergencies that could potentially disrupt the facility's delivery of patient care services.

## Internal

Internal events are classified as a planned or spontaneous emergency, disaster, catastrophic, or crisis event that, originates or occurs, within BLUE RIDGE. Examples may include:

- Internal utility failure: loss of electricity, natural gas, water, etc.
- Internal communication outage: computer, telephone, or paging system failure
- Bomb threat
- Mass Casualty Incident (MCI) resulting in Patient Surge within BLUE RIDGE
- Facility fire
- Workplace violence: Co-worker, family member, patient, or visitor

Both **internal** and **external** events may have devastating effects on the community (*external*), as well as on the resources and capabilities of healthcare facilities responding to them (*internal*). BLUE RIDGE maintains emergency plans to manage the consequences of man-made and naturally occurring emergencies or other emergencies (*external*) which could potentially disrupt the facility's delivery of patient care services (*internal*), as well as detailed plans required to respond to and recover from events that originate or occur from within BLUE RIDGE (*internal*).

## Emergency Codes and Conferences

BLUE RIDGE adopted the following codes and conferences for emergency planning:



**Code Black** – Utility outage (power, water, natural gas, steam, etc.)



**Code Brown** – Medical gas failure (Oxygen, vacuum, air)

**Code Red** – Fire, odor of smoke, visible smoke



**Code Orange** – Chemical / hazardous material spills or releases which exceed the capabilities of staff in the area

**Code Yellow** – Suspicious object / package – bomb threat



**Code Green** – Severe weather or natural disaster

**Code Pink** – Infant and/or child abduction



**Code Gray** – Security Assistance

**Code Blue** – Cardiac Arrest



**Code Triage** – External mass casualty event – multiple victims/ influx of patients



**Code White** – Patient/Resident Elopement

**Code Hotel** – Hostage Crisis



**Code Silver** – Active Shooter

## Overhead Paging

Paging operator (communications) announces voice pages on the overhead paging system. The operator repeats three (3) times to assure they are heard and understood. Operator also announces three (3) times the “All Clear” page that should follow once the event ends.

Procedures at the Corporate and Facility levels address each of the Codes and Conferences listed on the following pages.

Please note not all events will be voice paged. Voice paging takes place to notify teammates to implement departmental procedures in response to the event.

*If there is no overhead paging system for your facility, check with your manager to find out how emergency alerts will be made. If you have trouble hearing the overhead page (i.e. it is not loud enough, the sound is muffled, speaker is not working, etc) report this immediately to the Support Center at 580-1111 for the hospitals or your maintenance department at your facility.*

*If an event is a Training or Exercise, the overhead page will begin and end with, “**This is a (Training or Exercise)**”, otherwise, treat all overhead pages as REAL EVENTS!*

## Code Black – Utility Outage



Failure or disruption of utilities such as electrical service, water, natural gas, steam, etc. could have a very significant impact on departmental operations and the health and safety of patients, visitors and/or staff.

Teammates should discuss with their managers their departmental role in the event of a utility failure or disruption.

**Code Black Protocol** (There may also be departmental protocols to support the facility response to utility failures.)

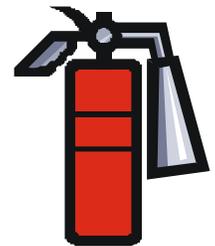
- Learn your facility procedures for reporting utility failures.
- Notify your Supervisor or Administrator on call and co-workers of the utility failure.
- Ensure patients on critical life support equipment are being safely cared for (equipment plugged into red outlets, etc.).

## Code Brown - Medical Gas Failure



**Code Brown Protocol:** (There may be both facility and departmental protocols to be followed in the event of a medical gas failure)

- Familiarize yourself with measures for mitigation, preparedness, response, and recovery for the loss of medical gases in your facility.
- Learn and follow your facility procedure to report a medical gas failure.
- Understand your specific response procedures.
  - Contact the emergency operator for your respective facility.
- Ask your supervisor if you have any questions.



## Code Red – Fire

The response to a Code Red condition will depend upon the work setting. In hospital and ambulatory surgery settings, upon hearing a Code Red page or fire alarm teammates should stay in place until the “all clear” code is paged and follow departmental and facility procedures to safeguard patients and/or visitors.

In clinics and office settings, teammates should follow the facility’s building emergency action plan and evacuation procedures. To report a fire or smoke conditions:

- 1) Use the pull station if present.
- 2) Notify Emergency Response Agencies by following the facility’s reporting procedures

**Code Red Protocol:** (There may also be facility and departmental protocols to support code red response.)

- **CHS uses RACE to outline the response to a fire:**
    1. **R**escue patients and personnel from the immediate fire area.
    2. **A**larm: activate the fire alarm and notify others in the affected area to obtain assistance.
    3. **C**ontain the fire and smoke by closing all doors.
    4. **E**xtinguish the fire if it is safe to do so.
      - a. Fire extinguishing methods / techniques
        - Note:** the acronym **PASS**
          - **P**ull the pin;
          - **A**im the extinguisher;
          - **S**queeze the handle;
          - **S**weep the extinguisher's nozzle back and forth across the base of the fire.
- **Code Red Response**
  - In the area specified by the code, teammates should follow the departmental specific fire plan.

The fire alarm may continue to sound **until it is determined that it is safe to return to the area.** *Note: Some fire alarms will not sound continuously; however, strobe lights will flash until the building is safe, as announced by “Code Red All Clear” on the overhead page. Check your facility’s Fire Safety Plan for more details.*

- **All Clear**

Never enter a building if the fire alarm is sounding or the strobe lights are flashing. It is safe to enter the building **ONLY** after the termination of all audible and visual alarm signals or notification from a designated hospital representative. The only exception to this rule is staff members performing duties critical to patient care.

## **Code Orange - Chemical Spill/Release**



**Read and understand your department spill clean up procedures BEFORE an emergency occurs!**

There is always the possibility of accidentally spilling a hazardous material. If a spill occurs, the material must be cleaned up properly to ensure no harm occurs to the environment, humans, or property. One source of information for spill cleanup procedures is the MSDS. It will also provide telephone numbers to call, if additional assistance is needed. If you work with a chemical, make sure you know where your departmental MSDS materials are located (in a specific notebook in your department or on the BLUE RIDGE Intranet).

**For a chemical spill, notify your supervisor immediately.  
Clean up the spill yourself, only if you have proper training and PPE.**

**General procedures can be found in the Code Orange policy.  
Follow department specific procedures when available.**

**Personnel working with the hazardous material when a spill occurs are expected to contain and clean up the spill, as long as:**

- The identity of the spilled material is known;
- Staff are familiar with the substance;
- The quantity of the spilled material is manageable;
- Staff are familiar with spill management procedures for the material; and
- Appropriate PPE and spill management supplies are available.

**Find general procedures in the Code Orange policy. Follow department specific procedures when available.**

If any of the above criteria are not met, (i.e. spill is too large to manage safely, spilled material is extremely dangerous, or the identity of the spilled material is unknown), the teammates must contact their supervisor or designee **immediately** and follow the facility's internal disaster plan for a "**Code Orange.**"

**Facilities do NOT have spill response teams. BLUE RIDGE Safety calls an emergency spill response contractor if needed.**

## Code Yellow - Bomb Threat / Suspicious Package



- **As a reminder, if you discover a suspicious letter or package:**
  - Treat the letter or package with care. **DO NOT SHAKE OR BUMP UNNECESSARILY!**
  - **DO NOT** tear open, smell, taste, or touch the item unnecessarily.
  - Isolate the item and look for any additional signs.
  - If additional signs are present, or the package seems suspicious, treat the letter or package as suspect and immediately call for assistance.

### Code Yellow Response Protocol:

- If a caller makes a bomb threat:
  1. Remain calm, and listen carefully as you write down information about the call:
    - a. Do not interrupt the caller
    - b. Notify your Supervisor or someone in your area by prearranged signal (if possible) while the caller is still on the line.
    - c. Obtain as much detail as possible (e.g. specific location on campus/in building, clues to callers identity such as male/female, adult/juvenile) etc.
  2. Notify Blue Ridge Security and/or contact police (via 911) per your facility policy.
- Additional Information:

If a **bomb threat** is received by phone, your role is to:

  - Keep the caller on the phone. Ask where the bomb is and when it will explode.
  - Listen for background noise (music, street traffic, voices, machinery, etc.).
  - Listen for voice characteristics (sex, voice quality, impediments, etc.).
  - Inform caller that building is occupied and an explosion could result in death or serious injury to many people.
  - Call facility switchboard.
  - If a threat is received by letter or printed message, notify manager or supervisor immediately and avoid all unnecessary handling of the message or envelope.

### Departmental Search Procedures

- Ensure that patients and visitors are not unduly alarmed.
- Do not broadcast that a threat has been received except to direct other teammates to check their work areas. Remember that you know your area(s) better than anyone else and will be most likely to recognize a suspicious package.

## Code Pink – Infant/Child Abduction



It is extremely important for teammates to know their specific roles in facility and departmental plans in responding to missing/abducted infants, or children (less than 18 years of age).

All staff must recognize the Maternity Department is a security-sensitive area and that access to the department is limited to authorized staff and visitors only. When entering and exiting the maternity department, be mindful to prevent anyone “piggybacking” or entering along with the authorized person.

### Code Pink Protocol:

- Upon hearing a **Code Pink**, all healthcare facility personnel are to immediately stop all non-critical work.
- Cover all interior stairwell doors, elevator areas and exit doors.
- Staff members who are outside their own department area are to go to the nearest exit.
- When a second person reaches an exterior door, one of them is to exit the healthcare facility to watch for suspects leaving the facility grounds, or entering a car.
- If possible, close exits to parking lots (i.e., gate arms, doors, etc.) and record the license number of any vehicles leaving the premises.
- Where specific facility and/or departmental plans exist, learn and follow those plans.
- In the event of an infant abduction, notify the switchboard and request that a Code Pink be initiated. Give the exact location of exit and/or zones that are alarming.

Code Pink response procedures are located in the Emergency Operations Plan on the BLUE RIDGE Intranet under the Emergency Preparedness Plan tab.

## Code Gray: Security Assistance needed



When a code Gray is activated, all available staff should respond.

There are various levels of workplace violence. Most levels are included in one of three categories:

- Harassment or actions designed to intimidate the intended victim. This is considered a non-lethal form of workplace violence. This is the most common form, and may be harmful to both the victim and work team morale.
- Threats or declarations of intent to inflict injury are the second most common form of workplace violence. Threats do not have to be direct, and may be as subtle as body language used to intimidate a co-worker. Threats may be veiled (“*Sometimes things happen to people*”), conditional (“*If you..., then I will...*”), or direct.
- Assaults or the use of physical force against another with the intent to inflict injury is the third and most dangerous of these three.

## Code Green - Severe Weather/Natural Disaster



Where advance warnings are provided for impending weather conditions (e.g. the National Weather Service issues an Advisory, Watch, or Warning) in preparation for a potential event, a Code Green Alert may be initiated. As the weather conditions worsen, Code Green Level 2 or 1 may be declared by the Incident Commander or Administrator on Call.

### Code Green Protocol:

- Teammates are expected to make all reasonable efforts to report to work.
- Inclement weather policy (1005) may affect attendance. The decision to invoke the Code Green policy resides with the Incident Commander

## Code Blue – Medical Emergency

Code Blue is a clinical code that deals with Cardiac or Respiratory Arrest.



### Code Blue:

- If your job assignment requires you to participate and/or support Code Blue responses, you will receive specific training within your facility/department.
- If you are not directly involved in the treatment or support of Code Blue events, stay out of the way and do not interfere with emergency responders.
- If you have not been instructed to do so, do not respond or interfere with a Code Blue.

## Code Triage – Mass Casualty Event



Teammates must learn and understand departmental and job responsibilities in the event of a Code Triage involving multiple casualties.

Each care team within the healthcare facility is to develop a disaster specific plan that supports the overall Emergency Operations Plan.

The various priority levels of a Code Triage serve as a general guide to identify the community's involvement in the situation. The actual situation and direction from the HCC may require variation in the responses outlined in this module.

### **Code Triage Priorities and Indications:**

- **Stand-by/ Alert**
  - Standby status.
  - Warnings of impending Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) incident or other condition called for a heightened state of readiness.
  - Continue with normal operations.
  
- **Priority 3**
  - Expect minor disruption of normal operations with no effect on patient care.
  - Handled through normal facility operations.
  
- **Priority 2**
  - Taxes multiple departments of the facility and may require the involvement of other facilities within the local area.
  - Hospital Command Center (HCC) may be established
  
- **Priority 1**
  - Overwhelms hospital resources.
  - Requires resources from outside the local area.
  - HCC are established

Each care team within the facility is required to have a Departmental Emergency Disaster Response Plan. These plans shall include at least two evacuation routes, and identify the responsibilities per job title during different types of disasters, such as fire, flood, earthquake, etc. All employees are to be familiar with the evacuation routes and responses during the Code Triage. In order to provide and maintain a safe, functional and effective environment, it is essential to furnish the specific protocols necessary to prevent injuries or illnesses from occurring and/or deal appropriately with emergencies.

It is possible to identify initial actions/responses and secondary actions/responses. For example, an initial response to **Code Triage** would be to activate the Hospital Command Center (HCC). A secondary response would be to review current resources, manpower and materials, and complete a disaster assessment and status report. A teammate's role in emergency response may be significantly different from normal work assignments. Remember to remain flexible.

## **Code White – Missing Patients/Residents**

### **Purpose:**

To find missing residents and/or patients as quickly as possible while continuing to maintain his or her dignity and privacy.

### **Procedure:**

1. When a resident/patient is discovered missing, immediately notify the nurse in charge.
2. Nurse in charge duties:
  - Alert staff in building in the following manner: using overhead page, say, "Code White". Will (missing resident/patient's name) please return to (their unit)." Staff from other units calls alerting unit for description of missing person if needed.
  - Immediately, staff from all departments will look for resident/patient, making sure that all areas of the building are searched.
  - Direct search to facility grounds if it is determined that the patient/resident is not in building; nurse in charge remains in building and coordinates search (spend only a few minutes searching the grounds).
  - After person is found, the nurse on the unit from which the patient resident was missing will call the switchboard and have them overhead page, "Code White all clear."
  - When resident/patient is found and returned to the facility, examine for any possible injuries, and treat accordingly.
  - If resident/patient is not found immediately (5-10 min), call the police department and report the resident/patient as missing.
  - Notify the family that the resident/patient is missing.
  - Complete an incident report.
  - If the missing patient is a newborn, (refer to Code Pink)

## **Code Silver – Active Shooter**

Code Silver is the Emergency response that is initiated to guide staff during an active shooter incident.

An Active Shooter is a person or persons who appear to be actively engaged in killing or attempting to kill people at a Carolinas Healthcare System facility or on Carolinas Healthcare System property. Active Shooters routinely use firearms, but may also employ the use of explosives. The pattern of shooting is normally random.

### **Response to an Active Shooter**

**Escape** – personal safety is first. Get yourself and others away from area. Call 911 only when it is safe to do so, to get police help. If not in the immediate area of the incident, stay away from the area.

**Hide** – If unable to escape, hide. Stay low to the floor, seek cover, turn off lights and if possible lock or barricade self and others into a room. Remain quiet (silence phones) and as calm as possible. Come out only after the incident has stopped, and area has been cleared.

**Survive** – If you are unable to escape or hide, you can protect yourself and others from the Active Shooter,

#### **Calling 911**

- Give location
- Give as much detailed information as possible

### **Active Shooter Announcement**

- This will be announced multiple times through overhead paging “Code Silver- Active Shooter”, followed by the location of the incident. This announcement will be repeated every 2 minutes until the conclusion of the incident.
- At the conclusion of the incident, the Incident Commander will instruct the operator to announce “Code Silver – Active Shooter” all clear.

### **Response of Security and Police**

- Security will communicate with law enforcement and first responders, identify location of the incident, set up a perimeter and prevent anyone from entering the area and evacuate persons from the area affected.
- Law Enforcement is there to stop the Active Shooter and end the incident. If you encounter a police officer: remain calm, follow officers’ instructions, put down any items in your arms and put hands in the air, fingers apart. Avoid yelling, screaming, pointing and if evacuating don’t stop police to ask for help, proceed in the direction they are coming from.